

December 2025

Medical Staff Bulletin



Population & Public Health Round Up – A Note From our VP, Population & Public Health, Addiction Medicine & Substance Use, and Chief Medical Health Officer, Dr. Reka Gustafson

Dear colleagues,

Please find the [2025 Health Status Report](#) for the population of Island Health to support our shared work to improve health and reduce health inequities. Island Health Medical Health Officers hope that this data helps to illuminate the factors and conditions which shape the health of both the patients we serve, and the ones that do not make it through the doors of our services. The report includes data on demographics, determinants of health, mental health and substance use, child and youth health, environmental health and climate change, communicable and non-communicable diseases, and injuries.

Public Health Questions from November 27th Medical Staff Forum

Medical staff raised some excellent questions during November's Medical Staff Forum. I have answered below but if you require more detail, please contact populationandpublichealth@islandhealth.ca

1. Please define seniors re RSV vaccine.

The RSV Vaccine is strongly recommended for those 75 years of age and older, and for those 60 years of age or older, living in congregate settings. Vaccine may be considered for those 60-74 based on consultation with a health care provider. I'll describe the difference between "strongly recommended" and "may" (i.e. discretionary recommendation) in the next question.

2. There is evidence of long-term harms from Covid-19 infections, why does public health

not recommend protection of everyone from infection with vaccines?

Thank you for the question. Vaccine recommendations are provided by the National Advisory Committee on Immunization based on evidence and expert opinion. They differentiate between “strong recommendation (i.e. should be offered vaccine)” vs “discretionary recommendation (i.e. may be offered the vaccine)” based on the **strength** of the evidence for the recommendation. “Strongly recommended” applies to populations at increased risk of severe disease, exposure, or complications. **The evidence for the benefits of vaccination in this group is clear and significant, and the recommendation is intended to be a routine part of public health programs.**

"May receive" (discretionary recommendation) applies to individuals who are not in the high-risk categories but are still eligible. For these individuals, the benefits of vaccination are generally less pronounced compared to high-risk groups, and individual factors such as the person's own risk perception, the local epidemiology of the disease, and personal preference should guide the decision in consultation with a healthcare provider. So, it is not that the COVID vaccine is not recommended, but that the strength of the recommendation varies by the strength of the evidence of benefit for specific populations.

3. Is pneumovax at 65 adequate 'previous pneumo protection' for patients with comorbidities (i.e. COPD, asthma, elderly, heading to nursing home)?

Generally, yes, but there are some exceptions. Please see the table below:

Group	Eligibility Criteria
Infants & Children (2–59 months)	Eligible to start or complete pneumococcal series at 2 and 12 months. Medically at-risk infants receive 3rd dose at 6 months. PCV13 and PCV20 are interchangeable.
Adults 65+, LTC residents, homeless, substance use disorders	Eligible if they have not previously received PPV2 or PCV21.
Active malignant neoplasms, asplenia, organ/islet transplant	Eligible regardless of previous PPV23 history.

Chronic kidney/liver disease, immune deficiencies	Eligible if they have not received 2 doses of PPV2
Individuals with HIV	Eligible if they have not received PCV13 and two PPV23.

4. Public Health nurses state new guidance ~Oct 29 that “it is no longer recommended that children be vaxx’d for Covid.” What is original of this change?

Thank you for bringing this up. During informed consent, the nurse would advise who is recommended to receive COVID-19 vaccine as they are at increased risk of infection and severe disease. They would also inform the client if they were not at increased risk, they can still receive COVID-19 vaccine if they wish. This is in alignment with the BCCDC Immunization Manual.

Medical Leadership Structure

The Medical Leadership project team has been working with Medical Leaders to issue job descriptions and offers to medical leaders over the past three weeks. [The Medical Leadership Recruitment site](#) has been launched to support and streamline the recruitment process and is now fully operational on the Medical Staff website, where current medical leadership opportunities can be viewed. Several additional medical leadership positions will be posted in the coming days.

We extend our sincere appreciation to medical leaders for their ongoing dedication and leadership, and to those who have confirmed that they will be continuing in their roles. A comprehensive overview of the medical leadership restructure will be communicated on the Medical Staff website in early 2026.

If you have questions about the medical leadership restructure, please contact the project co leads [Sarah Taylor](#) or [Robert Parker](#).

Health Authority Review Update & Next Steps Toward Shared Services

Last week, the Ministry of Health (MoH) announced that the Provincial Government will create a new shared services organization to deliver select administrative and corporate services currently provided within regional health authorities, along with existing shared services currently delivered by the Provincial Health Services Authority (PHSA). For preliminary detail and to understand the impacts for Island Health, [please see the memo from our President & CEO, Kathy MacNeil](#).

Medical Leader Training and Educational Opportunities

Provincial Violence Prevention Curriculum (PVPC) - 2026 Dates for In-person Sessions

The Provincial Violence Prevention Curriculum (PVPC) provides medical staff with strategies to prevent and de-escalate violent situations in the workplace.

We are pleased to announce 7 new dates for in-person Provincial Violence Prevention Curriculum (PVPC) training for medical staff members working in Emergency Departments/Urgent Care; Mental Health & Substance Use; Psychiatry; Neurology; Long-term Care; Community Health Services.

Here are the dates for the upcoming in-person sessions:

Royal Jubilee Hospital:

- Tuesday, January 20th from 10:00-13:30
- Friday, January 23rd from 11:00–14:30
- Monday, March 23rd from 10:00–13:30

Nanaimo Regional General Hospital:

- Friday, February 20th from 12:00–15:30
- Monday, February 23rd from 11:00–14:30

Cowichan District Hospital

- Tuesday, February 24th from 09:30–13:00

Victoria General Hospital

- Wednesday, March 25 from 11:00–14:30

If you are part of the high-risk cohort listed above, [click here](#) for quick registration for one of the dates above.

Time will be compensated at sessional rates for the high-risk cohort.

Psychologically Safe Health Care Teams Workshop

There are only a few spots left for this cohort of medical leadership training!

After two successful cohorts in 2025, Island Health is excited to continue hosting Dr. Tom Lloyd and Dr. Dawn Martin in 2026 for additional workshop dates. **The workshop is open to new and existing medical leaders and** is co-funded via the Memorandum of Agreement (MOA) on Physician Psychological and Physical Safety.

Medical staff members will be compensated at sessional rates while attending the workshop sessions. The workshop consists of four, 2-hour, virtual education sessions.

Workshop Dates

- Tuesday, January
13th from 18:00-20:00
- Tuesday, January
20th from 18:00-20:00
- Tuesday, January
27th from 18:00-20:00
- Tuesday, February
3rd from 18:00-20:00

How to Register

Interested medical staff members may reserve their spot by emailing MedStaffPrograms@islandhealth.ca. **Note:** The learning curriculum involves participation in all four sessions above. Priority registration is given to medical staff who are

able to attend all workshop dates and a waitlist will be kept for next cohorts. Each cohort has 15 spots available.

For more information, please see the [New Medical Leader Training: Psychologically Safe Health Care Teams Workshop Page](#).

Welcome New Medical Leaders

We are pleased to welcome **Fernanda Polanco NP(F), Medical Lead, Addiction Medicine and Substance Use Youth Addictions, Island Wide.**

HAMAC Highlights – November 2025 Report

In addition to regular business, the Health Authority Medical Advisory Committee discussed:

- New Medical Leadership Structure and Rule Changes
- In-Patient MRP Rule Changes
- North Island Midwifery Update
- Department of Maternity Care Report to HAMAC

[Learn more in the latest HAMAC meeting minutes from November 13 HAMAC Meeting](#)

Thank you for your continued collaboration and dedication throughout the year. We appreciate the work you do and look forward to working together in the year ahead.





**Medical Staff Communication, Education & Development | Medical and Academic
Affairs** MedStaffCommunications@islandhealth.ca