

# Physicians' Newsletter



Leeds, Grenville & Lanark District

## HEALTH UNIT

From the  
Medical Officer  
of Health

Nov. 2003 - Feb. 2004

## Severe Acute Respiratory Syndrome (SARS)

*Submitted by Dr. Charles Gardner, Medical Officer of Health*

The last cases of SARS in the outbreaks around the world occurred in June. Since this time there was one reported case in Singapore on September 9<sup>th</sup> in a laboratory researcher. No cases of transmission have been reported from this case, and the origin of infection is under investigation.

In Canada there are three commissions on SARS. The Naylor Report is national in scope and was released and is now available on the Health Canada website ([www.hc-sc.gc.ca](http://www.hc-sc.gc.ca)). In his presentation Dr. Naylor acknowledged that it was the public health measures of isolation, quarantine and infection control that brought the SARS outbreaks to an end. He also observed that the system was pushed to the limit and possibly would not have been able to manage a second concurrent emergency or an influenza pandemic. There is a need to increase public health resources at the federal, provincial and local levels, and to en-

hance communication, and coordination. The recommendations will call for the creation of a Canadian Public Health Centre akin to the Centres for Disease Control and Prevention in the USA, and a Canadian Chief Public Health Officer. The other two SARS reviews, namely the Walker Expert Panel on SARS and the Campbell Commission are provincial in scope and are continuing to receive public submissions.

The province will release a Febrile Respiratory Illness protocol calling for ongoing enhanced surveillance and infection control activities for acute care hospitals and health units. The health units of the province will be provided with 100% provincial funding committed for six months for these activities.

As a health unit we continue to work with our partners in preparations for SARS and other emerging respiratory diseases.

### INSIDE THIS ISSUE

**Recalling All Women:  
OBSP Client retention** 2

**National Breast  
Cancer Awareness  
Month** 3

**Post Partum  
Depression Support  
Group in Lanark  
County** 3

**How is your Toddler  
developing?** 4

**Health Canada  
Releases New  
Healthy Weight  
Guidelines** 5

**Shaken Baby  
Syndrome** 6

**Lactation  
Consultant's Corner** 7

**Alcohol & Pregnancy** 8

## West Nile Virus Update

*Submitted by Dr. Charles Gardner, Medical Officer of Health*

As of October 24, the number of cases of West Nile virus in Canada (1296 probable or confirmed) and the United States has already exceeded the total for the year 2002 (409 confirmed and probable cases in Canada). The bulk of these cases have occurred in western locations that did not have cases last year.

The count in Ontario as of October 24, 2003 was 88 confirmed and probable cases (compared to 390 last year). In eastern Ontario small numbers of cases have occurred in the Ottawa, Kingston and Renfrew County.

As a health unit we have conducted the activities of our West Nile virus plan. This includes surveillance for the virus in birds and mosquitoes as well as for human cases.

Continued on page 3



## Recalling All Women: OBSP Client retention

*Submitted by Bonnie Schnittker, Public Health Nurse*

Excerpt from "Strengthening Ties – The Ontario Breast Screening Program Newsletter", February 2003

"One normal mammogram can't do much to reduce overall mortality from breast cancer," says Brenda Bass, regional administrator for the Ontario Breast Screening Program's Southeast Region, which has one of the highest retention rates in the province. "But a program of regular screening can monitor changes and detect abnormalities early – and that can save lives. And an important part of regular screening is an effective recall system."

Each time a woman comes to the OBSP for screening, she undergoes a risk assessment to determine if annual or biennial screening is appropriate. The OBSP's province-wide integrated client management system (ICMS) houses data on her previous screens and breast cancer risk factors, and supports program staff in facilitating the recall process.

About a month before a woman is due for a re-screen, the OBSP sends her a recall letter reminding her to make an appointment. If she doesn't respond, she'll receive a second letter, and, in some cases, a third prompt via the telephone.

The results are impressive: 85.7% of clients aged 50 to 69 screened in 1997 and 1998 returned for at least one re-screen at the program, and 80.6% of these returned within six months of their recommended screening dates. These numbers exceed the Canadian targets for women in this age group, which call for a 75% re-screen rate within 30 months. Regular client surveys show that both patients and their physicians are very happy with the service.

Brenda attributes, the OBSP's success to its recall system, high-quality screening and assessment services, an extremely competent and dedicated staff, and the "friendly, women-centered" culture of the OBSP.

"Women really appreciate the reminders. They like the fact that they can book their own appointments, get their results promptly, and in many centers, get a clinical breast exam. And they want to return because of the quality of the care." All OBSP facilities are accredited by the Canadian Association of Radiologists; the OBSP also regularly inspects its facilities and evaluates its operations.



ontario breast  
screening program

a cancer care ontario program

The recall process assists busy family physicians by helping to ensure that eligible patients are screened regularly and followed up, and that their results are communicated promptly.

Mortality from breast cancer is finally decreasing in Ontario, most likely due to a combination of early detection through regular screening and improved treatment. Through an effective, province-wide recall system, OBSP breast screening sites can help further decrease breast cancer deaths.

The above article was reprinted with permission from the Ontario Breast Screening Program, a Cancer Care Ontario Program.

All women 50 years and older may be referred to any of the OBSP sites.

The OBSP - Ontario Breast Screening Program sites in this area are:

Ottawa OBSP Centre	613-728-0777	1-800-465-6226
Renfrew		
Renfrew Victoria Hospital	613-432-4851	1-800-916-6277
Winchester		
Winchester District Memorial Hospital	613-774-2422 ext.5617	
Kingston OBSP Centre	613-384-4284	1-800-465-8850
Brockville		
Brockville General Hospital	613-345-8304	

The OBSP can also assist you in insuring all women aged 50 years or greater are invited to a breast screening program.

Contact the offices for further information about the "Family Physicians Model of Recruitment" at:

**Ottawa - Suzie Joannis 613-728-0777 1-800-465-6226**  
**Kingston - Brenda Bass 613-384-4284 1-800-465-8850**

For pamphlets and other resources please use the fax back form included or contact the Leeds, Grenville and Lanark District Health Unit at 1-800-660-5853.



## West Nile Virus Update

continued from page 1

We had 4 birds test positive, with no increases in dead bird sightings, and no positive tests for the virus in mosquitoes. No human cases have been reported in our district. We conducted our planned public education and awareness raising activities regarding personal protective measures. Our mosquito larviciding program was conducted with an extension to include smaller communities.

We are evaluating our West Nile virus activities and we will be reporting on the findings to the Board as well as to our West Nile Virus Stakeholders Advisory Committee and to our communities at large. These findings will assist us in our planning for next year.

## National Breast Cancer Awareness Month

*Submitted by Tawnya Boileau, Public Health Nurse*

October was breast cancer awareness month! Breast cancer is the most common female cancer and is the second leading cause of cancer death in women. In 2003, approximately 8000 women in Ontario will find out they have breast cancer and 2000 will eventually die from the disease (OBSP Breast Cancer Fact Sheet, 2003).

Two of the biggest risk factors for breast cancer are being a woman and increasing age. Unfortunately, there is no clear way to prevent breast cancer so early detection through screening is the best approach.

Research shows that regular screening in women age 50-69 can reduce deaths from breast cancer by 30% (Central West group of Health Units, 2002).

During the month of October, the Leeds, Grenville and Lanark District Health Unit and the Ontario Breast Screening Program (OBSP) sites, in this area, worked together to deliver the 2003 Breast Health Campaign. Our plan was to reach women between the ages of 50-74, the partners or family of these women and physicians/health professionals. Resource packages were distributed to workplaces, fitness centers, churches, and pharmacies. As part of an evaluation, the Health Unit, with the help of the OBSP staff, will be tracking the number of new recruits as a result of the Breast Health Campaign.

## Post Partum Depression Support Group in Lanark County

*Submitted by Donna Elliot, Public Health Nurse*

The weekly support group in Carleton Place resumed for a fall session starting October 14, 2003. This Post Partum Depression Support Group is co-facilitated by Donna Elliot, Public Health Nurse with the Leeds, Grenville and Lanark District Health Unit and Maureen Benson, Social Worker with Lanark County Mental Health. The pilot project which ran from November 2002 through June 2003 was a positive part of the healing process for fifteen women and their families experiencing post partum depression in Lanark County. United Way of Lanark County and Ontario Early Years have agreed to provide funding for on site child care, healthy snacks, and transportation from anywhere in Lanark County.



The group provides an opportunity for women experiencing post partum depression to share their experience in confidence and receive non-judgmental support and understanding from other women. Through education and group activities the goal is to help these women become empowered to make healthy life choices and learn new skills of self-care that will be of benefit to themselves and their families. We welcome new referrals for the fall session running weekly from October 14 through December 16, 2003.

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

# How is your Toddler developing?

Submitted by Rosemary Sheahan, Public Health Nurse

The Healthy Babies/Healthy Children (HBHC) program of the Leeds, Grenville and Lanark District Health Unit is promoting growth and development awareness to the parents of toddlers in the tri-county.

Parents of 17-month-old children are being mailed a copy of a Nipissing District Developmental Screen and a letter explaining the importance of parents monitoring their child's growth and development. We are encouraging them to answer the questions on the checklist and to take the completed screen to their health care provider at the child's 18-month medical appointment.

The Nipissing District Developmental Screen (NDDS) was developed in 1993 by a multi-disciplinary group of professionals working with infants and children. The screens were updated in 2002 after reliability and validity studies were conducted as part of the HBHC evaluation.

Staff at the Health Unit completed a survey of physicians in the tri-county in February and March of 2002. The majority of the physicians surveyed stated that they currently use the Rourke to assess the children that they see. The HBHC program does not want to replace this

assessment but feels that the two standardized tools (i.e. Rourke and Nipissing) can be used in a complementary fashion to maximize the child's potential.

The Nipissing District Developmental Screen is an easy-to use tool that allows the parent to record the development of their child. It is not a diagnostic tool. It is meant to identify children who might be in need of increased intervention in the early years of life. It is not meant to be a substitute for professional advice.

Each doctor's office and community health center was given a poster describing this campaign, along with a copy of the 18-month screen and a letter explaining the campaign in more detail.



We know that educating parents about growth and development and providing them with a standardized tool can enhance the overall assessment of the children that we see. By identifying children in need of increased intervention in the early years we are able to refer them to appropriate services during the crucial early years of brain development from birth to six years of age.

If you would like more information about the campaign please contact the Health Unit at 613-345-5685 or 1-800-660-5853. Additional information about the Nipissing screen is available online at their website [www.ndds.ca](http://www.ndds.ca).

**Nipissing District Developmental Screen**

**By Eighteen Months, does your child...**

**Yes No**

- Identify pictures in a book (e.g. "Show me the baby?")
- Use familiar gestures (e.g. waving, pushing away?)
- Follow directions when given without gestures (e.g. "Throw me the ball", "Bring me your shoes?")
- Use common expressions (e.g. "all gone" or "oh-oh?")
- Point to at least three different body parts when asked (e.g. "Where is your nose?")
- Say five or more words?
- Hold a cup to drink?
- Pick up and eat finger food?
- Help with dressing by putting on arms and legs?
- Crawl or walk up stairs/steps?
- Walk alone?
- Squat to pick up a toy without falling?
- Push and pull toys or other objects while walking? (Picture A)
- Stack three or more blocks?
- Show affection towards people.
- Point to show you something?
- Look at you when you are talking or playing together?

**ACTIVITIES FOR YOUR CHILD...**

The following activities will help you play your part in your child's development.

- Help me to notice familiar sounds, such as birds chirping or truck motors, airplanes, dogs barking, sirens, or splashing water. Imitate the noise you hear and see if I will imitate you. Encourage me by smiling and clapping.
- I am learning new words every day. Play games to help me learn the names of things. Put pictures of familiar things such as toy animals, people or objects in a bag and pull a picture from the bag. Imitate me by smiling and pull a picture from the bag. One, two, three, what do we see?
- Pretend to talk to me on the phone or encourage me to call someone. Don't be afraid that me see what I can do with my body. I need to practise crawling, swinging, jumping, running, going up and down stairs, and going down slides. Stay close to me so I don't get hurt.
- Play some of my favorite music. Encourage me to move to the music by clapping my hands, moving slowly, marching to the music, hopping, while listening to the music.
- Let me play with balls of different sizes. Take some of the air out of a beach ball. Watch me kick, throw, and try to catch it.
- I like toys that I can pull apart and put back together: large "LEGO", containers with lids, or plastic links. Talk to me about what I am doing using words like "push" and "pull".
- I'm not too little to play with large crayons. Let's scribble and talk about our art work.
- I like simple puzzles with two to four pieces and shape-sorters with single shapes. Encourage me to match the pieces by taking turns with me.
- I want to do things just like you. Let me have toys so I can pretend to dress up like you, have tea parties, and play mommy or daddy.
- I feel safe and secure when I know what is expected of me. You can help me with this by following routines and setting limits. Praise my good behaviour.
- I feel new toys so find the local toy lending library or play groups in our community.
- I like new toys but I need to know that you are close by. I may cry when you leave me with others, so give me a hug and tell me you will be back.

Always talk to your health care or child care professional if you have any questions about your child's development or well being. See reverse side for instructions, limitation of liability, and product license.

# Health Canada Releases New Healthy Weight Guidelines

Submitted by Dianne Oickle, Public Health Nutritionist

As of 2003, the Canadian Guidelines for Body Weight Classification in Adults (Health Canada) have replaced the 1988 Canadian Guidelines for Healthy Weights.

## What is new about the healthy weight guidelines?

The recommendations for **Body Mass Index (BMI)** have changed. The Body Mass Index, or BMI (kilograms of body weight divided by height in metres squared -  $\text{kg}/\text{m}^2$ ), is used to identify weight related health risks in populations and individuals. At the individual level, BMI should be used as one part of a more comprehensive assessment of health risk including level of fitness, smoking status, use of alcohol and other substances, and quality and quantity of the foods we eat. An individual's BMI should not be used as the only indicator for good health or risk of poor health.

Body Mass Index is designed to assess the weight status of adults between the ages of 18 and 65 years. Body Mass Index is not an accurate tool to determine healthy weight ranges for infants, pregnant or breast-feeding women, adults over 65 years, very lean or very muscular people - this is because these groups do not have a stable body composition or size due to growth and changing metabolism. BMI may be used as a screening tool for adiposity in children and adolescents when plotted on the newly revised CDC growth charts including BMI for age. There are limitations on its use as a sole index of adiposity in the pediatric setting as it may overestimate the amount of body fat, and does not account for genetic and ethnic influences, and the pre-pubertal growth spurt. Body Mass Index interpretation in children and adolescents should be done with additional consideration of "weight age" and lifestyle factors of the individual child/adolescent.

## The new BMI levels are as follows:

<b>BMI</b>		<b>Risk of health problems</b>
<b>&lt; 18.5</b>	<b>Underweight</b>	<b>increased risk</b>
<b>18.5 – 24.9</b>	<b>"Normal" Weight</b>	<b>least risk</b>
<b>25.0 – 29.9</b>	<b>Overweight</b>	<b>increased risk</b>
<b>&gt;30.0</b>	<b>Obese</b>	<b>high risk</b>

The cut-off points have been established for the purpose of identifying different levels of health risk. These cut-off points are not intended as targets for intervention purposes in individuals.

Also, the use of **Waist Circumference (WC)** is recommended. Waist Circumference, or WC, measures the amount of fat around the "stomach" (abdominal) area of a person's body. Excess abdominal fat is associated with health problems such as Type II diabetes, heart disease, and high blood pressure. A WC of 102 cm or less for men and 88 cm or less for women is considered to have the least amount of risk for developing health problems. A WC higher than 102 cm in men and 88 cm in women carries an increased risk of health problems.

The WC measurement should be used among those with a BMI between 18.5 – 34.9 to identify additional risk. For a BMI > 35.0, the WC measurement does not provide additional information on healthy risk.

## What does it mean to have a healthy body weight?

There are a number of risks related to having an un-healthy body weight. Being underweight is linked to increased risk for malnutrition, osteoporosis, infertility, and decreased ability to fight infection and disease. Being overweight or obese is linked to increased risk for Type II diabetes, heart disease, some types of cancer, high blood pressure, and respiratory problems.

Body Mass Index and WC should not be used alone to determine an individual's risk for health problems. Health depends on many other lifestyle factors. Smoking, low level of physical activity, and a high level of stress all increase risk of disease, even if someone has a healthy weight. Also, BMI or WC does not take into account history of weight gain and weight loss. Research has shown that individuals who lose and re-gain weight over and over again can develop health problems related to this "yo-yo" effect. Keep this in mind when looking at what to do to improve your health.

A full report on the Canadian Guidelines for Body Weight Classification in Adults as well as a quick reference tool for professionals are available on the Health Canada website at [www.healthcanada/nutrition](http://www.healthcanada/nutrition). Professionals may also contact Health Canada directly by phone (6130954-5995) to obtain a copy.

## References

- Dietitians of Canada and the American Dietetic Association (2001). Manual of Clinical Dietetics: 6<sup>th</sup> Edition.
- Health Canada (2003). Canadian Guidelines for Body Weight Classification in Adults.

# Shaken Baby Syndrome

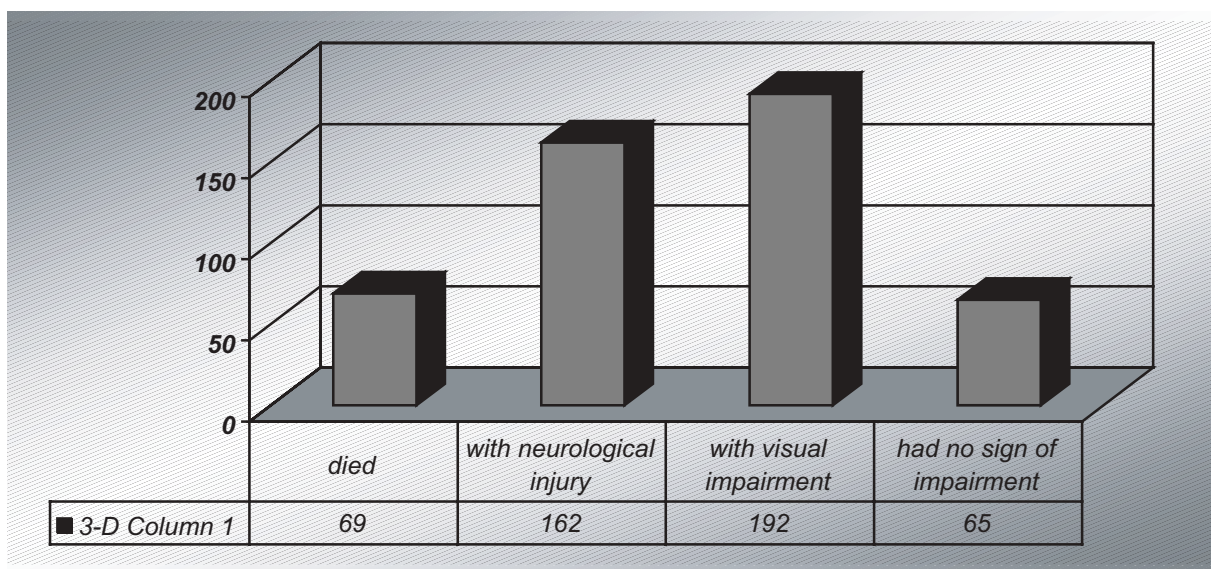
Submitted by Carol Quinlan, Public Health Nurse

57,000 children were killed from intentional trauma in the year 2000 according to the World Health Organization. The most common cause of death was from a head injury/ Shaken Baby Syndrome. Shaken Baby Syndrome is defined as any intracranial, intraocular or cervical spine injury resulting from a substantiated or suspected shaking, with or without impact, in children less than 5 years of age.

A study done by C.H.E.O., Plan It Safe and the University of Ottawa completed a patient chart review for 1988-1989, of all cases of Shaken Baby Syndrome, in 11 pediatric tertiary care

hospitals in Canada. 364 children were identified as having Shaken Baby Syndrome, the median age of these children was 4.6 months of age and 56% of the victims were boys. As a direct result of the shaking, 69 children died. Of those that survived 162 had an ongoing neurological injury and 192 had visual impairment. Only 65 (22%) of those that survived were considered to show no signs of health or developmental impairment at the time of discharge.

A chart history revealed that 220 children and 80 families had previous involvement with child welfare authorities.



## What can we do to reduce/prevent the occurrence of child abuse?

### Factors that increase a child's vulnerability to abuse include:

- Age
- Sex
- Being raised by a single parent or by very young parents without the support of an extended family
- Household overcrowding
- Presence of violent relationships in the home
- Having unrealistic expectations about child development
- Poor impulse control
- Stress
- Social Isolation
- Poverty
- Substance abuse
- Lack of emotional bonding/attachment and support
- Early exposure to violence in the home
- Experience with being rejected, neglected or suffering harsh physical punishment

WHO recognizes that home visitation programs have proved effective in reducing the abuse of children by parents, and is also one of the most promising interventions for producing long-term reductions in violence among young people.

The *Healthy Babies, Healthy Children Program* can assist families in supporting parenting of infants and children. Physicians or parents can refer by calling: 613-345-5685 or 1-800-660-5853

Continued on page 7

Continued from page 6

**Other suggested interventions for violence prevention include:**

**Relationship Approaches**

- Training in parenting
- Mentoring programs
- Family Therapy Programs
- Training in Relationship Skills

**Community Based Efforts**

- Public Education Campaign
- Modifications to the physical environment
- Extracurricular activities for children
- Training for police, health and educational professionals and employers
- Community policing
- Programs for specific settings
- Coordinated community interventions

**Societal Approaches**

- Legislative and judicial remedies
- International treaties
- Policy changes to reduce poverty and inequality, and improve support to families
- Efforts to change societal and cultural norms
- Implementing disarmament and demobilization programs

**Abuse is often predictable and it is preventable. Understanding the context of violence is vital to designing interventions. It is important for us to become involved, complacency is a barrier to tackling violence. Violence is not inevitable.**

**Enclosed is a copy of the 12 Healthy Tips for You poster. Please display in your office. If you require additional copies, please use the fax back form enclosed or call 1-800-660-5853.**



## Lactation Consultant's Corner

*Submitted by Lois E. Dewey, Public Health Nurse, IBCLC*

The number one reason for stopping breastfeeding, as cited in the Infant Feeding Survey of Leeds, Grenville and Lanark Executive Summary, is perception of inadequate milk supply.

Please find attached a summary of what parameters indicate 'Successful Breastfeeding', as well as information on increasing milk supply, and what signs do not necessarily indicate a problem.

**Please feel free to photocopy this hand-out for distribution to your patients.**

## Alcohol & Pregnancy

*Submitted by: Denise Kall, Public Health Nurse*

Thank you to all physicians within Leeds, Grenville & Lanark counties who were able to complete our fax-back questionnaire on Alcohol & Pregnancy. Our return-rate exceeded those for Kingston & Belleville and the results will be helpful for planning future education sessions in the local area.

For those who may be interested in a more in-depth train-the-trainer session, please note the following information about a workshop for physicians sponsored by Best Start & Motherisk. All expenses are covered for physicians who wish to attend. The conference brochure can be downloaded from: [www.beststart.org/conferences/index](http://www.beststart.org/conferences/index).

Physicians who attend this 'train-the-trainer' workshop must commit to holding educational sessions for physicians in their local area. A Health Unit staff member from the Fetal Alcohol Spectrum Disorder portion of our Health Pregnancy/Child Development Project is available to assist trained physicians in the organization of the required educational sessions. Please contact Denise Kall, PHN at 613-258-5941 or [denise.kall@healthunit.org](mailto:denise.kall@healthunit.org)

### **SUPPORTING CHANGE: Preventing and Addressing Alcohol Use in Pregnancy - train-the-trainer sessions**

**Description:** This train-the-trainer workshop will provide critical information on assessing and addressing alcohol use in pregnancy, including approaches to ask, advise and assist pregnant women. A supplementary session on diagnosis is included.

**For:** A Mainpro-C train-the-trainer workshop for Ontario family physicians who work with pregnant women

**Location:** Toronto

**Date:** evening of March 5 and all day March 6, 2004

**Register early, space is limited.**

To Register, email: [beststart@beststart.org](mailto:beststart@beststart.org)  
or phone: 416-408-2249 / 1-800-397-9567 x 266

# Physician's Fax Back Form

**FAX TO: Tawnya Boileau, Co-Chair Cancer Committee  
Breast Health Campaign 2003**

**Fax #: (613) 345-2879**

For more information call: (613) 345-5685 ext. 2226 or 1-800-660-5853  
LEEDS, GRENVILLE & LANARK DISTRICT HEALTH UNIT  
Brockville Office, Health Promotion  
458 Laurier Blvd. Brockville, Ontario K6V 7A3

Information Available	# Required
Breast Health Poster	
12 Healthy Tips Poster (additional copies)	
Ontario Breast Screening Program (OBSP) Pamphlets	
Breast Health Pamphlets	
Pamphlets on Breast Self-Examination (BSE)	
OBSP Prescription Pads (50 sheets/pad)	
<b>OBSP Referral Site ( <input checked="" type="checkbox"/> Check all that apply)</b>	
<input type="checkbox"/> Ottawa	
<input type="checkbox"/> Winchester	
<input type="checkbox"/> Renfrew	
<input type="checkbox"/> Kingston	
<input type="checkbox"/> Brockville	
Family Practice Recruitment Model Information	

Physician's Office: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Tel #: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Delivery Address: \_\_\_\_\_  
\_\_\_\_\_

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