

Public Health Matters

A Newsletter for Health Care Professionals

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Public Health Matters

Hello!

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.

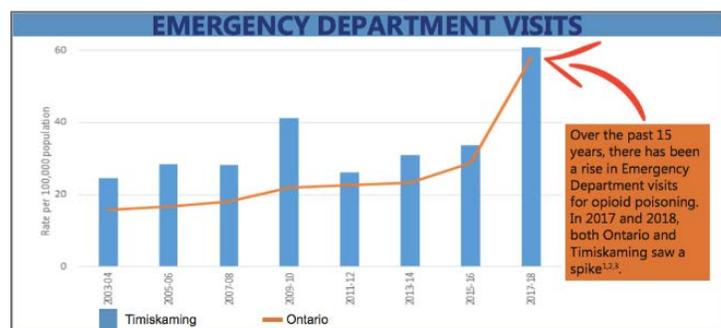
Thanks,
Dr. Monika Dutt
Medical Officer of Health/CEO

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SPOTLIGHT: Opioid Infographic

As part of the Harm Reduction Enhancement Program, THU is developing a surveillance strategy to monitor, identify, and coordinate a local public health response to surges in overdoses, reports of novel substances, and changes in hospital visit trends relating to opioids. THU is currently working with community partners to increase access to naloxone and harm reduction supplies, to engage in data sharing agreements, and to inform the development of a local opioid strategy.



[Please view the snapshot describing the local situation from 2017 to 2018.](#)

Additionally, THU is currently conducting a qualitative narrative inquiry research project on the lived experience of opioid use in Timiskaming; the findings of which will be shared with stakeholders and local health care providers later this year. If you have questions about the Harm Reduction Enhancement Program or about the snapshot, please contact Erin Cowan or Kaireen MacKinnon at 705-647-4305.

UPDATE: Measles

To date for 2019, there have been 48 cases of travel-related measles reported within Canada, although none in the Timiskaming area. Symptoms of measles can present 7-18 days after exposure to the virus and it can spread airborne to others before symptoms present. These initial symptoms may include: fever, cough, runny nose, red eyes, fatigue, irritability, and Koplik spots. About 3-7 days after, the rash will begin. Due to measles being highly contagious and the period of communicability being 1 day prior to initial symptoms and 4 days after the rash, it is imperative from a public health perspective to ensure diagnostics meet the infectious disease protocol-[Appendix B](#).

The Public Health Ontario Laboratory (PHOL) services [Labstract - Measles PCR: Laboratory testing guidelines for suspected measles cases](#), recommends the initial testing for suspect measles to include:

- Acute serology see [Labstract - Viral specific IgM and IgG serology](#) (ensure to plan for convalescent serology 7-10 days after rash onset)
- Virus detection by PCR (i.e. nasopharyngeal swab, aspirate, or throat swab within 4-7 days of rash onset and 50ml of urine collected with 14 days of rash onset).

As the turnaround time for serology can be up to 5 days of PHOL receipt and turnaround time for PCR is up to 3 days of PHOL receipt, this difference in timeframe for diagnostics can decrease the exposure period if the case is confirmed.

Recommendations for Vaccination:

- MMR vaccine is part of routine childhood immunization at 12 months and a second dose of MMRV vaccine (with chickenpox) is given at four to six years of age.
- MMR vaccine is safe for women who are breastfeeding.
- All persons born in 1970 or later should receive two doses of measles-containing vaccine.
- Health care workers, travellers, child care workers, and post-secondary students should ensure they are protected.
- If travelling to areas where measles is a concern, infants six to 12 months of age can receive one dose of MMR vaccine. Two additional doses of measles-containing vaccine are required on or after the first birthday.
- Persons who are not immune and have been exposed to someone who is contagious with measles can receive the vaccine within 72 hours of exposure to prevent infection.

People Who Should Not Get the Vaccine

- individuals who have had a severe allergy to a previous dose of MMR, or any component of the vaccine, including gelatin or an antibiotic called neomycin sulphate
- pregnant women
- individuals with a severely weakened immune system

Delay MMR Vaccine**MMR vaccine should be delayed for patients who**

- have a high fever or an infection more severe than a cold
- are pregnant, may be pregnant, or are trying to become pregnant
- have recently received a blood product (e.g., serum immune globulin)
- have recently received a live vaccine (e.g., MMR, chickenpox) in the past 28 days, or MMRV vaccine in the past six weeks.

UPDATE: Zostavax® Vaccine Supply

Current orders for publicly funded Zostavax® II vaccine may not be filled due to limited supply. Ontario Government Pharmaceutical and Medical Supply Service (OGPMSS) anticipates the shortage will be resolved in June 2019. Zostavax® II is publicly funded for adults 65 to 70 years of age.

Prioritize Zostavax vaccination for clients before their 71st birthday [prior to July 2019]

Note: Shingrix® is also in short supply on the private market. This vaccine is not publicly funded and is recommended for individual 50 years of age and older without contraindications.

UPDATE: Ontario Gonorrhoea Testing and Treatment Guide (2nd Edition)

Public Health Ontario (PHO) has released the [Ontario Gonorrhoea Testing and Treatment Guide, 2nd edition](#), an update to the Guidelines for Testing and Treatment of Gonorrhoea. Gonorrhoea treatment is an accountability indicator for local public health units. It is important to follow the treatment guidelines to stem the risk of drug-resistant gonorrhoea. PHO's recommendations can be found here: [summary of their recommendations](#).

The PHO guide features:

- Laboratory testing recommendations, including when to perform a Gram stain, bacterial culture or NAAT
- Treatment recommendations for uncomplicated anogenital and pharyngeal gonorrhoea
- Follow-up of gonorrhoea cases, including public health reporting, testing and treatment of contacts, test of cure and follow-up testing

UPDATE: Travel Health and Zika Virus

The Public Health Agency of Canada has updated the [recommendation](#) for prevention of sexual transmission of Zika. The previous recommendation was for returning male travellers to wait 6 months before trying for a pregnancy and to always use condoms correctly with their sexual partner for 6 months. This recommendation has been revised to 3 months based on new scientific evidence regarding the persistence of infectious Zika virus in semen. It is still advised that male travellers with a pregnant partner should continue to refrain from unprotected sex for the duration of the pregnancy.

Resources & Forms for Diseases of
Public Health Significance (Reportable)
[Hepatitis C Reporting Form](#)

[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

Zika Virus Testing information:

Public Health Ontario (PHO) [General Test Requisition Form](#)

If you have any questions regarding the lab requisition or Zika testing, call Public Health Ontario at 1-877-604-4567.

RESOURCE: Management of Tick Bites and Lyme Disease Investigation

In 2018 the Timiskaming Health Unit (THU) investigated a probable case of Lyme disease that was locally acquired. While there continue to be no [risk areas](#) within our Health Unit's boundaries, infected ticks have been identified locally in the past. Patients are at the greatest risk from ticks in the nymph stage and may not recall being bit. Health Quality Ontario has published a clinical guidance document on the [Management of Tick Bites and Investigation of Early Localized Lyme Disease](#). Ticks removed from patients can be submitted to the health unit for identification and testing.

UPDATE: Influenza Season 2018-2019

Provincially, the dominant strains for 2018-2019 were A (H1N1) pdm09 and the dominant B lineage is yet to be determined. Figure 1 in this [Ontario Respiratory Pathogen Bulletin](#) from Public Health Ontario conveys the percentage of respiratory viral pathogens (influenza A, influenza B, and respiratory syncytial virus) detected among specimens tested for that pathogen by all testing methods: Ontario, April 15, 2018 to April 13, 2019.

Locally, Influenza activity locally remains low. Our area has experienced some recent RSV activity, with one institutional outbreak identifying RSV as causative agent.

NEW GUIDELINE: Rabies Pre-Exposure Prophylaxis

Individuals who have completed either a course of pre-exposure vaccination or PEP within a 3 month period leading up to a given potential exposure to rabies **should not receive** rabies vaccine or RIG for that exposure: only wound treatment is required. The updated guideline is not yet available publically but resources will be updated and shared with emergency departments to reflect this change.

REMINDER: Adverse Events Following Immunization

Health care providers play a vital role in keeping vaccines safe by reporting adverse events following immunization and communicating the benefits of vaccines to their patients.

- Advise patients to contact you if they experience an adverse event after vaccination.
- Report adverse events to your local public health unit, using [Public Health Ontario's Report of Adverse Event Following Immunization Reporting Form](#) found on THU's website.
- For more information on how to report an adverse event, please refer to [Public Health Ontario's Adverse Event Following Immunization Reporting fact sheet](#) for health care providers on THU's website

**EDUCATION AND COLLABORATION: Canadian Paediatric Society Position Statement (April 2019)
- Relationships matter: How clinicians can support positive parenting in the early years**

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](#), 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: Tobacco Cessation

In 2016, 7,400 people in Timiskaming reported being a smoker—4,500 men and 2,900 women. The Smoking Treatment for Ontario Patients (STOP) program delivers smoking cessation treatment and counseling support to eligible Ontario smokers who wish to quit and is offered by most Family Health Teams (FHT) and Community Health Centres (CHC) in Timiskaming. Yet, between 2014 & 2018, only 1,469 people (½ men, ½ women) took part in the program. Organizations who are part of the STOP study can offer patients up to 26 weeks of free Nicotine Replacement Therapy (NRT). Brief Contact Intervention from a health care provider along with NRT are proven techniques that encourage quit attempts and help to reduce smoking rates. By working together, we can increase promotion of services available and eliminate gaps for those who may not have a current primary care provider. To discuss how your practice can better support clients in making quit attempts, please [contact Laurel Beardmore](#).

Other Resources and Information

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

Local and Charitable Food Map

[This online, user-friendly resource](#) identifies sources of food grown and prepared in Timiskaming as well as info about community gardens and food banks for those who may be facing financial limitations and need some help putting food on the table. Canada's Food Guide encourages consumption of local food and supporting local food allows us to be an active part in the farm-to-table process, understanding where our food comes from. It can also decrease our community carbon footprint, thus decreasing the environmental impact from our eating habits. [Explore the Map here](#), and [contact Laura Dias](#) for more information.

Canada's Food Guide

Last updated over 12 years ago, [Canada's New Food Guide](#) catches up with science in recommending a healthy diet including eating a variety of proteins, especially plant-based. While meat and dairy are good sources of protein, the [new Food Guide](#) helps us focus on the benefits of proteins such as beans, tofu or nuts which have more fibre and less saturated fat, smaller impact on the environment and cost less.

Other new recommendations relate to the way we eat:

- Drink water. Limit the sugary drinks that are often around us (e.g. pop, sports drinks and 100% fruit juice).
- Eat meals with others. Social time is good for our health, and eating together helps share cooking skills and knowledge with each other, especially young people.
- Limit highly processed food such as chips, cookies, or pre-made meals. They add too much salt, sugar and saturated fat to our diet.
- Be aware of the ways food advertising affects your food choices. Use food labels to find the healthier options.
- Traditional food, even in limited amounts, improves diet quality among Indigenous Peoples.

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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

