



PUBLIC HEALTH MATTERS

A Newsletter for Healthcare Professionals



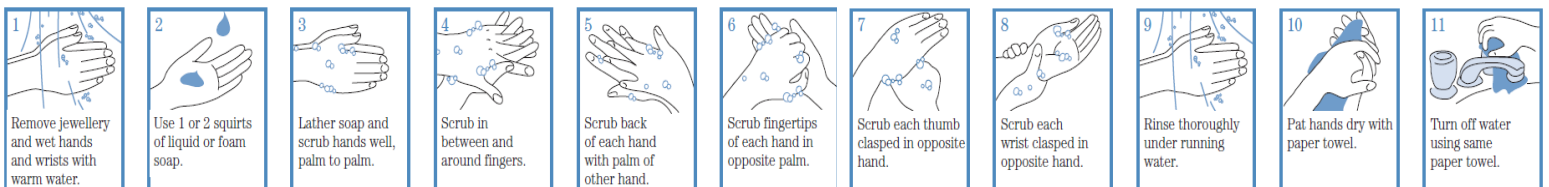
Message from the Medical Officer of Health/Chief Executive Officer

I would like to extend a thank you to the 2 physicians from Temiskaming Shores whose diagnostic inquisitiveness assisted us in identifying an emerging outbreak. You will recall from your epidemiology classes that an outbreak is defined as... an occurrence of disease greater than would otherwise be expected at a particular time and place. A single case of cryptosporidiosis is reportable; a second case within a few days of the initial case in the same geographical area constitutes an outbreak for Temiskaming as we have had zero cases for years. Detailed interviews were undertaken with the 2 individuals and a likely common source was identified, as both individuals were students in Northern College veterinary technician program and had participated in a recent field trip to a cattle farm. This early detection of 2 cases of cryptosporidiosis allowed us to identify the source and provide education about the importance of hand washing to these impressionable students, many of whom were symptomatic. This reduced further spread to their roommates, classmates and the community. Follow up of the exposed cohort continues and if there are no further cases the outbreak will be considered closed by November 26.

Dr. Marlene Spruyt
Medical Officer of Health (Acting)
& Chief Executive Officer

Mission - Promote Health, Prevent Illness

Vision—Total Wellness of our Community.



INTRODUCING THE CANADIAN ENVIRONMENTAL HEALTH ATLAS

The [Canadian Environmental Health Atlas](#) (the Atlas) is an online, open access visual publication that emphasizes stimulating research and case studies using maps, graphics, videos, infographics and narrative to explain some key concepts of environmental health.

The Atlas aims to introduce the many ways in which the environment affects human health and highlight the importance of environmental health in health promotion and disease prevention.

The Atlas includes a myriad of environmental health topics that are organized under ten major themes. Initially, the website will include a variety of topics, such as [Asbestos](#), [Lead](#), [Heat Waves](#), [SARS](#), and the [Aboriginal Community Well-being Index](#). Over time, new topics will be added to the Atlas as they are developed.

NUTRISTEP® (NUTRITION SCREENING TOOL FOR EVERY PRESCHOOLER) SCREENING TOOL

Ontario has an ambitious goal to reduce childhood obesity by 20 per cent over five years. NutriSTEP® provides a fast, valid way to assess the eating habits of toddlers and preschoolers.

The 17 questions can be completed by parents independently or with a healthcare professional in about 5 minutes. Questions cover topics such as children's food and nutrient intake, physical growth, developmental and physical capabilities, physical activity, food security and the feeding environment.

It provides:

- Early identification of potential nutrition problems
- Parent referral to community services
- Parental education
- Monitoring and evaluation data

Available for 2 Age Groups

- Preschooler 3-5 year olds.
- Toddler 18-35 months of age.

Your role:

Incorporate NutriSTEP® into visits. Children screened at high risk (estimated prevalence is 10 to 15 %) require thorough assessment, either through primary care provider and/or a Registered Dietitian (R.D.). R.D. services are currently available in all 5 Family Health Teams and through Centre de Santé Communautaire du Témiskaming offices.

More information is available through www.nutristep.ca, or request implementation support from Public Health Dietitian, Maryann Moffitt. Phone: 705-647-4305, Ext. 2271, Email: moffittm@timiskaminghu.com.

NutriSTEP® is also available on line in both official languages: Nutri-eSTEP, after completing the questionnaire, parents are linked to healthy eating resources and can receive written feedback and tips from registered dietitians, and links to articles, videos, kid-friendly recipes and community services. There is information on how to contact nutrition services in their community.

www.dietitians.ca



Nutri-eSTEP
Nutrition Screening Tool for Toddlers and Preschoolers

VARICELLA VACCINE AND PROPER SPACING

The spacing for varicella vaccine doses has been modified and updated in the recent Canadian Immunization Guide, taking into account the use of MMRV.

In general, a 3 month interval is required between 2 doses of varicella vaccine for children 12 months of age to 12 years of age. A rapid schedule of a 6 week interval can be used. Please follow different dosing intervals when giving MMR or MMRV vaccines (i.e. One cannot assume that 1 month from the last live virus vaccine is sufficient to receive a subsequent dose).

See [Table 2](#) in the Canadian Immunization Guide for further details.

FOCUS ON REPORTABLE DISEASES

TESTING FOR LYME DISEASE

Currently most cases of Lyme disease are acquired in southern and eastern Ontario but as climate change progresses we may see more of the vector in Northern areas. Many Temiskaming residents travel to various areas over the summer months. The diagnosis of Lyme disease is based on history of tick bite with clinical symptoms consistent with the disease and laboratory testing is considered confirmatory. There has been much public opinion on inadequacy of testing and many private U.S. labs may report positive results based on a screening test only.

Is the two-tiered method for testing Lyme disease the best method out there? Why?

Yes, according to the Public Health Agency of Canada, the United States Centers for Disease Control and European Public Health organizations, the two-tiered method is the best laboratory method currently available for supplementing clinical information on Lyme disease. The two-tiered test starts with a screening ELISA test. Any samples that test positive or where the results are uncertain, are confirmed using a Western blot test. This two-tiered approach to blood testing for Lyme disease is based on the best available scientific evidence.



Like other infectious diseases where two-tiered testing is used (for example, HIV infections), screening tests followed by confirmatory tests provide the greatest level of true positives while minimizing the number of false negatives. Simply put, the two-tiered approach provides the most accurate information about infection compared to either test conducted alone. However, all laboratory tests have a margin of error, which is why the Agency recommends that Lyme disease be diagnosed first and foremost on the basis of a doctor's assessment of symptoms, especially in early infection.

Blood tests may be negative in patients with early Lyme disease (for example when a rash is present) or in patients who have had antibiotic treatment. The accuracy of blood tests increases as the infection progresses, although it is recognized that a very small proportion of patients with later-stage Lyme disease may test negative. The stage of infection and the possible impact of treatment on the outcomes of blood testing should be taken into consideration during diagnosis.

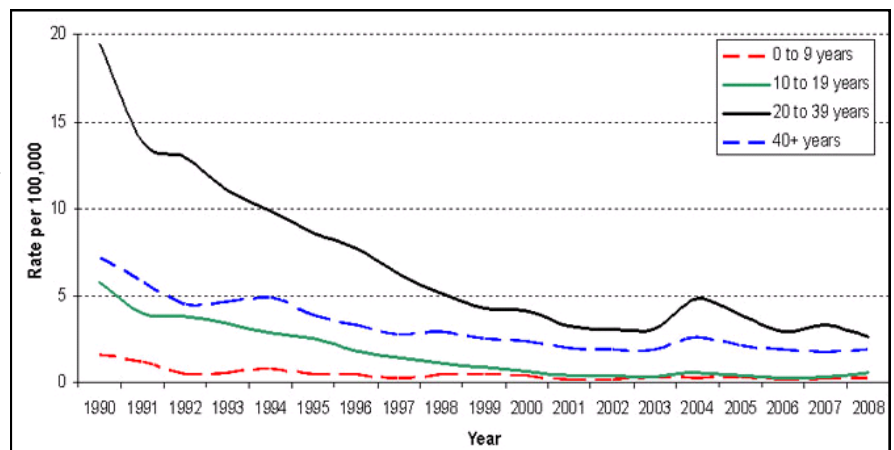
HEPATITIS B VACCINE REFRESHER

Many of you will recall that Hepatitis B vaccine was introduced as a grade 7 publicly funded school vaccine in 1994-5. Hepatitis B vaccines had been available since the early 1980's but were initially derived from blood products. After the introduction of recombinant DNA vaccine technology in 1986 the uptake increased particularly in high risk individuals. That public health intervention's effectiveness is best demonstrated in the following graph.

The vaccine is most effective in the 5-15 age group with a 99% seroconversion. Antibodies decline to non detectable levels 5-15 years after vaccination, although evidence has shown that protection persists. Most kids born after 1985 would have been offered immunization through the school program. Some of these individuals are now entering healthcare provider training programs which are requiring antibody levels as proof of protection. Those whose levels are below 10 IU/L are often being sent to complete another series. This may not be necessary and is more costly to the student.

"If the worker is tested more than 6 months after the initial series and the anti-HBs titre is less than 10 IU/L this may indicate a primary vaccine failure or waning antibody. Evidence shows that in immunocompetent people immunity is long lasting although antibody may be non-detectable. The worker should receive one booster dose and be retested one month later to document an anamnestic response; if the anti-HBs titre is still less than 10 IU/L then a second vaccine series is indicated followed by anti-HBs serology 1 to 6 months after completing the second series." (Canadian Immunization Guide)

Hepatitis B - trends in reported incidence by age group, Canada, 1990-2008



INJURY PREVENTION CORNER

CANADIAN FALLS PREVENTION CURRICULUM E-LEARNING COURSE



One third of people aged 65 and over fall at least once every year. Most of these falls are preventable.

Who? Anyone working with older adults whether in long term care, acute care, home care or in the community.

Why? This updated 5-week e-learning course will help you acquire the knowledge and skills needed to apply an evidence-based approach to the prevention of falls and fall-related injuries.

When? The next e-Learning course will run from February 7 – March 14, 2014.

Cost? Course Fee is \$185 plus \$9.25 GST and the required textbook is \$46.46.

A limited subsidy may be available for registration costs.

For more information, contact Lorna Desmarais at desmaraisl@timiskaminghu.com or 705-647-4305, Ext. 2239

For general information visit www.oninjuryresources.ca/falls-prevention-curriculum

YOU CAN MAKE IT HAPPEN INTEGRATING TOBACCO CESSATION INTO DAILY PRACTICE

The 5A model of minimal contact intervention (MCI) is recognized as a best practice in tobacco cessation. Follow the 5A's and ensure that for every patient, at every visit, tobacco use status is queried and documented.

ASK all clients about tobacco use at every contact with all clients

ADVISE all tobacco users to consider quitting

ASSESS tobacco users' readiness to quit

ASSIST according to client readiness/stages of change

ARRANGE for referral and follow-up

For more information or for *You Can Make It Happen* resources, [click here](#).

For information on local cessation services visit [here](#) and refer clients to:

smokers' helpline

Did you know Public Health Ontario has a new more easily navigated website!

Are you looking for information on a topic you are presenting. Check out the Snapshots section of the Data and Analytics tab. Pick a disease from the drop down menu(eg COPD) and then choose the statistical measure you wish(eg age standardized mortality both sexes). As you let your mouse hover over the map of Ontario you can see that the rate is 37.2 per 100,000 in Timiskaming. Glance to bar graph at side and it demonstrates this is the highest rate in Ontario. Also presents a trend over time illustration that shows that although there has been fluctuation there is not a consistent downward trend. This supports the decisions of our Health Links project to choose COPD as one of their target area and it supports our ongoing efforts to pursue tobacco cessation project.

Also on the site is a calendar of free webinars being presented by PHO usually over lunch hour.

Timiskaming Health Unit

Head Office:

247 Whitewood Avenue, Unit 43
PO Box 1090
New Liskeard, ON POJ 1P0
Tel: 705-647-4305 | 1-866-747-4305
Fax: 705-647-5779

Branch Offices:

Dymond
883317 Hwy 65, Unit 3
705-647-8305
1-866-747-4305

Englehart
81 Fifth Street
705-544-2221
1-877-544-2221

Kirkland Lake
31 Station Road N.
705-567-9355
1-866-967-9533



Services de santé du
TIMISKAMING
Health Unit
www.timiskaminghu.com