

Board of Health

Monthly Report - February 26, 2004

INSIDE THIS ISSUE

3 Medicine Clean Out
November 2003

4 The ABC's of
Respiratory
Outbreak Control

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Board Report at:

board@healthunit.org



Report on the Year 2003 by the Medical Officer of Health

Taken from a speech made on January 15, 2004 at the Annual General Meeting of the Board of Health, by Charles Gardner, Medical Officer of Health

The new millennium has been most eventful for those of us in public health, and certainly the year 2003 was no exception. Beginning with the Walkerton water disaster in 2000 we have witnessed a series of emerging, high profile public health issues that have given us plenty of opportunity to prove our metal; issues such as the anthrax scares following the 9/11 disaster, West Nile virus, and in the spring of last year SARS. In addition there have been in varying locations throughout the province meningitis outbreaks, high-profile meat recalls, large-scale hepatitis A exposures from food retailers, and this winter influenza outbreaks.

These crises have served to raise the profile of public health – to remind people that public health is all about taking care of the basics, and that the basics will always be critically important. From SARS we learned that the world is indeed small and that the spread of new diseases is only an international flight away. The incubation time for most communicable diseases is longer than the time required to fly anywhere in the world; thus the hospital emergency department has become the frontier for the detection of new diseases, and basic infection control is our protective shield. SARS was not beaten by high-tech medications or sophisticated diagnostic imagery but by the tried and true, old fashioned public health methods of case and contact identification, isolation and quarantine - and the prevention of future incidents of SARS-like diseases will require stronger ties and effective collaboration between public health and health care facilities.

As the health unit for Leeds, Grenville and Lanark we have prided ourselves on our broad, long-range approach to planning. Thus we have maintained an active strategic plan to keep us focused on our mandate, and long range multiyear resource plans to better ensure that we have the resources and the capacity to respond. Since 2001 we have had a pandemic influenza plan to prepare us and the health care facilities of our district for large scale infectious disease outbreaks. This helped us to work well



Pandemic planning session 2002

continued on page 2

2003 Report *continued from page 1*

together when SARS arrived in the province. Thus by being prepared we were in a position to provide other health units and the province with assistance during SARS.

The public is presently focused on the need for protection from communicable diseases – and this is warranted given the inherent potential for disease spread if these are not managed well. However the major burden of illness on our society is from chronic diseases such as heart disease, and cancer, and from preventable injuries. Our mandate as the health unit for Leeds Grenville and Lanark is to “work with the community to protect, promote and enhance health through the identification of issues and the development of quality preventative health programs and services”. Thus we must be ever mindful of the broad determinants of health – to step back periodically to see beyond the crises of the moment to better anticipate the issues to come and to ensure that we address the other health needs of our communities.

These broad determinants of health include:

- our lifestyles - physical activity, diet, substance use, physical and sexual risk-taking,
- our socioeconomic environments - education, income, occupation, and social supports,
- our childhood experience - love, nurturing, stimulation, positive parenting and the sufficiency of physical resources,
- our physical environments - the safety of our food, water, air, disease vector organisms and climate conditions
- and our health care services –vaccines, health condition screening, infection control and communicable disease response

In 2003 we had notable successes on these fronts, as well as challenges. With regard to West Nile virus (WNV) we continued to work with our WNV Stakeholders Advisory Committee to do public education and surveillance, and we conducted mosquito larviciding in keeping with legislation changes passed by the province in May. We also continued our work with municipalities to develop smoke-free by-laws, with a number of municipalities choosing to enhance

their legislation; most notably Brockville should be commended on this front and is now on the provincial “Go for the Gold” map as having a silver-level bylaw coming into full force this summer. In the throne speech late in the year the province pledged to create smoke-free provincial legislation within three years. We will work with the Association of Local Public Health Agencies to encourage the province to fulfill this promise.

With regard to child health we have continued to work hard to ensure good public health programming, including the Healthy Babies Healthy Children program. It takes a village to raise a child, and so we work in partnership with many other agencies to improve conditions for our children. And it is with this in mind that we have invited our guest speaker for today, namely Dr. Fraser Mustard the founding president of the Canadian Institute for Advanced Research, to provide us with insights.

Socioeconomics (our education, income and occupation) is the most potent determinant of health. It is also inherently the most challenging to address, requiring efforts from the entire community. We supported the work of the Lanark Leeds and Grenville Health Forum in its efforts to document, educate and advocate on poverty issues in our district. Unfortunately this group had to suspend its activities last fall due to a lack of funding. The South Eastern Ontario District Health Council has shown an interest in taking up these issues in its review of primary care needs. We will continue to pursue opportunities to address socioeconomic issues.

The Board of Health has demonstrated forward thinking by pursuing the fulfillment of a long range resource plan since 1999. This has allowed us to increase our staffing level to better meet the program requirements of the Ministry of Health and Long-Term Care. Of course there have been challenges along the way including difficulties in filling Public Health Inspector positions due to a provincial shortage of trained personnel. Such shortages, as well as the increased work responding to the emerging public health issues that could not have been foreseen in 1999 with our long range resource planning, have made it difficult to meet the requirements of the Mandatory Core Programs. The provincial auditor’s report raised concerns regarding food safety and the adequacy of resources for health units to fulfill their programs – concerns that were reviewed on a local level in our media in December. The Naylor and the Walker reports on SARS also have included recommendations for substantial increases in public health resources.



A selection of
current web pages.

Work in public health is never easy – it is in fact a calling. As such, work on the Board of Health is also a calling. At this, the Annual General Meeting of the Board of Health we have a new Board, with five new members. To those of the Board who have just left us, I thank you for the challenging public service that you have provided. In particular, if I may, I would like to thank Bill Widenmaier for serving as the Board Chair for the past four years. The chair is frequently called upon to attend numerous additional meetings, and to speak publicly on difficult and contentious health issues. Bill did this well, and with wit and wisdom. His support has been very much appreciated and will not be soon forgotten.

To the new members of the Board I bid you welcome and I thank you for your willingness to take on the mantle of public health. As you know we are presently at a crossroads with regard to our resource base. We have communicated publicly and thoroughly over the years on this, including with our long range planning needs report last June and with further reports to the Board in the fall. Very soon you will be called upon to make tough decisions that will affect how well we can continue to protect, promote and enhance the health of our citizens.

The health of the public has always been determined by the actions of all its members. Thus I commend the excellent work and the dedication of our staff, in collaboration with our community partners. I would like to close as I always do on these occasions by saying that I look forward to working with all of you in the year 2004, with all its anticipated and unforeseen challenges and opportunities. Thank you.

Medicine Clean Out November 2003

Submitted by Carol Quinlan, Public Health Nurse

Over 385 Households Participated in "Medicine Clean Out"

People take medications for a variety of ailments. Those same medications can cause injury or even death when taken at the wrong time or by the wrong person.

Misuse of medication affects everyone. Not only are they responsible for almost all cases of poisoning hospitalizations among children less than 10 years of age (National Trauma Registry Bulletin- April 2002), they are also the cause of 25% of hospital admissions for the elderly and 23% of all nursing home admissions as well (Ontario Drug Awareness Partnership, September 10, 2002).

For the month of November, the Leeds, Grenville and Lanark District Health Unit, as part of the Eastern Region Injury Network (ERIN), joined forces with local pharmacies to deliver the 2nd Annual Eastern Ontario 'Medicine Clean Out' campaign. Our goal was to reduce the risk of injury from unsafe medication use and storage, and to promote safe disposal of unused, not needed, and expired medications.

The group's "Medicine Clean Out" campaign had **three main messages**:

1. Return out-dated, expired and no-longer-required medicines to your local pharmacy for proper disposal.
2. Medicines are hazardous wastes- don't throw them out in the garbage and don't flush them.
3. Medicines can lead to injury. Protect your household by keeping medicines locked and away from children.

The month long campaign was delivered by 25 pharmacies across the tricounty and was promoted through our local newspapers, radio ads, as well as posters that we mailed out to various community partners. Overall, approximately 385 bags of old medicines were collected from our communities. Each bag returned during this campaign signifies the reduced potential for injuries to everyone, especially our children, seniors and environment.

The ABC's of Respiratory Outbreak Control

Submitted by Bonne Erwin, Public Health Nurse

Now that the season of Influenza and other respiratory infections is upon us many people are inquiring "What is an Outbreak, how are they determined and who decides how they are handled?"

What is an Outbreak?

Respiratory Outbreaks and Influenza may occur year round in Long-Term Care Facilities, but are more common from early fall to early spring. This year the influenza season arrived earlier than expected and is more widespread than in the past few years. Outbreaks may lead to substantial sickness and death. Occasionally two or more infectious agents are involved in a respiratory outbreak. Outbreak prevention, (i.e. Flu vaccine, handwashing) preparation AND early detection are vital to effective outbreak management.

The elderly in long-term care facilities often have chronic illnesses, which weakens their immune system, making them more vulnerable to respiratory infections. These viral infections may then lead to bacterial infections such as pneumonia.

The Ministry of Health and Long-Term Care has very clear guidelines on how to define a respiratory case, a potential outbreak and an outbreak.

The outbreak would be considered an influenza outbreak only if there is at least one laboratory confirmed case of influenza in the facility.

In any one institution there may be only one lab confirmed case – the person had a swab taken, which grew the flu virus, but there may be many more with influenza like illness or who have respiratory tract infections. Swabs are not taken on every sick person. It is important to remember that only bacterial infection can be treated with antibiotics. Antibiotics are not effective in treating viral infections.

How is an outbreak handled?

Again very clear guidelines come from the Ministry of Health and Long-Term Care. If the influenza virus is identified all residents will be treated with an antiviral medication which may help to prevent others from becoming ill or will lessen symptoms for a case.

The institution will also implement control measures in consultation with the Health Unit. These will include, use of gloves & masks when providing care to ill residents reinforcing hand washing precautions, keeping ill residents in their rooms and may include visiting restrictions.

When is an outbreak over?

It depends on the cause of the illness. If influenza has been the culprit the outbreak will be declared "over" when 8 days have passed from the onset of symptoms of the last resident case. Eight days is the outer limit of communicability of influenza (5 days plus 3 days incubation).

You can do your part in helping to prevent respiratory outbreaks in long-term care institutions by

- getting your flu shot,
- not visiting if you have experienced respiratory symptoms in the previous five days and
- frequent hand washing.

For more information you may visit the Health Unit web site at www.healthunit.org.

