

Public Health Matters

A Newsletter for Health Care Professionals

Issue 18

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Public Health Matters

We hope you find the newsletters a useful way to learn about public health issues and services. Your feedback is welcome.

If you have any comments or questions, please email coter@timiskaminghu.com.

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Health Care Provider Alerts and COVID-19

For current and archived THU issued health care provider alerts including those related to COVID-19 please visit [HCP Alerts/Memorandums](#).

UPDATES: Infectious Diseases Excluding COVID-19

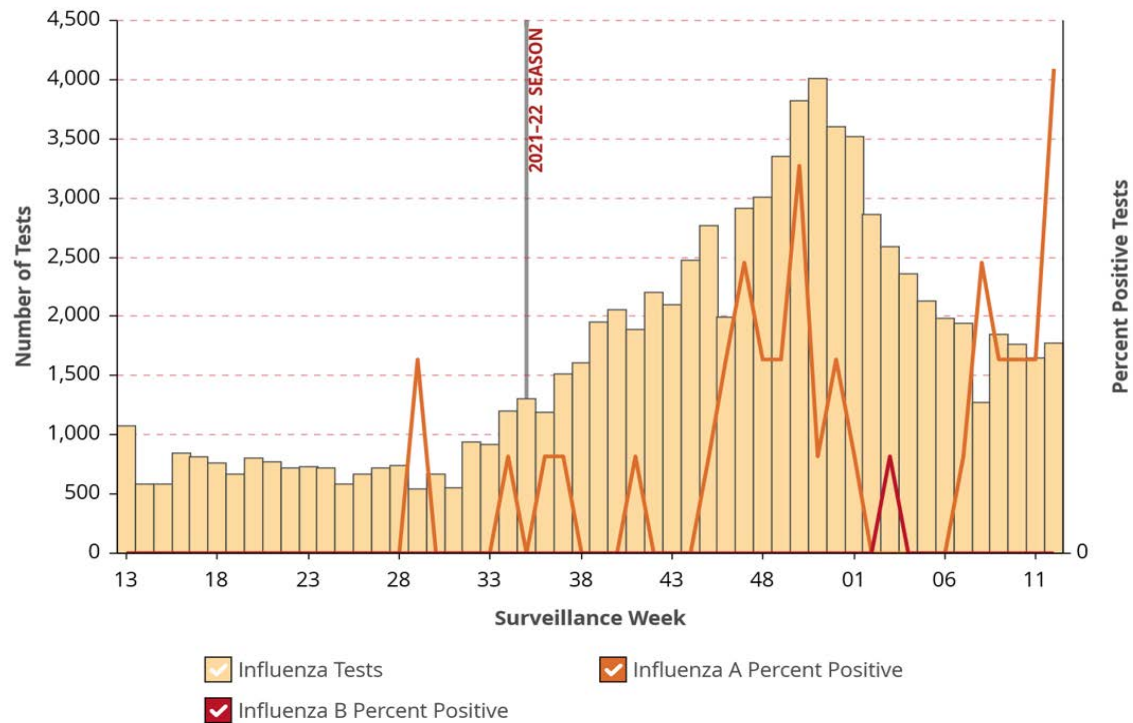
Respiratory Surveillance: Influenza Activity in Ontario

Public Health Ontario's (PHO) most recent respiratory laboratory surveillance data for week 12, 2022 (March 20, 2022 to March 26, 2022) indicates that overall Influenza A and B activity in Ontario remains low. The 40 influenza lab confirmed cases (Influenza A) reported in Week 12 was higher than the number reported in Week 11 (21). Timiskaming Health Unit area is reporting no influenza activity as of week 12. Provincially, Enterovirus/Rhinovirus was the most common circulating non-influenza respiratory virus, with provincial percent positivity at 6.8%. Source: [Ontario Respiratory Pathogen Bulletin | Public Health Ontario](#)

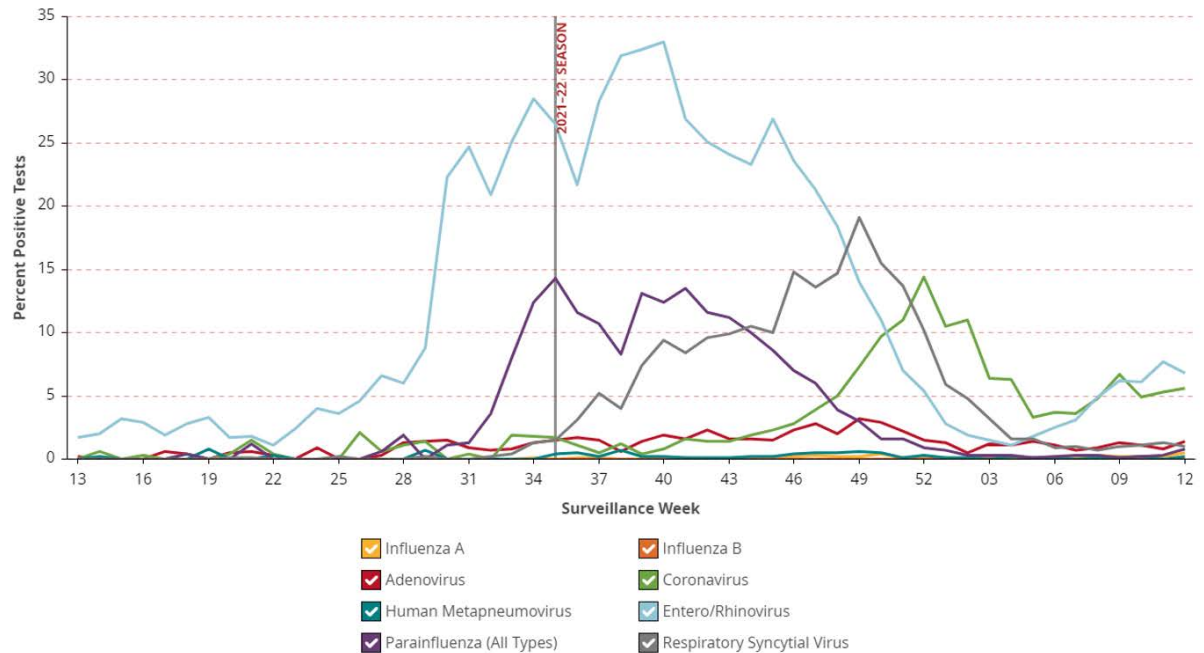
PHO monitors and analyzes the spread and intensity of respiratory pathogen activity and influenza in Ontario. The Ontario Respiratory Pathogen Bulletin (ORPB) is a comprehensive, weekly summary of provincial respiratory pathogen activity. Including information on the onset, duration, conclusion, geographic patterns, severity and progression of seasonal influenza activity.

See the graphs below for weekly percent positivity surveillance for influenza and all respiratory pathogens.

Number of Influenza Tests Performed and Percent Positive for Influenza by Surveillance Week



Percent of Respiratory Viral Pathogen(s) Detected Among Specimens Tested for that Pathogen by all Testing Methods by Surveillance Week



Source: [Public Health Ontario](https://publichealthontario.ca)

Diseases of Public Health Significance - Timiskaming Health Unit 2021

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 regularly 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, COVID-19, gonorrhea, HIV, infectious and latent syphilis, and latent tuberculosis infections. Compared to Ontario, we had higher rates of hepatitis C, pertussis, invasive streptococcus pneumoniae, and trichinosis.

Unintended Consequences of COVID-19 Infectious Diseases and Sexually Transmitted Infections

The COVID-19 pandemic has resulted in many unintended consequences to the overall health of Ontarians. Specific to infectious and communicable diseases, few resources focused on diseases of public health significances in 2020 and 2021 other than COVID-19. Public Health Ontario recently shared data on diagnostic testing and positivity rates for select infectious diseases – see [embedded file](#) (pp 6 -10). Since the pandemic began there are notable differences in testing rates. For example prior to the pandemic, HIV and Hepatitis B testing was increasing year over year for early identification and intervention with anti-viral therapy. However, Ontario data for 2020 and 2021 shows a drop in testing. With respect to Hepatitis C and Syphilis (p. 8), there are similar trends. Of particular concern with respect to Syphilis is that while the testing rate decreased during the pandemic, the positivity rate increased. Whereas when examining Ontario data for Chlamydia and Gonorrhea, the case count and rate was trending upwards prior to the pandemic and then saw a sharp drop during the pandemic.

As we begin to look to recovery from the COVID-19 pandemic additional data is necessary to determine what this means for the burden of disease in Ontario and Timiskaming and determine where to focus our efforts.



alPHa_Resilience_Presentation_25Feb2022.p

Click to open embedded file

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 \(Public Health Ontario Lab Services\)](#)

OPPORTUNITY: Timiskaming Drug and Alcohol Strategy (TDAS) - Seeking Local Physicians

Many local organizations in Timiskaming are partnering in the development of a community drug and alcohol strategy to address and improve the local situation related to the health and social harms associated with substances ([Media Release Dec. 2021](#)). In January of 2021 a Steering Committee formed to provide the coordinated leadership and direction in the development, implementation and evaluation of a Timiskaming Drug and Alcohol Strategy (TDAS). The Strategy is based on the 4 pillars of prevention, harm reduction, treatment, and community safety.

To inform a drug and alcohol strategy for Timiskaming, the Steering Committee is currently finalizing a consultation report and process to gather input from a range of local stakeholders. Details on how to provide feedback will be announced closer to the launch date.

The TDAS is currently seeking local Physicians to support the development and implementation of the strategy. Functions include providing leadership and advice at the Steering Committee or Workgroup level as a participating member or consultation capacity. If interested in this opportunity, please contact Steering Committee Co-Chairs Kerry Schubert-Mackey (schubertmk@timiskaminghu.com) or Tyler Twarowski (ttwarowski@cmhact.ca).

OPPORTUNITY: Northern Maternal Child Network - Seeking Committee Members

The Northern Maternal Child Network (NMCN) Steering Committee is seeking professionals in maternal, newborn, and child/youth health to serve as members of two distinct committees: (1) Child and Youth Committee and (2) Maternal Newborn Committee.

The purpose of each of these standing committees is to provide oversight to their respective populations within the network portfolio. The scope of each committee includes:

- Support and advise the NMCN Steering Committee on regional gaps and planning recommendations for designated population(s) in Northern Ontario;
- Collate and disseminate evidence-based practice guidelines and standards to inform the delivery of equitable, high quality care;
- Develop, track, and report on indicators to promote quality improvement and accountability;
- Provide leadership to Sub-Committees/Tasks forces/Working groups;
- Receive regular reports from the Sub-Committees/Task forces/Working groups; and
- Identify and advocate for the health needs of the North.

Membership: Each committee is expected to be relevant to both community and hospital settings, and attuned to differences in urban, rural, and remote parts of the region. We are particularly interested in seeking interest from clinical and administrative leaders that represents that include, but are not limited to, the following areas:

The NMCN - Child and Youth Committee (CYC):

Practice Settings: Community health program, hospital, primary care, or public health.

Clinical Discipline: Family Medicine, Paediatric Medicine, Children's Developmental/Rehabilitation, Child/Youth Mental Health, Acute or Intensive Care, Nursing, Social Worker, Respiratory Therapist, Operational Leader, Academia/Health Research.

The NMCN - Maternal Newborn Committee (MNC):

Practice Settings: Community health program, hospital, primary care, or public health.

Clinical Discipline: Maternal/Fetal/Obstetrical Medicine, Family Medicine, Indigenous Midwifery, Midwifery, Acute or Intensive Care, Nursing, Social Worker, Lactation Consultant, Respiratory Therapist, Operational Leader, Academia/Health Research.

To see the committees draft Terms of Reference, please communicate with [Kerry Schubert-Mackey](#) for more information.

Application: Interested candidates are asked to complete the *Expression of Interest Application* <https://www.surveymonkey.com/r/2ZSWKGG> no later than **Monday April 18th, 2022.**

If you have any questions about the Northern Maternal Child Network or this Expression of Interest, please contact Ashley Morrow-Maalouf, NMCN Regional Lead, at amorrowmaalouf@hsnsudbury.ca

LEARNING OPPORTUNITY: Air and Health

CAPE (Canadian Association of Physicians for the Environment) Ontario is hosting a webinar around the intersection of air and human health on April 13, 2022. Dr. Emily Groot and Dr. Jane McArthur will be discussing forest fires and air pollution.

Dr. Emily Groot is a Sudbury-based public health physician with a breadth of experience. Dr. Groot has recently transitioned into the role of program director of the Northern Ontario School of Medicine's Public Health & Preventive Medicine residency program.

Dr. Jane McArthur is CAPE's toxics campaign director whose dissertation research focused on how women who were employed at the Ambassador Bridge understood their health risks in relation to the pollution they were exposed to.

To register visit [Ontario Committee - CAPE](#)

NEW RESOURCES: E-Cigarettes and Vaping

In response to the growing prevalence of e-cigarette use, CAMH's Nicotine Dependence Service has developed an evidence-informed clinical guidance resource for healthcare providers to help support adults and youth (ages 15-24) who want to quit vaping. This resource was developed in collaboration with a group of international experts in the field of tobacco and vaping as well as people with lived/living experience of e-cigarette use.

The [Vaping Cessation Guidance Resource](#) and [List of Assessment Tools](#), as well as [clinical scenarios](#) and a [repository of webinars](#) can be accessed through the [Nicotine Dependence Service website](#).

NEW RESOURCE: Lower-Risk Nicotine Use Guidelines

The new [Lower-Risk Nicotine Use Guidelines](#) (LRNUG) present the current state of evidence on tobacco/nicotine products, highlighting modifiable behaviours that can help reduce the negative health outcomes associated with tobacco/nicotine product use. They have been designed to guide people who use, or are thinking about using nicotine, on how to lower the risk associated with various nicotine products. The products covered in the Guidelines include heated tobacco products, smokeless tobacco (chew and snus), waterpipes, and e-cigarettes/vapes. Additional resources to support their use include [Quick Tips for Clients](#), an [Evidence Brief](#) and [Summary](#) of the Guideline development process. Resources are regrettably only available in English at this time.

UPDATE: Ontario's Publicly Funded Immunization Schedule

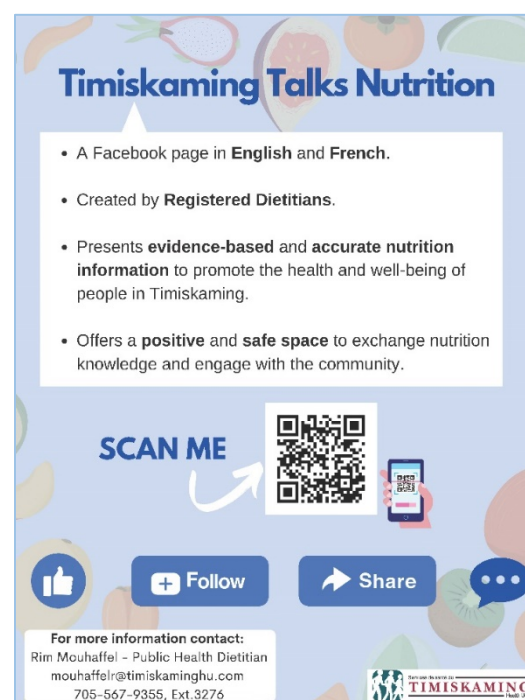
Ontario's **Tdap immunization program** is expanding to include a dose in every pregnancy beginning April 1, 2022. Ministry of Health website updates have begun as part of their 'soft launch' and more information including a Q & A and fact sheet, will be coming for public health and primary care partners soon.

[Vaccines for adults | ontario.ca](https://www.health.gov.on.ca/en/public/programs/immunization/static/immunization_tool.html#pregnancy)

https://www.health.gov.on.ca/en/public/programs/immunization/static/immunization_tool.html#pregnancy

SPOTLIGHT: Timiskaming Talks Nutrition

Timiskaming Talks Nutrition Facebook page is a new initiative to increase food literacy and promote the health and well-being of the Timiskaming population. Run by Public Health Dietitians at the Timiskaming Health Unit, this resource aims to engage the community and share evidence-based nutrition information, including tips for healthy eating, healthy recipes, fun facts, and current topics and trends related to nutrition. Posts and resources are shared in English and French and are tailored for the Timiskaming community. In addition to sharing nutrition information, it is also a safe space for the community to ask questions and be involved in respectful conversations about nutrition and healthy eating. We invite you to share this resource. You can access the Facebook page by clicking on this [link](#) or scanning the poster's QR code.



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, please email 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



Timiskaming Health Unit 2021 Local 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. Compared to the province, the THU area had lower rates of chlamydial infections, COVID-19, gonorrhea, HIV, infectious and latent syphilis, and latent tuberculosis infections. Compared to Ontario, we had higher rates of hepatitis C, 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 the 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.

The 2020 and 2021 data may have been influenced by the pandemic and should be interpreted with caution. For instance, it is expected that there were changes in health seeking behaviour, the availability of health care, public health capacity, and prioritization of COVID-19 case entry during the pandemic.

Timiskaming Health Unit 2021 diseases of public health significance, average number of cases per year and rates compared to Ontario, 2018-2021.

	Timiskaming Health Unit			Ontario Rate per 100,000 (2018-21)	Timiskaming's rate compared to Ontario's
	2021 Cases (Number)	Average per year (2018-21)	Rate per 100,000 (2018-21)		
AIDS	0	0.3	0.7	0.4	No difference
Amebiasis	0	0.3	0.7	0.4	No difference
Anthrax	0	0.0	0.0	0.0	-
Blastomycosis [‡]	0	0.0	0.0	0.5	-
Botulism	0	0.0	0.0	0.0	-
<i>Campylobacter enteritis</i>	6	6.0	18.0	18.8	No difference
Carbapenemase-producing <i>Enterobacteriaceae</i> [‡]	0	0.0	0.0	1.9	-
Chlamydial infections	65	68.8	↓ 205.8	290.6	THU Lower
Corona virus, novel (COVID-19)	633	182.8	↓ 547.0	1,509.7	THU Lower
Cryptosporidiosis	<5	2.5	7.5	4.3	No difference
Cyclosporiasis	0	0.3	0.7	2.0	No difference
Diphtheria	0	0.0	0.0	0.0	-
<i>Echinococcus multilocularis</i> infection [‡]	0	0.0	0.0	0.0	-
Encephalitis/meningitis	0	0.8	2.2	1.0	No difference
Food poisoning (all causes)*	0	0.0	0.0	0.2	-
Giardiasis	<5	2.8	8.2	7.5	No difference
Gonorrhoea (all types)	<5	2.3	↓ 6.7	68.3	THU Lower
Group A streptococcal disease, invasive	<5	2.8	8.2	7.0	No difference
Group B streptococcal disease, neonatal	0	0.0	0.0	0.3	-
<i>Haemophilus influenzae</i> (all types), invasive [‡]	<5	0.8	2.2	1.2	No difference
Hepatitis A	0	0.3	0.7	0.9	No difference
Hepatitis B, acute	0	0.3	0.7	0.6	No difference
Hepatitis B, chronic	<5	0.5	1.5	10.1	No difference
Hepatitis C	10	13.3	↑ 39.7	27.3	THU Higher
HIV	0	0.3	↓ 0.7	5.2	THU Lower
Influenza	0	24.8	74.1	72.9	No difference

Legionellosis	0	0.0	0.0	2.4	-
Listeriosis	0	0.0	0.0	0.5	-
Lyme disease	0	0.0	0.0	7.0	-
Measles	0	0.0	0.0	0.0	-
Meningitis	0	0.5	1.5	1.0	No difference
Meningococcal disease, invasive	0	0.0	0.0	0.2	-
Mumps	0	0.0	0.0	0.3	-
Paratyphoid fever	0	0.0	0.0	0.2	-
Pertussis (whooping cough)	0	10.3	↑ 30.7	1.4	THU Higher
Poliomyelitis, acute	0	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	9.7	13.2	No difference
Shigellosis	0	0.0	0.0	1.5	-
<i>Streptococcus pneumoniae</i> , invasive	<5	4.0	↑ 12.0	6.6	THU Higher
Syphilis, early congenital	0	0.0	0.0	0.0	-
Syphilis, infectious	0	0.8	↓ 2.2	16.3	THU Lower
Syphilis, latent	0	0.3	↓ 0.7	5.4	THU Lower
Tetanus	0	0.0	0.0	0.0	-
Trichinosis	0	0.5	↑ 1.5	0.1	THU Higher
Tuberculosis	0	0.0	0.0	4.7	-
Tuberculosis, latent	7	6.0	↓ 18.0	40.1	THU Lower
Typhoid fever	0	0.0	0.0	0.5	-
Verotoxin producing <i>E. coli</i> including haemolytic uraemic syndrome	0	0.8	2.2	1.2	No difference
West Nile virus illness	<5	0.5	1.5	1.7	No difference
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 four years but rather May 2018 to Dec of 2021.

*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 March 23, 2022.

Population Projections 2018-2021, Ontario Ministry of Health and Long-Term Care, Intellihealth Ontario, Date extracted: February 12, 2018.

Statistics Canada. Table 17-10-0134-01 Estimates of population (2016 Census and administrative data), by age group and sex for July 1st, Canada, provinces, territories, health regions (2018 boundaries) and peer groups. Accessed December 25th, 2021.