

Physicians' Newsletter



Leeds, Grenville & Lanark District

HEALTH UNIT

From the
Medical Officer
of Health

March - June 2003

Report on the Year 2002 by the Medical Officer of Health

*Submitted by Dr. Charles Gardner, Medical Officer of Health,
Adapted from his speech at the Annual General Meeting of the Board of Health, January 23, 2003*

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 bylaws, and a strengthening of the provincial Tobacco Control Act.

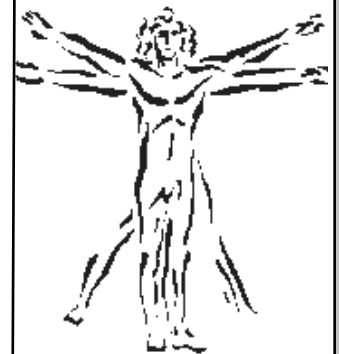
Our focus on environmental change to promote healthier lifestyles, and our collaborative approach with the community, were evident in our other program areas in 2002. We continued to work within Safe Community Coalitions to prevent injuries, and to reduce substance abuse with the Racing Against Drugs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

Continued on page 2

INSIDE THIS ISSUE

| | |
|---------------------------------------------------------------------------------------|---|
| Teleseminar Series | 2 |
| An Immunization Schedule for Infants | 3 |
| Nutrition Issues Affecting Women | 6 |
| Update on Postpartum Depression Support Group in Lanark County | 6 |
| What Is 'Sedentary Death Syndrome'? | 7 |
| Over 260 Households Participated In "Medicine Clean Out" 2002 | 7 |
| Alcohol - What Do We Tell Mothers Who Ask If It Is Safe To Drink While Breastfeeding? | 8 |



2002 Report continued from page 1

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.

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. 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.

Teleseminar Series

Submitted by Jane Fitcher, Director of Clinical Services, and by Dr. Charles Gardner, Medical Officer of Health

The Health Unit is inviting physicians to attend a series of teleseminars. This series is offered by alPHa (the Association of Local Public Health Agencies).

| | | |
|---------------------|----------------------------------------------------|--------------------|
| March 18 | HIV/AIDS in the Community | Jeff Piker |
| April 15 | TBA | |
| May 20 | Travels' Health - Preparation and Expectation | Bob Wheeler |
| June 17 | Blood-borne Virus Transmission from HCW to Patient | Lynn Johnston |
| September 16 | Infection Control in Day Care | Jim Gauthier |
| October 21 | Influenza Pandemic Planning | Theresa Tam |
| November 18 | Personal Services-Public Health Issues | Christian Lapensee |
| December 16 | Norwalk in the Community | Mark Loeb |

The teleseminar will be approximately one hour (usually 9:30- 10:30 AM). If you are interested in attending any of the sessions, please contact Cheryl Howe (613) 345-5685 (ex. 2266). The seminars will be held in Brockville and if there is enough interest we will also offer them in Smiths Falls.

An Immunization Schedule for Infants

Submitted by Margaret Hendriks, Public Health Nurse

Have you been trying to fit the new vaccines into the immunization schedule for the infants and toddlers in your practice?

Here are 3 infant immunization schedules proposed by Dr. Ross Pennie, Professor of Pediatrics at McMaster University, that include the **3 new vaccines not included in the government-funded immunization program** for infants in Ontario. These options, all fit within the NACI guidelines on immunization of infants in Canada.



1. Table 1: The basic schedule.

2. Table 2: The high-intensity option that includes the most doses of vaccines, **provides the best protection** for young infants, and requires the most office visits.

3. Table 3: Schedule for infants and toddlers already near or past their first birthday at the time the new vaccines are being considered (fewer vaccine doses required).



Table 1: The basic schedule, the minimum that can now be considered acceptable.

This includes protection for most infants under one year of age against invasive pneumococcal infection and is mindful of the total number of injections and the cost of the vaccines that are not government-funded. Protection against meningococcus C starts at age 12 months. (Total of 6 visits, 11 shots, 6 doses of vaccines not paid for by government plan in Ontario.)

| Age (months) | Vaccines Administered (at separate injection sites, same visit) |
|--------------|--------------------------------------------------------------------|
| 2 | Pentacel + Prevnar |
| 4 | Pentacel+ Prevnar |
| 6 | Pentacel + Prevnar |
| 12 | Menjugate + Prevnar |
| 13 | MMR + Varivax |
| 18 | Pentacel |

Babies getting Hepatitis B vaccine because their mother or father is a carrier would get Hepatitis B vaccine within the first 12 hours of life, then at age 1 month and 7 months (to avoid three shots at age 6 months).

Continued on page 4

Table 2: The high-intensity option for families wishing to give the **best protection** for very young infants, using the maximum number of vaccine doses.

| Age (months) | Vaccines Administered (at separate injection sites, same visit) |
|--------------|--------------------------------------------------------------------|
| 2 | Pentacel + Prevnar |
| 4 | Pentacel + Prevnar |
| 5 | Menjugate |
| 6 | Pentacel + Prevnar |
| 7 | Menjugate |
| 12 | Prevnar |
| 13 | MMR + Varivax |
| 18 | Pentacel |

Babies getting Hepatitis B vaccine because their mother or father is a carrier would get Hepatitis B vaccine within 12 hours of birth, then at age 1 month and 7 months (to avoid three shots at age 6 months.)

Table 3: For infants and toddlers already near or past their first birthday at the time when the new vaccines are being considered.

This schedule leaves infants under one year of age vulnerable to invasive pneumococcal infection, and is therefore not the preferred option for very young infants. (Total of 7 visits, 9 shots, 4 doses of vaccines not paid for by government plan in Ontario.)

| Age (months) | Vaccines Administered (at separate injection sites, same visit) |
|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2 | Pentacel |
| 4 | Pentacel |
| 6 | Pentacel |
| 12 | Menjugate + Prevnar (only one dose of Menjugate needed if started after the first birthday) |
| 13 | MMR + Varivax |
| 14 | Prevnar (second Prevnar dose given two months after the Prevnar dose; only 2 doses Prevnar required if the first dose is given after the first birthday) |
| 18 | Pentacel |

Babies getting Hepatitis B vaccine because their mother or father is a carrier would get Hepatitis B vaccine within 12 hours of birth, then at age 1 month and 6 months.



Other Ages

Age 4 to 6 years:

1. Varivax (one dose only) if they have not ever had chicken pox or the vaccine
2. Booster of MMR
3. Booster of Quadracel
4. Menjugate one dose if they have not already had it
5. Prevnar not necessary for healthy children who have reached their fifth birthday. Between age 2 and 5 years, only one dose is needed; immunocompromised children should receive 2 doses, 8 weeks apart

Children between 6 and adolescence:

1. Varivax (one dose) if they have not ever had chicken pox or the vaccine
2. Menjugate one dose if they have not already had it
3. Pneumovax, not Prevnar is preferred at this age and is only for children with chronic illness; for children age 6 to 9 years with sickle cell disease, asplenia, or HIV, consider also giving Prevnar, 2 doses 8 weeks apart

Teenager and young adults:

1. Varivax (two doses separated by 4 to 8 weeks) if they have not ever had chicken pox or the vaccine
2. Menjugate one dose if they have not already had it
3. Adacel (Tetanus + diphtheria + acellular pertussis) at age 14 to 16 years (**acellular pertussis a new addition**)
4. Federal guidelines (2002) no longer recommend polio boosters after age 6 years, but Ontario guidelines (1997) still include a polio booster at age 14 to 16 years. Inactivated polio vaccine is available as a separate preparation and can be given at the same time as Adacel (different syringe and injection site)
5. Those with chronic illness & immune deficiency: Pneumovax (repeat once after 5 years) preferred over Prevnar



- **Menjugate:**

Meningococcus C conjugate vaccine, by either Merck (Menjugate) or Shire (Neisvac). Recommended for all children and youth. Only one dose is required for people over 1 year of age at the time of the first doses.

- **Prevnar:**

7-valent Pneumococcus conjugate vaccine, Wyeth-Ayerst. Children 2 to 5 years of age should receive one dose of Prevnar (not necessary if already completed a Prevnar series as an infant). Because infants are at the greatest risk of pneumococcal meningitis, it is unwise to defer the first dose of Prevnar until after the first birthday. Children 2 to 5 years with asplenia or immune defects need 2 doses of Prevnar, 8 weeks apart.

- **Varivax:**

Chicken pox (varicella) vaccine, Merck. Recommended for children and adults who have had neither chicken pox disease nor Varivax vaccine. Two doses of Varivax required if first dose given past the 13th birthday.

- **Adacel:**

Tetanus + Diphtheria + Acellular pertussis vaccine, Aventis. Now recommended for teenagers and perhaps adults because pertussis is common beyond infancy and can cause significant morbidity in children, teens & adults. Infected adults & teens pass infection to infants who suffer serious illness/death.

Give Varivax and MMR on same day or else at least one month apart.

Menjugate and Prevnar can be given with any other vaccine (different syringe and site).

For more information please call:

The Leeds, Grenville & Lanark District Health Unit
Department of Clinical Services, Immunization Program
458 Laurier Blvd, Brockville, ON K6V 7A3
1-800-660-5853 or (613)-345-5685
www.healthunit.org

References:

Gold, Ronald, Your Child's Best Shot - A Parents Guide to Vaccination. 2nd Edition. Canadian Pediatric Society 2002.

Canadian Immunization Guide, Health Canada. 6th Edition 2002. National Advisory Committee on Immunization.

Nutrition Issues Affecting Women

Submitted by Sarah Baker, Dietetic Intern and Dianne Oickle, Public Health Nutritionist

Nutrition plays a key role in prevention and management of the health concerns commonly dealt with by women, including heart disease, cancer, diabetes, and osteoporosis. As health professionals, offering some basic nutrition information can help address these health concerns of women.

CARDIOVASCULAR DISEASE: Cardiovascular disease is a leading health concern and cause of death for Canadian women, accounting for 37% of all female deaths in 1999. Reduced saturated fat and trans-fatty acid intake, more vegetables, fruits, whole grains and legumes, and increased physical activity may help to lower the incidence of heart disease in women.

CANCER: Women in Canada also face premature death as a result of cancer, accounting for 27.6% of female deaths in 1999. The Canadian Cancer Society encourages women to eat 5 to 10 servings of vegetables and fruit per day, 25 to 35 grams of fibre per day, and to consume less alcohol and fat. Research also indicates that antioxidants (found in plants) have been indicated to protect against cancer. Encourage women to eat more antioxidant-containing foods by suggesting:

- citrus fruits for vitamin C
- nuts and seeds for vitamin E
- whole grains and fish for selenium
- dark orange vegetables for carotenoids, such as lycopene and lutein
- soybeans for isoflavones.

DIABETES: Over 2 million Canadians are estimated to have diabetes. Women face the increased risk of gestational diabetes during pregnancy. Women can decrease their risk of diabetes by being physically active for at least 30 minutes per day, maintaining a healthy body weight, following Canada's Food Guide to Healthy Eating, and eating a variety of healthy foods.

OSTEOPOROSIS: The Osteoporosis Society of Canada indicates that 1 in 4 women over the age of 50 suffer from osteoporosis. Weight-bearing activities and healthy eating with adequate amounts of calcium, vitamin D, minerals, and protein in foods such as milk products can help reduce the risk of osteoporosis. It is important for women between the ages of 19 and 50 years of age to get at least 1000 mg of calcium and 200 international units (IU) of vitamin D every day.

BODY WEIGHT: Achieving and maintaining a healthy body weight plays a critical role in reducing the risk of the common health concerns that affect women. Weight loss may not always be necessary to improve health. Including 30-60 minutes of physical activity every day and making healthy food choices according to Canada's Food Guide can help prevent or effectively manage the health issues that affect women.

A Registered Dietitian can help your female patients improve their health. For more information, please contact the Leeds, Grenville, & Lanark District Health Unit's Health Action Line at 1-800-660-5853 or 345-5685 and ask to speak to a Registered Dietitian.

Some information adapted from the Dietitians of Canada 2003 National Nutrition Month® Campaign Resource Manual.

Update on Postpartum Depression Support Group in Lanark County

Submitted by Donna Elliot, Public Health Nurse

The Postpartum Depression Support Group has completed the 10 week pilot project in Carleton Place with great success. This weekly support group is co-facilitated by Maureen Benson, Social Worker with Lanark County Mental Health and Donna Elliot, Public Health Nurse with the Leeds, Grenville and Lanark District Health Unit. The Ontario Early Years Centre provides on site childcare, transportation from anywhere in Lanark County, and refreshments.

We are pleased to announce that the pilot has been extended for another ten weeks and new referrals are welcome. This group provides an opportunity for women experiencing postpartum depression to share their experiences in confidence and to receive non-judgmental support and understanding from other women. The goal is for these women to become empowered to make healthy life choices and to learn new skills of self-care that will be of benefit to themselves and their families.

For more information or to make a referral please contact Maureen Benson @ 257-5915 ext 228 or Donna Elliot @ 256-1203.

What is 'Sedentary Death Syndrome'?

Submitted by Laurie Doxtator,
Tri-Health Coordinator

Author Frank Booth coined the term 'Sedentary Death Syndrome' to aptly describe the association between physical inactivity and multiple chronic health disorders. In a recent paper published in the *Journal of Applied Physiology*, the overwhelming epidemiological evidence linking many chronic diseases to the rise in physical inactivity were reviewed. Physical inactivity affects at least 20 of the most deadly chronic health disorders.¹ The following points are intended to outline just a few of the studies related to inactivity and cardiovascular disease:

- In a study involving a large population of nurses, 30% of coronary heart disease and stroke were prevented by 2.5 hours of brisk walking each week, compared with those who performed less than this amount of physical activity².
- From a meta-analysis of 44 randomized trials of physical activity, it was found that sedentary populations had blood pressures that were higher by 2/3 (systolic/diastolic) mmHg in normotensive subjects and by 7/6 (systolic diastolic) mmHg in hypertensive subjects compared with a physically active group³.
- At least 22 studies have demonstrated that regular physical activity reduces the risk of ischemic stroke in both men and women⁴.
- Sedentary individuals have a higher platelet aggregation and adhesion at rest and during physical activity than those who participate in regular low to moderate-intensity physical activity⁵.

Booth et al.¹ reported that despite the myriad of studies available, exercise is still not viewed as a weapon against chronic disease. Furthermore, much of the medical community under practices primary prevention with regards to the importance of physical activity for health. Heart disease is the leading cause of death in Leeds, Grenville and Lanark accounting for approximately 30% of all deaths in the region. Our ultimate goal is to prevent heart disease before it occurs. Local physicians' can work to promote heart health by:

- Encouraging patients to follow Canada's Physical Activity Guide to Healthy Active Living which recommends 30-60 minutes of moderate intensity activity, four to seven times a week.
- Encouraging patients, who want to increase their physical activity, to contact the Health Unit for free physical activity resources including the 'Try our Trails' guide for Leeds, Grenville and Lanark.

- Joining the Tri-Health Team. Tri-Health is a community coalition working together to promote healthy lifestyle choices. For more information contact the Tri-Health Coordinator at 1-800-660-5853 or 345-5685.

¹ Booth, Chakravarthy, Gorden & Spangenburg. (2002). Waging war on physical inactivity: Using modern molecular ammunition against an ancient enemy. *J Appl Physiol*. 93: 3-30.

² Manson et al. (1999). A prospective study of walking as compared with vigorous exercise in the prevention of coronary heart disease in women. *N Eng J Med* 341: 650-658.

³ Fagard. (1999). Physical activity in the prevention and treatment of hypertension in the obese. *Med Sci Sports Exerc* 31: 624-630.

⁴ Goldstein et al. (2001). Primary prevention of ischemic stroke: A statement for healthcare professionals from the stroke council of the American Heart Association. *Circulation* 103: 163-182.

⁵ Rauramaa & Vaisanen. (2001). Dose-response and coagulation and hemostatic factors. *Med Sci Sports Exerc* 33, Suppl 6: 516-520.

Over 260 Households Participated In "Medicine Clean Out" 2002

Submitted by Rebecca Kavanagh, Public Health Nurse

People take medications to relieve 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 medications 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 Drug Awareness Week 2002, the Leeds, Grenville and Lanark District Health Unit, as part of the Eastern Region Injury Network (ERIN), joined forces with local pharmacies and physicians to encourage the safe use of and disposal of medicines.

Continued on page 8

Medicine Cleanout continued from page 7

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 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.

This 2-week campaign was delivered by 21 pharmacies across the Tri County and was promoted through newspaper ads in our local papers, as well as posters that were mailed out to physician's offices. Overall, approximately 265 bags of old

medications were collected from our community. Each bag returned during this campaign signifies the reduced potential for injuries to everyone, especially our children, seniors, and environment.

The campaign ended with recommendations from the pharmacists to next year extend the duration of the campaign from a two week period to a month, and to increase our promotional advertising of the importance of proper disposal.

Although many of the pharmacies in the Tri County participated in this campaign, it's important to note that many of them offer proper disposal service throughout the year. Please check with your local pharmacy for more details.

Alcohol - What Do We Tell Mothers Who Ask If It Is Safe To Drink While Breastfeeding?

Submitted by Lois E. Dewey, Public Health Nurse, Lactation Consultant

Risks to the fetus associated with alcohol consumption during pregnancy are well documented and there is no debate that women should be informed of these risks during pre-conception and pregnancy. When it comes to alcohol and breastfeeding, however, there are two very different schools of thought.

Dr. Gideon Koren, writing a Motherisk Update for the January 2002 edition of the *Canadian Family Physician*, suggests that 'nursing mothers who choose to drink alcohol during the postpartum period should carefully plan a breastfeeding schedule by storing milk before drinking and waiting for complete elimination of alcohol from their breast milk after drinking'. This article is accompanied by an algorithm, which gives the time from beginning of drinking until clearance of alcohol from breast milk for women of various body weights and according to amount of alcohol consumed. Dr. Koren suggests that no alcohol in breast milk is safest for nursing babies.

Dr. Jack Newman, on the other hand, in his book 'Guide to Breastfeeding', points out that alcohol is a drug that passes freely from the mother's blood to her breast milk. If a mother has 0.08 percent alcohol in her blood, her milk will have 0.08 percent alcohol, hardly a level to warrant a label of 'contaminated'. He states that a person can drink a liquid that is 0.08 percent alcohol, day and night, and it

won't affect them, so how is this likely to harm the baby? Of course, a woman who is constantly drunk is a different case. Her baby is probably at greater risk of neglect or accidental injury from her alcohol consumption than from the alcohol that might pass through in the milk.

Dr. Koren outlines several reported adverse effects on suckling infants of mothers with moderate alcohol consumption {2 or more drinks per day}: impaired motor development, changes in sleep patterns, decrease in milk intake, and risk of hypoglycemia. Dr. Newman questions the validity of self-reports of alcohol consumption during pregnancy by the mothers studied, which would account for some of these findings.

Certainly, anyone caring for a baby, including the breastfeeding mother, should be cautioned against an over-indulgence in alcohol. What is the appropriate response to the mom who asks if it is safe to have a glass of wine with her dinner? That seems to be a matter of opinion.



References:

- Koren G. Drinking Alcohol while breastfeeding Will it harm my baby? *Canadian Family Physician* 2002; 48:39-40.
- Newman J. Dr. Jack Newman's Guide to Breastfeeding. Toronto, Ontario: HarperCollins, 2000