



PUBLIC HEALTH MATTERS

A Newsletter for Healthcare Professionals



Message from the Medical Officer of Health/Chief Executive Officer

I hope everyone is beginning to enjoy the nicer weather, it is a great time to participate in outdoor activities. It is also time for our bi-annual newsletter, Public Health Matters, which I am pleased to bring you. We deliberately try to keep the content brief as we know you are all busy. However if you wish further information please contact us. Recently, the question regarding pertussis in pregnancy, and whether or not boosters should be given to all patients, was brought forward to us from the primary care system. While doing the research into this inquiry, the NACI statement was updated and you will see that summary on page 2.

Have an active and safe summer.

Dr. Marlene Spruyt

Medical Officer of Health & Chief Executive Officer

CHANGES TO ISPA (Immunization of School Pupils Act)coming July 1, 2014

The list of mandatory immunizations for students attending school in Ontario is expanding. The 3 additional vaccines include pertussis, meningococcal and varicella. For children who have followed the routine immunization schedule, this change will have no effect and will not require any more vaccines. Consider reviewing the immunization records of children you are seeing to ensure they are up to date and to avoid possibility of school suspensions next fall. You may be requested to provide medical exemptions for those children born after January 1, 2010, who are

required to provide proof of immunity for varicella either as an immunization record or as documentation of disease by a health care provider. The new exemption forms can be found here; [http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetFileAttach/014-4895-64E~1/\\$File/4895-64E.pdf](http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetFileAttach/014-4895-64E~1/$File/4895-64E.pdf)



UPDATE ON PERTUSSIS VACCINE IN PREGNANCY

In February 2014 NACI reviewed its existing guideline and issued the following update...

NACI does not recommend a universal program for vaccination of pregnant women given the current epidemiology in Canada. There is significant variation among provinces and territories in pertussis epidemiology with jurisdictions experiencing increases in pertussis activity at different times and at different levels. To date, the vaccine has been shown to be safe and immunogenic in pregnant women, however, the effectiveness to prevent severe disease in newborns has not been established, and the potential to interfere with the infant's immune response is not yet defined. The epidemiology of pertussis in Canada will continue to be monitored closely as will the experiences of other jurisdictions who have implemented maternal immunization policies in response to increased disease activity

In special circumstances, such as a regional outbreak situation, immunization with Tdap may be offered to pregnant women (≥ 26 weeks of gestation) irrespective of their immunization history.

Every effort should be made to administer one dose of pertussis containing vaccine in adulthood. Therefore, one dose of combined diphtheria, tetanus, acellular pertussis containing vaccine (Tdap) can be offered to pregnant women (≥ 26 weeks of gestation) who have not been previously vaccinated against pertussis in adulthood.

Pertussis continues to occur in a cyclic pattern every 2-5 years. The greatest morbidity and mortality occurs in children under 6 months of age. When an outbreak is occurring, vaccinating pregnant woman increases maternal antibody transfer. This provides immediate protection to infants who are at the greatest risk of morbidity and mortality, prior to the completion of their primary series. Vaccinating pregnant women also prevents them from acquiring infection that they may pass onto their newborn baby.

As you are all well aware the health care systems in the US and elsewhere are considerably different and the rate of pertussis coverage in some jurisdictions is as low as 60% which has resulted in a significantly different approach. The Advisory Committee on Immunization Practice (ACIP) in the US has recommended that pregnant women who have not previously been vaccinated against pertussis receive pertussis-containing vaccine in the second half of pregnancy and the Centers for Disease Control and Prevention (CDC) in the US is now recommending that pregnant women receive pertussis vaccination during each pregnancy, and this recommendation is also supported by the American Society of obstetricians and Gynecologists. In 2012, UK's Department of Health announced the introduction of a temporary immunization program for all pregnant women between 28-38 weeks of pregnancy during one of the country's largest pertussis outbreaks in several decades, which was associated with significant infant mortality.

Our school children in Timiskaming currently have 97-98% coverage for all primary vaccines, including pertussis, one of the best rates in the province. If you have women travelling out of province and country however where the risk of exposure is higher you might wish to consider additional administration of pertussis vaccine.



FOCUS ON REPORTABLE DISEASES

LONG-TERM CARE HOME STAFF INFLUENZA VACCINATION COVERAGE, 2012/13 & 2013/14

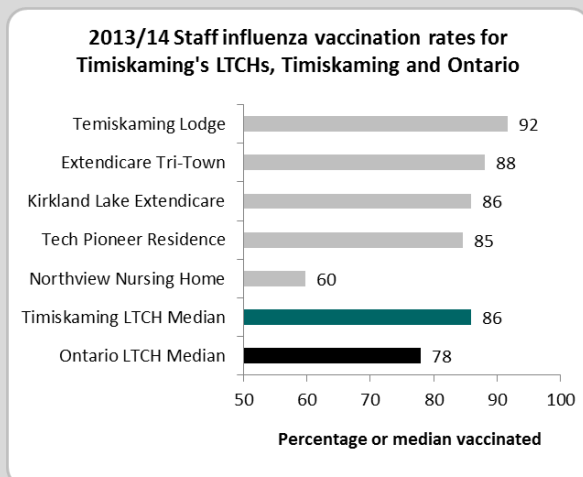
Annual influenza immunization is strongly recommended for persons who are capable of transmitting influenza to those at high risk of influenza-related complications. This includes all staff of health care establishments, regardless of whether or not they are involved with patients directly or indirectly.

The figure below compares the 2013/2014 Timiskaming Long-Term Care Home (LTCH) staff influenza vaccination coverage rates to the whole District's and the provincial LTCH median rate.

The Temiskaming Lodge had the highest staff influenza vaccination rate followed by Extendicare Tri-Town. Northview Nursing home had a much lower rate than the rest of local LTCHs.

With the exception of Northview Nursing Home, all of Timiskaming's LTCHs had a higher influenza vaccination rate than the province.

The table below compares last year's influenza vaccination rates to this year's rates. The largest changes from last year to this year are an 11% increase in staff vaccination rate for Extendicare Tri-Town and a 15% decrease in rate for Tech Pioneer Residence.



	2012/13 rate	2013/14 rate	Percent change
Extendicare Tri-Town	79	88	11%
Temiskaming Lodge	90	92	1%
Kirkland Lake Extendicare	88	86	-2%
Northview Nursing Home	65	60	-8%
Tech Pioneer Residence	97	85	-15%
Timiskaming LTCH Median	88	86	-2%
Ontario LTCH Median	74	78	5%

HOSPITAL STAFF INFLUENZA VACCINATION COVERAGE, 2012/13 & 2013/14

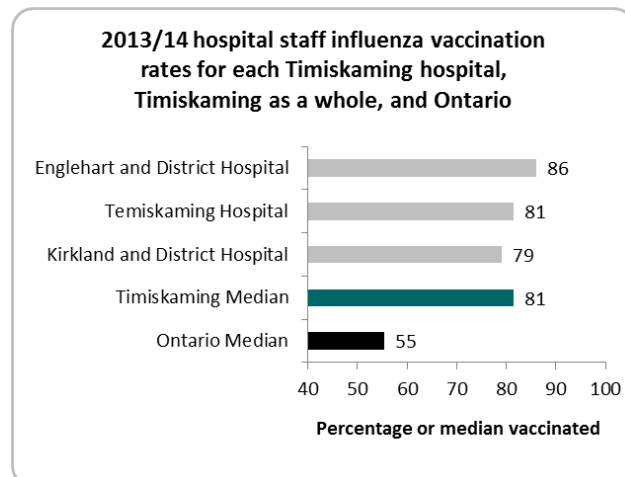
Annual influenza immunization is strongly recommended for persons who are capable of transmitting influenza to those at high risk of influenza-related complications. This includes all staff of health care establishments, regardless of whether or not they are involved with patients directly or indirectly.

The figure below compares the 2013/2014 Timiskaming hospital staff influenza vaccination coverage rates to the whole District's and the provincial median rate.

The Englehart and District Hospital had a vaccination rate of 86%, which was the highest staff influenza vaccination rate in the District. The hospital with the lowest vaccination rate was Kirkland and District Hospital, with a rate of 79%, however, this rate was only slightly lower than the Temiskaming District hospital's rate of 81%.

Each hospital in Timiskaming had exceptional vaccination rates in comparison with the provincial median rate of 55%.

The table below compares last year's influenza vaccination rates to this year's rates. Kirkland Lake and District Hospital's rate increased 9%, Englehart and District Hospital's rate decreased by 7% and Temiskaming hospital's rate decreased by 12%. The overall District's median rate decreased by 12% from 2012/13 to the 2013/14 season.



	2012/13 rate	2013/14 rate	Percent change
Kirkland Lake and District Hospital	72	79	+9%
Englehart and District Hospital	92	86	-7%
Temiskaming Hospital	91	81	-12%
Timiskaming Hospital Median	91	81	-12%
Ontario Hospital Median	51	55	+9%

DISEASE PREVENTION

LEAVE THE PACK BEHIND (LTPBH)– FREE NRT PROGRAM

Help promote the opportunity for **young adult tobacco users** to access a **free 8-week treatment of nicotine patches or gum** via an online ordering process at www.LeaveThePackBehind.org. Young adults (18-29 years) who meet health eligibility criteria and agree to complete three research surveys can participate in the program. Leave the Pack Behind will supply nicotine replacement therapy as long as they have inventory and funding to purchase additional product.

LTPBH Clinical Bulletin: http://www.leavethepackbehind.org/pdf/bulletins/Clinic_Bulletin_2014_v19en.pdf

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ORDER IT ONLINE @
[LeaveThePackBehind.org](http://www.LeaveThePackBehind.org)

SKIN CANCER PREVENTION ACT COMING INTO FORCE

Ontario is protecting young people from skin cancer through a new law that bans commercial tanning bed operators from selling or providing tanning services to youth under the age of 18.

Starting May 1, commercial tanning bed operators will no longer be allowed to sell or provide tanning services to youth under 18 in Ontario. The new legislation protects young people, who are especially vulnerable to the harmful effects of ultraviolet (UV) radiation, from skin cancer.

Tanning bed operators are required to post signs in their business about this restriction and that warn of the dangers associated with tanning bed use. Operators will be required to ask for proof of age identification and will not be allowed to promote tanning services to youth under 18.

- Public health units will enforce the new rules and operators that do not follow the law can be fined.
- The incidence of melanoma in Ontario has been rising in youth and young adults.
- The World Health Organization (WHO) has classified tanning beds in its highest risk category along with asbestos and tobacco. The WHO reports that the risk of skin cancer – particularly melanoma – increases by 75 per cent when tanning beds are used prior to the age of 35.

For more information visit www.ontario.ca/uvrsmart or contact the THU.

The Ontario Skin Cancer Prevention Act (Tanning Beds) prohibits persons under 18 years of age from using UV tanning equipment in this facility.

Proof of age will be required for individuals who appear to be less than 25 years old before using UV tanning equipment.



Ontario Health Services, March 2014. © Queen's Printer for Ontario, 2014.



REMINDER: NEW TREATMENT GUIDELINES FOR GONORRHEA

Gonorrhea is the second most commonly reported sexually transmitted infection in Ontario and North America. Cephalosporin, the last available class of antibiotics recommended for the treatment of gonorrhea, have been failing worldwide. In response to Ontario and global clinical failures, the new guidelines recommend ceftriaxone 250 mg IM in combination with azithromycin 1 gm orally. Treatment for STIs is offered free to all Ontario residents at our sexual health clinics. More info available at Public Health Ontario...

- [Guidelines for Testing and Treatment of Gonorrhea in Ontario, 2013](#) (full report)
- [Frequently Asked Questions](#)
- [Quick Reference Guide](#): a two page document that highlights the testing, screening and testing recommendations in addition to symptoms and risk factors and reporting obligations.
- [Online Training Module](#): an interactive tool to help health care professionals become more familiar with the guidelines.

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