

## DEAR COLLEAGUES

We are getting close to the end of the influenza season for our area. We are pleased that there has not been much activity since mid December. There has been increased attention to the possibility of a pandemic influenza outbreak this year. I think it would be useful to give you an idea of the activities we have identified for health care practitioners that could help prepare for this event.

As part of phase 0 (no outbreak identified) it would be very useful for each primary care provider to be able to generate a list of high-risk patients in their practice. If the computer capability to generate such a list were developed now, it could be quickly obtained when the list is needed.

Who belongs on the list? This will vary a bit depending on the specific epidemiologic evidence that will be gathered when an outbreak occurs. However, there are some patients who would make it onto any high-risk list. Here is a list of special populations with high-risk conditions, from the Canadian Pandemic Plan (Annex G, page 227, <http://www.hc-sc.gc.ca/pphb-dgspsp/cpip-pclcpi/>)

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**Table 1.1 Patient factors which may delay recovery from influenza infection and facilitate the development of influenza-related complications**

High-risk conditions: (Co-morbidity)	References
Age: 2 or 65 years	59, 29, 1, 152, 183, 192, 82, 57, 10, 9, 196
Pregnancy(2 <sup>nd</sup> and 3 <sup>rd</sup> trimesters)	159, 158, 1, 123, 144, 42
Cardiovascular diseases: Congenital, rheumatic, ischemic heart disease, congestive heart failure	78, 158, 13, 93, 162, 154, 81
Bronchopulmonary diseases: asthma, bronchitis, bronchiectasis, emphysema, cystic fibrosis	78, 158, 79, 77, 151, 93, 160
Metabolic diseases: diabetes	216, 158, 74, 124, 46, 136, 93
Renal diseases	79, 77, 78, 93, 24, 163
Malignancies	221, 61, 116
Immunodeficiency, AIDS, immunosuppression, transplant recipients	132, 184, 141, 134, 158, 183, 180, 210, 175
Diseases of the blood, anemia, hemoglobinopathy, oncologic disorders	230, 215, 4, 23, 22
Hepatic diseases, cirrhosis	50
Long-term salicylate therapy and younger than 18 years of age (Kawasaki disease, rheumatoid arthritis, acute rheumatic fever, others)	59, 5, 151, 77

It is also recommended that those people with co-morbid chronic conditions receive the pneumococcal vaccination, which reduces the risk of secondary pneumonia.

Yours truly,

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

## Screening for HPV

Tammy Allison, Public Health Nurse, Sexual Health Program

The links between human papilloma viruses (HPVs) and cervical cancer were first suspected almost 30 years ago. HPV is a disease that is responsible for at least 200,000 deaths per year worldwide.

Over 100 different types of HPVs have been identified and these can be divided into two groups: low-risk HPV types are the causative agent of benign warts, high-risk HPV types are associated with cancer. Sexually transmitted, high-risk HPVs include types 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68, and possibly a few others.

It is important to note, however, that the majority of high-risk HPV infections go away on their own and do not cause cancer.

Studies suggest that whether a woman develops cervical cancer depends upon a variety of factors acting together with high-risk HPVs, including smoking and having many children. Having many sexual partners is also a risk factor for HPV infection.

HPV is very common and extremely easy to catch. It is now considered to be endemic in the adult human population, indicating infection rates as high as 80% with some samples of younger adults.

Sexually transmitted? Yes, but HPV, unlike most STDs, is not spread only through sexual intercourse. This is why condoms are not adequate protection, though they do reduce the risk. For example, in one study, 20% of lesbians who reported never having had sexual contact with men were infected with HPV. Skin-to-skin contact is sufficient to spread the virus. In fact, HPV has been found on fingers.

A Pap test is the standard way to check for any cervical cell changes. Although vaccines for HPV and specific HPV testing may be available in the future, it is important to continue to encourage routine pap tests for your patients as a start to promoting cervical health.

Eduardo L. Franco. (2003). Primary Screening of Cervical Cancer With Human Papillomavirus Test. *Journal of the National Cancer Institute Monographs*, 31, 89-96.

Fernandez-Esquer, M.E., Ross, M.W., & Torres, I. (2000). The Importance of Psychosocial Factors in the Prevention of HPV Infection and Cervical Cancer. *International Journal of STD and AIDS*. 11, 701-713.

VACS  
Facts



### Is the Public Health Unit recommending Adacel™ or TdPolio?

TdPolio is no longer available. As of January 3<sup>rd</sup>, 2004, the *Immunization of School Pupils Act* (O.Reg.645) was amended, removing the polio component of the adolescent reinforcing dose from the immunization requirements for those persons who have completed their primary series of the polio vaccine. This is consistent with the recommendations of NACI. The *Recommended Immunization Schedules in Ontario*, July 1997 has been revised and will be available very soon.

Adacel™ (adolescent/adult formulation of the diphtheria-tetanus-acellular pertussis vaccine) is licensed for use in Canada as a booster dose for previously immunized persons 11 to 54 years of age. Adacel™ is the recommended booster for those aged 14-16 with a complete primary series. However, “[in] children ≥ 7 years of age who have not had a primary pertussis immunization or for whom the immunization status is unknown, adolescent/adult dTap (Adacel™) should be considered.” (Canadian Immunization Guide, page 171)

For students (14-16 years) who do not wish to be immunized against pertussis, publicly funded Td (tetanus-diphtheria) reinforcing dose is still available.

**Reminder:** Quadracel™ is **not** licensed for use in those over 7 years of age due to the dosage of the diphtheria and pertussis components.

## Travel - Twinrix

*LeAnn White, Public Health Nurse Vaccine Preventable Diseases Program*

Twinrix™ offers convenient and effective protection against both hepatitis A and B, but it is not always the best option for travellers. It takes several weeks for the Twinrix™ series to be given (a minimum of 3 weeks on the accelerated schedule). One dose of hepatitis A vaccine will provide protection against hepatitis A much sooner than the combined A/B vaccine. Since hepatitis A is almost always transmitted via the fecal-oral route, most travellers heading for destinations outside of North America and Western Europe will be at risk. This includes travellers heading for five star resorts.



Fewer travellers will be at risk for hepatitis B. However, keep in mind the mode of transmission of the hepatitis B virus when assessing the appropriate vaccination for your patients. Also, a traveller staying with the local population for several months in a high-risk area is statistically more likely to contract hepatitis B, despite no risky behaviors.

If the traveller only needs hepatitis A protection and not hepatitis B it makes sense, in terms of timing and cost, to provide only the hepatitis A vaccine.

Vaccination and travel recommendations and/or requirements specific to the individual and their destination are provided free of charge at Public Health Unit. Remind your patient to contact Public Health several weeks in advance of their departure date. Further information is available at [www.publichealthgreybruce.on.ca](http://www.publichealthgreybruce.on.ca), click on Travellers.

## Controlling Exposure to Fluoride

*Lou D'Alessandro, Manager of the Safe Water Program*

Fluoride is a common element found in the earth's crust. It is present in groundwater naturally from trace concentrations to 5 mg/L or 5 parts per million. Where drinking water supplies contain naturally occurring fluoride levels higher than 1.5 mg/L but less than 2.4 mg/L, the Ministry of Health and Long-Term Care

recommends an approach through local boards of health to raise awareness to control excessive exposure to fluoride from other sources. Water distribution systems with higher than 1.5 mg/L are Huronville, Murdoch, Blairs Grove, Pt. Clarke and Ripley.

If your patients are on a water system or use a well naturally high in fluoride they can protect their children against fluorosis and still benefit from the decay-reducing effects of fluoride in the water. Be aware that children consume fluoride from other sources, e.g., fluoridated toothpaste, food, beverages and vitamin supplements.

If there is a concern regarding the levels of fluoride, users of a water system can obtain the results of fluoride tests through either the municipality where they live or from the operating authority.

## Immunization and Chiropractors

*Dr. Hazel Lynn, Medical Officer of Health*

The College of Chiropractors of Ontario has developed a new Standard of Practice regarding immunization. The full standard is available at:

[http://www.cco.on.ca/immunization\\_vaccination.htm](http://www.cco.on.ca/immunization_vaccination.htm)

This standard clearly states that chiropractors should not be giving advice regarding immunization.

Excerpt:

“Chiropractors may not, in their professional capacity, express views about immunization/vaccination as it is outside their scope of practice, as defined in Section 3 of the Chiropractic Act, 1991.

In responding to requests from patients and members of the public regarding immunization/vaccination, members shall:

1. Advise that immunization/vaccination is outside the scope of practice of chiropractic and chiropractors do not have the legislative authority to immunize/vaccinate patients; and
2. Advise patients to consult with health providers who have immunization/vaccination within their scope of practice, namely, physicians, nurses and nurse practitioners.”

If you encounter ‘chiropractic’ immunization advice please report it to their college.

## Assessing Woman Abuse

Karen Kerker, Public Health Nurse, Family Violence Prevention Program

Woman abuse is a health issue that often remains undetected as the basis for the presenting problem. When screening is included as part of a patient's routine assessment, it gives important insight into the woman's stressors, challenges and life situation. Screening can serve to help health care providers make better decisions when developing a plan of care. It may also reduce harm to the patient and her family by bringing the abuse into the open and making her aware of community resources that are available.

Dr. Vicki Winterton attended the violence against women peer presenter training session at the OCFP last fall and will be offering one-hour sessions to interested physicians. You can contact her at 372-2511 for more information.

Enclosed in this issue is a pocket card that offers suggestions for posing the questions regarding abuse, as well as some community supports. The Children's Aid societies of Grey and Bruce would be important additions to the list.

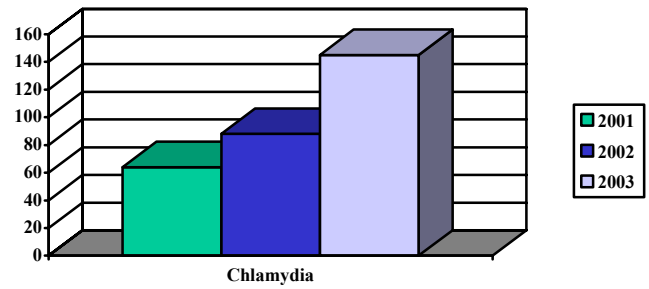
If you would like more "Where to Go for Help" tear-off sheets, posters, brochures or pocket cards, please call me at 797-2010.



## Chlamydia Rates Almost Double

Denna Leach, Public Health Nurse, Sexual Health Program

In Grey and Bruce the most common reportable sexually transmitted infection (STI) is chlamydia. Never has this been more evident, as demonstrated by our 2003 chlamydia cases. In 2003 there were 145 reported cases of chlamydia, compared to 88 cases in 2002 and 64 cases in 2001.



The increase in numbers may be partially explained by the ease of testing for chlamydia through routine swab as well as the ability to identify chlamydia through a simple urine test. However, it may more accurately be related to the high-risk behaviours of sexually active young adults ages 15-24, who make up the greatest number of those people in Ontario infected with chlamydia.

### A few notes to remember when testing and treating patients for chlamydia:

- Preferred treatment for youth and adults is azithromycin 1 g orally in a single dose.  
*Public Health provides free treatment for positive cases and their contacts if treatment is not covered by another plan.*
- Repeat testing, also known as a test for cure, is advisable in the following cases:
  - compliance is difficult to ensure
  - possible re-exposure to an untreated partner
  - an alternative treatment regime has been used
  - for all children and pregnant womenIf done, repeat testing should be performed at 3 to 4 weeks after the completion of effective treatment.
- Contacts tracing—all contacts must be informed, tested and, if appropriate, treated.
- Urine chlamydia and gonorrhoea testing is available at sexual health clinics as well as most laboratories, including MDS labs.

## **Preconception/Early Prenatal Health Teaching and Counselling Clinic At Saugeen Health Centre**

*Marilyn Lemon RN BscN, Public Health Nurse, Reproductive Health Program*

The Public Health Unit is launching a preconception and early prenatal health teaching and counselling clinic March 10<sup>th</sup>, 2004 at the Saugeen Health Centre.

The goal of this clinic is to provide aboriginal women, who may be planning a pregnancy or are early in their pregnancy, with early preconception and prenatal education, links to appropriate resources, and services. Health teaching will be provided on an individual basis supporting behavioural change that will have a beneficial impact on the health of the pregnancy.

This initiative is based on the Reproductive Health Needs Assessment (Grey Bruce Health Unit, 1999), updated in (Grey Bruce Health Unit, 2002), and the preliminary framework for the Early Years Action Plan for Bruce and Grey Counties (2001). These tools were vital in providing baseline data supporting early intervention and health promotion with both high risk and aboriginal persons in their reproductive years.

Health Canada statistics demonstrate that as many as 50% of all Canadian pregnancies are unplanned (Health Canada, 2000). Of those unplanned pregnancies there will be a proportion of couples that do not have the opportunity to practice healthy lifestyle habits, avoid alcohol and other substances and may not do so until they have a positive test, confirming pregnancy. The Reproductive Health Needs Assessment (1999) supported the fact that high-risk individuals in their reproductive years are in need of receiving preconception information, as early as possible, ideally before becoming pregnant. Determinants of health that are the broader issues influencing pregnancy outcomes include poverty, literacy, access to health care and other factors that contribute to the overall health of an individual.

Preconception health promotion helps to ensure that couples are in optimal health at the onset of pregnancy (Wallace & Hurwitz, 1998). It is preventive in nature, striving to reduce risk to the mother and infant and thereby decrease mortality, disease, birth defects and other adverse consequences (Cefalo & Moos, 1995). Providing early health teaching and awareness about healthy behaviours, such as the benefit of taking folic acid, gives a woman the opportunity to choose a folic acid supplement prior to pregnancy thereby decreasing the risk to the fetus of a neural tube defect during those first critical weeks of pregnancy (Perry, 1996). Neural tube defects affect 1 in every 1,300 births in Canada per year. Taking a folic acid supplement of a minimum of 0.4 mg can reduce the risk by more than 70% if taken prior to pregnancy (Folic Acid Alliance Ontario, 2002). Recent research in Ontario indicates that 80% of women, of childbearing age have heard of folic acid, but only 38% are aware that it must be taken prior to pregnancy (Folic Acid Alliance Ontario, 2002). Preconception health promotion is a prevention strategy that helps couples prepare for pregnancy in order to enhance pregnancy outcomes (Moos, 1989).



Preconception health promotion and counselling are important examples of primary prevention, involving activities directed toward empowering individuals to make behaviour changes that will improve their state of wellness, and optimize early fetal development through choices made prior to conception.

In collaboration with our community partners, the preconception/early prenatal health teaching and counselling clinic will promote healthy living prior to pregnancy for aboriginal women in their childbearing years. Offering the clinic at the Saugeen Health Centre provides accessibility for the aboriginal clientele to receive health services and promotes the opportunity for individuals to make informed choices when planning a pregnancy in an effort to support a healthy pregnancy outcome.

For more information about the Preconception Health Clinic please contact the Public Health Unit, Reproductive Health Program.

### **References:**

Grey Bruce Health Unit. (1999). *Let's Grow Reproductive Health Needs Assessment for Grey and Bruce Counties*, Owen Sound, Ontario.

Grey Bruce Health Unit. (2002). *Let's Grow Reproductive Health Needs Assessment Update for Grey and Bruce Counties*, Owen Sound, Ontario.

Health Canada. (2000). *Family-Centred Maternity and Newborn Care: National Guidelines*. Ottawa: Minister of Public Works and Government Services.

Cefalo, R.C. Moos M.K. (1995). *Preconception Health Promotion: A practical guide*. 2<sup>nd</sup>. ed., Mosby.

Folic Acid Alliance Ontario. (2002). *Folic Acid Awareness Community Action Guide*, Ontario.

Moo's, M.K. (1989). Preconception Health Promotion: A health education opportunity for all women. *Women and Health*, 15 (3), 55-68.

Perry, L.D. (1996). Preconception Care: A health promotion opportunity. *The Nurse Practitioner*, 21 (11), 24-41.

Wallace M., Hurwitz, B. (1998). Preconception care: Who needs it, who wants it, and how should it be provided? *British Journal of General Practice*, 48, 963-966.

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