

## Public Health Matters

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

Due to COVID-19 there were no 2020 issues of Public Health Matters.

If you have any comments or questions, please email [coter@timiskaminghu.com](mailto:coter@timiskaminghu.com).

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### HEALTH CARE PROVIDER ALERTS: COVID-19

For current and archived THU issued COVID-19 Health Care Provider Alerts (including COVID-19 Vaccine), please visit [HCP Alerts/Memorandums](#).

### UPDATES: Infectious Diseases

#### Respiratory Surveillance: Influenza Activity in Ontario

Public Health Ontario's most recent respiratory laboratory surveillance data (March 14, 2021 to March 20, 2021) indicates that Influenza A and B activity remain low. Timiskaming is reporting no influenza activity in the district. Provincially, rhinovirus/enterovirus is the most commonly-circulating virus, while all other viruses (RSV, parainfluenza, adenovirus, coronavirus, and metapneumovirus) remain low. [Ontario Respiratory Pathogen Bulletin | Public Health Ontario](#)

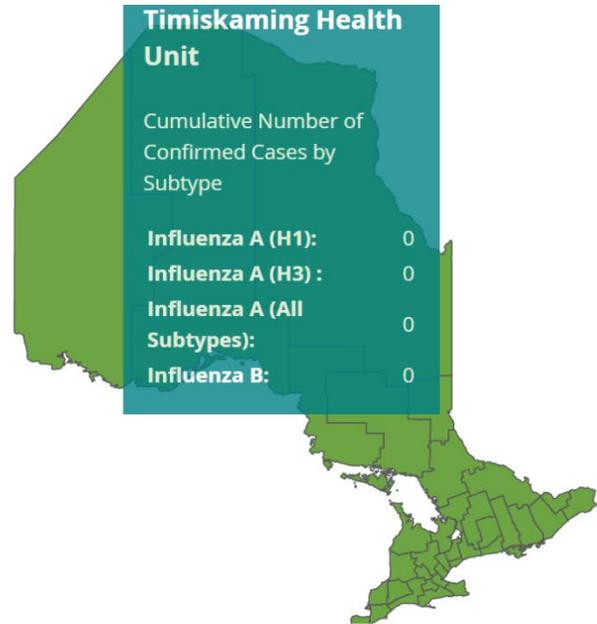
**Influenza Activity Level and Cases by Subtype as Reported by Public Health Units (2020–21) Week 11, 2021 (March 14, 2021 to March 20, 2021)**

THU data showing is Cumulative Season Case Counts.

Source: [Public Health Ontario](#)

**Influenza Activity Level and Health Unit counts**

No Data	0
No Activity	34
Sporadic	0
Localized	0
Widespread	0



**Surveillance: Timiskaming Health Unit 2020 Diseases of Public Health Significance**

As per Ontario Public Health Standards, Timiskaming Health Unit (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 are tracked monthly and reviewed by THU program staff.

A brief local report in [Appendix A](#) outlines diseases that are statistically different than the provincial rate over the last three years. Compared to the province, the THU area had lower rates of chlamydial infections, the novel corona virus, syphilis, and latent tuberculosis infection. Compared to Ontario, THU area had higher rates of pertussis, invasive streptococcus pneumoniae, and trichinosis. Trichinosis is a rare disease in Ontario, and the higher rate is due to a local community outbreak related to consumption of undercooked wild game.

## NEW RESOURCES: Supporting Patients during COVID

The [COVID-19 Social Care Guidance](#) is for health and social care providers supporting people exposed to social risks that impact health, caused or exacerbated by COVID-19. It is intended as guidance and should not replace clinical judgement. The tool was developed in partnership with the [Centre for Effective Practice](#) and the [Department of Family and Community Medicine](#) at the University of Toronto.

Prosper Canada's [Financial Relief Navigator](#) is a tool to help individuals learn about all of the money supports that they can get during the COVID-19 pandemic. The information and resources provided are based on what federal, provincial and territorial governments have shared publicly to support Canadians in these difficult times. Other relief measures that banks/credit unions, utility companies and others have put in place to help Canadians during the crisis are also included.

## REMINDER: Publicly Funded Immunization Schedule for Ontario

The Ministry of Health's Publicly Funded Immunization Schedules for Ontario provides a list of vaccines and the recommended vaccine schedules. An updated version was posted January 2021.

EN: <https://health.gov.on.ca/en/pro/programs/immunization/schedule.aspx>

FR: <https://health.gov.on.ca/fr/pro/programs/immunization/schedule.aspx>

## REVIEW: Recommend the HPV Vaccine

Vaccination is up to 90% effective at preventing HPV types responsible for most genital warts and HPV-related cancers. HPV vaccine studies show substantial impact on population health. However, Timiskaming's immunization coverage (%) for the HPV vaccine was only 49.7 among children 12 years old (2017-2018 school year).

We know that physician recommendation means a lot. Please make a strong recommendation for the HPV vaccine. If you are already seeing eligible children in-person for urgent health issues or other necessary visits, use this opportunity to discuss the importance of the HPV vaccine.

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

The Health Protection and Promotion Act (HPPA) outlines the communicable diseases that are designated reportable in the province of Ontario. Under the authority of the HPPA, Ontario Regulations 559/91, these diseases or suspected occurrences of these diseases must be reported to the local Health Unit.

[Hepatitis C Reporting Form](#)

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

[Reportable Disease Notification Form - THU](#)

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

## SPOTLIGHT: March is Nutrition Month!

This year's theme supports Canada's Food Guide ([English](#), [French](#)) designed to be flexible and adaptable for all Canadians. Canada is a diverse country that offers a variety of foods across its regions. As healthcare providers, it is essential to recognize that there is no one-size-fits-all diet for everyone. Healthy diets are influenced by cultures, food traditions, preferences, medical conditions, and personal circumstances. Nutrition Month is an opportunity to remind health care partners to promote the Canada Food Guide to all patients. Visit <https://food-guide.canada.ca/en/> or <https://guide-alimentaire.canada.ca/fr/> to learn more.



## UPDATE: Malnutrition Among Older Adults is Preventable and Treatable



Nutrition risk increases at older ages. Over 30% of older adults in Canada face an increased risk of malnutrition. Including a nutrition screening in periodic assessments of older adults is an important step towards preventing and treating malnutrition. A research project led by Timiskaming Health Unit (THU) in collaboration with the Northern Ontario Dietetic Internship Program (NODIP) aimed to determine key malnutrition risk factors for older adults (55+) living in the South of Timiskaming District. Project findings demonstrated that barriers to healthy eating were mainly associated with inadequate nutrition knowledge and a lack of transportation and food affordability and/or accessibility.

To screen for malnutrition, THU recommends using a standardized tool such as the Seniors in the Community Risk Evaluation for Eating and Nutrition (SCREEN IIAB<sup>®</sup>) consisting of 8 items that cover aspects such as weight change, appetite, the frequency of eating, intake of fruits and vegetables, motivation to cook, ability to shop and prepare food.

An abstract of this project can be found [here](#).

## REVIEW: Addressing Stigma in the Health System

The 2019 annual Chief Public Health Officer's Report on the State of Public Health in Canada presents a stigma and health model that highlights the pathways from a range of stigmas to poorer physical and mental health outcomes and how stigmas intersect. The model illustrates how different stigma drivers and practices in the health system can lead to health inequities.

The report aims to increase understanding of the common drivers, practices, and experiences of multiple stigmas and presents an action framework with a range of evidence-based actions that can be implemented to reduce stigma across the health system.

*Addressing Stigma: Towards a More Inclusive Health System*, The Chief Public Health Officer's Report on the State of Public Health in Canada 2019, Public Health Agency of Canada.

"These many forms of stigma that intersect in complex ways, are very much present in our health system, driving those most in need from getting effective care and accessing services. It means that we, as health system leaders and practitioners, are contributing to negative health outcomes." Dr. Tam

Message from the Chief Public Health Officer of Canada and Full Report: [English](#) and [French](#)

## LOCAL RESEARCH SPOTLIGHT: Lived Experience of Opioid Use in Timiskaming

In 2019, Timiskaming Health Unit conducted local lived experience research resulting in a 2020 report titled *“All they ever see is the addict.”: Lived Experience of Opioid Use in Timiskaming*.

The purpose of the research project was to gain perspective on the lived experience of individuals who use opioids in the Timiskaming Health Unit catchment area and to deepen the understanding of this population’s health and medical needs. The study also aimed to empower individuals who use opioids to share their experiences and provide them with an opportunity to influence local priorities and program planning.

Participants were asked to share their history of opioid use, how they currently or did use opioids, and how opioids affect their daily life. In addition to eliciting themes, the interviews also provided rich information on the specifics of using opioids in Timiskaming including the routes and costs of use and how participants initiated their opioid use. The themes that arose from the interviews were: quality of life, interpersonal impacts of opioid use, stigma, managing addiction, and facilitators and barriers to accessing health care services.

Click [here](#) to read the full report.

## LEARNING OPPORTUNITY: Addressing cannabis use with your patients and Understanding Stigma

CAMH's [Addressing cannabis use in primary care](#) course takes health care providers through the steps of screening, assessing and addressing impacts of cannabis use on patients and community. It also includes a brief overview of medical cannabis use is included. The course is being accredited with The College of Family Physicians of Canada and The Canadian Council on Continuing Education in Pharmacy.

Also from CAMH is a new online course [Understanding Stigma](#), designed to help healthcare providers and frontline clinicians develop strategies to improve patient–provider interactions and overall care for people with mental illness including addiction.

## REVIEW: Prenatal Services and Supports for Timiskaming Parents and Families

The Ontario Parent Survey found that almost 60% of parents in are interested in receiving parenting information during the COVID-19 pandemic.

Timiskaming Health Unit continues to offer the following services to families (priority in person and as capacity, or virtually):

- Breastfeeding support
- Post-Partum Mood Disorder screening, referrals and support
- Healthy Babies Healthy Children Program: delivery of services during the prenatal period and to families with children from birth up to their transition to school, using targeted program approaches with a universal screening opportunity at time of birth. The Program intends to optimize newborn and child healthy growth and development and reduce health inequities. Components include service and system integration, access to information and resources, early identification and intervention screening, assessment, blended home visiting services, service referral and coordination

Free [Online Prenatal Learning](#) (parents can learn from home and at their own pace) or contact THU for other options.

To make a direct referral for any of the prenatal or family support services contact the Timiskaming Health Unit.

## UPDATE: Vision Screening Recommendations for Infants and Young Children

Eye problems that go undetected and untreated may permanently affect a child's vision. As children and their parents are often unaware of their vision problems, screenings allow for early detection of disorders which may otherwise go unnoticed. The Canadian Paediatric Society provides [recommendations for vision screening at infant and well-child visits](#), ([French](#)) and guidelines highlight that this is a critical role for primary care providers, especially for children under age 5.

The Ontario Public Health Standards (2018) require that local Public Health ensure a Vision Screening Program for all senior kindergarten students. However, due to COVID-19, this program has been paused for the 2020/2021 school year.

Vision screening is not a substitute for a comprehensive eye examination by an optometrist. Eye examinations are covered under OHIP once every 12 months for anyone under 20.

The [Eye See...Eye Learn](#)<sup>®</sup> program, available to children born in 2016 that are in junior kindergarten, will provide one pair of glasses courtesy of participating optometrists and corporate partners. The program goes through to June 30, 2021. Starting July 1, 2021, all children born in 2017 are eligible. To participate in the program the eye exam must be with a participating optometrist. For more information email to: [esel@optom.on.ca](mailto:esel@optom.on.ca)

Thank you for considering your current practice around ensuring vision screening at infant and well-child visits.

## REVIEW: Healthy Smiles Ontario and the Ontario Seniors Dental Care Program

Good oral health is important to overall health across the life span.

- [Healthy Smiles Ontario](#) (HSO) is a free dental program for eligible children and youth 17 and under. HSO covers regular check-ups, preventive care and treatment.
- The new [Ontario Seniors Dental Care Program](#) (OSDCP) provides free, routine dental services for low-income seniors who are 65 years of age or older.

If you or your patients have any questions regarding HSO or OSDCP applications, services, or treatment locations please call the Timiskaming Health Unit.

## REVIEW: How clinicians can support positive parenting in the early years Canadian Paediatric Society Position Statement (April 2019)

Positive parenting is an approach that supports all aspects of healthy child development. Many community partners have interest in supporting positive parenting for child health outcomes. This Canadian Paediatric Society Position Statement (2019) [English](#), [French](#), which focuses on children age 0 to 6, describes basic principles in support of positive parenting and recommends in-office practices to promote secure parent-child relationships, engage families and build trust with parents. THU appreciates the impact that care providers have through provision of guidance to parents.

## COLLABORATION: Climate Change Project in Timiskaming

This Timiskaming Health Unit, in collaboration with six other northern health units, is completing a Climate Change Vulnerability & Adaptation Assessment of the Timiskaming District. The purpose of this project is to develop a better understanding of the local risks to health from current and projected climate impacts, and assess adaptation strategies to address these challenges.

As frontline witnesses to the impacts of climate change, health care providers have a key role in increasing our knowledge of how these impacts are felt and what actions we can take to protect population health. The Timiskaming Health Unit is seeking local leaders and health care experts to participate in short, semi-structured interviews, or small focus groups, to support this collaborative project. If you are able to participate, please email: [mcleanm@timiskaminghu.com](mailto:mcleanm@timiskaminghu.com) for more information.

## COLLABORATION: Tobacco Cessation

With one of the highest tobacco use rates in Ontario, we are reaching out to community partners to work together. Following the provincial defunding of a number of tobacco cessation support agencies and programs (Ontario Tobacco Research Unit, Program Training and Consultation Centre, Leave the Pack Behind, Smoking and Health Action Foundation), we find ourselves needing to be more creative and collaborative in helping local people who wish to make a quit attempt.

For our area there are approximately 10,000 people who use tobacco, yet from 2014-2018 only 1,469 people accessed the Smoking Treatment for Ontario Patients (STOP) Study run by CAMH. If your Family Health Team is able to provide NRT through the CAMH STOP study and would like to explore ways to increase access such as increasing promotion, or if you are not currently offering this program but are interested in learning more about how you can support tobacco cessation, please contact THU to collaborate.

Recent research by THU has identified that pregnant woman who smoke react positively to a cessation program that provides cash incentives to become and remain smoke free. In one systematic review, it was found that 48% of participants in a contingent behavioural incentive group had a 75% reduction in smoking and 31% were abstinent. We are now exploring the feasibility of piloting this innovative approach in partnership with a local Family Health Team.

Public Health Ontario released two reports summarizing evidence related to tobacco and vaping and COVID-19: Tobacco and COVID-19 – What We Know So Far (2020) ([English](#), [French](#)) and Vaping and COVID-19 – What We Know So Far (2020) ([English](#), [French](#)).

Please contact [Laurel Beardmore](#), Public Health Promoter, to discuss ways to collaborate in supporting tobacco cessation.

## UPDATE: Mailed Smoking Cessation Programs with Free NRT

Over a year into the COVID-19 pandemic, individuals are experiencing increased levels of stress, anxiety and boredom, which has a direct impact on their smoking. Recognizing this, it is important that improving access to smoking cessation programs and services remain a key priority for in our communities. Important changes have been made to provincial smoking cessation programs to help all individuals in Ontario in making a quit attempt during these difficult times.

Two programs have been created offering patients free nicotine replacement therapy (NRT) mailed directly to their home. Any healthcare provider, even those who are not registered with existing STOP programs, can promote these new programs to their patients.

**Ottawa Model for Smoking Cessation (Telephone Program)** ([English](#), [French](#))

Eligibility: Ontario residents 18 years of age or older. Current daily smoker looking to quit with NRT.

To Register: Patient calls directly 1-888-645-5405

Health care providers can help register clients (with consent)

**STOP on the NET (Online Program)** (Available in [English](#) only)

Eligibility: Ontario residents 18 years of age or older. Current daily smokers looking to quit NRT.

To Register: Online registration only

\*Patient must have access to email/internet to register for this program

Patients can self-refer to either of these programs.

## Other Resources and Information

Visit the [Health Care Provider section](#) of the THU website for resources, forms, and archived newsletters.

To receive this newsletter and any alerts, directly contact [coter@timiskaminghu.com](mailto:coter@timiskaminghu.com) to be added to our distribution list. To view archived newsletters, visit [HCP Newsletters](#).

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



Services de santé du  
**TIMISKAMING**  
Health Unit



Appendix A

Timiskaming Health Unit 2020 Diseases of Public Health Significance

As per Ontario Public Health Standards, Timiskaming Health Unit (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 THU program staff.

Diseases that are statistically different than the provincial rate over the last three years are outlined in the table below. Compared to the province, the **THU area had lower rates** of chlamydial infections, the novel corona virus, syphilis, and latent tuberculosis infection. Compared to Ontario, **THU area had higher rates** of pertussis, invasive *streptococcus pneumoniae*, and trichinosis. Trichinosis is a rare disease in Ontario, and the higher rate is due to a local community outbreak related to consumption of undercooked wild game.

Some reportable diseases were omitted in the table below if they were rare and if Timiskaming did not have any cases. Also, varicella was excluded because it is reported both individually and in aggregate, therefore, would not depict the true rate of varicella in Timiskaming.

**Timiskaming Health Unit 2020 diseases of public health significance, average number of cases per year and rates compared to Ontario, 2018-2020.**

	Timiskaming Health Unit			Ontario	Timiskaming's rate compared to Ontario's
	2020 Cases (Number)	Average per year (2018-20)	Rate per 100,000 (2018-20)	Rate per 100,000 (2018-20)	
AIDS	0	0.3	1.0	0.5	No difference
Amebiasis	0	0.3	1.0	0.5	No difference
Anthrax	0	0.0	0.0	0.0	-
Blastomycosis <sup>‡</sup>	0	0.0	0.0	0.4	-
Botulism	0	0	0	0	-
<i>Campylobacter enteritis</i>	7	6.0	18.0	20.0	No difference
Carbapenemase-producing <i>Enterobacteriaceae</i> <sup>‡</sup>	0	0.0	0.0	1.9	-
Chlamydial infections	68	69.7	↓ 209.5	310.9	THU Lower
Corona virus, novel	97	32.3	↓ 97.2	528.6	THU Lower
Cryptosporidiosis	<5	3.0	9.0	4.6	No difference
Cyclosporiasis	<5	0.3	1.0	2.4	No difference
Diphtheria	0	0.0	0.0	0.0	-
<i>Echinococcus multilocularis</i> infection <sup>‡</sup>	0	0.0	0.0	0.0	-
Encephalitis/meningitis	0	1.0	3.0	1.0	No difference
Food poisoning (all causes)*	0	0.0	0.0	0.2	-
Giardiasis	<5	2.7	8.0	8.3	No difference

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Gonorrhoea (all types)	<5	2.3	7.0	69.9	No difference
Group A streptococcal disease, invasive	6	2.7	8.0	7.5	No difference
Group B streptococcal disease, neonatal	0	0.0	0	0.3	-
<i>Haemophilus influenzae</i> (all types), invasive*	0	0.7	2.0	1.4	No difference
Hepatitis A	0	0.3	1.0	1.1	No difference
Hepatitis B, acute	0	0.3	1.0	0.6	No difference
Hepatitis B, chronic	0	0.0	0.0	10.6	-
Hepatitis C	8	13.3	40.1	29.5	No difference
HIV	0	0.3	1.0	5.6	No difference
Influenza	25	33.0	99.2	97.4	No difference
Legionellosis	0	0.0	0.0	2.3	-
Listeriosis	0	0.0	0.0	0.5	-
Lyme disease	0	0.0	0.0	5.6	-
Measles	0	0.0	0.0	0.1	-
Meningitis	<5	0.7	2.0	1.2	No difference
Meningococcal disease, invasive	0	0.0	0.0	0.2	-
Mumps	0	0.0	0.0	0.4	-
Paratyphoid fever	0	0.0	0.0	0.2	-
Pertussis (whooping cough)	12	13.7	↑ 41.1	1.9	THU Higher
Poliomyelitis, acute	0	0.0	0	0.0	-
Rabies	0	0.0	0.0	0.0	-
Rubella	0	0.0	0.0	0.0	-
Salmonellosis	<5	3.3	10.0	15.0	No difference
Shigellosis	0	0.0	0.0	1.8	-
<i>Streptococcus pneumoniae</i> , invasive	<5	4.7	↑ 14.0	7.3	THU Higher
Syphilis, early congenital	0	0.0	0.0	0.0	-
Syphilis, infectious	<5	0.7	↓ 2.0	14.8	THU Lower
Syphilis, latent	0	0.3	1.0	5.0	No difference
Tetanus	0	0.0	0.0	0.0	-
Trichinosis	0	0.7	↑ 2.0	0.1	THU Higher
Tuberculosis	0	0.0	0.0	4.7	-
Tuberculosis, latent	5	5.3	↓ 16.0	43.7	THU Lower
Typhoid fever	0	0.0	0.0	0.6	-
Verotoxin producing <i>E. coli</i> including haemolytic	<5	1.0	3.0	1.2	No difference

uraemic syndrome					
West Nile virus illness	0	0.0	0.0	0.5	-
Yersiniosis	0	0.3	1.0	1.8	No difference

N/A - Not applicable

<5 There were fewer than 5 cases, therefore, the number was suppressed to maintain the confidentiality of the case.

‡ These diseases were first designated as diseases of public health significance in May of 2018, therefore averages and rates do not represent three years but rather May 2018 to Dec of 2020.

\*Foodborne illnesses include those acquired through the consumption of contaminated food or water, but are not classified as a 'disease of public health significance'.

‡ Invasive *Haemophilus influenzae* (all types) changed May 1 2018 whereby all serotypes were made reportable, prior to which only serotype b was reportable.

**Notes**

All diseases in this report are confirmed cases as defined by the Ontario Public Health Standards Infectious Diseases Protocols. Confirmed cases represent newly diagnosed cases and **are** most often defined by a positive laboratory test. Cases are reported based on the 'episode date' which is an estimate of the onset date, and the diagnosing health unit (the case's health unit of residence at the onset date). This table reflects the case counts by the data extraction date and it is possible that these counts may change as a result of data cleaning efforts to validate disease counts. Case definitions and disease testing procedures change periodically, which could impact the number of cases reported. Furthermore, some diseases may be underreported, for instance, if the illness has less severe or non-specific symptoms the individual may not seek medical attention, or if the health care provider does not request samples for testing.

This table may not include cases for individuals living on-reserve in First Nations communities as First Nations communities have a separate reporting system.

The rates presented are crude rates and are not age-standardized.

**Source**

Public Health Ontario. Infectious Disease Query. Available at <https://www.publichealthontario.ca/en/data-and-analysis/infectious-disease/id-query>. Accessed February 7, 2021.

Population Projections 2018-2020, Ontario Ministry of Health and Long-Term Care, Intellihealth Ontario, Date extracted: February 12, 2018.