

Nexus



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June 2006

with the Health Care Community



June 13, 2006: Students from Sweet's Corners Elementary School demonstrate the benefits of Quality Daily Physical Education (QDPE) as they perform at Folkfest. (Details: "Across the Region" page 3)

Dear Colleagues:

As you know I have been Acting Medical Officer of Health (MOH) from 1630h October 30, 2005. This part-time position helped the community and Health Unit manage issues and provide medical directives in order to function clinically while recruitment of a permanent MOH actively continued.

A permanent MOH has been recruited. Dr. Anne Carter will be starting with the Health Unit on August 21, 2006.

As you can see, the "Physicians' Newsletter" has undergone a make-over. Public Health involves many facets and practitioners to make it happen. Many staff members at the Health Unit have seen the need to change and expand and this is a good opportunity to do this.

Some of the changes are:

1. Name change to reflect the other partners in public health.
2. A page to offer your opinions/comments/suggestions and change of office information that can be faxed.

3. Patient Handout: to copy for your patients if you wish.
4. We would welcome submissions of articles from you regarding public health.

The need to keep contact with colleagues to disseminate information both from the province and locally is important. We kindly request your assistance in updating our files by providing any new fax or e-mails by completing the last page. Your opinion of how you would like to receive this newsletter in the future (e-mail/hardcopy) would also be appreciated.

I have been privileged to have been given the opportunity to work in this branch of medicine. This position has been challenging but also rewarding. The support from the staff of the Health Unit has been incredible and without their dedication and knowledge my job would have been impossible to perform.

— Dr. Rani Tolton

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nexus ('nek-sus) noun,
Latin: bond, tie; from
nectere - to bind : a
connection or link between things,
persons, or events esp. that is or is
part of a chain of causation

Source: Merriam-Webster's
Dictionary of Law, © 1996
Merriam-Webster, Inc.



Across The Region ...

- 101 gastrointestinal outbreaks were investigated in 2005: 23 in Long Term Care Homes (LTCH) and 78 in the community.
- Carleton Place held its pandemic table-top exercise in the fall of 2005 - the first in Ontario. This was done in consultation with CP Dist. Hospital, Town of CP and Emergency Management Ontario.
- In 2006: Perth, Smiths Falls, Elizabethtown-Kitley and Brockville have used Pandemic as the emergency for their Emergency table top exercises.



SYNOPSIS

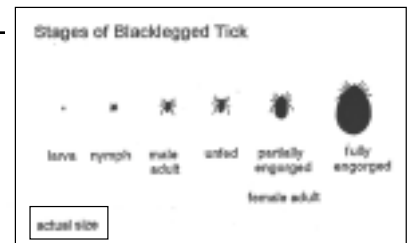
Immunization: Community Influenza Clinics 2005

- LGLDHU held 26 community based flu clinics between October 26 and December 5, 2005
- 12,122 individuals attended these clinics:
 - 3,315 were between the ages of 6 months to 18 years
 - 6,813 were between the ages of 19 - 64 years
 - 1,994 individuals were over 65
 - Of this number, 5,440 were male and 6,682 were female
- Total numbers immunized at Health Unit community clinics from previous years are as follows:
 - 2003 - 12,846
 - 2004 - 12,105
 - 2005 - 12,122

A total of 73,960 doses of influenza vaccine had been distributed to Physicians, Long-Term Care facilities and community nursing agencies from our vaccine department over the duration of the 2005 influenza season.

Ticks as Vectors of Disease

— Teresa Clow, CPHI (C), Public Health Inspector



Ticks in North America are gaining in importance as vectors of disease. These tiny arachnids attach to their hosts for a blood meal. It is during this blood meal that some ticks are capable of transmitting serious diseases such as Lyme Disease, Tularemia, Rocky Mountain Spotted Fever, Babesiosis, and Powassan Virus Encephalitis.

Ticks are external parasites that feed on mammals and are found worldwide. They are divided into two groups—Hard ticks (Ixodidae) and Soft ticks (Argasidae). Both of these types are capable of transmitting a wide variety of pathogens.

Hard ticks such as the American dog tick, is known to transmit Rocky Mountain spotted fever, Tularemia and tick paralysis; the deer tick (black-legged tick) is a known vector of Lyme Disease.

Soft ticks include the common fowl tick and the relapsing fever tick, known to be a vector of relapsing fever.

The mouthparts of all ticks allow them to enter the skin with a backward projection that prevents it from being easily removed. These ticks secrete a substance that holds the tick in place and does not dissolve until feeding is complete. Hard ticks can feed on their host from days to

weeks and their outer shell expands to accommodate a blood meal of several hundred times their original weight. Soft ticks may feed multiple times.

The safe removal of a tick is extremely important, to reduce the transmission of disease and to prevent infection of the biting site. Removal of the tick must ensure that all mouthparts are removed to prevent the contents of the mouth from entering the wound. Fine pointed tweezers are recommended for tick removal. Tweezers must be placed snugly against the skin while gripping the front of the tick and pulling it straight out.

The tick should not be disposed of. Handle it with care to avoid contamination of hands, and place it in a specimen container. The tick should then be submitted to the Public Health Lab for identification. This can be facilitated through the Health Unit.

Proper tick identification will help in the diagnosis of disease should symptoms occur. Blood work is also recommended, although it is unlikely that the initial blood work will confirm disease. It will however provide a baseline for the patient if subsequent blood work is required for disease diagnosis. ❁

Medical Students

The Health Unit in partnership with Drs. Denise Pajot and Devon Reddy at Chelsea Court and Dr. Alex Tolton of the Anesthesia Department at Brockville General Hospital hosted first year medical students from the Eastern Region Medical Area Program run under the direction of Dr. Ross McLean from Perth. This is a program where students from Queen's and Ottawa Universities spend a "Week in the Country" and has become an obligatory part of the first year medical students' curriculum.

Third and fourth year medical students doing their rotation with Dr. Eric

Wooltorton and Dr. Evans of Kemptville spent one to two days with Health Unit staff. They made home visits to moms and newborns; checked water, sewage problems; sat in on infectious outbreak meetings etc.

The Health Unit is open to having medical students spend some time with its staff in its four departments (Family Health, Health Promotion, Health Protection and Clinical Services). If you are precepting medical students and would like them to spend time at the Health Unit, please contact the MOH. ❁

Salmonella Enteritidis PT 13 Outbreak In Ontario

– Teresa Clow, CPHI(C), Public Health Inspector

Diligent work by family and emergency room physicians was instrumental in identifying a province wide outbreak of Salmonella Enteritidis PT 13 in Ontario. Stool samples were submitted by the patients who presented with cramps, diarrhea, nausea, fever, chills, and headaches. The unusually high number of Salmonella cases across the province alerted the Ministry of Health and Long Term Care (MOHLTC) and led to public health interventions.

Generally, throughout the province, in the months of October, November, and December 20 to 30 cases of Salmonella will be reported per month. In October 2005 the number of reported cases jumped to 70, in November the cases spiked to 456, and in December the number started to decrease but was still over 93. Fortunately, there were only two positive cases of Salmonella of the five enteric illnesses investigated in this Health Unit's region.

The new provincial electronic reporting system (iPHIS) was instrumental in linking many cases epidemiologically to an exposure of bean sprout consumption. Identification of a possible source of the outbreak resulted in a major recall of bean sprouts across the province. An

investigation was initiated into the production, handling, storage and shipping practices of the suspected producer.

Although the number of reported cases was high, it is expected that only a fraction of cases were reported as only the severe cases may have sought medical attention and submitted specimens for testing. Generally, phage typing is not performed on

all specimens; however in order to help determine if these cases had a common source phage typing was performed on many samples which in turn allowed for the linking of cases to a common source.

A study looking at the long-term arthritic sequelae of salmonella infection is in progress. This is in collaboration with colleagues in Spain where an outbreak of Salmonella involved over 1000 people. Between Ontario and Spain, it is expected such a large sample size will help to prospectively determine what percentage of those infected develop arthritis. Our Health Unit will be participating in the study.

A special 'thank you' is extended to family and emergency department physicians who may have dealt with such patients and their concerns. ❁

Generally throughout the province, in the months of October, November & December 20 to 30 cases of Salmonella will be reported per month.

Across The Region ...

- (Cover) The **Folkfest** is a celebration of the commitment to **Quality Daily Physical Education (QDPE)** in the Upper Canada District School Board (UCDSB).

In **2006**, *Folkfest* included nearly **3000 students** from the Rideau Family of Schools.

The Leeds, Grenville and Lanark District Health Unit has supported schools in the Gananoque area since the implementation of QDPE in UCDSB's strategic plan to address wellness. Linklater Public School and Sweet's Corners Elementary School are partners on the Tri-Health School Wellness Committee, a committee that primarily addresses physical activity and nutrition.



SYNOPSIS

Outbreak in Ontario:

Vaccine Preventable Diseases

In the winter months, Ontario has had many vaccine preventable disease outbreaks such as rubella and measles in both children and adults. Toronto had a large outbreak of pertussis in immunized and unimmunized children. Recording of the vaccine lot numbers has been helpful in tracing specific vaccine dosages and cold chain failure.

In the Leeds, Grenville and Lanark district, there has been a small outbreak of chickenpox in an adult institution. Also, there have been numerous clinically diagnosed cases of mumps and rubella. Due to the large number of orphan and mobile patients, tracing of some cases has been extremely challenging.

BOTTOM LINE: If a case of vaccine preventable disease is being clinically diagnosed, please request blood work to determine the immune status in children and adults alike at time of clinical diagnosis.

Thank you for your support!

BREAKING NEWS

Fluoroquinolone Resistant Gonorrhea In Ontario

To ensure the effective and appropriate treatment of N. gonorrhea, the Public Health Agency of Canada has issued an "Early release of chapters from the Canadian Guidelines on Sexually Transmitted Infections, 2006 edition". This document can be accessed at http://www.phac-aspc.gc.ca/std-mts/sti_2006/sti_intro2006_e.html

The Ministry of Health and Long Term Care (MOHLTC) recommends fluoroquinolones, (i.e. CIPRO) for the treatment of gonorrhea "only when other treatments cannot be used".

Please do not hesitate to call Jane Fitcher, Director of Clinical Services (613) 345-5685 with any questions.



Screening for Postpartum Depression

— Jane Hess, RN, BScN, IBCLC, Director, Family Health Department

We would like to thank all who responded to the physician survey on Postpartum Depression (PPD), summer of 2005.

The evidence:

- 23% of mothers reported feeling that they had had postpartum depression during their first year postpartum.
- 7% of mothers were diagnosed with postpartum depression .
- 6% were treated.¹
- The Edinburgh Postnatal Depression Scale is a valid, reliable tool to screen women for PPD.
- Two of the three identified Centre for Addiction and Mental Health (CAMH) criteria have been met for our area:
 - That the condition exists in approximately 13% of our clients.
 - An effective screening tool is available to identify those women.²

What you told us:

- Physicians and nurse practitioners that provide care for pregnant and postpartum women are screening for PPD.
- Screening is happening more than once with most women.
- No consistent tool is being used by primary care health care providers.
- Many feel knowledgeable about resources, but would welcome more information.

- Most preferred to have a PPD education opportunity offered at a local venue.

The Leeds, Grenville & Lanark District Health Unit has reviewed PPD using an evidence-based approach. The evidence indicates that the burden of illness is sufficient to warrant action to improve outcomes for affected families and their children in our community.

The Leeds, Grenville & Lanark District Health Unit will:

- inform families in prenatal classes, during postpartum contacts and drop ins, that their primary care health care providers are screening for PPD.
- distribute a new resource on PPD from Best Start: Ontario's Maternal Newborn and Early Child Development Resource Centre³.
- screen women with identified risk factors for PPD during postpartum contacts. (Beginning March 2006).
- use the Edinburgh Postnatal Depression Scale (copy enclosed for your reference).
- refer women to their family physician when they score 13 or higher on the Edinburgh⁴.
- contact their family physician when they score 13 or higher on the Edinburgh (with consent).
- evaluate the screening process and results.
- continue to visit appropriate clients in the *Healthy Babies Healthy Children* home visiting program.
- continue to co- facilitate Postpartum Depression support groups in Carleton Place with Lanark County Mental Health and in Brockville with Child and Youth Wellness of Leeds and Grenville. (Transportation available for women in other communities).
- offer an educational opportunity for health professionals in multiple locations in Leeds, Grenville & Lanark. ❁

Footnotes

- ¹ A Perinatal and Child Health Survey conducted for Leeds, Grenville & Lanark in 2002 and 2003
- ² Postpartum Depression: A Guide for Front Line Health and Social Service Providers, Centre for Addiction and Mental Health, Draft July 2004
- ³ Post Partum Depression, A New Parent's Emotions, Best Start, http://www.beststart.org/resources/rep_health/index.html
- ⁴ Interventions for Post Partum Depression, Nursing Best Practice Guidelines, Registered Nurses Association of Ontario, April 2005 http://www.rnao.org/bestpractices/completed_guidelines/BPG_Guide_C5_Post_Partum_Depression.asp

Allergic Reactions Following Mantoux Testing

— Bonnie Erwin, RN, BScN, Public Health Nurse

Health Canada, the Public Health Agency of Canada and sanofi pasteur draw your attention to the potential risk of serious allergic reactions following TUBERSOL* (Tuberculin Purified Derivative (Mantoux)) administration.

During the period from January 1993 through to January 2005, 14 million doses were distributed in Canada. During this period 9 reports of serious allergic reaction and/or allergic-related symptoms temporarily associated with tuberculin skin testing were received from Canadian sources - a rate of less than 1 report for a million doses distributed. Although the risk of acute allergic reaction is rare, it is advised that persons administering tuberculin skin tests be prepared to treat an immediate systemic reaction should

one occur, and to monitor the patient for at least 15 minutes after the test is administered.

REACTIONS

- Acute allergic reactions including anaphylaxis, angioedema, urticaria and/or dyspnea have been very rarely reported following intradermal skin testing with TUBERSOL*
- These reactions may occur in persons without a prior history of a tuberculin skin test.
- Epinephrine Hydrochloride Solution (1:1000) and other appropriate agents should routinely be available for immediate use in case an anaphylactic or other acute hypersensitivity reaction occurs.
- Health care providers should be familiar with the current recommendations of the National Advisory Committee on Immunization (NACI) for monitoring the patient for immediate reactions for a period of at least 15 minutes after administration and for the initial management of anaphylaxis in non-hospital settings (Canadian Immunization Guide). ❁

Sources

- Ministry of Health & Long-Term Care Ontario, (May 31, 2005). Announcement about Tubersol and potential severe allergic reaction. Infectious Diseases Branch.
- Youssef, E & Wooltorton, E. Serious allergic reaction following tuberculin skin test. Canadian Medical Association Journal 2005; 173 (1) p. 34. Retrieved from <http://www.cmaj.ca/cgi/content/full/173/1/34>.
- National Advisory Committee on Immunization Canadian Immunization Guide, 6th Edition, Ottawa: Health Canada 2002; p. 14.

Folic Acid for the Prevention of Neural Tube Defects

— Krystal Taylor, BSc, RD, Public Health Dietitian

Health Canada recommends that all women who could become pregnant take a multivitamin containing 0.4 mg of folic acid everyday in addition to a healthy diet. Periconceptional use of supplements containing folic acid has been shown to reduce the incidence of neural tube defects by as much as 70%.

A survey of four Southeastern Ontario health unit areas (May 2004) showed that almost 50% of women take a multivitamin with folic acid either every day or almost every day before conception. Over 87% reported taking folic acid during the first three months of pregnancy.

Education about the need for folic acid supplementation prior to conception continues to be necessary.

It is recommended that daily folic acid supplementation begin at least 2 to 3

months before conception and continued throughout the first trimester of pregnancy.

Watch for a mail-out of free folic acid resources for your clients. ❁

Sources:

- Public Health Agency of Canada. Preconception Health – Folic Acid for the Primary Prevention of Neural Tube Defects. A Resource Document for Health Professionals, 2002. Available at <http://www.phac-aspc.gc.ca/fa-af/>. Accessed March 17, 2006.
- Folic Acid Alliance Ontario. Folic Acid: It's Never Too Early. Folic Acid Awareness Community Action Guide 2002. Available at <http://www.folicacid.ca>. Accessed March 17, 2006.
- Brown, P., Carr, P., Dall, K., Gall, S., Gates, S., Hess, J., Hozhabri, S., MacRae, K., McFaul, S., O'Connor, K., Ripmeester, P. and Walters, C. (2004, May). A perinatal and child health survey of four southeastern Ontario health unit areas. Kingston, ON: Public Health Research, Education and Development (PHRED) Program, Kingston, Frontenac and Lennox & Addington Health Unit.

Analysis of Prenatal HIV Testing to June 2005

— Rani Tolton, Acting Medical Officer of Health

Congratulations are in order to all physicians working with pregnant women in the Leeds, Grenville & Lanark (LGL) area. LGL ranked 3rd (93.5%) in all of Ontario for prenatal HIV testing up to June 2005. Windsor-Essex County ranked first (96.5%) followed by Timiskaming (93.8%). The analyses were carried out by Dr. Robert Remis and the HIV Seroprevalence Study Team at the Ontario HIV Epidemiologic Monitoring Unit at University of Toronto.

HIV testing during pregnancy has increased from 34% in early 2001 to 85.3% in the second quarter of 2005. A study from the Hospital for Sick Children in Toronto¹ found that HIV was still transmitted to infants by women who had tested HIV-negative previously.

Therefore, it is strongly recommended that an HIV test be offered to all women during each pregnancy, even though they have tested negative at any time in the past.

Ontario prenatal HIV screening programme began in January 1999. Since then 245 HIV-infected pregnant women have been identified representing 26 of 36 health units. Of the 245 HIV-positive women, 186 (75%) had not been previously diagnosed and thus likely preventing substantial HIV transmissions from mother to infant.

More detailed information on HIV testing in pregnancy in Ontario can be found on the web site of the Ontario HIV Epidemiologic Monitoring Unit (www.phs.utoronto.ca/ohemu) in the "Technical Reports" section. Also feel free to contact the Health Unit. ❁

Source

¹ Bitnum a. King SM, Arneson C Read SE. Failure to prevent perinatal HIV infection. *Canadian Medical Association Journal* 2002;166:904-5.

SYNOPSIS

High Risk Students Receiving Meningitis-C Vaccine

The Leeds, Grenville and Lanark District Health Unit vaccinated grade 7 students for Meningitis-C until the end of the 2005-2006 school year.

High school students aged 15-19 years were offered the Meningitis-C vaccine at their schools during the months of May and June.

Students who did not receive the vaccine through a school clinic were encouraged to:

- Schedule an appointment with their Health Care Provider.
- Schedule an appointment with the Health Unit.

Although the program is voluntary, immunization against Meningitis-C is strongly recommended and has been proven to be over 90% effective in preventing this potentially serious disease.



Medicine Clean Out Assisted By Lanark County Ambulance Service

The Lanark County Ambulance Service is offering assistance in disposing of expired or unwanted medications for those who are unable to do so on their own.

The Service will pick up and deliver medications to a pharmacy that will safely dispose of them. This assistance is intended for persons who have no reasonable means of transportation, or who are physically unable to safely dispose of their own unneeded medicine.

This service is not meant to be used as a convenience for those who are able to accomplish this task on their own, and must be accessed at a time appropriate for both the participant and the service.

If you are aware of a person who needs this service, please have them contact the Lanark County Ambulance Service at one of the following numbers:

Almonte: 613-256-0900
 Carleton Place: 613-257-8800
 Perth: 613-264-1476
 Smiths Falls: 613-283-8040

Emergency Preparedness in the Physician's Office 2006

— Bonnie Erwin, RN, BScN, Public Health Nurse

The Leeds, Grenville & Lanark District Health Unit, in partnership with sanofi pasteur, sponsored two evenings for physicians addressing emergency preparedness planning. The guest speaker was Allison Stuart, Director of Emergency Management Unit, Ontario Ministry of Health and Long-Term Care, who presented issues related to pandemic influenza preparedness. Alison gave a status update regarding avian influenza, and then spoke about office and personal/family preparedness and planning. She also discussed government planning, both at the federal and provincial level.

Twenty-nine physicians, five nurse practitioners and five nurses attended the two evenings. Evaluations were positive with the topic seen as relevant to physicians' needs. Several respondents requested more information on local preparedness and chain of command in the event of pandemic influenza.

Any physician who was not able to attend Allison Stuart's presentation and who is interested in receiving a printout of the power point presentation, please contact the Leeds, Grenville & Lanark District Health Unit: (613)-345-5685 and ask for Brenda Cartwright Ext. 2345.



Assumptions for all sectors in the event of pandemic influenza:

- All Ontarians are at risk; communities may be affected at different times
- Little lead time before the first wave of 8 weeks, second wave in 3 – 9 weeks
- Attack rate of 35% means approximately 1/3 of the population will get sick at some point during duration of pandemic
- Absenteeism modeled at 20% at peak of first wave
- Vaccine not available in first wave, then initially in short supply and high demand
- Antivirals in short supply for prevention and treatment
- Community infrastructure may be affected; scarcity of food and power outages; fuel shortages, etc

All physicians in Ontario will be receiving a pandemic kit from the Ministry. This kit will include supplies of masks, gowns and hand sanitizers. ❁



Infection Control in the Physician's Office: Breaking the Chain

As a follow-up to these presentations, education evenings for physicians' office staff regarding Infectious Diseases were held in five locations in the tri-county area. These were held during the month of June 2006.

“Moving When You’re Un-motivated”

— Shannon MacIntyre, RN, BScN, Public Health Nurse

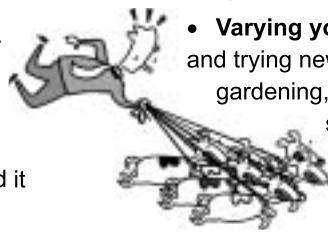
Most people recognize that they should be more active. When it comes to actually being more active, many find it difficult to get motivated to get started.

Here are some tips on ways to get going and be more physically active.

Visit your health care provider first to ensure that it is safe for you to begin.

Think about:

- **Setting realistic goals** for how you want your body to feel and perform, not how you want your body to look.
- **Finding an activity** you enjoy doing, and do it more often.
- **Finding friends** and/or family that you can be active with. You may find it more enjoyable.
- **Making a plan you can follow.** E.g. “I will walk 15 minutes after lunch and dinner 4 days a week”. This is easier to follow than a general resolution such as “I will exercise more”.



- **Scheduling your activity** like you would a meeting or an appointment. You may feel more obligated to stick to it.
- **Joining a class**, or scheduling activities with a friend; it is easier to stay committed this way.
- **Remember** that small changes are easier to stick to.
- **Acknowledging** that there may be some discomfort when you begin a new activity, but it should pass.
- **Varying your activities** and trying new things. E.g. gardening, walking, stretching.
- **Balancing activity with rest.** The body needs to repair itself after each workout.

Remember that to be active safely, you will want to:

- Start slowly and progress gradually, remembering to warm up, cool down and stretch.
- Ensure the environment is well lit and safe.
- Wear appropriate safety equipment, and other protective gear. E.g. helmet, sunscreen.
- Dress appropriately for weather conditions, and wear appropriate footwear for the activity.
- Be aware of signs of over-exertion: listen to your body.
- Drink plenty of water.
- Follow Canada’s Food Guide to healthy eating to make sure you have enough fuel for your body.

For more information or resources to help you motivate yourself to be more active, visit our website at www.healthunit.org or call the HealthAction Line at 1-800-660-5853.



Going Screen Free and Healthy

— Melanie Ramsay, RN, BScN, Public Health Nurse

Spending less time in front of a screen can free up time for being physically active.

If you are not as active or eating as healthy as you would like, you may want to explore how much time you spend doing activities that involve time in front of a screen (such as watching TV, movies, or on the computer). This may be an opportunity to try a screen free period of time or to set limits on screen activities. Tips from the TV Turn-Off Challenge can help you to make some lifestyle changes.

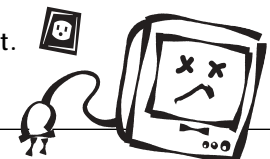


Resources with helpful tips on going screen free are available on the Health Unit’s website at www.healthunit.org

For more information on increasing physical activity and healthy eating call 1-800-660-5853 or email us at info@healthunit.org

Helpful tips to decrease screen time:

- **Keep the TV off during dinner.** Research suggests that families who have the TV off at mealtime have healthier eating habits than those who do not. (Coon et al, Pediatrics, 2001)
- **Remove the TV set from children’s bedrooms.** Studies indicate that if there is TV in a child’s bedroom, the risk of being obese is increased by 31%. (Dennison et al, Pediatrics, 2002)
- **Place clear limits on television viewing.** Allow 30 minutes each day or 1 hour every other day. Try being positive, instead of saying “you can’t watch TV” say, “Let’s turn off the TV so we can...”
- **Replace TV watching with something more active.** Look for fun activities in your community.
- **Move the television set to a less visible, hard to reach location in the home.**
- **Avoid using the TV as a reward or a punishment.** This gives the TV more power.



Date: _____

From: _____

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

We value your opinion. Please feel free to send us your comments.

1. Comments/suggestions for the newsletter: _____

2. I would like to receive the newsletter:

By mail By e-mail: e-mail address: _____

3. Can we provide information on specific topics? Please check all that interest you.

Clinical Services

- Infection Control
- Communicable Disease
- Immunization/Vaccine Preventable Diseases
- Sexual Health
 - STI/AIDS

Health Protection

- Rabies
- Food Safety
- Safe Water
- West Nile Virus
- Emergency Response
- Health Hazard Investigation

Health Promotion

- Cancer Prevention (Breast, Cervical & Skin)
- Dental Health
- Injury Prevention
- Substance Abuse Prevention
- Chronic Disease Prevention
 - Healthy Eating
 - Healthy Weights
 - Physical Activity
 - Tobacco-Free Living

Family Health

- Child Health
 - Growth & Development
 - Parenting
 - Breastfeeding
 - Nutrition for Infants, Toddlers & Preschoolers
 - Healthy Babies/Healthy Children program
 - Family Abuse Prevention
- Reproductive Health
 - Preconception Health
 - Pregnancy

Disease Surveillance

- Information on the health status/health risks in our community
- Information from local, provincial & national health surveys

Other? _____

4. Is there any change to your contact information?

Name: _____

Address: _____

Phone: _____

Fax: _____

