

January/February 2004 Volume 14 (1)

DEAR COLLEAGUES

Greetings to you in this new year. There will be new challenges in most health-related areas of endeavour and Public Health is expecting its share.

Avian Influenza

You have received a notice from the Chief Medical Officer of Health asking you to be aware and watchful for avian influenza. This is a H5N1 type of influenza which is very lethal to birds which are its current host and to those few humans who have contracted it from poultry. It has killed about 18 humans and about 50,000 birds in the Far East. About 60,000 additional birds have been destroyed in an effort to reduce the quantity of the virus and thus reduce the likelihood that it will be able to mutate and develop human-to-human transmission.

The WHO director for the Western Pacific, Dr. Shigeru Omi, stated, "The evidence to date is that there is no sign of human-to-human transmission. However, should this occur, we would have a serious situation. We are principally worried about the possibility that the avian virus could acquire full capability to transmit from one person to another. The ensuing virus would then be highly pathogenic and transmissible." This is the same strain that was detected in Hong Kong in 1997. Several humans died and more than a million chickens and ducks were destroyed.

Please get a travel and contact history from patients with serious, febrile respiratory illness.

February 14th

This day is special for people enjoying romantic, meaningful relationships. Unfortunately many of us struggle with the loss or lack of a significant partner. There are ways to feel good about this day no matter what your situation (see Sexual Health Week article). If each of us would contribute an act of kindness to

someone around us who is single, it could become a special day for everyone.

Doctors Site

The address and password for the Public Health doctors/infection disease site was sent to you on December 11, 2003 in an urgent notice regarding community and institutional influenza outbreaks. You may have misplaced or not noted this. If you would find it helpful to use the information on the site please e-mail me and I will send you the address and password.

hlynn@publichealthgreybruce.on.ca

The Pearly Gates

This new feature is presented to you for the first time this month. We hope to include dental information as a regular item in this publication. Any comments or suggestions regarding what info you would like to see?

Yours truly,

Hazel Lynn, MD, CCFP, MHSc
Medical Officer of Health

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Injuries cost over \$2.9 billion in Ontario alone each year. The word *accident* seems to imply that injuries cannot be prevented. This is simply not the case. For more information on this campaign and how you can get involved, see the *No More Accidents* insert.

PREVENTABLE INJURIES KILLING OUR CHILDREN

Carrie Griffith, Public Health Nurse, Child Health Program

Injuries are the leading cause of death for children, newborn to 18 years. Almost 40,000 children and youth are seen in hospital emergency departments each year as a result of injuries in the home. Over 28,000 children in Canada are treated annually for playground injuries. Most of these injuries were predictable and preventable.

As a health professional, you may see some families with more injuries than usual. The Public Health web site has useful information for families in this situation. Parents can access this information at www.publichealthgreybruce.on.ca if they click on Injuries.

CAR SEAT SAFETY CHECK-UPS

Sandy Rennick, Public Health Nurse, Injury Prevention Program

The number one cause of death for children aged 1-9 years is motor vehicle crashes. Over 90% of infant and child car seat restraints checked in Grey and Bruce Counties are improperly installed. The Public Health Unit is organizing a number of free car seat safety check-up events in 2004. The purpose of these clinics is to:

- ◆ provide families with an opportunity to have their infant and child car seat restraints inspected by Public Health Nurses and others trained to inspect
- ◆ provide families with an opportunity to learn about safety issues with respect to infant and child car seat restraints

Physicians can promote and encourage attendance at these check-up events to their eligible patients, including grandparents and other caregivers. By promoting correct use of infant and child restraints, the risk of injury to a child who is involved in a motor vehicle crash can be reduced by 75%. A copy of this year's car seat safety check-up schedule is included in this issue.

SEXUAL HEALTH WEEK IS FEBRUARY 9TH – 15TH

Tammy Allison, Public Health Nurse, Sexual Health Program

Valentine's Day is approaching. The day is generally associated with healthy, romantic and meaningful relationships. For people struggling with loss or lack of a partner, this is a painful day. A resource sheet is included in this issue of Public Health Notes for you to share with your patients all year long. Please make additional copies to have in your waiting area. For more information please contact the Health Unit's Sexual Health Clinic.

“SUPPORTING CHANGE: PREVENTING AND ADDRESSING ALCOHOL USE IN PREGNANCY” Workshop for Family Physicians

Description: This train-the-trainer workshop, March 6, 2004 will provide critical information on assessing and addressing alcohol use in pregnancy, including approaches to ask, advise and assist pregnant women. A supplementary session on diagnosis of Fetal Alcohol Spectrum Disorder is offered on Friday evening, March 5 - Dinner 5:00 - 6:30 p.m. followed by presentation 7:00 p.m. - 10:00 p.m.

For: A Mainpro-C train-the-trainer workshop for Ontario family physicians who work with pregnant women.

Location: BMO Institute of Learning, 3550 Pharmacy Avenue, Toronto

Date: March 5 and 6, 2004

Speakers: Dr. Peter Selby from Motherisk and the Centre for Addiction and Mental Health
Dr. Gideon Loren from Motherisk.

No registration fee.

Registration deadline is February 13, 2004.

To Register and for more information contact Beststart:

www.beststart.org

or phone: 416-408-2249 / 1-800-397-9567 Ext. 266

PANDEMIC INFLUENZA

Karen Sweiger, Public Health Nurse, Infectious Diseases Program

Please see the attached fact sheet on pandemic influenza. A new influenza subtype is predicted to occur in the near future. Note the predicted morbidity and mortality for Grey & Bruce. It is estimated that approximately 26,000 people may need medical assessment and 459 people will require hospitalization. Physicians and healthcare facilities may be overwhelmed. Currently, we are in Phase 0 (no pandemic influenza identified in the world).

Surveillance is very important. Please ascertain a travel history on ill patients. Order viral testing particularly for unusual presentations and severe acute respiratory illness.

All schools in Grey and Bruce are to report absenteeism of 10% or greater, institutions are to report all respiratory outbreaks, and the Public Health Unit has set up sentinel workplaces.

Vaccine will not be immediately available. Some experts predict it may take at least four months to develop a new vaccine following the initial identification of the pandemic strain. Prioritizing who receives the vaccine will take place. The Health Unit will receive the vaccine and it will be up to each healthcare facility to administer the vaccine to their staff.

It is important for physicians to maintain lists of high-risk patients. This will be important to prioritize patients for receipt of the vaccine and/or antivirals.

Ensure high-risk patients, as defined by the National Advisory Council on Immunization (NACI), receive the pneumococcal vaccine. Pneumococcal vaccination helps protect against secondary pneumonia. In a pandemic, there may be an exhaustive demand on antibiotic supplies.

The principal roles of public health during a pandemic are surveillance, coordinating vaccines and antiviral medication, and communicating information to health care providers and the community.

VACS Facts



Is polio vaccine (IPV) still required in the 14-16 year old booster as currently outlined in the recommended immunization schedule in Ontario?

No. A legislative amendment has recently been made to the *Immunization of School Pupils Act*. **The requirement for a ten-year reinforcing dose of the polio vaccine has been removed for those persons who have completed their primary series of the polio vaccine. The reinforcing tetanus and diphtheria dose is still required. This amendment is consistent with the current recommendations of the National Advisory Committee on Immunization (NACI).** The amendment will take effect on January 03, 2004.

As a result of this amendment, the recommendation for those who have completed the primary series of diphtheria, pertussis, tetanus, and polio is the dTap (adolescent/adult formulation of the diphtheria-tetanus-

acellular pertussis) vaccine. The Adacel™ vaccine, manufactured by Aventis Pasteur, will be provided through the publicly-funded program. At this time, Td Polio (Element) vaccine has been discontinued. Those individuals 7 years of age and older, who require tetanus, diphtheria and polio vaccine in order to complete a series, will receive Td and polio (IPV) separately.



Plan to Attend Improving the Odds: Healthy Child Development

*Presented by the Ontario College of
Family Physicians*

The quality of early childhood experiences has an important influence on brain development and subsequent learning, behaviour and health.

Improving the Odds: Healthy Child Development highlights recent research in early neurodevelopment and explores how these findings can be incorporated into medical practice. This 3-hour interactive, case-based training program with accompanying toolkit provides an overview of various evidence-based prenatal and well baby/child assessment tools. In addition, this workshop serves to increase awareness and maximize use of local healthy child development services that meet the needs of children and families.

Wednesday, April 28th, 2004

12:30 p.m. - 4:00 p.m.

Chesley Fire Hall

Chesley- central location

Registration Fee of \$50 includes lunch and materials

To register, please call:

Kim MacDonald, PHN

376-9420 Ext. 267

This program meets the accreditation criteria of the College of Family Physicians of Canada and has been accredited for MAINPRO®-C credits.

ADACEL (DIPHTHERIA-TETANUS-ACELLULAR PERTUSSIS) VACCINE

Corrie Marshall, Public Health Nurse, Vaccine Preventable Diseases Program

Pertussis (whooping cough) is a highly communicable bacterial disease caused by *Bordetella pertussis*. The incidence of pertussis has declined by over 90% during the last 40 years because of universal childhood immunization

programs using whole-cell pertussis combination vaccines. However, major outbreaks of pertussis continue to occur.

Adults and adolescents are a primary factor in the resurgence of pertussis because immunity through prior infection or vaccination decreases with age. Pertussis is often unrecognized and is difficult to diagnose in adults since cultures are often negative and asymptomatic infections are common. The annual incidence is comparable to polio in the pre-vaccine era. As a result, adults and adolescents easily spread the disease to inadequately immunized infants.

Adacel™ is a new acellular pertussis, tetanus and diphtheria combination vaccine. It is indicated as a single 0.5 ml dose IM, for adolescents and adults aged 11 to 54 years of age. Adacel™ vaccine is publicly-funded and is licensed in Canada as a reinforcing dose only; there is no approved schedule for the use of Adacel™ vaccine in a primary series. Adacel™ vaccine is immunogenic after one dose as a pertussis booster. The duration of protection from this booster is currently unknown and there are no recommendations in place yet as to when/if a subsequent booster should be given.

According to the National Advisory Committee on Immunization (NACI), “All preadolescents and adolescents who have not received a dose of acellular vaccine should receive a single dose of the adolescent/adult formulation of acellular pertussis vaccine. A single campaign to vaccinate the entire cohort is the strategy that would prevent most cases....at a minimum, dTap (diphtheria-tetanus-acellular pertussis) should replace Td (tetanus-diphtheria) for the regular adolescent booster program.”

The Canadian Immunization Guide (Sixth Edition 2002) states that “The combined adolescent/adult formulation of dTap should be used to replace the adolescent booster of Td.”

The Public Health Unit will be offering Adacel™ vaccine at secondary school and community clinics to those adolescents due their 14-16 year old booster. For adolescents who do not wish to be immunized against pertussis, publicly-funded Td is available.

CREATING POSITIVE SPACES FOR LESBIAN, GAY, BISEXUAL, TWO-SPIRITED AND QUESTIONING YOUTH

Debby Minielly, Public Health Nurse, Sexual Health Program
As healthcare and community service providers, we are seeing gay, lesbian, bisexual, two-spirited and questioning (GLBTQ) youth in our practice.

Adolescence can be tough enough without trying to cope with the confusion and worries about integrating an orientation other than heterosexual. Finding people and spaces where GLBTQ youth can sort through their issues, share their concerns and get support and resources is challenging. These youth are at increased risk for many negative health outcomes such as school dropout, depression, substance abuse, eating disorders, risky sexual behaviours and suicide.

As professionals, we vary in our comfort level when it comes to sexual orientation and transgender issues. The following are some tips and resources that may be helpful:

TIPS

- Use inclusive language so no one feels marginalized.
- Be accepting when a youth comes out to you; they've tested you over time and decided you can be trusted and helpful.
- First, encourage them to express their feelings. Most GLBTQ youth feel afraid, alone, guilty and confused.
- Respect confidentiality; verbalize this. Breaches of confidentiality have led to suicide.
- Know when and where to get help.
- Examine your own biases. Be honest with yourself.
- Challenge homophobic remarks and jokes everywhere.
- Look at your physical space; do you have any posters that would help promote a sense of belonging to a GLBTQ youth?

RESOURCES

Info Lines:

- Lesbian Gay Bi Youth Line 1-800-268-9688
- (Contact their business office for posters) 1-416-962-7967
- Teen Sex Info Line 1-416-961-3200
- AIDS - Sexual Health Info Line 1-800-668-2437
- PFLAG 1-888-530-6777
(Parents and Friends of Lesbians and Gays)
- Local PFLAG 1-519-376-9420 (Ext. 320)

Websites:

- www.pflag.ca
- www.bidstrup.com/parents.htm
- www.outproud.org
- www.freetobeme.com
- www.prideandprejudicectys.org

Please call the Sexual Health Team at the Public Health Unit for a more complete resource listing including books at: 1-800-263-3456, Ext. 257.

LYNN PROPOSES A “NEW NORMAL” FOR GREY-BRUCE

Teresa Zohorsky, Social Marketer, Chronic Disease Prevention Team

Medical Officer of Health Dr. Hazel Lynn recently released new health behaviour data that indicates more than half of local residents are physically inactive, and the majority are either overweight or obese.

She challenged residents to improve their sedentary lifestyles to reduce their risk of heart disease and stroke. Rates for circulatory disease are significantly higher in Grey-Bruce Counties than South Western Ontario.

“In Grey-Bruce, it’s normal to be sedentary. Fifty-four per cent of people do not do any exercise. It’s normal to be overweight. We want to change that,” Dr. Lynn said during a news conference in December in Owen Sound. “We want it to be normal that you exercise daily and maintain a healthy weight. Let’s make Grey Bruce slim and active.”

While launching a new awareness campaign about the risks of cardiovascular disease and the sedentary lifestyle, Lynn urged local residents -- “Today you have 1440 minutes – invest 30 of them in your health by getting physically active.”

Lynn also expressed hopes that action to address the area’s higher rates of circulatory disease involves a collaborative effort by the entire community, including health care providers and groups, school boards, workplaces and municipalities.

The campaign features posters, billboards and radio ads. The issue captured the attention of the Owen Sound Sun Times editorial staff who wrote a six-part feature series between December 2003 and January 2004.

To get copies of either poster, contact Pat Feltis at (519) 376-9420 or 1-800-263-3456, Ext. 268. Limited quantities of plak-mounted posters are available to those who call early!

LOCAL HEART DISEASE AND HEALTH BEHAVIOUR DATA

Highlights From *Heart Disease Status Report, Grey & Bruce Counties 2003*

Heart Disease Deaths & Hospitalizations

- Circulatory disease is responsible for about **600 deaths per year** or **12 deaths per week** in Grey-Bruce.
- While mortality rates for circulatory disease have declined in Ontario during the past 10 years, the decrease in Grey and Bruce Counties has been smaller and not as significant.
- Age-standardized mortality rates of circulatory disease in Bruce County are significantly higher than Ontario rates.
- Age-standardized morbidity rates of circulatory disease in Grey and Bruce Counties are significantly higher than Southwestern Ontario and Ontario rates.

New Data from Canadian Community Health Survey (CCHS) 2000/2001, Statistics Canada

Health Behaviours in Grey-Bruce

- 40% in Grey-Bruce (GB) are considered to be overweight, significantly higher than the provincial average of 33%. 17% of GB residents are considered to be obese, slightly higher than the provincial average of 15%. Total overweight & obese = 57%.
- 54% of GB residents have a level of physical activity considered *Inactive*, slightly higher than the provincial average (50%).
- 20% of GB residents are considered “active” which results in cardiovascular health benefit.
- 35% of GB residents consume 5 or more fruits and vegetables per day, slightly lower than the provincial average of 38%.
- 18% of GB residents report Regular Heavy Drinking significantly higher than the provincial average (14.5%)
- 21% of GB residents are daily smokers compared to 20% in Ontario (not significant). 41% are former smokers, compared to Ontario’s 35% which is significant.

Data from: Rapid Risk Factor Surveillance System (RRFSS), Grey Bruce Health Unit, April/02 to March/03.

A recent survey of 1200 local residents showed the lack of knowledge about the risk factors for heart disease needs to be addressed.

Residents were asked: *“In your opinion, what are the main causes of heart disease?”*

- 57% identified poor nutrition (including high cholesterol)
- 44% identified smoking
- 39% identified lack of exercise
- 21% identified obesity/overweight
- 21% did not identify any of these main risk factors or did not know of any risk factors.

For more information about the report, please contact Public Health Epidemiologist, Alanna Leffley. The *Heart Disease Status Report, Grey & Bruce Counties 2003* is available on the web at:

www.publichealthgreybruce.on.ca under “Publications\Reports”.