

Board of Health

Monthly Report - March 27, 2003

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Board Report at:
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Report on the Year 2002 by the Medical Officer of Health

*The following is taken from Dr. Charles Gardner's speech
made at the AGM of the Board of Health on January 23, 2003*

Thank you everyone for joining us for the 2003 Annual General Meeting of the Board of Health for the Leeds, Grenville and Lanark District Health Unit. As in past years there is much to reflect on when we consider the year 2002. And as in other years our strategies and activities have been driven by the achievement of our mission.

Our Mission: *As the public health unit for Leeds, Grenville and Lanark, we work with the community to protect, promote and enhance health by determining issues, and developing and providing quality preventative health programs and services.*

This is a demanding mission. To completely fulfill it requires us to work well with our partner agencies and with the community at large. It speaks to our belief in prevention as the most effective means of maintaining and improving the health of our citizens. And it speaks to the need to address the broad determinants of health.

The Romanow Report on the Canadian health care system gives some emphasis to the importance of prevention, including the development of a national vaccination registry and the enhanced addressment of tobacco, and physical inactivity. The potential to prevent 80% of heart disease with optimum lifestyles is cited within the Report.

As a health unit we have continued to promote healthy lifestyles, and health education is an important practice to achieve this. But we know that behavior is linked very much with the environment in which we live. Environments can support healthy or unhealthy behaviors. Research has consistently shown that legislation prohibiting smoking in indoor public places and workplaces serves both to protect people from secondhand smoke, and to assist people to quit smoking. Thus we have worked hard with our community partners to promote the development of smoke-free tobacco by-laws, and a strengthening of the provincial Tobacco Control Act.

We believe in making good use of evidence to support our practice. Thus we have made good use of the results of our tobacco survey to support our bylaw campaign.

And we believe that continuity, patience and perseverance are essential to success. Thus we will continue our campaign into the year 2003.

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Our focus on environmental change to promote healthier lifestyles, and our collaborative approach with the community, were evident in our other program areas in 2002. We continued to work within Safe Community Coalitions to prevent injuries, and to reduce substance abuse with the Racing Against Drugs event.

Creating supportive environments is crucial to early child health and development. We know that a poorly supportive environment causes ill-health and reduced cognitive and social development – effects that persist a lifetime. Thus we are convinced of the critical importance of our Healthy Babies Healthy Children program. In 2002, using provincial grants, we joined the other health units of the province to initiate other early child development programs to address issues such as injuries, and fetal alcohol syndrome, and to conduct a child health survey. We remain committed to ensuring the well-being of the children of our district.

Changes in our environment can present new threats to the health of the public. The year 2002 saw the advent of human cases of West Nile virus in southwestern Ontario, and a tremendous increase of cases (over 3000) in the United States. During that year we continued to monitor our district for the virus, to educate the public on how they can reduce their risk, and to prepare ourselves for the advent of human cases. The virus was detected in the bird population of Leeds, Grenville and Lanark. We will continue to work to protect our citizens in the summer to come.

The threat from bioterrorism, as well as from natural communicable diseases remained in 2002. We continued to develop our capacity to respond to these issues, with the development of our Emergency Response Plan for Large Scale Infectious Disease Outbreaks in the spring, and the testing of our Pandemic Influenza Response Plan in June.

Issues of old can return anew. Walkerton has reminded us that fresh, clean drinking water has always been and will always be the most important determinant of health. The release of the Walkerton Reports has resulted in increased requirements for our services, both with regard to municipal systems and with private wells.

None of what we do would be possible without our staff and our community partners. Day after day throughout 2002 our staff performed to the utmost, both those providing frontline services, and those who work behind the scenes. Our staff have a vision of quality, and a dedication to achieve it. This is reflected in everything that they do, whether it be in the production of printed materials, our website, their carefully developed campaign plans, their interaction with the media, or in the professionalism of their contact with partners and clients. The four-year accreditation award that we received in June is a direct result of the dedication and creativity of the staff of this health unit.

Having such staff, and having sufficient numbers of staff is the result of a Board of Health that has had the foresight to pursue a Long Range Human Resources Plan since 1999. The foresight of the Board has allowed us to successfully respond to the challenges that we faced in 2002.

Rural communities such as ours have major health challenges. We have poorer health status than do urban centres for many reasons.

As the health unit for Leeds, Grenville and Lanark we have sought to improve health by working with partner agencies to address the broad determinants of health. We know that the social determinants of health (income, employment, education, and social supportiveness) have a great impact on health. But these are determinants of health that are impossible for the health unit to address on our own. It is necessary to engage the entire community to make improvements in these areas.

Therefore we have taken the challenge of addressing the broad determinants of health to the Lanark Leeds and Grenville Health Forum. In 2002 we worked within the Forum to begin work on the issues of access to health care, poverty and healthy lifestyles. The work of the Health Forum will be presented at today's Annual General Meeting. This work is vitally important and holds great potential to help us to fulfill our mandate to improve the health of the citizens of Leeds, Grenville and Lanark.

The year 2002 was one of challenge and success for the Health Unit. I have every confidence that the Health Unit will continue to work well with our partners to meet the challenges of 2003.

STD Vaccines Make Cyberspace Headlines

Submitted by Denise Gaulin, Public Health Nurse

Improved water purification, sanitation and mass immunization have been credited with increasing the lifespan of North Americans, more than any other medical interventions in the past century. It's not surprising therefore, that scientists continue to pursue innovations in these areas of disease prevention.

Human papillomavirus (HPV) infection, usually a sexually transmitted disease, is a risk factor for cervical cancer. Cervical cancer is one of the most common malignancies in women. Some types of HPV infection proceed and resolve without causing further harm, while others cause genital warts and others cancerous lesions.

Given the substantial disease and death associated with HPV and cervical cancer, research to develop a prophylactic HPV vaccine is ongoing. Vaccines for HPV-16 and HPV-18 are currently being studied in clinical trials. Phase I results are encouraging. In addition to the medical trials, the cost effectiveness of mass vaccination programming has also been studied. If all 12-year-old girls currently living in the USA were vaccinated, more than 1300 deaths from cervical cancer would be averted in their lifetime. Stanford University researchers concluded that, "although gains in individual life expectancy may be modest, population benefits are substantial".

In the area of Acquired Immunodeficiency Syndrome (AIDS) Research, a disappointing announcement was made February 24, 2003. VaxGen Inc. made public the results of its AIDS vaccine trials involving people in North America and Europe. The trials involved 3330 volunteers who received AIDSVAX and 1679 volunteers who received a placebo. The percentage of people who became infected with HIV was statistically equal in both groups, meaning that the vaccine is not protective. Seth Berkley, MD and CEO of the International AIDS Vaccine Initiative released the following statement:

The news on VaxGen's AIDSVAX is disappointing, but we are not discouraged. The search for an AIDS vaccine will - and must go on.

So, while the search for new vaccines goes on, public health professionals must continue to fight diseases like HPV and AIDS with the best tools we have now:

- Public education promoting abstinence and monogamy,
- Distribution of protective tools like condoms and spermicides
- Safe disposal facilities for those using injection equipment.

Compulsory Vaccination of Cats and Dogs

Submitted by Henry Garcia, Director of Health Protection

In 1988, the Board of Health for the Leeds Grenville and Lanark District Health Unit requested the Minister of Health for the Province of Ontario for inclusion of the Health Unit in the Rabies Immunization, Regulation 594/85 (now known as Reg. 567/90).

On June 1, 1988, the Leeds Grenville and Lanark District Health Unit was officially named in this regulation which provides that every owner or person having care and custody of a cat or dog within the health unit ensure that their cat or dog is immunized against rabies.

Public health inspectors conduct compliance inspections based on complaints involving animal to human exposures and enforce the regulation. In regard to this regu-

lation, the public health inspector ensures that the cats or dogs are vaccinated by various means including the issuance of Offence Notices with a set fine of \$90.00 for failure to immunize or re-immunize a cat or dog.

Our inclusion in the regulation also requires the Health Unit to promote and coordinate cost-reduced rabies vaccination clinics on an annual basis. These clinics are provided every second and third Wednesday of May in cooperation with local veterinarians and those municipalities where the veterinarians provide their practice.

The introduction of Raccoon Rabies in the wildlife of the United Counties makes it more important for all pet owners to have their cats and dogs vaccinated against this disease. Vaccinating pets is recognized as the best protection against exposure to this fatal disease in humans.

Tobacco Denormalization

Submitted by Bonnie Schnittker, Public Health Nurse

The Leeds, Grenville and Lanark District Health Unit, in partnership with the City of Ottawa, other surrounding Health Units and the Program Training and Consultation Centre (PTCC), have been working on a program to “denormalize” tobacco. This program would help young people view the use of tobacco as harmful rather than normal.

A workshop called “Youth Advocacy for Tobacco Control” was developed.

The workshop objectives are to provide:

- The content of “The Power of Many: Tobacco Action Plan For This Generation” and the Facilitator’s Guide resources
- A basic knowledge of public policy advocacy in tobacco control
- A basic knowledge of tobacco control as it relates to youth, focusing on tobacco legislation, cessation and “denormalization”
- A basic knowledge regarding the role anti-industry messaging plays in tobacco control advocacy.

The target audience for this workshop are:

- Anyone who works with youth
- Community workers who are responsible for the delivery of tobacco control programming
- Teachers and guidance counsellors who work with Grade 7 and 8 or High School Students
- Recreation workers
- Health Care workers
- Volunteers (Girl Guides, Scouts & coaches).

The Leeds, Grenville and Lanark District Health Unit planned to host 2 workshops this past year (April 2002 – March 2003). A workshop was held in Brockville in November 2002 with 17 people registered and 15 actually attending. Our second workshop was to have been March 10, 2003 in Smiths Falls. This workshop has been cancelled due to low registration possibly due to its timing during March Break. This project will be continuing with this Health Unit hosting at least one other workshop, possibly 2, during the next 12 months.

