

PUBLIC HEALTH MATTERS

A Newsletter for Healthcare Professionals



Surveillance of Enterovirus 68 (EV-D68)

In early fall of 2014, there was an increase of enterovirus D68 (EV-D68) infections in North America, with some patients presenting with severe respiratory symptoms. Rare cases of acute flaccid paralysis (AFP) were also reported that may have been related to EV-D68 infection.

Over the past month, other provinces have informed Ontario of a few EV-D68 positive laboratory findings in children, including a small number with neurologic manifestations and there is emerging evidence in Ontario of paediatric EV-D68 cases.

The case definition for AFP remains unchanged with the age criterion for reporting AFP remaining less than 15 years.

Please notify Timiskaming Health Unit should a patient with EV-D68 present with AFP or unusual or severe clinical manifestations requiring hospitalization.

When requesting testing, please submit:

1. [Enterovirus D68 \(EV-D68\) Patient Clinical Summary Form](#) (PHO)

Along with the usual:

2. [General Test Requisition Form](#)

Additional information can be found at: [PHO Enterovirus D68](#)

Publicly Funded Immunization Schedule for Ontario - October 2016

The Ministry of Health and Long-Term Care has revised the Publicly Funded Immunization Schedules for Ontario and is available [online](#). Hard copies of this version will not be distributed.

The following immunization program enhancements have been incorporated into the Schedules:

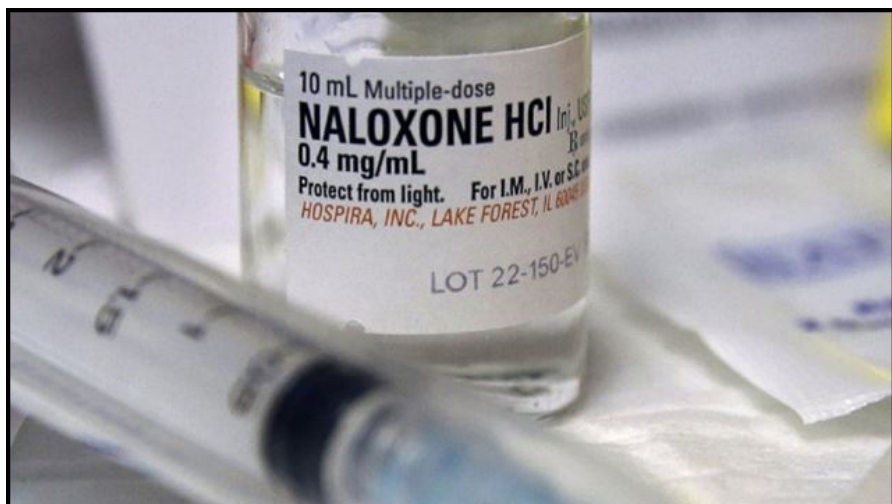
- HPV-4 vaccine is offered to all Grade 7 students (Table 2).
- HPV-4 vaccine is now part of the High Risk vaccine program and the eligibility criteria is men who have sex with men, ages 9-26 years (Table 3).
- Herpes Zoster vaccine is available to those 65-70 years of age (2016 only – individuals born in 1945) (Table 2).

Please call the Health Unit, should you have questions.

Ontario Naloxone Program for Pharmacies (ONPP)

Opioid addiction and overdose is a serious public health concern that is big, complex and worsening. Now there are 2 relatively new secondary and tertiary prevention programs in place in Ontario.

The “Safeguarding Our Communities Act” is in effect October 1, 2016. This law requires patients using fentanyl transdermal patches to return all used patches to their pharmacy for inspection prior to receiving new patches. The goal is to reduce the misuse and illegal distribution of the medication. For more information visit the [Bill 33, Safeguarding our Communities Act \(Patch for Patch Return Policy\), 2015](#).



The Ministry of Health and Long Term Care launched the Ontario Naloxone Program for Pharmacies (ONPP) following the reclassification of the opioid antagonist as a schedule II drug by the National Association of Pharmacy Regulatory Authorities in June of 2016. The ONPP makes naloxone available without a prescription and at no cost to eligible Ontarians to help reduce fatalities from opioid overdose. People at risk of an overdose (or their concerned family members or peers) will not need a prescription and will not pay anything when receiving naloxone.

Naloxone can now be kept behind the counter in Ontario pharmacies and pharmacists can provide training on how to safely administer the injectable drug. All pharmacies with a billing account under the Ontario Public Drugs Program are eligible to dispense the kits and receive reimbursement. At the time of writing this article, all pharmacies in the district of Timiskaming plan to stock and dispense the kits, and the following five pharmacies are already stocked and ready to dispense:

- Findlay’s Pharmacy, 247 Whitewood Avenue, New Liskeard ON
- Smallman’s Pharmacy, 368 Main Street, Haileybury ON
- Marshall’s Pharmasave, 43 Third Street, Englehart ON
- BDR Pharmasave, 38 Government Road West Kirkland Lake ON
- IDA Kirkland Pharmacy, 5 Station Road North Kirkland Lake ON

For more information, please visit:

[Ontario Naloxone Pharmacy Program and Dispensing or Selling](#)

[Naloxone](#)

Immunizing Individuals with Hemophilia

We have received requests to exempt hemophiliac children from mandatory school vaccine requirements. These children are possibly at increased risk if they were to acquire the natural disease. Hemophilia associations recommend the following when immunizing individuals with hemophilia:

- 1 A fine-gauge needle (23 gauge or smaller caliber) should be used.
- 2 Firm pressure should be applied to the site for at least 2 minutes without rubbing.
- 3 The patient and/or caregiver should be informed that there is risk of hematoma development at the injection site.
- 4 Anticipatory guidance should be given regarding when to call the physician or HTC regarding any adverse reactions such as hematoma, fever, warmth, redness.
- 5 For pain/fever relief, avoid aspirin and NSAIDs because of the potential risk of bleeding. Acetaminophen is a safe alternative, but should be used with caution, especially in individuals at risk for liver disease.
- 6 If the patient is receiving prophylaxis treatment for hemophilia, vaccination could be given within one day afterwards to decrease the risk of developing a hematoma.

Vaccines that can be Given Subcutaneously

There is considerable variation regarding vaccine route of administration (IM vs SQ) among HTC providers (reference CDC data). Many vaccines have not undergone rigorous investigation to demonstrate that SQ administration is as effective as IM administration. Whether or not the potential reduction in intramuscular hematomas from SQ administration outweighs any potential reduction in vaccine efficacy is not known.

The vaccines (single vaccines, not in combination with other vaccines) that have been tested and demonstrated to be effective when administered either IM or SQ include:

- ▶ Pneumococcal polysaccharide (PPSV)
- ▶ Polio, inactivated (IPV)
- ▶ Hepatitis A
- ▶ Hepatitis B



Prenatal and Postpartum Clients - Postpartum Depression

THU has continued to offer mental health counselling (as part of our Healthy Babies/ Healthy Children program) to prenatal and postpartum clients despite the divestment of our Mental Health and Addictions program in January of this year.

As of August 31, 2016, the Public Health Nurse has received 38 referrals from partner agencies and clients who self-refer.

Please send referrals to our Public Health Nurse, Carol Johnson, at 705-647-4305 x 2246 or johnsonc@timiskaminghu.com.



Introduction to Solids



PHNs have been receiving many questions from parents regarding introduction to solids.

The Canadian Pediatrics Society as well as Health Canada recommend that solids, including infant cereals, not be introduced until the age of 6 months to minimize the risk of allergies and other gastrointestinal issues.

More information is available here:

- [Nutrition for Healthy Term Infants: Recommendations from Six to 24 Months](#)

Resources to share with parents can be found here:

- [Feeding your Baby in the First Year](#)

- [Infant Nutrition](#)

Free Exercise Groups

Did you know

You can refer your older adult clients to local exercise classes to help them build strength, balance and prevent a fall?

Stand Up! is a FREE group exercise program which:

- Conducted twice a week for 12 weeks
- Delivered by trained facilitators
- Gives advice on how to avoid falls
- Teaches simple exercises to do at home

FREE Exercise Groups are for older adults (65+) who would like to stay active and independent.

- A variety of class types that run twice a week for the year
- No registration required. Drop-ins welcome!



For more information on these free (NE LHIN funded) exercise classes, visit www.timiskaminghu.com

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