



PUBLIC HEALTH MATTERS

A Newsletter for Healthcare Professionals



Message from the Medical Officer of Health/Chief Executive Officer

Winter appears to have arrived which means influenza season will start shortly. Public Health Nurses are busy providing immunizations across the district in community and school clinics.

Hope you find the following updates useful and please forward your public health related questions to me at spruytm@timiskaminghu.com.

Dr. Marlene Spruyt

Medical Officer of Health & Chief Executive Officer

PNEUMOCOCCAL VACCINE UPDATE - 2014

There have been some revisions to recommendations for pneumococcal disease. NACI has recommended extension of pneumococcal conjugate vaccination (previously offered only in infancy) to some additional high risk groups. Conjugate vaccines and polysaccharide vaccines work in different ways and to maximize the effectiveness of these agents for high risk individuals the timing and spacing of delivery is important. NACI has also recommended in February 2014 that “Individuals requiring medical attention for asthma in the last 12 months regardless of whether they are on high dose steroids or have chronic obstructive pulmonary disease (COPD)” be considered high risk but Ontario has not yet updated their eligibility criteria which is listed below. The link for the high risk factors for pneumococcal disease can be found on [page 3](#).

Summary of Recommended Schedules for Pneumococcal Vaccines (Publicly Funded in Ontario)

Age / Category	<u>Pneu-C-13 Vaccine(P-C-13)</u>	<u>Pneu-P-23 Vaccine(P-P-23)</u>
≥65yrs, and all LTC residents		1 dose (1 booster* for high risk individuals only after 5 yrs)
High-Risk – Age at 1st dose:		
2-6m	3 doses-2m apart + booster @ 15m	none
7-11m	2 doses-2 m apart + booster @15m	none
12-23m	2 doses-2m apart	none
24m -17 yrs	1 dose	1 dose - 8 wks after P-C-13 1 booster* @ 3yrs ≤10yrs or @ 5 yrs for those ≤11 yrs
≥ 18 yrs with HSCT	3 doses-4 wks apart-3-9m after transplant	1 dose - 6-12m after last P-C-13 1 booster* @ 5 yrs
≥ 18 yrs with HIV/ Immunosuppressive Conditions	1 dose – 1yr after any previous dose of P-P-23	1 dose-8 wks after P-C-13 1 booster* @ 5 yrs

Immunization News

ZOSTAVAX; NEW AND IMPROVED!

The new vaccine is no longer required to be kept frozen. Now available in all our offices. Individuals wishing to receive immunizations must call ahead for appointment. Current cost is \$180.00.

FLUMIST - Something new this year!

Flumist is a live attenuated influenza vaccine which includes the same 3 strains that are in the regular injectable vaccine. In Canada, the National Advisory Committee on Immunization (NACI) is recommending the nasal spray vaccine for children ages 2-17; and for this reason they prefer the nasal spray over the shot for children 2 to 6 as several studies have shown it to be more effective. For older children and adults, both vaccine routes are equally effective and it is less effective in the elderly. Flumist is only licensed for use in those up to age 59. Several provinces have begun providing it to selected groups but Ontario has not yet introduced it into our Universal Influenza Immunization Program(UIIP).

THU has ordered Flumist and will be offering it at cost (\$15) for those who may wish to access to this option. Individuals will need to schedule an appointment for administration. It will not be available at community immunization clinics, only at our 3 main offices; New Liskeard, Kirkland Lake, Engelhart. Delivery of this vaccine will not occur until later in November.



MENINGITIS B

The incidence of meningitis has decreased since the introduction of monovalent meningococcal C and quadravalent meningococcal ACYW vaccines have become part of the routine schedule in Ontario. As was expected meningitis B serotype is emerging as the more common agent causing invasive meningococcal disease(IMD). Bexsero, a new vaccine for MenB, has recently been approved for use in Canada. Since the second peak of incidence of IMD is in college age individuals, parents may wish to have their children protected during adolescence. A 2 dose series is protective. Vaccine cost is \$110.00 per dose.

UNUSUAL SCHEDULES FOR IMMUNIZATION

Various schedules exist for childhood immunizations among Canadian provinces and internationally. Ontario's publicly funded schedule is based on a Ministry policy and is determined by a number of factors including cost-effectiveness and how best to combine those funded vaccines with a minimum number of visits.

Sometimes, missing a dose or starting later in infancy does not alter the schedule especially in 2 dose series. However, in some catch up situations, the total number of doses is reduced (Tdap, Hib and Pneumo).

Vaccine schedules change for several reasons. To utilize a new combination vaccine – MMRV. The Ontario schedule was altered in 2011 and the MMR component which was previously given at 15 months was delayed until school entry. There are febrile reactions with MMRV when given at a later age. Sometimes extra doses are added as is the case with both MMR and Varicella. These were initially 1 dose series but subsequent research informed us that immunity waned over time and this effect was greatly diminished by a booster dose. When most vaccines are licensed there is a recommended minimum interval which is what we use when constructing a unique schedule for in individual child who gets off track or moves here from another jurisdiction.

Recently, we were informed by a family that they had been told by other providers that their immunization series was not adequate. They had received the 2nd MMR earlier than was currently recommended but according to the schedule in place when they were receiving their routine doses. The 2 doses met the minimum interval so it is considered to be adequate.

If you have questions about the adequacy of an individual's immunization schedule, please call your local public health unit for guidance or check the detailed alternative schedules clicking on the image above.

Sexual Health & Senior Screening for Falls

SEXUAL AND REPRODUCTIVE HEALTH PROGRAM

Some of the services we provide include;

- contraceptive counselling and low cost(subsidized) contraception,
- counselling and contact tracing for sexually transmitted infections
- free drug treatment for gonorrhoea and chlamydia infections
- cervical cancer screening(Pap tests)
- pre and post-partum primary care through our NP for individuals without access to a family physician
- needle exchange program
- Hepatitis B vaccine for high risk individuals

Our services are provided in the context of population health and infectious disease control with a focus on prevention. Some of our services overlap those provided by primary care providers. Although some see us as a primary care provider, our funding envelope places some limitations on the population groups to which we provide our services. The pre-post partum nurse practitioner program (PPNP) is unique in only a few health units and only permits service to those who do not have a family physician and relies on the support of community physicians to partner with, for intrapartum care. Mothers can return to us after delivery and we are able to provide infant care up to 6 years of age. We try to connect women to a regular family physician long before that time.

Our reproductive care program is mandated to focus on women age 25 or less, although occasionally, we will provide Pap screening and contraceptive counselling to older individuals, dependent on our current capacity and the woman's access to primary care services. We insist that those individual enroll with Health Care Connect to ensure that they eventually have access to a Primary Care Provider that provides full spectrum health care services. Our nurses have a limited scope of practice and work under medical directives for those enhanced activities that are not normally within their scope, consequently we are unable to accept referrals from Primary Care Providers just for pap tests nor for further investigation of gynecological problems. With recent modifications to the dispensing guidelines from the College of Nurses we are allowed to dispense low cost contraceptives without the detailed assessment previously necessary. Women in need of low cost contraception may be referred with documentation of reason for prescription("contraception" not menstrual regulation, acne etc.)and evidence that they have been appropriately screened with pap smear, STI screening in the past year.

SCREENING FOR FALLS

At selected flu clinics in the district, THU staff and volunteers from Rising Stars are providing seniors with an opportunity to complete the attached screening tool. You may have individuals presenting in your clinics to discuss their results. Hopefully, they will remember to bring a copy of the results which were provided to them. If appropriate, individuals may be referred to one of the many Falls Prevention **exercise classes** being held across the district.

Check Your Risk for Falling

Please circle "Yes" or "No" for each statement below.		Why it matters	Q	
Yes (4)	No (0)	I have fallen in the past year.	People who have fallen once are likely to fall again.	1
Yes (2)	No (0)	I use or have been advised to use a cane or walker to get around safely.	People who have been advised to use a cane or walker may already be more	2
Yes (1)	No (0)	Sometimes I feel unsteady when I am walking.	Unsteadiness or needing support while walking are signs of poor balance.	3
Yes (1)	No (0)	I steady myself by holding onto furniture when walking at home.	This is also a sign of poor balance.	4
Yes (1)	No (0)	I am worried about falling.	People who are worried about falling are more likely to fall.	5
Yes (1)	No (0)	I need to push with my hands to stand up from a chair.	This is a sign of weak leg muscles, a major reason for falling.	6
Yes (1)	No (0)	I have some trouble stepping up onto a curb.	This is also a sign of weak leg muscles.	7
Yes (1)	No (0)	I often have to rush to the bathroom.	Rushing to the bathroom, especially at night, increases your chance of falling.	8
Yes (1)	No (0)	I have lost some feeling in my feet.	Numbness in your feet can cause stumbles and lead to falls.	9
Yes (1)	No (0)	I take medicine that sometimes makes me feel light-headed or more tired than usual.	Side effects from medicines can sometimes increase your chance of falling.	10
Yes (1)	No (0)	I take medicine to help me sleep or improve my mood.	These medicines can sometimes increase your chance of falling.	11
Yes (1)	No (0)	I often feel sad or depressed.	Symptoms of depression, such as not feeling well or feeling slowed down, are linked to falls.	12
Total _____		Add up the number of points for each "yes" answer. If you scored 4 points or more, you may be at risk for falling. Discuss this checklist with your health care provider.		

Your provider may suggest:

- Having other medical tests
- Changing your medicines
- Consulting a specialist
- Seeing a physiotherapist
- Attending a seniors' exercise class



*This checklist was developed by the Greater Los Angeles VA Geriatric Research Education Clinical Center and affiliates and is a validated fall risk self-assessment tool (Rubenstein et al. J Safety Res. 2011;42(6):493-499). Adapted with permission of the authors.

Don't have a healthcare provider?
Consider registering with
Health Care Connect at 1-800-445-1822
or online at
www.ontario.ca/healthcareconnect
(Have your OHIP number ready).



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