Physicians' Newsletter

healthunit.org
Leeds, Grenville & Lanark District
HEALTH UNIT

From the Medical Officer of Health

Nov. 2004 - Feb. 2005

Raccoon Rabies Returns To Our Area

Submitted by Henry Garcia, CPHI(C), DPHA, BSc(Env. H.), Director of Health Protection

After a year of no positive rabid raccoons in the health unit area, on August 13, 2004, two raccoons were shot by a local resident and subsequently found to be positive for the raccoon strain of rabies.

In consultation with the Ministry of Natural Resources, Rabies Research Unit, the Ministry on August 20, 2004 started another concentrated control program consisting of trapping, vaccination and releasing of all raccoons caught within a 10-kilometer radius of the residence where the positive raccoons were found. This program will be carried for a period of four weeks. Additional to this local control program, the Ministry started to conduct aerial drops of vaccine-laden bait in a large geographical area encompassing all the rural spaces between Kingston and Ottawa. The aerial vaccine bait drop program is intended to compliment other control activities that have been carried out locally since raccoon rabies first arrived in our Health Unit area in 1999. The Ministry also has provided the Health Unit with an investigation form that can be used in the event that a person accidentally is exposed to the raccoon aerial baits.

This time the Ministry decided not to conduct animal depopulation because it is believed that many local raccoons have been immunized through various control programs carried in the past.

On August 18, 2004, the Health Unit in cooperation with the Rabies Research Unit provide a press release to inform citizens of the imminent control measures and to once again emphasize the need for citizens to ensure that their pets are vaccinated, avoid contact with wild animals and to seek medical advice in the event that they are bitten or scratched by any animal.

Health Unit staff will maintain direct contact with staff of the Ministry of Natural Resources and continually monitor the rabies situation within our Health Unit and surrounding areas.

Rabies Bait

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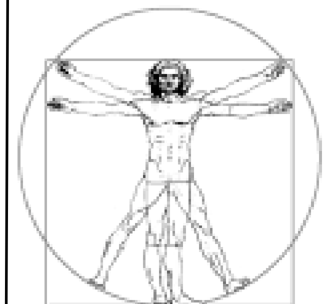


What's available to help counsel patients regarding smoking cessation?

Submitted by Yves Decoste, RN, BScN, Public Health Nurse, Tobacco Coordinator

The Canadian Tobacco Use Monitoring Survey (CTUMS) 2003 shows that (71%) of smokers had seen a doctor in the year before the survey. Of these, more than half (53%) were advised to reduce or quit smoking by their doctor and 60% of those were then given information on quit smoking aids such as the patch or counselling programs. Thirty Five percent (35%) of smokers talked with a pharmacist in the year before the survey. Less than one in five (18%) were advised to reduce or quit smoking by the pharmacist but of those who were, more than three quarters (82%) were provided with information on quitting aids. CTUMS also showed that more than 70% of smokers made at least one quit attempt in the last year and over 18 % made 4 or more quit attempts during that same period of time.

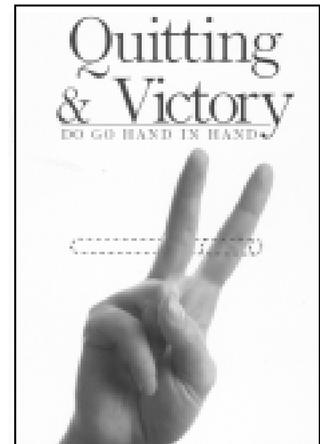
Patients often see their health care professionals as a credible source of information and motivation when it comes to smoking cessation. Health care professionals have tools to help them counsel patients to quit smoking. Under collaboration between the Ontario Medical Association (OMA), the Ontario Dental Association (ODA) and the Ontario Pharmacists' Association (OPA) the Clinical Tobacco Intervention program (CTI) aims at educating and encouraging professionals to approach their clients to quit smoking. The brief intervention principals are based on the five stages of change and aim to get health care professionals to:

- **ASK** - patients about their smoking status.
- **ADVISE** - patients about the health risks of tobacco use and the benefits of quitting.
- **ASSESS** - patients' readiness to quit.
- **ASSIST** - patients that are ready to quit.
- **ARRANGE** - follow up.

To learn more about the CTI visit the website. http://www.omacti.org/ There are also training sessions planned throughout Ontario.

The Registered Nurses Association of Ontario (RNAO) encourages you to get started with at minimum, learning and providing brief intervention to clients. The new best practice guidelines **Integrating Smoking Cessation into Daily Nursing Practice** are available on the RNAO website as well as an e learning module to guide you through this process.
This information can be found at http://www.rnao.org/smokingCessation/index.asp

Once again this year Ontario smokers will get an added incentive to quit. The Quit Smoking 2005 Contest will be launched in December and promoted in January during National Non-Smoking Week. Smokers are asked to make a plan, find a buddy, register and quit smoking for at least all of the month of February in order to win great prizes. Everyone wins because quiting smoking and victory do go hand in hand. To find out more details about the contest, which starts December 1st 2004, log on to **www.quitsmokingontario.ca**



Counselling patients who are pregnant to quit smoking can be very challenging. Pregnancy is often a motivator to quit but it also means dealing with a very strong addiction. The last CTI bulletin was all about counselling pregnant women and pharmacotherapy during pregnancy. For a copy of the latest bulletin or more information visit http://www.ctica.org/bulletin/bulletin.html

The health benefits of quitting occur for all types of smokers, men and women, young and old. Even those who have developed smoking-related problems like heart disease can benefit. For example, compared to continuing smokers, people who quit smoking after having a heart attack reduce their chances of having another heart attack by 50%. They also reduce their risk of dying prematurely by 50%.

- Within 8 hours, the level of carbon monoxide in your body decreases and oxygen increases to normal levels.
- The risk of a heart attack begins to decrease after just two days.
- Your sense of smell and taste improve and return to normal within just 48 hours.
- After 3 days, your lung capacity will have increased… making breathing easier.
- After the first year, the risk of heart attack is cut in half.

This year, more than **45,000 people will die** in Canada due to smoking. Of those, more than 300 non-smokers will die of **lung cancer** and at least 700 non-smokers will die of **coronary heart disease** caused by exposure to **second-hand smoke**. Tobacco smoke contains over 4,000 chemicals, including at least 50 that cause, initiate or promote cancer such as tar, ammonia, carbon monoxide, oxides of nitrogen and benzopyrene. **Information from the Canadian Cancer Society reveals that** Smoking is specifically related to about 87% of lung cancer cases. Environmental tobacco smoke (ETS) is the number on risk factor for lung cancer among non-smokers.

 Phone: 613-345-5685 Email: info@healthunit.org

Update on the 2004 Health Status Report

Submitted by Anne Taylor Barnett, MHSc, Epidemiologist

The 2004 Health Status Report Update is now on the Health Unit's website. You are invited to visit www.healthunit.org to access new information on the health of the population of the Leeds Grenville and Lanark (LGL) region.

Here is an example of what you'll find: data depicting trends in lung cancer incidence rates. The report compares the experience over time of males in Ontario compared to those in the LGL district. In the five-year period 1982-1986, the age standardized incidence rate for lung cancer in LGL was 89.8 per 100,000 population, almost identical to the Ontario rate of 90.5. By the five-year period 1997-2001, the Ontario rate had decreased to 70.6 but the LGL rate appeared essentially unchanged at 88.2. Looking at the female population in the same periods, lung cancer incidence rates appeared to increase both in Ontario and in LGL, but in the 1997-2001 period LGL age standardized rates were significantly higher than in the province as a whole - 51.9/100,000 in LGL compared to 42.3 in Ontario.

This report builds on its predecessor, *Health Status 2000*, by providing updated and new information about population characteristics, common health problems in this area and behavioural and societal determinants of health. New data sources are incorporated and familiar ones revisited. Links to relevant health information websites and reports are also provided. Looking ahead, additions to the *Health Status Update 2004* are already under development, so check in from time to time to see what's new.

The Health Unit uses population health information to plan preventive programs that reflect the needs of its communities. This report also aspires to be a valuable source of local health information for external users - the public, and health professionals and organizations working for healthier communities. Your suggestions for improving the report are welcome – please send them to epi@healthunit.org.

Did you know that?

- 1 in 4 women are abused at some point in their lives.
- 1 in 7 women have been abused in the past 12 months.
- 40% of women abuse begins in pregnancy.
- Women have a greater risk of suffering from abuse during pregnancy than they do for placenta previa, gestational diabetes and preeclampsia conditions which physicians commonly screen for during a prenatal assessment.
- Homicide is the leading cause of death for pregnant women.

(Task Force Report on the Health Effects of Woman Abuse by the Middlesex-London Health Unit, 2000)

A Call to Action

Submitted by Carol Quinlan, RN, BScN, Public Health Nurse

Women in the Leeds, Grenville and Lanark communities need our help to have a safe place to disclose and be referred to services in their communities specific to the violence that they are experiencing in their lives. Physicians are in a unique position to screen for woman abuse and to make the appropriate referrals to community agencies. There is good evidence to suggest that early identification and intervention can reduce the harmful effects to women by the abuse they are experiencing. *(Medscape, Ob/Gyn & Women's health, March 8, 2004)*

A study by Minnesota Medical Association reveals that women want to be asked about abuse, this is not seen as intrusive and they are open to discussing the issue with their health care provider. Screening for abuse by their physician can actually improve client-physician relationships, the client gets the sense that the practitioner is concerned about them and that they recognize the seriousness of the issue.

For information on universal screening tools for woman abuse, contact Carol Quinlan, RN, BScN at the Leeds, Grenville and Lanark District Health Unit, (613)283-2740 or at carol.quinlan@healthunit.org .

Parvovirus B-19 (Fifth Disease)

Submitted by Bonnie Erwin, RN, BScN, Public Health Nurse

Many calls were received by the Health Unit in the past year with concerns about Fifth Disease. Parvovirus B-19 is spread by respiratory secretions, person to person. The virus can be transmitted from an infected mother to her unborn child.

Pregnant women who have been in contact with children outside the home during the infectious period, before the appearance of the rash, have a lower risk for infection than women exposed through household contact.

Approximately 50% to 60% of women of reproductive age have developed immunity to parvovirus B-19. Transmission of the virus can be decreased through proper hand washing and proper disposal of used tissues.

At present, there is no provincial policy on Parvovirus B-19 and pregnancy; it is not a reportable disease in Ontario. The Society of Obstetricians and Gynaecologists of Canada states in their clinical guideline that leave from the workplace for pregnant women is not routinely recommended during an outbreak of the virus in the school. The current research suggests that pregnant women do not reduce their risk of infection by leaving the workplace. However, susceptible pregnant women who have medical conditions that increase their risk for complications due to parvovirus B-19 infection may be removed from the workplace or reassigned, in the event of an outbreak, to reduce the risk of infection. Each pregnant woman who is exposed to the virus should discuss her individual risk, based on her risk of infection, gestational age and other obstetrical consideration with her physician.

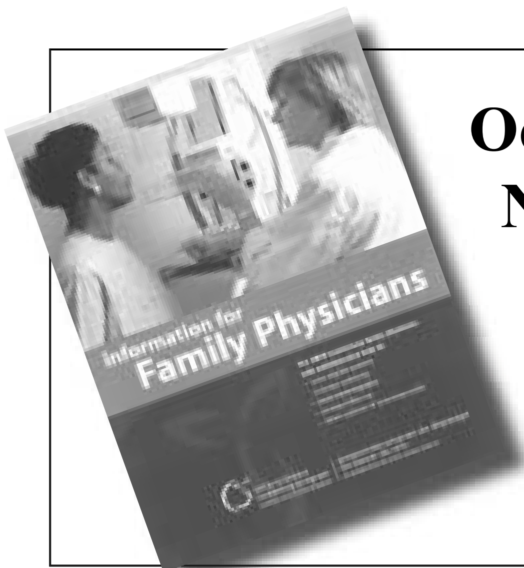
A recent article reviewed by the Maternal Fetal Medicine and Infectious Diseases Committees and approved by Executive and Council of the Society of Obstetricians and Gynaecologists of Canada concluded with the following recommendations.

Recommendations:

1. Pregnant women who are exposed to, or who develop symptoms of, parvovirus B19 infection should be assessed to determine if they are susceptible to infection (nonimmune) or if they have a current infection, by determining their parvovirus B19 IgG and IgM status (II-2A).
2. If parvovirus B19 IgG is present and IgM is negative, the woman is immune and can be reassured that she will not develop infection and that the virus will not adversely affect her pregnancy. (II-2A).
3. If both parvovirus B19 IgG and IgM are negative (and the incubation period has passed), the woman is not immune and has not developed the infection. Although she may wish to minimize further exposure, leave from the work place is controversial and is not routinely recommended. Further studies are needed in this area. (III-B).
4. If a recent parvovirus B19 infection has been diagnosed in the woman, then referral to an obstetrician or a maternal-fetal medicine specialist should be considered (III-B). The woman should be counselled regarding risks of fetal transmission, fetal loss, and hydrops. Serial ultrasounds should be performed up to 8 to 12 weeks after infection to detect the development of hydrops (III-B). If hydrops develops, referral to a maternal-fetal medicine specialist should be made and consideration should be given to fetal blood sampling and intravascular transfusion (II-2B).

The U.S. Centers for Disease Control and Prevention have information on Fifth disease and pregnancy on their website at http://www.cdc.gov/ncidod/diseases/parvovirus/B-19&preg.htm

Source: SOGC, September 2002



October is National Breast Cancer Awareness Month

Please see resource package included with this newsletter.

Phone: 613-345-5685 Email: info@healthunit.org

Spread the Word, Medicine Clean Out Campaign

Submitted by Lois Dewy, RN, BScN, Public Health Nurse

SPREAD THE WORD!!

MEDICINE CLEAN OUT CAMPAIGN
NOVEMBER 2004

Pack up your expired, left-over, unlabelled,
"just in case" pills, ointments & liquids.

Protect Your Family From Injury
Keep medicine locked up,
away from children.

Medicine is Hazardous Waste
Don't Throw it Out…
Don't Flush It

Fill a Bag Today
Prescriptions
Over the Counter
Herbals and Vitamins

Return it to your pharmacist
for safe, free disposal.

Call the Health Action Line 1-800-660-5853
for a list of participating pharmacies

The Health Unit is joining forces with the local pharmacies to clear the tri-county medicine cabinets. Thank you for encouraging your patients to participate by displaying the poster you received in the mail.

WNv

Submitted by
Kim McCann, CPHI(C), BASc, Public Health Inspector
Bonnie Erwin, RN, BScN, Public Health Nurse

During the summer of 2004 the Leeds, Grenville & Lanark District Health Unit detected one WNv positive crow out of the 36 crows and blue jays that were submitted and tested for the virus. The crow was found in Rideau Lakes Township in the Wesport, Ontario area.

The Health Unit in cooperation and with assistance from the local municipalities also conducted its annual mosquito surveillance program in 2004. Thousands of mosquitoes were trapped throughout the summer season and tested for WNv at Brock University in St. Catherines, Ontario. All mosquitoes tested negative for the WNv. The goal of both the bird and mosquito surveillance programs was to detect the presence of the virus within out geographical area, and most importantly to serve as an early warning sign that human cases may occur.

The Health Unit would also like to report to the members of the medical community that once again in 2004 no known local human cases of WNv were reported to the Leeds, Grenville and Lanark District Health Unit. In the province there were 5 probable cases and 8 confirmed human cases of WNv. Six of the 8 confirmed cases may have been exposed during travel outside their area of residence.

Although active human surveillance for WNv does not occur during the winter months we would encourage a travel history be undertaken with anyone suspected of having a viral meningitis/encephalitis and that WNv be part of the differential diagnosis. Again, thank you for your cooperation during the past summer.

If you would like more information on WNv activity in Ontario please consult with the Ministry of Health and Long-term Care provincial website located at the following link:
http://www.health.gov.on.ca/index.html

Ministry of Health and Long-Term Care West Nile virus (WNv) Human Data

The chart below shows probable and confirmed positive WNv tests on humans in Ontario in 2004. Surveillance statistics are current as of 5:00 p.m. EST Monday through Friday.

Health Unit	Probable Cases*	Confirmed Cases**
Chatham-Kent	1	0
Elgin-St.Thomas	0	1‡
Niagara	1	0
Ottawa	1	0
Toronto	0	5‡
Windsor-Essex	1	2
York Region	1***	0
TOTAL	**5**	**8**

*Probable cases refer to patients with two positive IgM ELISA (enzyme-linked immuno sorbent assay) tests

**Confirmed cases refer to patients with two positive ELISA tests AND either a positive confirmatory PRNT (plaque-reduction neutralization test) OR three previous cases have been confirmed by PRNT in the same health unit this year

‡ May have been exposed during travel

***Travel case

http://www.health.gov.on.ca/english/providers/program/pubhealth/westnile/wnv_04/wnv

Are your patients age 50 or older?

Talk to your patients about a colorectal cancer test

It could save their lives!

- Thank you for your support of the colorectal cancer screening project.
- Colorectal cancer occurs most often in men and women age 50 and older.
- It is the second leading cause of cancer deaths in Ontario.
- Having a Fecal Occult Blood Test (FOBT) every one to two years is a proven way to reduce the risk of disease or find cancer early when treatment works best.
- Please continue to discuss the FOBT for colorectal screening with all your patients who are asymptomatic and 50 years or older.

For more information about colorectal cancer, or to order additional patient packages, please contact the new colorectal screening project co-ordinator,
Melinda Billet, BScN, RN, at 345-5685 x2362