Primary Care Update

Grey Bruce Public Health

A monthly newsletter for healthcare practitioners in Grey-Bruce

Issue #39 **May 2026**

Introducing our new Acting Medical Officer of Health: Dr. Brittany Graham

- On April 16, 2026, it was announced that Dr. Arra is moving on from his position as Medical Officer of Health and CEO for Grey Bruce Public Health. Dr. Arra was instrumental in navigating the COVID-19 pandemic and the recovery phase. We wish him all the best in his future endeavours.
- Please join us in welcoming Dr. Brittany Graham, a Public Health and Preventive Medicine Specialist who completed residency at McMaster University, to the role of Acting Medical Officer of Health and CEO.
- Previously, Dr. Graham served as our Physician Consultant, which demonstrated her expertise, leadership and passion for protecting and promoting health in Grey-Bruce.

Tick-borne illness prevention and management

- Warmer weather marks the beginning of tick season, and Grey-Bruce is an established risk area for blacklegged ticks (Ixodes scapularis): Ontario Vector-Borne Disease Tool.
- Blacklegged ticks carry Lyme disease and other tick-borne reportable diseases of public health significance, including anaplasmosis, babesiosis, and powassan virus.
- Resources for tick identification, testing and clinical guidelines are available to facilitate efficient diagnosis and management of tick-borne diseases.

RSV prevention program ended for the 2025-26 season

- The maternal, infant and high-risk children RSV prevention program has ended as of **April 17, 2026**. Doses of the monoclonal antibody (Beyfortus) and the maternal vaccine (Abrysvo) should no longer be administered to infants, children or pregnant women after this date.
- All remaining on-expired doses at healthcare premises must be stored under an appropriate cold chain for use during the next RSV season.
- The older adult RSV prevention program will continue year-round, as the vaccine has demonstrated multi-year protection.
- More information is available here - Respiratory Syncytial Virus.

Incorporating physical activity recommendations into clinical practice

- Physical inactivity is a leading contributor to chronic disease and increased healthcare costs in Canada.
- Healthcare providers can incorporate discussions about physical activity into routine patient care by focusing on encouraging small, achievable changes by:
  - Relating activity changes to a patient's personal health goals (e.g., improve activities of daily living, blood pressure control, stress reduction).
  - Keeping recommendations realistic, manageable and trackable by starting with quick wins and small behavioural modifications (e.g., 10-minute walks, taking the stairs, parking further away, reducing sedentary time).
  - Using simple and positive messaging such as "Some is better than none. More is better. Start where you can."
- To better facilitate these conversations, providers can:
  - Provide brief exercise counselling based on the Canadian 24-Hour Movement Guidelines and prescribe exercise and movement using the Exercise Prescription and Referral Tool. Exercise prescription pads are available as part of the resources described below.
  - Build knowledge and expertise in physical activity through professional development and learning opportunities available from CSEP Online Learning and other recognized providers.

Public health in action: Supporting our local physicians

- Over the past month, GBPH delivered packages to family health teams across the region containing resources intended to strengthen community health promotion and protection efforts in clinical settings.
- A limited number of each resource was provided for your review and use. If you require additional resources, please contact Heather Innes, Health Promoter, at h.innes@publichealthgreybruce.on.ca.
- We appreciate your ongoing commitment to supporting the health and well-being of individuals and families across Grey-Bruce. Your partnership in advancing community health initiatives is invaluable, and we look forward to continued collaboration.

Resources for Primary Care Professionals

For Patients

Canadian tobacco class action settlement

- A national class action settlement involving major tobacco companies is now accepting claims from eligible individuals in Canada.
- The settlement relates to litigation against **Imperial Tobacco Canada**, **Rothmans**, **Benson & Hedges** and **JTI-Macdonald** for harms caused by smoking. Eligible individuals diagnosed with certain tobacco-related diseases (including lung cancer, throat cancer, emphysema or COPD) may be able to apply for compensation.
- Deadlines vary depending on eligibility and province, with final claim submission dates extending into 2026–2027. Claimants do not need a lawyer to apply, and free assistance is available through the court-appointed claims administrators.
- These compensation plans are:
  - The Pan-Canadian Claimants' (PCC) Compensation Plan, for Canadian residents diagnosed between March 8, 2015, and March 8, 2019 (inclusive); and
  - The Quebec Class Action (QCAP) Administration Plan, for Quebec residents diagnosed before March 12, 2012.
- While the two plans are similar, they each have their own eligibility criteria, deadlines, and claims requirements.
- Claims can be submitted through the official, court-approved portal: https://www.tobaccoclaimscanada.ca/en

Webinars

- PHO Rounds: Tick-Borne Diseases in Ontario: A 2026 Update – May 5, 2026.
- PHO Microbiology Rounds: Overview of Nipah Strategy at the Coalition for Epidemic Preparedness Innovations (CEPI) – May 7, 2026.