

Public Health Matters

A Newsletter for Health Care Professionals

Public Health Matters

Hello!

I'm excited to have started as the Medical Officer of Health (A) and CEO for the Timiskaming Health Unit (THU) at the beginning of September. I've been able to meet many health care providers over the last month and I'm looking forward to meeting more of you.

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. Monika Dutt
Medical Officer of Health (A)/CEO

New: Seasonal Influenza Vaccine Products for 2018-2019

Ontario's Universal Influenza Immunization Program (UIIP) launched Oct. 22, 2018 for the general population. For information on products and eligibility see the [table](#) below and visit the Ministry ([UIIP](#)) site.

For those 65 years of age and older, in addition to the standard dose Quadrivalent Inactivated Vaccine (QIV) there is a publicly funded high-dose trivalent (HD-TIV) vaccine.

The QIV vaccine contains A/H3N2 and A/H1N1 strains and two influenza B strains, one from each B virus lineage (B/Colorado and B/Phuket). HD-TIV vaccine, which contains an A/H3N2, A/H1N1 and only the B strain from the B/Colorado lineage. The HD-TIV has a higher antigenic content for each of the three antigens it contains (60 µg versus 15 µg per antigen in the standard-dose QIV).

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Timiskaming Health Unit (THU) influenza vaccine inventory received this season is largely QIV. A small inventory of HD-TIV was received to be distributed to long-term care homes, hospitals, retirement

homes, and primary care providers. Thus, the THU will not be administering this vaccine at community clinics and may not have any available for administration in office clinics. Publicly funded HD-TIV is not available at pharmacies. Pharmacists are asked to advise clients of their options and refer those wishing to receive HD-TIV vaccine to their primary care provider. FluMist® will be available at pharmacies.

The National Advisory Committee on Immunization ([NACI](#)) has not indicated preference between QIV and Q-LAIV nor HD-TIV and QIV products. Public Health Ontario has published an evidence document to help clinicians assess Ontario's UIIP vaccines for the 2018-19 influenza season and it can be found [here](#).

For THU community flu clinic schedule and fact sheets, please [visit our website](#).

Table 1: Ontario UIIP Publically Funded Influenza Vaccine Eligibility

Age Group	QIV -Fluzone® Quadrivalent FluLaval® Tetra Quadrivalent	Q-LAIV FluMist® Quadrivalent	HD-TIV Fluzone® High-Dose
6 to 23 months	✓		
2 to 17 years	✓	✓	
18 to 64 years	✓		
≥ 65 years	✓		✓

Reminder: Routine Adult Tdap Immunization Program

In 2011, the Tdap immunization program was expanded to include a single life-time dose of Tdap vaccine for adults 19 to 65 years of age who did not receive a Tdap dose in adolescence. In December 2014, eligibility for a single publicly funded dose expanded to include **all adults 19 years of age and older**, including those 65 years of age and older, irrespective of receiving a prior dose of Tdap in adolescence. Thus for the *routine* 10 year Td booster, it is important to assess if/when your patient may have had the lifetime adult Tdap dose. If they received the adult life-time dose in 2011 or 2014 with the program expansion, the earliest they would be due for their 10 year routine Td booster would be 2021 or 2024 respectively.

For more information on Ontario's adult vaccine program, visit www.ontario.ca/page/vaccines-adults

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

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

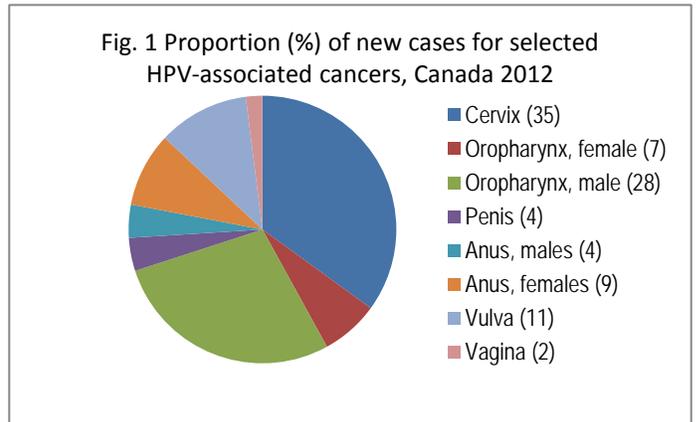
[Reportable Disease Notification Form - THU](#)

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

Email IPAC@timiskaminghu.com with questions or to report.

Spotlight: Human Papilloma Virus

It is estimated that 70% of sexually active Canadians will have HPV at some point in their lives. Certain HPV strains can cause genital warts and [many different types of cancer](#). In 2012, 3,760 Canadians were diagnosed with an HPV-associated cancer and this number is expected to rise. Two thirds of HPV-associated cancers were in females and one third were in males. Of HPV cancers in Canada, 35% are cervical and the incidence of HPV-associated oropharyngeal cancer was 4.5 times higher in males in 2012. Between 2000 and 2012, the incidence rate of oral HPV increased by 50% ([Canadian Cancer Society, 2016](#)).



The most effective way to prevent HPV infection and related cancers in males and females is to immunize.

The right time for immunization protection is during the preteen years. In Ontario, HPV vaccine is publicly funded for students (see [table](#)). THU implements Ontario’s Grade 7 School Immunization program which includes voluntary HPV vaccination and Hepatitis B along with meningococcal conjugate (Men-C-ACYW).

Public Health Ontario reports on annual student immunization coverage rates by Board of Health jurisdiction ([Immunization Coverage Report](#)). In 2016-17, Timiskaming’s HPV up-to-date coverage rate for 12 year olds was 55.9% compared to the provincial rate of 56.3% (ON jurisdiction min-max range was 38.8 to 67.5%). Whereas coverage estimates for meningococcal conjugate (mandatory for school attendance) is 85.3% for THU compared to 79.6% for Ontario.

Educating *all* preteens and their adult influencers that the HPV vaccine prevents certain cancers is one strategy to help protect the health of our population. **We thank our health care partners for promoting HPV vaccination.**

For additional resources, visit hpvinfo.ca , immunize.ca or contact the THU. A study showing that HPV vaccination does not promote sexual promiscuity (a common concern of parents) can be found [here](#).

Routine Publically Funded Schedule ... If your youth patient is in	
Grade 7 or 8 male or female	HPV9 (Gardasil 9®) -starting prior to 15 th birthday -2 doses (0 and 6 months) -starting on or after 15 th birthday or immunocompromised - 3 doses (0, 2 and 6 months)
Grade 9 males	HPV4 (Gardasil 4®) - starting prior to 14 th birthday -2 doses (0 and 6 months) - starting on or after 14 th birthday or immunocompromised - 3 dose (0, 2, and 6 months)
Grade 9 to 12 Females	HPV4 (Gardasil 4®) -students who have not started or finished their series. - starting prior to 14 th birthday -2 doses (0 and 6 months) - starting on or after 14 th birthday or immunocompromised - 3 doses (0, 2, and 6 months)
For each category, student remain eligible until Aug. 31 of their Gr 12 year.	

Community Program/Support Updates

New: Timiskaming Health Unit Now Offers Shingrix®

Shingrix® (Recombinant Zoster Vaccine) should be offered to anyone over the age of 50 without contraindications, regardless of previous immunization with Zostavax® (Live Zoster Vaccine). Vaccine-naïve individuals can receive Shingrix® in two doses, received 6 months apart. NACI states that re-immunization with Shingrix® in those who have received Zostavax® can occur as two separate doses one year after immunization with Zostavax®. NACI strongly recommends immunizing individuals over the age of 50 with a previous case of Herpes Zoster with Shingrix®.

Healthy Babies Healthy Children (HBHC) Program

Support is available for pregnant women and families with children between the ages of newborn to six years. Family Home Visitors and Public Health Nurses work with families to reach parenting goals such as breastfeeding and infant feeding, optimal growth and development, and many more. This program is offered district-wide at no cost. For more information on the program, visit [THU website](#). If you have clients that could benefit from this program, please contact the HBHC program.

Breastfeeding Support

Local partners are working together to promote and protect breastfeeding - to increase local initiation, duration and exclusivity rates. Health Canada and the WHO recommend exclusive breastfeeding for the first 6 months and for two years and beyond once complementary foods are introduced.

If you have clients that could benefit from breastfeeding support, THU has two Lactation Consultants available across the district. Clients can also join a closed local Facebook group "*The Timiskaming Breastfeeding Buddies*" for peer support and THU staff also check in to assist with questions and resources.

Patients can also access the [Ontario Telehealth Breastfeeding Support](#) for breastfeeding advice and referrals 24 hours a day, seven days a week.

Tobacco Cessation

Timiskaming's Cessation Network is hosting a Principles of the [Ottawa Model for Smoking Cessation](#) workshop on November 27. Any health care provider interested in enhancing evidence-informed tobacco cessation practice is encouraged to attend. Contact beardmorel@timiskaminghu.com to learn more - [Workshop Flyer](#).

[You Can Make It Happen](#) is a comprehensive source of information, tools and resources about tobacco cessation for healthcare providers, provided by Public Health Units and Smokers' Helpline.

We thank our primary care partners who contribute to promoting quit attempts and providing accessible tobacco cessation supports in Timiskaming.

Harm Reduction

THU staff continue to support eligible partners for Naloxone distribution and our safer drug use supply program is also expanding to other agencies. For more information or to assess your organization's eligibility as a Naloxone or safer drug supplies distributor, contact Kaireen MacKinnon at 705-647-4306 ext. 2217.

Other Resources and Information

We have updated the [Health Care Provider section of the website](#)! It is still under construction but please visit it for easy access to resources, forms, and previous newsletters.

Rapid Review Preventing Teen Pregnancy

THU completed a rapid review investigating effective interventions to prevent teen pregnancy. The results can be found [here](#). The key findings were:

1. Teenaged client contraception use should be assessed at least every 4 months to improve effective use; prescriptions should not be provided for longer periods.
2. Pregnancy prevention education and contraceptive use promotion interventions should be provided concurrently in schools to help decrease youth pregnancy rates. This should be done for the entire school population.
3. Advance provision of emergency contraception to women and adolescents does not reduce youth pregnancy rates.

Alcohol Screening for Older Adults

[Senior Alcohol Misuse Indicator](#) is a 5-question senior-friendly approach to screening for alcohol use in older adults developed by CAMH. Alcohol affects older adults differently than the remainder of the population, and may have unique risk factors that put them at a different level of risk. Some older adults may have no idea that their alcohol use can be contributing to other problems concerning: weight/appetite, sleep, drowsiness, dizziness, falls, poor balance, memory, etc. Discussions with seniors that include how alcohol might be having a negative effect on their health, how decreasing their drinking might benefit them, and about the options available to address the problem can all be beneficial.

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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

