



PUBLIC HEALTH MATTERS

A Newsletter for Healthcare Professionals



Message from the Medical Officer of Health/Chief Executive Officer

Fall is always a busy time for Health Units. This year, along with the routine school immunization programs and gearing up for influenza season, our comprehensive School Health Team was launched. This team, of 3 PHN's, began planning over the summer and reviewed all the various programs that THU currently delivers, or supports in schools. Children and youth are recognized as a priority population in Ontario. Childhood is known to be a time when health practices and behaviours are learned, and adolescence is a period when both positive health behaviours (such as eating practices and physical activity) and at-risk behaviours such as alcohol and drug-use are adopted. Schools are important settings for comprehensive health promotion. While many factors influence the physical, social and emotional well-being of children and youth, (most significant being family) research increasingly identifies the school setting as having a positive impact on most of the health behaviours. A comprehensive school health promotion approach can engage the whole school community in identifying its strengths, concerns and issues and in implementing strategies to create a healthy, supportive environment for students and their parents and school staff. By providing each school with a specific contact PHN at the Health Unit, we anticipate we can improve communication and collaboration over the long term with the goal of improved health of all children.

Dr. Marlene Spruyt
Medical Officer of Health (Acting)
& Chief Executive Officer

Mission - Promote Health, Prevent Illness

Vision—Total Wellness of our Community.



SEEING CLIENTS EXPECTING A CHILD?

Encourage them to book an appointment for assistance with car seat installation.

Did you know? 80% of child restraints are incorrectly installed.

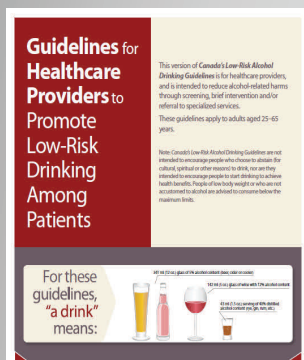
Injuries are predictable and preventable.

For information on car seats and local agencies with trained inspectors, visit www.timiskaminghu.com

DO YOU ASK, ADVISE AND ASSIST?

CANADA'S LOW-RISK ALCOHOL DRINKING GUIDELINES

In the Taking Action to Prevent Chronic Disease - Recommendations for a Healthier Ontario, report by Cancer Care Ontario and Public Health Ontario (2012), alcohol consumption was one of four risk factor opportunities for improving Ontarian's exposure to risk. "Ontario is doing a good job of managing chronic disease. It is now time to do a better job of preventing them." To find out how you can help your patients moderate their alcohol consumption, through screening, brief intervention and/or referral, visit the [Low-Risk Drinking Guidelines for Healthcare Providers](#).



LICE

Although not a reportable disease and not even a health hazard, we get plenty of calls about lice, fleas and other pests, particularly from schools, many of which have their own "nit free policies".

A recent review from Canadian Paediatric Society confirms that there is increasing evidence of resistance to insecticides leading to treatment failures. In addition, many families express concerns about pesticides. Home remedies such as mayonnaise, tea tree oil and coconut oil are not supported by any recent evidence; however, Health Canada approved two new remedies in 2011 that work by physical methods (dehydration and asphyxiation). Although these are still "chemical treatments", they may be more palatable to some. Resultz® (isopropyl myristate with cyclomethicone) and NYDA (dimethicone) appear to be more effective than permethrin and may reduce the resistance issues. Like other remedies, two treatments, 7-10 days apart, followed by fine combing ensures more complete eradication.

ENCOURAGING MEDICINE CABINET CLEANOUT

During the month of November, join us in promoting Medicine Cabinet Cleanout. The major focus of this campaign is to encourage proper disposal of expired, leftover or unlabelled medication (including prescription and over the counter drugs, vitamins, minerals and herbal supplements), to avoid unintentional poisoning, reduce the potential of drug misuse, and to prevent environmental contamination.

During the month of November, residents can "Clean Out and Win!": through a partnership with local pharmacies, a ballot for prizes will be provided when medications are brought in for disposal.

- Medication is the leading cause of poisonings in children in Canada. (Safe Kids Canada, 2012).
- Approximately four out of 25 (16.7%) teens use prescription medications to get high; the majority (67%) of them find their drugs at home (OSDUHS, 2011).
- Medication related health problems are the cause of 28% of hospital admissions of older adults. (Canadian Institute for Health Information, 2007).



EVENTS

Seniors falling is the most common injury related reason for ER visits. 1 in every 18 seniors in Timiskaming will fall each year and go to the ER. This is more than in Ontario where 1 in every 20 seniors fall and visit the ER.

NE LHIN / Laurentian University Falls Prevention Conference

**Tuesday November 27, 2012—8:30 a.m. to 3:40 p.m.
Sudbury, Ontario (United Steelworkers Hall)**

The conference will: Highlight innovative approaches, programs and tools. Provide skill building and knowledge transfer opportunities. Build a Falls Prevention community in the NE LHIN through collaboration, partnerships, and knowledge exchange.

Who should attend: This conference will be of interest to all health care providers - physicians, nurses, pharmacists, health educators, therapists, and others; Public Health Units, CCAC; community organizations & individuals committed to Falls Prevention.

To register or for more information, please visit the [NE LHIN website](#).

Deadline for registration is November 20, 2012.

FOCUS ON REPORTABLE DISEASES

Enclosed is the current list of reportable diseases. There are no recent changes, however, we would like to focus on 2 diseases of recent provincial importance.

1. Group A Streptococcal disease, invasive:

Sometimes referred to iGAS. In routine surveillance circumstances, the case definition according to Ontario Infectious Disease Protocol Schedule B 2009 is as follows:

Confirmed Case—Isolation of Group A Streptococcus (*Streptococcus pyogenes*) from a normally sterile site (e.g., blood, cerebrospinal fluid, joint, pleural, pericardial fluid) with or without clinical evidence of severity OR Isolation of Group A Streptococcus from a non-sterile site (e.g., skin, sputum) with clinical evidence of severity.

Probable Case—Clinical evidence of severity in a person with an epidemiologic link to a laboratory-confirmed case of Group A Streptococcal disease.

The guidelines go on to further clarify clinical evidence of severity to include streptococcal toxic shock syndrome (STSS), soft tissue necrosis, meningitis, pneumonia or death.

So surprisingly, pneumonia with sputum positive for GAS is a reportable disease. Last year, there were 2 such cases that were reported late through Public Health Ontario, thereby limiting our ability to trace or follow up with contacts. At this time, we are unable to discern whether these cases were related to the outbreak that was occurring in the North Bay area.

2. Pertussis: After the introduction of a whole cell fluid pertussis vaccine in 1943, the number of reported pertussis cases in Canada has dropped from 160 cases per 100,000 to fewer than 20 cases per 100,000 in the 1980's. However, since 1990, the incidence of reported pertussis in Canada has increased. Thought to be due to the use of lower efficacy adsorbed whole cell vaccine in the 1990s, along with waning immunity among adolescents and adults, as well as increased physician awareness, and improved testing/diagnosis. Polymerase chain reaction (PCR) testing, a more sensitive diagnostic tool relative to bacterial culture, was first implemented in Ontario in 1998, followed by real-time PCR in 2005.

In general, peaks in the incidence of pertussis were observed every three to five years. This cyclical pattern remained even when cases associated with outbreaks were excluded. Presently, several jurisdictions across the province are experiencing an outbreak of pertussis resulting in increased disease incidence in 2012. The recent increase can be attributed in part to an ongoing outbreak which began in November 2011 in an under immunized religious community), with subsequent spread to the general population in seven health units in southwestern Ontario. As of September 14, 2012, 345 outbreak associated cases (273 confirmed and 72 probable cases) have been reported and there have been no deaths. Among cases with known immunization status, 84% of RC cases were unimmunized, whereas 54% of non-RC cases were up to date with immunization. It appears the epidemiology of pertussis is changing, yet its cyclical pattern is still evident.

Ontario is currently experiencing a period of increased incidence, in part, due to an ongoing outbreak. The epidemiology suggests that vaccine coverage is inadequate and that there is waning immunity with the current vaccines. In the absence of a more effective vaccine, achieving and maintaining high vaccine coverage across all jurisdictions and age groups is needed for optimal disease control. As you are aware, Tdap funding has been extended to include a one-time booster for adults. Young infants are at greatest risk of disease complications and ensuring all caregivers are appropriately immunized will reduce exposure in this high risk group. (adapted from PHO- Monthly Infectious Diseases Report - October 2012)

We appreciate your prompt notification to our infection control team. If you are unsure if something should be reported, call anyways and we will be happy to clarify the case definitions for you.

New Liskeard	Englehart	Kirkland Lake
705-647-4305	705-544-2221	705-567-9355
866-747-4305	877-544-2221	866-967-9355

After 4:30 p.m. or on weekends, call the Health Unit on-call number 705-647-3033.

INJURY PREVENTION CORNER

A ROLE FOR HEALTH CARE PROVIDERS IN INJURY PREVENTION - THU LAUNCHES A LOCAL CAMPAIGN

Healthcare professionals, media and general public target for a local Injury Prevention Campaign

Accidents are defined as being unforeseen or unexpected events. Therefore, referring to injury causing events, as “an accident” is misleading. By removing the word “accident” from our injury vocabulary, it will help shift the focus to the factors that cause injuries and the strategies we can adopt to prevent them from happening in the first place. It is not casting blame, it is just calling it what it is: an injury, collision, incident, crash.

How can you help?

When talking with patients/clients or documenting on charts and other reports, avoid using the word “accident”.

When giving public presentations, make a conscious effort to avoid using the word “accident”. Instead, use words that describe the situation like “injury, collision, incident, or crash”.

Contact the THU for campaign handouts, pens and a bilingual roll up display for use in your waiting area/lobby.

No more
~~ACCIDENTS!~~

Call it what it is...

✓ **INJURY**

✓ **COLLISION**

✓ **INCIDENT**

✓ **CRASH**

DAILY NEWS

Studies show that an estimated 9 out of 10 incidents causing injury or death could have been predicted and therefore prevented.

It's time to drop the
“A” word.

For injury prevention information visit
www.timiskaminghu.com

Did You Know...

- The overall rate for injury-related hospital visits in Timiskaming is 19,782 which is statistically higher than Ontario's rate of 10,261
- The mortality rate due to injury in Timiskaming is 42.2 which is nearly double the provincial rate of 23.4 deaths
- MVC are the 3rd leading cause of PYLL in Timiskaming after IHD and Lung Cancer

(Per 100, 000 population – Source: IntelliHEALTH: 2010 and for mortality 2003-07)

Timiskaming Health Unit

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Fax: 705-647-5779

Branch Offices:

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705-544-2221
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31 Station Road N.
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Services de santé du
TIMISKAMING
Health Unit
www.timiskaminghu.com

Reportable Diseases 2012

The following diseases are legislated as reportable to the local Medical Officer of Health.
(Ontario Regulation 559/91 and amendments under the Health Protection and Promotion Act)

- Acquired Immunodeficiency Syndrome (AIDS) including HIV
- Amebiasis
- *Anthrax**
- *Botulism**
- Brucellosis
- Campylobacter enteritis
- Chancroid
- Chickenpox (Varicella)
- Chlamydia trachomatis infections
- *Cholera**
- *Clostridium difficile associated disease (CDAD outbreaks in public hospitals)**
- Cryptosporidiosis
- Cyclosporiasis
- Cytomegalovirus infection, congenital
- *Diphtheria**
- Encephalitis, including:
 - 1. Primary, viral
 - 2. Post-infectious
 - 3. Vaccine-related
 - 4. Subacute sclerosing panencephalitis.
 - 5. Unspecified
- *Food Poisoning, all causes**
- *Gastroenteritis, institutional outbreaks**
- Giardiasis, except asymptomatic cases
- Gonorrhea
- *Group A Streptococcal disease, invasive**
- Group B Streptococcal disease, neonatal
- *Haemophilus influenza b disease, invasive**
- Hantavirus Pulmonary Syndrome
- *Hemorrhagic fevers, including:**
 - 1. ***Ebola virus disease**
 - 2. ***Marburg virus disease**
 - 3. ***Other viral causes**
- Hepatitis, viral,
 - 1. Hepatitis A
 - 2. Hepatitis B
 - 3. Hepatitis C
 - 4. Hepatitis D (Delta hepatitis)
- Herpes, neonatal
- Influenza (seasonal)
 - 1. ***Novel Influenza virus**
- *Lassa Fever**
- *Legionellosis**
- Leprosy
- Listeriosis
- Lyme Disease
- Malaria
- *Measles**
- Meningitis, acute
 - 1. Bacterial
 - 2. Viral
 - 3. Other
- *Meningococcal disease, invasive**
- Mumps
- Ophthalmia neonatorum
- Paratyphoid Fever
- Pertussis (Whooping Cough)
- *Plague**
- Pneumococcal disease, invasive
- *Poliomyelitis, acute**
- Psittacosis/Ornithosis
- Q Fever
- *Rabies** (including bites of dogs, cats & suspected rabid animals)
- *Respiratory infection outbreaks in institutions**
- *Rubella**
- Rubella, congenital syndrome
- Salmonellosis
- *Severe Acute Respiratory Syndrome (SARS)**
- Shigellosis
- *Smallpox**
- Syphilis
- *Tetanus**
- Transmissible Spongiform Encephalopathy, including:
 - 1. Creutzfeldt-Jakob Disease, all types
 - 2. Gerstmann-Straussler-Scheinker Syndrome
 - 3. Fatal Familial Insomnia
 - 4. Kuru
- Trichinosis
- Tuberculosis (including Positive TB Skin Tests)
- *Tularemia**
- Typhoid Fever
- Verotoxin-producing E. coli infection indicator conditions, including Hemolytic Uremic Syndrome (HUS)
- West Nile Virus Illness
- Yellow Fever
- Yersiniosis

Diseases marked * must be reported immediately. Other diseases should be reported by the next working day. To report a suspected or confirmed case of reportable disease, or an institutional outbreak, call your local Timiskaming Health Unit office.

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MALADIES À DÉCLARATION OBLIGATOIRE 2012

Les maladies ci-dessous sont, en vertu de la loi à déclaration obligatoire au médecin hygiéniste.
(Règlement de l'Ontario 559/91 et amendements en vertu de la Loi sur la protection et la promotion de la santé)

Amibiase

***Botulisme**

Brucellose

Chancre mou

***Choléra**

Coqueluche

Cryptosporidiose

***Cyclospore**

Cytomégalovirus, infection congénitale à

***Diphthérie**

Encéphalite, y compris :

1. l'encéphalite virale primaire
2. l'encéphalite postinfectieuse aiguë
3. l'encéphalite consécutive à un vaccin
4. la panencéphalite sclérosante subaiguë
5. l'encéphalite d'origine inconnue

Encéphalopathies spongiformes transmissibles, y compris :

1. la maladie de Creutzfeldt-Jacob et ses variants
2. le syndrome de Gerstmann-Sträussler-Scheinker
3. l'insomnie fatale familiale
4. le kuru

Entérite à *Campylobacter*

***Épidémies de maladie associée à *Clostridium difficile* (MACD) dans les hôpitaux publics**

***Épidémies d'infections respiratoires en établissement**

***États indicateurs d'une infection à *E. coli* producteur de vérotoxine, y compris le syndrome hémolytique et urémique**

***Fièvre de Lassa**

Fièvre jaune

Fièvre paratyphoïde

Fièvre Q

Fièvre typhoïde

***Fièvres hémorragiques, y compris :**

1. ***la maladie à virus Ebola**
2. ***la maladie à virus de Marburg**
3. ***les autres fièvres hémorragiques virales**

Gastroentérite, poussées épidémiques en établissement

Giardiase, sauf les cas asymptomatiques

Gonorrhée

***Grippe**

Haemophilus influenzae type B, infection invasive à

***Hépatite virale, notamment :**

1. ***l'hépatite A**

2. l'hépatite B

3. l'hépatite C

4. l'hépatite D (hépatite delta)

Herpès néonatal

***Infection par le virus du Nil occidental**

Infections génitales à *Chlamydia trachomatis*

***Légionellose**

Lèpre

***Listériose**

***Maladie de Lyme**

***Maladie du charbon**

***Méningite aiguë :**

1. ***Purulente**
2. Virale
3. d'un autre type

***Méningocoques, infection invasive à**

Ophtalmie du nouveau-né

Oreillons

Paludisme

Peste

Pneumococcie invasive

***Poliomyélite aiguë**

Psittacose/ornithose

***Rage**

***Rougeole**

***Rubéole**

***Salmonellose**

***Shigellose**

***Streptocoques du groupe A, infection invasive à**

Streptocoques du groupe B, infection périnatale à

Syndrome d'immuno-déficience acquise (sida)

Syndrome de rubéole congénitale

Syndrome pulmonaire à hantavirus

***Syndrome respiratoire aigu sévère (SRAS)**

Syphilis

***Tétanos**

***Toxi-infection alimentaire, toutes les formes**

Trichinose

***Tuberculose**

Tularémie

Varicelle

***Variole**

***Yersiniose**

Les maladies indiquées par un * doivent être déclarées immédiatement. Les autres maladies devraient être déclarées lors de la prochaine journée ouvrable. Pour déclarer un cas soupçonné ou confirmé une maladie transmissible, ou dans le cas d'une poussée épidémique en établissement, communiquez avec la succursale de votre localité des Services de santé du Timiskaming.

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Après 16 h 30 ou les fins de semaine, composez le numéro sur appel des Services de santé du Timiskaming 1-705-647-3033

