

PUBLIC HEALTH **n**otes

With the community as our partner, we provide leadership in health protection, health promotion and disease prevention.

September/October 2004 Volume 14 (5)

DEAR COLLEAGUES,

The fall season is a very busy one for Public Health as many of our programs are less active in the summer and are now getting underway.

Immunization campaigns, including the influenza campaign, are in the planning stage. This fall the introduction of new vaccines with rather specific eligibility criteria has complicated matters, as has the shortage of vaccines for the “5-year boosters”. Thank you for your co-operation with these glitches. We have been promised that our supply will be back to normal in November.

I include in this edition (for the doctors) a summary of vaccines and usage notes. This summary is not meant to replace the more definitive Canadian Immunization Guide. The notes are not complete and references are not included in the interest of brevity. However, the summary can be used as a quick reference to most of the vaccines you use.

We are participating with Motherisk and the Hospital for Sick Children in a fetal alcohol prevalence survey. We are collecting ‘first movements’ (meconium), non-nominally, from all babies born in Grey-Bruce for about 2 years. The analysis of first quarter samples is done and some preliminary results will be coming in this fall. A Motherisk researcher has asked that the doctors of this area fill out a form regarding general FASD knowledge. We include the survey with this issue of Public Health Notes. We would be pleased if you would complete the form. Motherisk is a very useful organization.

The COHRT heart health behaviour study continues although enrollment is slower than we anticipated. Early results from the first 2 years of the study are very interesting. We would like to launch a concentrated effort and complete our necessary patient enrollment over the next 6 months or so.

This will make the follow-up and intervention phases much more efficient. You may be contacted by one of our nurses to see if we can find an easy way to connect us with patients we can help.

Yours truly,

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

What's Inside:

- Infant Feeding Survey – An Overview
- VACS Facts
- Highlights from the Communicable Disease Report for Grey-Bruce: Animal Exposures and Rabies
- Children and Flu Shots
- Upcoming Events

Inserts:

- Confirmed Episodes – Infectious Disease
- Motherisk Program – Survey (Physicians Only)
- Immunization Recommendations (Physicians Only)

INFANT FEEDING SURVEY

– AN OVERVIEW

Dana Aitken-Howes, Public Health Nurse
Child Health Team



The Public Health Unit conducted a telephone survey to assess current breastfeeding practices among mothers in Grey and Bruce Counties. Result showed that initial breastfeeding rates were good but soon declined.

Breastfeeding Initiation Rates High

- 89% of mothers initiated breastfeeding. This is a significant increase from 10 years ago when only 76 % of mothers in Grey and Bruce Counties initiated breastfeeding.
- Grey and Bruce Counties are very close to meeting the objective set by the Ontario Ministry of Health and Long Term-Care Mandatory Programs and Service Guidelines (1996) to increase the breastfeeding initiation rate to 90%.

Breastfeeding Rates Soon Decline

- Breastfeeding duration rates sharply decline with 61% (only 41% exclusively breastfeeding) of mothers breastfeeding at 3 months.
- 51% at 6 months.
- 29% breastfeeding at 9 months.

Grey-Bruce Rates Similar to National Trends

- Results from the survey are consistent with national trends on breastfeeding. In Canada, 82% of mothers initiate breastfeeding but only 63% are still breastfeeding at 3 months postpartum.

Reasons for Decline

- At the 3-month marker, the two most common reasons why mothers stopped breastfeeding included sore nipples and the perception of not producing enough breastmilk.

- At 9 months the most common reasons for discontinuing breastfeeding were that the mother perceived the baby no longer wanted to nurse and that the baby was old enough to stop nursing.

Barriers to Breastfeeding

- A common barrier cited by mothers who had stopped breastfeeding between 3 and 9 months was that someone had suggested that they stop (most frequently their family physician).
- Some mothers felt too uncomfortable to breastfeed in public places.

Public Health Resources

- Telephone counselling regarding breastfeeding is made available during 48-hour telephone assessments and during home visits.
- During Public Health office hours, mothers can contact the Public Health Unit to speak to a public health nurse regarding breastfeeding concerns.
- There are various Healthy Baby Centres throughout Grey and Bruce Counties where moms can access support from Public Health Nurses.
- Copies of the breastfeeding resources *Let's Grow A Healthy Baby* book and *Breastfeeding and Your Baby* pamphlets are available at the Public Health Unit.

The recommendation is that infants be exclusively breastfed for at least the first 4 months of life (Canadian Paediatric Society, Dietitians of Canada and Health Canada, 1998, p. 3). Great effort needs to be taken to support the needs of breastfeeding mothers and to ensure that they are offered and directed to appropriate breastfeeding supports.

For a copy of the Grey Bruce Health Unit Infant Feeding Survey (2003) – “Breastfeeding in Grey Bruce: Perceptions and Experiences of New Moms” - please contact Sarah Ellis, Manager of Child Health, at (519) 376 – 9420 at ext. 240.

References:

Grey Bruce Health Unit (2003). “Breastfeeding in Grey and Bruce: perceptions and experiences of new moms and health care providers.” Owen Sound, ON: Canadian Paediatric Society, Dietitians of Canada and Health Canada. (1998). Nutrition for healthy term infants. Ottawa, ON: Minister of Public Works and Government Services.

VACS FACTS

*Sylvia Brooks, Public Health Nurse
Vaccine Preventable Diseases Program*



Question from Physician's Office:

Can tetanus toxoid be given alone to a child under 7 years of age?

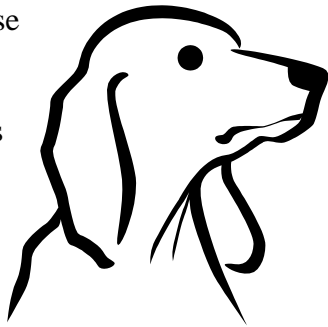
Tetanus toxoid was discontinued in 1993. Therefore, tetanus is only available in combination with other vaccines (Pentacel, Quadracel, Td Polio, or Td).

For adults wishing their children to be vaccinated with tetanus toxoid only but will accept the combination of tetanus and diphtheria, the recommended immunization schedules in Ontario should be followed.

As recommended in the Canadian Immunization Guide and by the product manufacturer, the combination tetanus and diphtheria should not be given to children under 7 years of age.

HIGHLIGHTS FROM THE COMMUNICABLE DISEASE REPORT FOR GREY-BRUCE: ANIMAL EXPOSURES AND RABIES

The Communicable Disease Report for Grey-Bruce provides readers with a "first look" at disease rates in our area by presenting information on selected diseases for the years 1992 through to 1999 for Ontario, and from 1992



through to 2001 for Grey-Bruce. Communicable diseases found in this report include sexually transmitted and blood-borne, vaccine-preventable diseases, diseases spread by food and water, diseases spread by close personal contact as well as

animal exposures and rabies. The information contained in this report is primarily intended for health professionals and organizations dealing with communicable diseases.

What follows are the highlights from the Animal Exposures and Rabies chapter.

- In 2001, 504 exposures to potentially rabid animals were reported to and investigated by Public Health staff. The average number of investigations between 1992 and 2001 is 548 per year in Grey-Bruce.
- In 2001, these investigations resulted in 29 animals found to be rabid and 45 people receiving preventive rabies vaccine in Grey-Bruce.
- The average number of rabid animals between 1992 and 2001 in Grey-Bruce is 74 cases per year but rates dropped considerably after 1994.
- In Grey-Bruce, the average number of people receiving preventive rabies vaccine between 1992 and 2001 is 56 per year but rates dropped considerably after 1994.
- Nearly 80% of exposures investigated by Public Health staff is human contacts with domestic dogs (53%) and cats (25%) with stray dogs and cats accounting for another 8%.

If you would like a copy of this report please contact:

Alanna Leffley
Public Health Epidemiologist
Grey Bruce Health Unit
(519)376-9420 ext. 260

CHILDREN AND FLU SHOTS

Submitted by Kathryn Whitehouse, Public Health Nurse
Vaccine Preventable Diseases Program

The influenza season is almost upon us and in the past many health care professionals have been asked the question “Does my child really need the flu shot?” If the child is over 6 months of age and does not have any contraindications to receiving the vaccine, the answer to this question should be an emphatic “yes”.



The influenza virus was particularly virulent last year, causing severe illness in children and adults. Last year, we also saw the emergence of avian influenza H5N1. There were 34 cases of this strain worldwide, with 23 deaths.

Most of the people who contracted H5N1 were children under 14 years of age and the death rate for this age group exceeded 80%. Public health experts fear that this virus will mutate and spread more readily among humans⁽¹⁾. This year’s vaccine contains the A/New Caledonia, A/Wyoming and B/Jiangsu virus strains.

The following facts support immunizing children with the influenza vaccine:

- 10-40% of children get ill with the flu annually and approximately 1% of these infections will result in hospitalization⁽²⁾.
- Deaths related to influenza are rare in children, however, most deaths occur in infants under 1 year of age⁽³⁾.
- Children younger than 5 years of age have the second highest rate of hospitalization with influenza, only exceeded by persons older than 65 years of age⁽²⁾.
- The influenza vaccine is about 80-90% effective in preventing influenza infection in children and about 62-73% effective in preventing illness with fever⁽⁴⁾.
- The vaccine reduces severe ear infections by up to 36% in young children, thereby reducing the need for antibiotics and resultant antibiotic resistance⁽⁴⁾.

- Vaccinating children who attend day care reduced the morbidity among their unvaccinated household contacts and they had 42% less illnesses with fever than children who were unvaccinated⁽⁴⁾.
- Vaccinating children can significantly decrease the spread of flu among people of all ages in the community, reduce respiratory illness rates and reduce school absenteeism⁽⁴⁾.

Promoting flu vaccination in children will help to protect our community and keep it healthier.

1. Globe & Mail, “Shots for Kids” September 15, 2004
2. APA Red Book 2000, 25th ed.; 351
3. N Eng. J. Med. 2000; 342: 225-31
4. J Infect. Dis. 1970; 122: 16-24

Upcoming Events:

Want to Quit Smoking? Need Ideas and Support?

Date: Tuesdays, starting September 28, 2004
Time: 4:00 p.m. – 5:30 p.m.
Place: Grey Bruce Health Unit, Owen Sound

Executive Breakfast Workshop Series: Fall 2004

Date: October 28, November 18, 2004
Time: 8:30 a.m. – Noon
Place: The Inn on the Bay (Best Western) Owen Sound
Cost: \$30 per workshop
Registration Information: Call 376-9420 ext. 401
or 1-800-263-3456

We Can’t Weigh... Looking at the Obesity Epidemic

Date: Wednesday, October 27, 2004
Time: 8:30 a.m. – 3:30 p.m.
Place: The Inn on the Bay (Best Western) Owen Sound
Cost: \$50.00

Registration Information: A workshop designed for educators, social service providers and health professionals to handle the issues and develop practical strategies and solutions for Grey and Bruce Counties. To register or for more information call 881-1920 or 1-800-821-7714 ext. 239

8th Annual Adolescent Sexuality Workshop: Sexual Coercion Among Adolescents

Date: Friday, November 5, 2004
Time: 8:30 a.m. – 3:30 p.m.
Place: The Inn on the Bay (Best Western) Owen Sound
Cost: \$50.00 (includes lunch)

Registration Information: A workshop designed for educators, social service providers, healthcare professionals and those individuals who are committed to working with adolescents. Keynote speaker, Dr. Guy Grenier, a clinical psychologist will take a practical approach to addressing sexual decision-making, sexual “bullying” and the promotion of healthy relationships. Deadline for registration is October 22, 2004. Call 376-9420 ext. 256 or 1-800-263-3456