

Public Health Matters

A Newsletter for Health Care Professionals

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Public Health Matters

Hello!

I hope you find the newsletters a useful way to learn about public health services and issues. I'd welcome your feedback so we can continue to meet your needs.

Please feel free to contact me if you have any comments or questions. You can email coter@timiskaminghu.com.

Thanks,
Dr. Glenn Corneil
Acting MOH/CEO

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SPOTLIGHT: Pertussis Outbreak

The Timiskaming Health Unit has been investigating several cases of pertussis in the Temiskaming Shores area with exposures at École Catholique Ste-Croix, École Catholique St-Michel, and École Secondaire Catholique Sainte-Marie. Pertussis vaccine coverage¹ for school pupils in the district was 94.6% for 7-year-olds and 86.9% for 17-year-olds in the 2017-2018 school year. Protection against pertussis is not lifelong and wanes after 7 to 20 years of natural infection and approximately 4 to 12 years after vaccination with either whole cell or acellular pertussis vaccine. The acellular pertussis vaccine has an 80-85% estimated efficacy. Young infants have the highest risk of mortality and this risk is greatest before they are eligible to receive the vaccine or before completion of their primary vaccine series. Pregnant women should receive a Tdap vaccination in each pregnancy. It takes two weeks to develop immunity after immunization.²

Resources & Forms for
Diseases of Public Health Significance
(Reportable)

[Hepatitis C Reporting Form](#)

[List of Diseases of Public Health Significance](#)

[Reportable Disease Notification Form - THU](#)

[Test Directory \(Public Health Ontario Lab Services\)](#)

Email IPAC@timiskaminghu.com with questions.

THU recognizes and appreciates ongoing collaborative efforts of health care providers for an efficient and effective outbreak response. The outbreak has been well-contained due to system-wide efforts to screen cases and contacts and through ongoing collaborative efforts to achieve high immunization rates in the district.

Reminder:

Refer to the list of diseases of public health significance on the THU's website (link in bubble).
Fax a reportable disease notification form to THU if you **suspect or diagnose** a reportable disease.



UPDATE: Influenza

To date, there have been no lab-confirmed cases of influenza in Timiskaming. In Ontario, influenza A and B activity remains low³ with some health units reporting sporadic cases. Public interest in the influenza vaccine has been higher this year than in recent years, which has been challenging in the face of vaccine supply issues. Timiskaming Health Unit is expecting its final installment of HD-TIV vaccine for adults 65+ the first week of December. The Ministry of Health may also be providing more QIV to public health units in December, but timelines and quantities have also not yet been confirmed.

Information on the influenza season in Australia from Public Health Ontario

Potential impact of the Southern Hemisphere influenza season on the upcoming influenza season in Canada

There may be similarities between the Australian influenza season and the following Canadian season in some seasons, but this has not been a consistent finding. As an example, the 2017 Australian season and the 2017-18 Canadian seasons were similar (influenza A and B occurring at the same time), but the 2018 Australian season and the 2018-19 Canadian seasons were quite different (the 2018 Australian season was very mild with very little influenza activity, but the 2018-19 season in Canada had quite a bit of activity, with an early H1N1 wave followed by an H3N2 wave). It is possible that the mild influenza season in Australia in 2018 resulted in low residual immunity in 2019 contributing to the early start to the Australian influenza season.

In addition, Australia is only one region of the Southern Hemisphere, and strain distribution and intensity of influenza circulation varies from region to region. [This map from the World Health Organization](#) illustrates the intensity of influenza circulation and strain distribution in recent weeks from around the world.

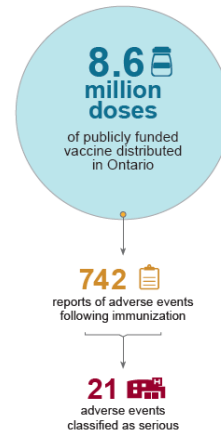
Considerations with respect to the upcoming influenza season in Canada

- **Residual immunity:** Canada had considerable influenza activity in 2018-19 (with both H3N2 and H1N1 circulating), therefore it remains to be seen if there will be residual immunity resulting in a milder influenza season in 2019-20 with respect to influenza A activity. However, in 2018-19, Canada had very little influenza B circulating, which could result in a lack of residual immunity against influenza B and its circulation in the upcoming season.
- **Differences in influenza vaccines and vaccine effectiveness:** Compared to the 2019 Southern Hemisphere vaccine, both the H1N1 and H3N2 strains have changed for the 2019-20 Northern Hemisphere influenza vaccine. (See Table 1 for details of the strains in the Northern and Southern Hemisphere vaccines). Therefore, influenza vaccine effectiveness estimates from Australia against influenza A, which are not yet available, will not be informative to predict vaccine effectiveness for the Northern Hemisphere influenza vaccine. As well, any differences in circulating viruses will impact comparison of vaccine effectiveness between the Northern and Southern Hemispheres.
- **Past patterns of circulating strains:** From the 2012-13 to 2016-17 influenza seasons, H3N2 and H1N1 influenza A strains alternated from one season to the next, however this pattern was no longer observed in 2017-18 (when influenza A H3N2 and influenza B co-circulated following a preceding H3N2 season), or in 2018-19 (when influenza A H1N1 circulated first followed by H3N2 in the same season).

NEW: Vaccine Safety Annual Report (2018) – Public Health Ontario

In November, Public Health Ontario released the Annual Report (2018) on Vaccine Safety in Ontario. Findings include:

- The overall rate of reporting adverse events following immunization (AEFI) in Ontario continues to be low at 5.1% (n=742). The Canadian national AEFI reporting rate was 7.2% in 2018.
- The rate for the THU area is 11.2% (n=4).
- No unexpected vaccine safety issues were identified and the most commonly reported AEFI were mild.
- 67% of all adverse events following immunization in Ontario were reported by physicians and other health care providers with the balance being reported by family members, self and other.



The full report along with an infographic and interactive surveillance tool is available at: <https://www.publichealthontario.ca/en/health-topics/immunization/vaccine-safety>

Reminder:

- Monitoring AEFI is essential to vaccine safety and vaccine confidence.
- AEFI surveillance requires participation across the health system.
- The Ontario AEFI reporting form and supporting resources are available via the link above.

UPDATE: Travel Health and Zika Virus



In January 2019, the Public Health Agency of Canada updated the [recommendation](#) for prevention of sexual transmission of Zika. The previous recommendation was for returning male travellers to wait 6 months before trying for a pregnancy and to always use condoms correctly with their sexual partner for 6 months. This recommendation has been revised to **3 months** based on new scientific evidence regarding the persistence of infectious Zika virus in semen. It is still advised that male travellers with a pregnant partner should continue to refrain from unprotected sex for the duration of the pregnancy. Zika virus remains a concern in the countries listed [at this link](#).

Zika Virus Testing Information: Public Health Ontario encourages health professionals to return to their [webpage](#) for the latest information on testing for Zika virus in Ontario, which is primarily based on the current Canadian guidelines. The availability and recommendations for Zika testing may change as knowledge about Zika virus, its epidemiology, and associated guidelines evolve.

- Public Health Ontario (PHO) [General Test Requisition Form](#)
- Call PHO at 1-877-604-4567 if you have any questions regarding the lab requisition or Zika testing.

NEW RESOURCE: PrEP Resources for Health Care Providers

The Ontario HIV Treatment Network has launched a new website with comprehensive information on PrEP (pre-exposure prophylaxis), resources for prescribers: <https://ontarioprep.ca/for-health-care-providers/>.

This website provides clinical guidance and resources on the daily use of oral antiretroviral drugs to prevent HIV in patients with ongoing potential exposures. The advice on the indications for and implementation of PrEP is based on guidelines and current medical literature and best practices. These resources are intended to support you to identify patients who could benefit from PrEP and to provide ongoing care to patients using PrEP.

UPDATE: Timiskaming Health Stats: Diseases of Public Health Significance, 2018

The Timiskaming Health Unit has [prepared a report](#) on local rates of diseases of public health significance in 2018. As per the *Ontario Public Health Standards (2018)*, THU must ensure timely and effective management of local cases and outbreaks of infectious and communicable diseases of public health significance. The board of health is also responsible for interpreting and using surveillance data to communicate information on risks to relevant audiences. Diseases of public health significance, formerly referred to as reportable diseases, are tracked monthly and reviewed by the Infection Prevention and Control team.

Diseases that are statistically significantly different than the provincial rate are highlighted in the report. Locally, we have lower rates of chlamydia, gonorrhea, and salmonellosis. However, despite having lower rates than the province of chlamydia and gonorrhea, these diseases remain a focus of public health intervention work through our sexual health program. In 2018 we had a higher rate than the province of trichinosis. Trichinosis is a rare disease in Ontario with less than one case being reported every year. The higher rate last year is due to a local community outbreak of trichinosis related to consumption of uncooked wild game.

COMMUNITY PROGRAM/SUPPORTS: Prenatal Classes and Breastfeeding Classes



Prenatal classes and Breastfeeding Classes are offered across the district throughout the year. Those who are pregnant and their partners are encouraged to register for classes as early as the second trimester by calling 1-866-747-4305. Pregnant individuals wishing to participate in the online format can register by visiting our website www.timiskaminghu.com. See [poster](#) here.

Expectant and new parents can be referred to THU for breastfeeding education as well as counselling. Healthy Babies Healthy Children staff have extensive training and we also have [International Board Certified Lactation Consultants](#) who can provide help to breastfeeding individuals across the district.

REMINDER: You can help patients quit smoking.

75% of those who smoke want to quit and you can help. In a short exchange, you can make a difference in the health of your patients. It often takes many attempts before quitting tobacco is successful. **ASK** about smoking status often. **ADVISE** that quitting smoking improves health. **ASSIST**: there is strong evidence that Health Care Providers can make a difference in helping their clients quit. Unassisted quit attempts are successful only 3-5% of the time, compared with up to 20% success for those receiving cessation counseling and medications. **Note: With changes in funding to Smoker's Helpline, Telehealth Ontario is now providing one on one support via telephone 1-866-797-0000. See [resource section](#) for more details.**

COLLABORATION: Opportunity to Help Pregnant Individuals with Quit Smoking Attempts

Want to help pregnant individuals with their quit attempts? THU is working to adapt an evidence-based program to help those who are pregnant quit smoking in pregnancy, using incentives. We hope to pilot the program in 2020 in partnership with a local Family Health Team or Community Health Centre. If you would like to learn more or explore the feasibility of delivering this program, contact mongeona@timiskaminghu.com.

COMMUNITY PROGRAM/SUPPORTS: Reducing Social Isolation for Older Adults

In a 2017 [Annual Report](#), the Chief Medical Officer of Health of Ontario identified that loneliness and social isolation are serious public health issues. The report highlights that helping people and communities (re)connect is everyone's business.

Research confirms that social connections are a fundamental human need and crucial to well-being. Loneliness and social isolation can be a significant risk to health as we age and have been linked to depression, cognitive decline, decreased mobility and even death. Many people feel lonely and lose social connections as they age, which can lead to a significant increase in the use of emergency and non-urgent medical care. Social support is a determinant of positive mental health. Improving the mental health of older adults can have a positive impact on their overall well-being.

Did you know there is local program for isolated seniors to support more social interactions?

Senior Centre Without Walls (SCWW) is a **FREE, telephone based activity program**. The goal is to connect adults who cannot get out of their home or be social as often as they would like. **SCWW allows participants to learn about health-related information, participate in brain stimulated activities, make social connections through conversations with peers and professionals from the community and most importantly, to feel part of a community and create new and meaningful friendships.**

To refer a client or for more information, contact the program coordinator at Timiskaming Home Support @ 1-800-361-5820 or scww@homesupportservices.ca

Resources to support [healthy aging](#) for your patients.

Other Resources and Information

Changes to Smoker's Helpline

As of October 1st, **Telehealth Ontario** began delivering phone cessation support services for smokers seeking to quit. This will include providing evidence-informed smoking cessation supports and information, supporting callers through follow-up calls where additional supports and coaching are required, and offering callers access to a Telehealth Ontario nurse to address any symptoms identified during the interaction.

Telehealth will operate the Smoking Cessation Program daily between 10:00 a.m. and 10:00 p.m., using a case management approach that offers callers bilingual smoking cessation support (and real-time translation services that support over 300 languages). Support and information will be offered by Care Coaches and Care Coach Assistants, 24 hours a day, seven days a week.

To access Telehealth's free Smoking Cessation supports, call 1-866-797-0000. Healthcare providers can also send fax referrals to **1-888-857-6555 or 519-434-9028**. Online fax referral forms can be downloaded or printed [here](#).

Healthcare providers can also make a referral [online](#). When a referral is faxed or made online to Telehealth by a third party, the Care Coach will review the referral and initiate a case for the participant. The Care Coach will make the initial intake callback to the participant, typically within one business day of receipt of the referral form. That initial call will be the standard intake call that the coaches complete to initiate the person's quit journey with the program. If a coach does not reach a caller on the first call back, they will attempt two more times, once per day. If no connection is made, the Care Coach will leave a message for the person to contact Telehealth Ontario's Smoking Cessation Program.

Refer clients to www.SmokersHelpline.ca for online tools, email support, an online support community, text messaging support, and live chat by text. Clients can also find local, regional, provincial or national tobacco cessation services at www.SmokersHelpline.ca or directly through www.QuitMap.ca.

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Have a comment about this newsletter or a topic you'd like us to cover? Send us your suggestions at coter@timiskaminghu.com

