



BOARD REPORT

Friday, January 16, 2009



Medical Officer of Health

REPORT TO THE BOARD

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Update on Raw Milk Case

The court case regarding the sale and distribution of raw milk is set for the last week of January '09. It will be heard in North York. The health unit charge to be heard is a 'failure to comply' to the order of 1994 requiring Mr. Michael Schmidt to cease the distribution of raw milk in Ontario. Two of the Grey Bruce Health Unit public health inspectors will also be involved with the OMAF and MNR charges since they attended, collected and removed the samples of milk and milk products when the MNR investigated and closed the milk processing/distribution operation at the Michael Schmidt farm in Grey County in 2006. John Middlebro' and support from Middlebro' & Stevens firm will be assisting our staff. The MNR and OMAF legal teams will be primarily involved in the other charges.

There will be several articles released from the Council of Medical Officers of Health over the next weeks regarding the distribution of raw milk in Ontario. I will include one here from an ethics viewpoint written by an ethics professor at university of Toronto.

Raw Milk: Not Such a Good Thing?

By Angus Dawson

Should we be able to consume products that we know could harm us? This question is one of many raised by the prosecution of a dairy farmer in Ontario for selling raw (or non-pasteurized) milk.

It is hard to imagine a better symbol of pure and natural food than fresh milk.

Milk from domesticated animals has been central to human diets for thousands of years. However, it has also long been known that it can carry risks to human health. For this reason, pasteurization was developed in the nineteenth century as a means of 'cooking' the milk. This process prevents the transmission of bovine tuberculosis and removes a number of contaminants, including listeria, e coli, salmonella, campylobacter and brucella. The risks to humans from these diseases vary, but in all cases they are real, and in some circumstances can result in hospitalization and even death. Some groups, such as children, pregnant women and those with weakened immune systems, are at greater risk than the general population. Although such risks are small, they are significant enough to have established pasteurization as a routine and legally enforced means of protecting the public from harm.

However, some people argue that they ought to be free to decide how much risk they are exposed to in the course of pursuing their own lives. On this view, the important point is that it is *their* life and it demonstrates a lack of respect to make decisions on their behalf.

Is it right for the state to intervene to stop citizens drinking raw milk if they wish to do so? I think it *is* for three main reasons.

First, whilst disagreement about risks will inevitably exist, any evaluation of such risks must be based on the best possible evidence, and as I've already suggested the evidence of potential infection from raw milk is clear. Whilst some people may discount such risks or believe that any risks are outweighed by what they see as positive factors (such as the claim that raw milk tastes better or has beneficial properties lacking in pasteurized milk), it is important to see that this does not change the published scientific evidence that drinking raw milk increases the risk of harm. In addition, it is relevant that pasteurization is already established as a routine practice, is an easy and effective means of reducing harm, and is risk-free.

Second, although freedom to choose is vitally important, not all choices are to be respected because other values are sometimes more important. If others can be harmed as a result of a choice, then there are good grounds to limit or remove such an option. Of course, we do allow other choices that increase the risk of harm (such as drinking alcohol and smoking), but they are highly regulated as a means of reducing risk, the harms themselves are not so direct and are not so easily removed, and the risks and benefits are more complex. A policy of allowing the sale of raw milk, with the provision of information about the risks, would provide insufficient protection to vulnerable populations. Not everyone would have access to, or would understand, the information about risks. For example, we have good reason to believe that those most vulnerable to these harms (such as children) would be the main consumers of raw milk. Whilst we generally allow parents the freedom to decide what is best for their children, in many circumstances we restrict parental choice to protect children from harm (e.g. enforcing the use of booster seats in cars and cycle helmets).

Third, the state has a duty to protect its citizens from harm, and in this case does so through the action of a democratic legislature. If we know that harm is possible, and we can do something in advance to remove it or reduce it, a failure to do so would, rightly, be judged negligent. This is the case with the purification of drinking water: it has become an expectation that the state protect its citizens by ensuring it is safe. It ought to be the same with milk. It is not hard to imagine the outcry if a child died from drinking e coli-infected milk because the state had decided not to uphold the law.

Whilst the actions of the state ought to be subject to criticism, and any public health policy that restricts freedom of choice ought to be regularly debated and reviewed, the sacrifice of fairly trivial liberties is worth the benefits of belonging to a society where we attempt to protect each other from harm. Not everyone will be happy with a policy of enforced pasteurization, but we are all better off living in a society where such protections exist.

Bed Bug Control

Some Basic Facts:

- Bed bugs are persistent. Eradicating, exterminating or just killing an entire infestation requires persistence.
- Bed bugs can hide in extremely small cracks and crevices making it difficult to locate breeding sites.
- Bed bugs are rarely seen in daylight. They emerge from their hiding spots at night.
- Bed bugs can live a year or longer without food (blood) and thus stay in their hiding places.
- Bed bugs can travel long distances and survive in suitcases, clothing, vehicles, aircraft, cruise ships and other modes of transportation.
- Bed bug females lay about 300 eggs.
- Bed bugs hatch from eggs in 10 days.

Three basic steps to bed bug control:

1. **Find bed bugs-** finding all the adult bed bugs, the nymphs and eggs is not easy. New developments involve bed bug sniffing dogs. Learn what bed bugs look like and where they like to be. Teach tenants or tenant councils to look for them. Have policies for apartment buildings that require regular bed bug surveillance for all.
2. **Kill bed bugs-** It is easy to kill bed bugs once you have found them. Methods include mechanical squishing and vacuuming, fatal chemical exposures, fatal heat (clothes washers and driers) and cold exposures. Newer methods of targeted extreme cold (liquid CO2) application and room heating devices are being used in the US particularly in university residences. Remember you have to get them all or in 10 days they will be back.
3. **Prevent bed bugs-** good surveillance and early action is the key! Be aware, look for the insects and be super cautious when staying away from home, make sure your apt/condo/hotel has a bed bug control plan, use a bed bug proof mattress protector, reduce bed bug habitats in your house, never pick up used mattresses or upholstered furniture unless it has been bed bug proofed. Website for mattress protection: www.caber.ca

A great website for general control and pesticide companies that specialize in bed bugs is:
http://www.pestcontrolcanada.com/INSECTS/get_rid_of_bed_bugs.htm

Other good information sites:

<http://www.toronto.ca/health/bedbugs/treatprepfactsheet.htm>

http://www.pmra-arla.gc.ca/english/consum/bed_bugs-e.html

A very interesting article was found in the Chronicle of Higher Education. The link is www.chronicle.com Indicate bed bugs in the 'search the site' option.

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Program Report January 2009



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Program Report is issued on a monthly basis to inform our board and community partners of our activities.

The highlighted programs are featured in this issue...

DIRECTOR, HEALTH PROMOTION: Maureen Handley

Lynda Bumstead

Chronic Disease Prevention
Early Detection of Cancer

Sarah Ellis

Healthy Babies
Healthy Children

Carrie Griffith

Reproductive Health
Child Health

Denna Leach

Sexual Health
Injury Prevention
Substance Abuse Prevention

Linda Davies

Tobacco Projects
Smoke-Free Ontario Act
Tobacco By-law Enforcement

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DIRECTOR, HEALTH PROTECTION: Chris Munn

Karen Sweiger

Vaccine Preventable Diseases
Rabies Control
Travel Services

Andrew Barton

Food Safety
Health Hazard
Emergency Planning

Lou D'Alessandro

Safe Water
Dental Services
Environment

Susan Shular

Control of Infectious Diseases
Pandemic Planning
West Nile Virus
Tuberculosis Control

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CIGARILLOS TO BE REGULATED

On December 4, 2008, Ontario Private Member's Bill 124, *Smoke-Free Ontario Amendment Act (cigarillos)*, 2008, received third reading. The legislation addresses flavoured products, one of the most pressing prevention issues in tobacco control. These products represent a seductive strategy by the tobacco industry to introduce young non-smokers to nicotine addiction. Expected to be implemented within six months, the Bill will ban flavouring in cigarillos and prohibit other flavoured tobacco products. It will also require cigarillos to be sold in packages of no less than 20.

The 2007-2008 *Youth Smoking Survey* shows the steady decline in youth smoking rates (ages 10-14) may have stalled and that a high number of teenagers are trying cigarillos. In 2001, about 50,000 cigarillos were sold in Canada; by 2006 that climbed to more than 80 million. There are also increasing numbers of 18-30 year olds entering the market. Chewing tobacco, cigarillos and snus (a moist powder tobacco product consumed by placing it under the upper lip for extended periods of time) target a younger demographic offering youth-friendly flavours such as bubblegum, pina colada, chocolate and fruit flavours. *Twinkle* is a new "sparkly" version of cigarillo targeting young females. Unregulated by federal legislation, many of these products are sold in inexpensive single packages with colourful cases and without health warnings. Tobacco Program activities address youth smoking through advocacy, education, peer-to-peer social marketing and skill building.

CANADIAN PRENATAL NUTRITION PROGRAM

The federally funded *Canadian Prenatal Nutrition Program* (CPNP) is offered by Public Health and Keystone Child, Youth and Family Services. This program aims to reduce the number of low birth weight babies by encouraging healthy eating by high-risk women during their pregnancy. Babies born at a low birth weight (under 2,500 grams/5.5 lbs.) are more likely to have physical and developmental delays as well as learning disabilities.

High-risk mothers in Grey Bruce have an extremely high rate of prenatal smoking; 62% of local participants smoke versus 28% of participants nationally. Education rates are lower; Grey Bruce clients average 10.9 years of education versus Ontario clients at 12.3 years. The age of program participants in Grey Bruce is lower than provincial and national averages; 21.8 years in Grey Bruce, 26.1 years provincially and 25.7 years nationally.

Through one-to-one counselling and bi-weekly group meetings, the young mothers learn about healthy food preparation, receive links to smoking cessation programs and support to explore educational opportunities.

Of the sixty-five women participating in Grey Bruce in 2007-08, none gave birth to a low birth weight baby. This compares to 2% of participants provincially and 5% nationally, giving birth to a low birth weight baby.

PARENTING EDUCATION

“Increasing parents’ knowledge, skills and confidence in parenting and child development,” is a key objective recognized by *Invest In Kids*, a national non-profit agency dedicated to ensuring the healthy social, emotional and intellectual development of children from birth to age five.

In partnership with other community agencies, Public Health provides a number of opportunities for developing parenting skills. In the first six months of 2008, over 1325 parents accessed programs through Healthy Baby Centres, prenatal and parenting sessions, and telephone consultations. Each year, almost 5,000 parents receive *Let’s Grow*, an age-appropriate, parenting resource mail-out. The numbers accessing parenting skill development are down slightly from 2007.

While all programs are open to both parents, fathers will most often access prenatal classes. In 2009, two new innovative partnerships will increase skill development opportunities for all parents while targeting fathers in particular.

Public Health Nurses will provide parenting skills in a traditional group format for clients from Ontario Works. This affords an opportunity to access fathers as they are part of the Ontario Works’ client base.

A partnership with the Owen Sound YMCA will reach parents where they already gather. This is expected to be more successful than trying to attract parents to a separate group. As both parents often attend at the YMCA, this program may also increase the participation of fathers.

FLU VACCINATION AND HEALTH CARE WORKERS

Health care workers have a particular duty of care to receive an annual flu shot. The vaccine not only protects the individual and their families, it also helps to protect those in their care, who are likely at higher risk of complications from flu.

Public Health works with staff at long-term care facilities and hospitals to improve knowledge of influenza, its transmission, signs and symptoms, prevention, outbreak management and the importance of immunization. Public Health staff is vigilant with surveillance in these facilities to reduce the spread of disease.

To date in Grey Bruce, 58% of hospital and 73% of long-term care staff have been vaccinated. Public Health will continue to advocate for higher vaccination rates among health care workers through education and participation on local infection control committees.

**2004-2008 Influenza Vaccination Rates
Grey Bruce Health Care Workers**

Facility Type	2004-05	2005-06	2006-07	2007-08	2008-09 (to date)
Hospitals	53%	58%	57%	65%	58%
Nursing Homes/ Homes for the Aged	81%	82%	79%	71%	72%
Retirement Homes	90%	92%	89%	70%	73%

FOOD SAFETY CERTIFICATION

Public Health offers several ways to achieve a certificate in safe food handling. In response to the high demand in 2008, our four regular *Food Safety Certification* courses were supplemented by five additional sessions. Courses, including exam, run approximately 12 hours over two days. There is also an option of four evening sessions. By the end of November 2008, Public Health Inspectors completed nine courses, certifying 167 food handlers. This is a significant increase over 2007 totals.

To maximize access to food safety training, we also use the *In Good Hands* internet-based training course. Candidates learn on-line, on their own time and follow-up with an exam at the Health Unit. An additional 42 food handlers were certified in this manner, also an increase from previous years.

Public Health receives numerous requests for shorter, less formal training. These sessions are not designed to certify food handlers, but rather to provide general food safety education to a larger audience. Sessions were offered to a number of community groups, church groups and farmers' markets.

2008 RABIES REPORT

There were **five** confirmed reports of animal rabies in Grey Bruce in 2008, compared to six reports in 2007. The rabid animal species were three skunks, one bat and one bovine.

Public Health investigated **579** human bites/scratches, exactly the same as in 2007. **Fifty-two** people received the rabies vaccine while 76 were vaccinated in 2007.

In 2008, a change was made to the bat exposure protocol in the *Ministry of Health and Long-Term Care Guidelines for Management of Suspected Rabies Exposures*. Post-exposure prophylaxis (PEP) is only recommended for bat exposures where there is direct contact and a bite or scratch cannot be ruled out. This will reduce the amount of PEP being distributed by Public Health each year.

In January 2008, a puppy purchased in Perth County by a local puppy broker and subsequently sold at a Toronto area market tested positive for rabies. As a result, an extensive investigation occurred in several Health Units including Grey Bruce. Many exposures were identified across Ontario and over 100 people, including seven locally, were treated with the post-exposure prophylaxis. The extensive media coverage of this case significantly increased public awareness of rabies.

2008 Rabies Summary

	J A N	F E B	M A R	A P R	M A Y	J U N	J U L	A U G	S E P	O C T	N O V	D E C	2008 YTD	2007 Total
Total Investigations	31	20	29	53	37	67	97	82	54	44	35	30	579	579
Rabid Animals in Grey County				1									1	3
Species				skunk										
Rabid Animals in Bruce County						2			1	1			4	3
Species						skunk bo- vine			bat	skunk				
Total Number of Rabid Animals	0	0	0	1	0	2	0	0	1	1	0	0	5	6

PARTNERS IN HEALTH CHAIR STEPS DOWN

After seven years championing the *Grey Bruce Partners in Health*, Barry Tschirhart is retiring as chair. As a volunteer, Barry provided strong leadership. His passion and commitment helped to enhance community partnerships and develop collaborative efforts to support health and well being. The process for finding a replacement is currently underway.

The Ministry of Health Promotion is continuing to fund *Grey Bruce Partners in Health*. The coalition is currently seeking new community based funding proposals for 2009.