

Acanthamoeba Keratitis - Special Newsletter Supplement

Introduction

On May 25, 2007, Advanced Medical Optics (AMO) voluntarily recalled its Complete MoisturePlus contact lens solution from the market after an investigation linked it to Acanthamoeba keratitis (AK). In the United States, from January, 2005 to May, 2007, a total of 39 contact lens wearing patients were identified as having developed AK, 21 of who had been using AMO's Complete solutions.

Acanthamoeba are ubiquitous, free-living protozoans that are able to survive in fresh water, salt water, air, dust, soil, vegetables and animal waste. The organism can exist as a motile trophozoite or a double-walled inactive cyst. Cysts are able to survive for a number of years and are resistant to freezing, desiccation and many anti-microbial agents. The organism was first identified in 1973. The use of home-made saline and less-than-desirable disinfection habits are strongly associated with the condition.

Clinical Presentation

- * Severe pain (in most but not all cases).
- * Epithelial stippling, microcystic edema, necrotic and dendritic epithelial lesions (similar to herpes simplex lesions).
- * Ring infiltrates usually form within 1-2 months of the onset of symptoms.
- * Variable non-granulomatous anterior chamber reaction may be present.
- * Perilimbal conjunctival injection.
- * Possible scleritis, uveitis or glaucoma may eventually ensue.

Diagnosis

- * Corneal scraping should be obtained in all suspicious cases. The scraping will reveal both active trophozoites and inactive cysts - depending on the stage of the disease. For quicker diagnosis, tandem scanning confocal corneal microscopy may allow the identification of trophozoites and cysts in vivo.
- * In contact lens wearers, cultures of the contact lenses, cases and solutions should also be taken.
- * Co-infection with other bacteria and fungi is also possible.

Management

- * Cationic antiseptic agents such as chlorhexidine 0.02% or polyhexamethyl biguanide 0.02% are well-established first line agents.
- * Aromatic diamides such as propamide isethionate may provide a synergistic response with the cationic antiseptic agents.
- * Imidazoles such as microzole, clotrimazole or metronidazole have been used with limited success.
- * Debridement in the early stages of the disease can significantly reduce the number of organisms on the cornea and deprive invading organisms of a food supply.

Prevention

- * Never use tap water to rinse contact lenses or cases. Only sterile contact lens solution should be used on both the lenses and case. All cases should then be allowed to air dry when not in use.
- * Thoroughly wash hands with warm water and soap. The recommended wash time is about the same as singing the "Happy Birthday" song. Ensure that your hands are completely dry before handling your contact lenses or case.
- * Cases should be discarded at least 4 times per year. Never boil, run through a dishwasher or microwave a case in the hopes of lengthening its life time.
- * Remove contact lenses before swimming or using a hot tub as the risk of AK infection increases with either of these activities. Sleeping in contacts after swimming also increases the risk of infection.

ACO Council

Although e-mail is the preferred method of communication with Council members, you may also contact any member of Council by telephone.

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A Word from the President ... Gerry Leinweber, O.D.

As I near the end of my term as President of the ACO, I would like to reflect on past accomplishments and look forward to future opportunities.

The maturing and evolution of the college council into a policy governance board continues with each meeting. A positive relationship with the AAO has been initiated; and although we will always have different perspectives due to our different mandates, we have learned to respect and support each other. It is due to communication efforts by leaders like Dr. Dan Lowe, AAO President that this college-association relationship has a chance to grow so both the profession of Optometry and the public will continue to obtain mutual benefits.

I am pleased we were able to develop introductory materials and tools for new ACO council members to assist in the rather steep learning curve to become productive, compassionate and learned board members who are able to carry on the tradition established by previous ACO councils. With one-year terms for the President and Vice-President, we will rely on our Public Members, Mrs. Gayle Stevens-Guille and Mr. Gary Christopherson as well as ACO staff to bring a historical perspective and experienced guidance to council debates and discussions. I believe that this move will allow us to attract many qualified practitioners to serve on College Council as these members will now be serving for only 4-5 years rather than 8-10 years (like in the "old" days).

By far, the biggest change I have tried to foster is increased collaboration between health professionals. With major demographic, economic and legislative changes occurring, our profession has to become more pro-active with other health professions, health authorities and the provincial government. Recent pharmaceutical advances (such as Avastin), surgical

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techniques (such as Intralase refractive surgery) and manpower issues within Optometry and Ophthalmology combine to continue the trend of ophthalmologists filling the role of tertiary care specialists while optometry evolves to full-scope primary care practitioners. This shift will require both professions to collaborate, cooperate, and communicate more effectively so each profession is utilized in a proper, safe and efficient manner so Albertans receive better quality care faster.

At a recent meeting with the Minister of Health & Wellness, the Hon. David Hancock, Drs. Shane Keddie, Gordon Hensel and I were challenged to develop better systems and improved structures in order to assist in this shift. I believe this is also based on this group of "eyedoctors" pursuing new models of practice, indeed some form of shared ownership between OMD's and OD's. You might think this is not possible, but you just have to look at work accomplished in Saskatchewan by visionaries like Dr. Jim Kerr and how OD's and OMD's jointly own laser centers. Why not jointly own high tech diagnostic equipment? The potential here is incredible. As I leave my duties as college president to the able skills of Shane Keddie, I am excited about working with my colleagues in Medicine and Optometry to design new communication and ownership networks to enhance clinical excellence.

Any change involves some degree of risk. Yet, the risk of doing nothing and accepting the status quo reminds me of that old adage: "If you think what you always thought, you will get what you always got".

I thank you for the privilege of serving as your College President and as always welcome your comments and suggestions on this or any other topic.

1. Competence Committee

Practitioners who have been randomly selected for a fall practice review will have recently received their review notification letters by the time this newsletter is mailed. Reviews will likely take place during September and early October.

During the last round of practice reviews in the spring, the vast majority of practitioners received a satisfactory review. Of the 55 practitioners reviewed, only 3 failed their review. These 3 practitioners were informed of their deficiencies and are required to undergo a 90-day follow-up review (at their own expense), to ensure they have complied with the required changes to their practice and to ensure they now meet the ACO Standards of Practice. Competence Committee members would like to thank the membership for their co-operation and enthusiasm for the new review process.

2. Legislation Committee

The committee is currently reviewing the Optometrist Profession Regulation to weed out any old, antiquated and/or irrelevant sections. Many changes have occurred in our profession since the current Regulations were drafted and ratified. The ACO will forward a proposal for change to the Department of Health & Wellness this fall. The process for achieving change is lengthy and the committee asks for your patience while various Government Committees and Departments, as well as other health professions, review our proposed amendments.

3. Registration Committee

The committee would like to congratulate all optometry students on their recent graduation and entry to the profession in Alberta. Unfortunately, as in previous years, not all students passed the CSAO (national optometry board exam). However, the committee is pleased to report that all students were successful in challenging the ACO Jurisprudence exam.

On behalf of the entire membership, the ACO would like to welcome these new practitioners to Alberta. We look forward to meeting you at the upcoming Annual General Meeting and Continuing Education Conference in Calgary in mid October. The profession of optometry is no different than any other health profession in that graduation from optometry school is only one small step along the path of a life-long student. Now, we encourage you to look at the various College and Association committees, select which area you would like to become involved in, and talk to other committee and council members about your interests. This is your profession - you are the future guiding force in optometry's evolution. How the profession is practiced in 5, 10 and 20 years is passed on to you.

4. Electronic Health Record

After one year of consulting, writing new software codes and revising our database, the Alberta College of Optometrists went live on the Alberta Provider Directory in mid-July. Only a few other health professions have been able to accomplish this feat to date.

Alberta Netcare is a massive multi-year undertaking by the Department of Health & Wellness. When all health professions and facilities are on board, it is hoped that electronic health records will reduce health care costs, allow timely access to patient data by authorized providers, improve patient care, reduce health care practitioner administration time and allow for easier telehealth inter-provider communication. The current ACO database contains the names, addresses, contact numbers, demographic details, education details, practitioner credentials, areas of expertise, and license conditions for our members.

All costs associated with this undertaking were paid for by the Department of Health & Wellness via a special project grant.

5. Notice Regarding Re-Use of Cautery Tips

In light of recent incidents in Vegreville, Lloydminster and Canmore, the Department of Health & Wellness has conducted a review of infection control programs in the province. One of the first directives coming from this review is that health care practitioners are requested to not re-use single-use cautery tips in minor surgical procedures as they cannot be adequately sterilized between uses. Further directives will be circulated to members as they become available.

6. Advertising

A couple of members have requested to use the "Consumers Choice Awards" identification in their advertising and promotion material. This marketing tool is awarded yearly by an advertising firm. It awards gold, silver and bronze awards for "the best in optometry, restaurant or wine store, etc.". After a careful review of the ACO Advertising and Promotion Advisory, the ACO Council has decided not to allow this form of advertising as it violates several sections of the advertising advisory. Members are requested to immediately stop using this "award" designation in their advertising and promotion programs.

7. Passport Guarantors

Optometrists may see a reduction in the number of requests by patients for optometrists to act as passport guarantors. Sometime this fall, the Federal Government will allow most Canadians who hold a valid passport to be able to act as guarantors for other first-time applicants. As noted in previous newsletters, you may not charge a fee to sign the guarantor's declaration on a patient's passport application. For further information about eligibility requirements, visit www.canada.gc.ca.

8. Continuing Education

Also included in this newsletter is a separate sheet listing your continuing education credits. Please review this material and contact the ACO office should you notice any discrepancy with current recorded credits.

Practitioners requiring CE credit should note that the following three excellent CE programs are available this fall:

The first is the Alberta Association of Optometrists CE Program in Calgary scheduled for Wednesday, October 17 through to Saturday, October 20, 2007. This program offers a wide variety of exceptional presentations for a total of 20 CE credits. If you have not already registered, contact the Association for further information.

The second conference is a two day symposium called the Alberta Vision Science Symposium sponsored by the University of Alberta, Department of Ophthalmology, on August 31 and September 01, 2007. This program includes presentations about macular degeneration, tele-health, retinal disorders, glaucoma and myopia prevention. Call Lisa Trottier at 780-492-3013 to register.

The third conference is Vision Quest 2007 to be held in Calgary on Saturday, November 17, 2007. This one day symposium on Retinitis Pigmentosa includes research updates respecting stem cell therapy, genetic testing, cell transplant therapy, and electronic prosthesis. Go to www.ffb.ca should you wish to register.