

Public Health Matters

A Newsletter for Health Care Professionals

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Message from the Medical Officer of Health

As many of you know, I assumed the role of Acting Medical Officer of Health for the Timiskaming Health Unit in January. I am pleased to share with you, the 12th edition of *Public Health Matters*.

Sincerely,

Dr. Glenn Corneil, Medical Officer of Health (A)

Infectious Diseases

Reportable Diseases

Remember to collect samples for any suspect reportable diseases like Mumps and to report suspect and/or confirmed cases to public health. You can find the test directory here: www.publichealthontario.ca/en/ServicesAndTools/LaboratoryServices/Pages/Index.aspx

Reminder: Invasive Group A Strep is reportable

Surveillance

For reportable infectious disease case counts for Timiskaming Health Unit area click this link: [THU 2017 reportable diseases, 3 year average and rates compared to Ontario](#)

Influenza update

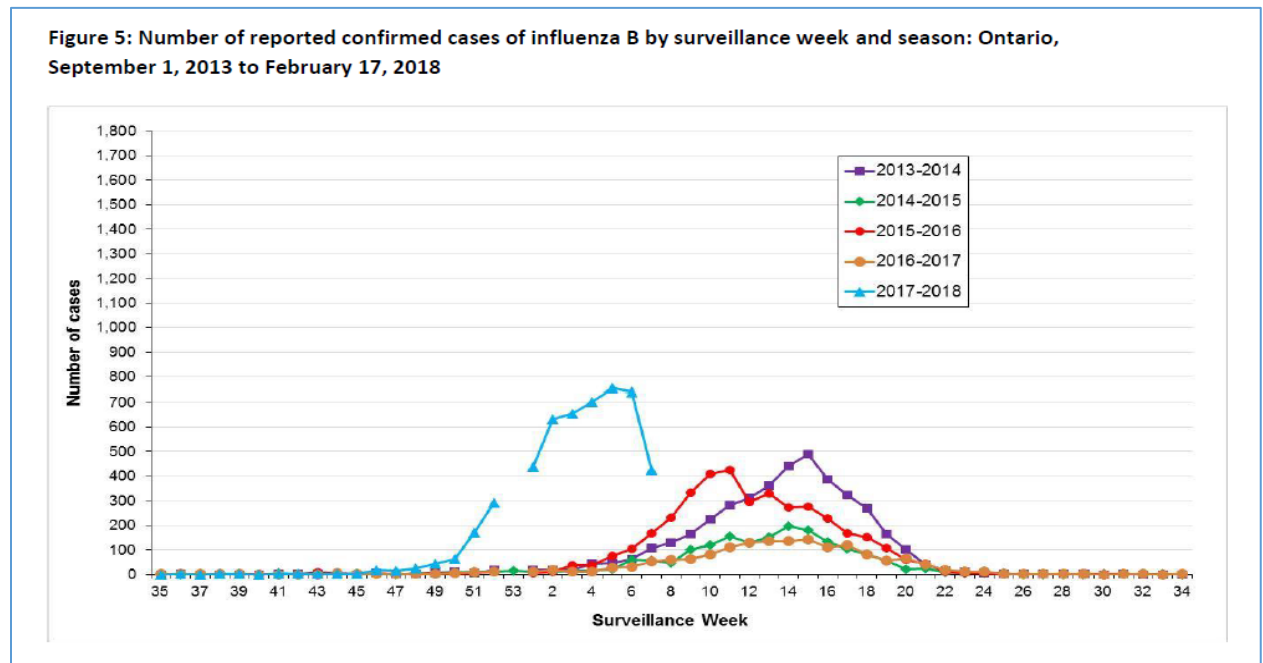
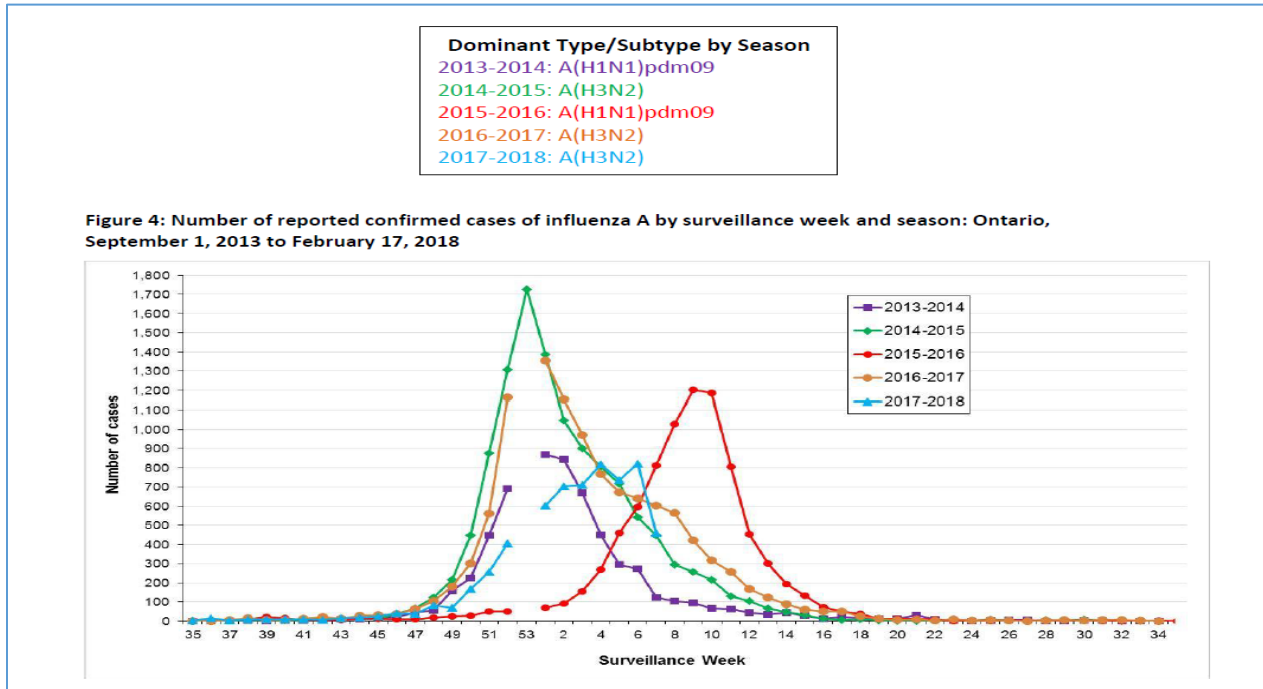
THU has been experiencing widespread influenza activity with both influenza A and influenza B circulating across the district. Like the rest of the province, we have seen an early presence of influenza B locally.

Reportable Diseases Timiskaming

[List of Reportable
Diseases](#)

[Reportable Disease
Notification Form.](#)

Below are graphs from [Ontario's Respiratory Pathogen Bulletin](#) outlining yearly trends of Influenza A and B.



Influenza Vaccine Effectiveness

- The Ministry of Health and Long-Term Care has identified that publically-funded quadrivalent influenza vaccine (QIV) can be used for both children and adults.

- According to a [recent Canadian study](#), the estimated overall influenza vaccine effectiveness for this season is 42%. Influenza vaccine effectiveness for the specific strains are: 20% against influenza A (H3N2) and 55% against influenza B (Yamagata).
- Reasons for earlier influenza B onset are unclear.
- The influenza B strain circulating is different from what is found in the trivalent influenza vaccine (TIV). However, cross-lineage protection is thought to explain the influenza B vaccine effectiveness of 55%, despite prominent use of TIV in Canada.
- To date in Canada, the majority of cases, hospitalizations, and deaths have been among adults 65 years of age and older. There have been some child/infant mortalities reported associated with influenza B.

Vaccine Updates

Mumps Activity, MMR Vaccine and Ontario's Immunization Program

Ontario is currently experiencing increased mumps activity; between January 1 and September 30, 2017, a total of 209 cases of mumps were reported in Ontario. Approximately 59% of cases were between 25 and 47 years of age. Among the 134 cases with known immunization status, 40% received only one dose of mumps-containing vaccine, and 22% are unimmunized.

Two doses of MMR vaccine have been routinely given to children in Ontario since the mid-1990s. Adults born in 1970 or later who are unimmunized or are unsure of their immunization status can receive up to 2 doses of publicly funded MMR vaccine if they are healthcare workers, post-secondary students, planning travel outside of North America, or based on the healthcare provider's clinical judgement. In the context of increased mumps activity, individuals who have not received two doses of MMR should be encouraged to be vaccinated. Due to changes in Ontario's immunization schedule over time, individuals born between approximately 1970 and 1992 (currently between 25 and 47 years of age) likely received only one dose of MMR vaccine and are therefore more susceptible to disease than those who are fully vaccinated. If a patient's immunization record is unavailable, immunization is preferred, rather than ordering serology to determine immune status. There should be at least a four week interval between doses of MMR.

Other Infectious Disease Updates

- ❖ **New:** The THU is launching **Immunization Connect Ontario (ICON)** which allows individuals to access their immunization record on file at the Timiskaming Health Unit. Parents can see which immunizations their child needs or will need in the future. This new tool also supports secure online reporting of immunizations – important for those attending school or childcare. To use ICON, for yourself or your children, visit: www.timiskaminghu.com/281/immunization
- ❖ **New:** With amendments to the **Immunization of School Pupils Act**, parents filing a non-medical exemption for vaccinations must complete an in-person vaccine information session delivered by public health. THU is preparing to offer these sessions later this spring.
- ❖ **New:** Ontario Public Health **Vaccine Storage and Handling** Protocols have recently been revised, as such, the vaccine ordering process will be changing in the coming months.
- ❖ **Reminder:** Due to cold chain issues, THU does not administer vaccines purchased at pharmacies.
- ❖ **Good to Know:** THU is not yet offering Shingrix. We are waiting for the [NACI](#) statement.

Sexual and Reproductive Health

The Ministry of Health and Long-Term Care updated the hepatitis C case definition (Jan. 2018) to distinguish:

- Newly acquired cases from those who previously acquired hepatitis C, and;
- Cases who can transmit infection to others from those whose infections have resolved, and therefore are no longer infectious.

For more information visit: [Public Health Ontario -Hepatitis C](#)

Enhanced Harm Reduction –Opioid/Drug Strategy

- THU has received funding to create a community drug strategy and a local opioid surveillance system. We will be developing these frameworks in the coming months.
- [Ontario Naloxone Program](#): In addition to the participating pharmacy injectable Naloxone kits, intranasal Naloxone is now available at the THU to those who use opioids and their family and friends. THU will also be collaborating with eligible agencies to enable them to act as distribution points for naloxone kits. If you are concerned about a patient’s opioid use, please recommend that they obtain a naloxone kit.

Community sharps disposal units will be installed this spring at THU’s New Liskeard and Kirkland Lake offices.

Travel Health

Many adult travellers have received their Hepatitis B vaccine in school and only require Hepatitis A for travel. Consider checking your client’s records with THU before ordering Twinrix.



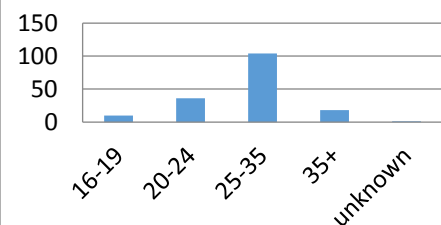
Perinatal Health

Prenatal information from THU is available on our website and online and through prenatal classes. [THU prenatal classes](#) are offered in-person *and/or* through an online format. Expecting parents can register as early as the first trimester for face to face or online classes. The online course is offered by a Canadian provider and is available in both official languages.

Prenatal Class Attendance for Timiskaming

Year	Number of Births	THU Data			BORN Data
		Online	In-person	Total	Reported ever taking
2013	337	10	50	60	110
2014	338	40	44	84	108
2015	345	34	12	46	71
2016	368	47	22	69	80

Number of women by age, who took online prenatal classes via THU in 2017



Optimizing Preconception Health

In December 2017, the Public Health Agency of Canada released new [Family-Centred Maternity and Newborn Care: National guidelines](#), on [preconception care](#), for healthcare providers. The guidelines also include an [information sheet for healthcare providers](#) which provides recommendations for preconception screening.

Alcohol & Tobacco: Modifiable Risk Factors for Cancer

Epidemiological evidence demonstrating a link between alcohol consumption and cancers of the mouth, pharynx, larynx, esophagus, colon and female breast is vast and mounting to show causal link to other cancers. Although most of the risks are associated with heavy drinking, [even light to moderate alcohol consumption poses some risk](#).

Guidelines and tools for screening, brief intervention and referral are available to assist you in helping patients with drinking patterns that put them at risk for health and personal problems. Find the resources here: www.sbir-diba.ca.

The current smoking rate in Timiskaming is 30.8% - significantly higher than Ontario at 17.7%.

Tobacco Cessation tools are available to assist health care providers to implement the 5A model (ask, advise, assess, assist, arrange) and address tobacco use with patients. The [CAMH STOP program](#), and [Ottawa Model for Smoking Cessation](#) can also be a great source of supports and resources for health care providers.

Other Resources and Information

Regulation of Recreational Cannabis

In April 2017, the federal government introduced legislation to **legalize and regulate cannabis in Canada**. When passed, the proposed Cannabis Act will create rules for producing, possessing and selling cannabis across Canada. Information on related provincial legislation is [here](#). Centre for Addictions and Mental Health (CAMH) has released [Canada's Lower Risk Cannabis Use Guidelines](#), which may be valuable to health care providers.

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Timiskaming Health Unit 2017 reportable diseases, 3 year average and rates compared to Ontario

	Timiskaming Health Unit			Ontario	Statistical difference between Timiskaming and Ontario
	2017 Cases (Number)	3 year average	Rate per 1,000,000 (3 year)	Rate per 1,000,000 (3 year)	
AIDS	0	0	0.0	4.5	-
Anthrax	0	0	0.0	0.0	-
Botulism	0	0	0.0	0.1	-
<i>Campylobacter enteritis</i>	13	8	237.0	242.5	No Difference
Chlamydial Infections	58	72	↓ 2,132.6	2,986.5	Timiskaming lower
Cryptosporidiosis	<5	2	49.4	28.4	No Difference
Cyclosporiasis	0	0	0.0	19.6	-
Diphtheria	0	0	0.0	0.0	-
Encephalitis	0	0	9.9	2.5	No Difference
Encephalitis/Meningitis	0	0	0.0	13.9	-
Food Poisoning, All Causes	0	0	9.9	3.0	No Difference
Giardiasis	<5	2	49.4	92.6	No Difference
Gonorrhoea (All Types)	<5	3	↓ 98.7	489.2	Timiskaming lower
Group A Streptococcal Disease, Invasive	<5	2	49.4	52.9	No Difference
Group B Streptococcal Disease, Neonatal	0	0	9.9	3.3	No Difference
<i>Haemophilus influenzae</i> B Disease, Invasive	<5	0	9.9	0.4	No Difference
Hepatitis A	0	0	0.0	7.1	-
Hepatitis B	0	0	9.9	7.1	No Difference
Hepatitis C	8	7	217.2	311.1	No Difference
HIV	0	1	29.6	57.3	No Difference
Influenza	22	36	1,056.4	860.6	No Difference
Legionellosis	0	0	9.9	11.2	No Difference
Listeriosis	0	0	0.0	5.1	-
Lyme Disease	0	0	0.0	37.4	-
Malaria	0	1	19.7	13.8	No Difference
Measles	0	0	0.0	0.8	-
Meningitis	<5	1	19.7	14.2	No Difference
Meningococcal Disease, Invasive	0	0	0.0	2.2	-

Mumps	0	0	9.9	6.8	No Difference
Pertussis (Whooping Cough)	0	1	19.7	32.4	No Difference
Poliomyelitis, Acute	0	0	0.0	0.0	-
Rabies	0	0	0.0	0.0	-
Rubella	0	0	0.0	0.0	-
Salmonellosis	<5	2	↓ 69.1	207.2	Timiskaming lower
Shigellosis	0	0	0.0	21.9	-
<i>Streptococcus pneumoniae</i> , Invasive	5	5	138.2	76.5	No Difference
Syphilis, Early Congenital	0	0	0.0	0.1	-
Syphilis, Infectious	0	0	0.0	94.3	-
Syphilis, Other	<5	1	29.6	48.6	No Difference
Tetanus	0	0	0.0	0.1	-
Tuberculosis	0	0	0.0	45.3	-
Typhoid Fever	0	0	0.0	5.6	-
Verotoxin Producing <i>E. coli</i> Including HUS	0	0	9.9	11.3	No Difference
West Nile Virus Illness	<5	0	9.9	5.4	No Difference

<5 indicates that the number of cases was less than five, therefore, was suppressed for confidentiality reasons

Source:

Public Health Ontario. Infectious Disease Query. Available at: <http://www.publichealthontario.ca/en/DataAndAnalytics/Pages/Query-Introduction.aspx>. Accessed February 12, 2018.

Population Estimates 2015-2016 and Population Projections 2017, Ontario Ministry of Health and Long-Term Care, Intellihealth Ontario, Date extracted: February 12, 2018.

Notes:

All diseases in this report are confirmed cases as defined by the Ontario Public Health Standards Infectious Diseases Protocols. Certain reportable diseases were omitted in this document 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 or Ontario. The data presented in this report 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.

Confirmed cases represent newly diagnosed cases and most often defined by a positive laboratory test. Cases are reported based on the onset date and the diagnosing health unit (the case's health unit of residence at the onset date).

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

Rates were calculated using population estimates and projections provided by the Ministry of Health and Long-Term Care's Intellihealth database. The rates presented are crude rates and are not age-standardized.