



PHYSICIANS' NEWSLETTER

FROM THE
MEDICAL OFFICER OF HEALTH
Leeds, Grenville & Lanark District
HEALTH UNIT

November 2005 - February 2006

Medical Officer of Health leaving Leeds, Grenville and Lanark District Health Unit

Leeds, Grenville & Lanark District Health Unit Media Release, August 24th, 2005

Today the Chair of the Board of Health for the Leeds, Grenville and Lanark District Health Unit, Mr. Adrian Van Schie, announced the upcoming departure of Dr. Charles Gardner as the Medical Officer of Health and Chief Executive Officer. Dr. Gardner has been with the Health Unit since 1998, and will be leaving his position as of October 28th. He will be starting as the Medical Officer of Health and Executive Officer of the Simcoe Muskoka District Health Unit on October 31st.

Dr. Gardner stated that it has been a privilege for him to serve the Board, and to work with the staff and partner agencies of the Health Unit since 1998:

"I wish to take this occasion to commend the members of the Board and the staff for their dedication to the improvement of the health of the population that we serve. I would also like to commend the Board Chairs that I have worked with, Mr. Adrian Van Schie, and Mr. Bill Widenmaier for the leadership that they have shown over the years. We have had many successes in the fulfillment of our mandate, and I will reflect back on my time in Leeds, Grenville and Lanark with pride in the years to come."

During Dr. Gardner's time the Health Unit provided leadership in response to a number of health issues: maternal health and early child development and wellbeing; raccoon rabies;

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Leeds, Grenville and Lanark District Health Unit Appoints an Acting Medical Officer of Health

Leeds, Grenville and Lanark District Health Unit Media Release, September 30, 2005

The Board of Health of the Leeds, Grenville, and Lanark District Health Unit is pleased to announce the appointment of Dr. Rani G. Tolton as acting Medical Officer of Health.

Dr. Tolton will start orientation next week and continue in that capacity for the month of October. She will officially start the duties of Acting MOH on October 28th, 2005 at 4:30 pm and continue until a permanent Medical Officer of Health and Chief Executive Officer is hired. Mrs. Joanne Pearce will be the Acting CEO from October 12th until a permanent MOH/CEO is hired.

"We are thrilled to welcome Dr. Tolton to the Health Unit," said Joanne Pearce, Director of Corporate Services and Acting CEO, "She brings not only a strong medical

background but also a previous background in public health."

Dr. Tolton works part time at CFB Kingston and does shifts in the ER at Brockville General Hospital and Kemptville District Hospital. She also worked as a family physician in Brockville from 1997 to 2001. Before becoming a physician, she was a public health nurse at the Churchill Health Centre in Manitoba.

The search will start next week for a permanent Medical Officer of Health and Chief Executive Officer for the Leeds, Grenville and Lanark District Health Unit. Patrick Rowan of Feldman Gray & Associates Inc. will conduct the nation-wide search.

MOH leaving continued from page 1

West Nile virus; drinking water safety; tobacco bylaw development, and substance abuse prevention; injury prevention and safe communities; healthy nutrition, physical activity, sexual health teaching and dental health in schools; institutional influenza outbreaks, and pandemic influenza planning; SARS and health care infection control; three new vaccines for children; and food safety. The Health Unit maintained its accreditation status, receiving the maximum four-year accreditation award in 2002. In addition to supporting these initiatives Dr. Gardner was active on a number of provincial and federal fronts: member of the executive for the Council of Ontario Medical Officers of Health, and the chair of the Council's Maintenance of Certification Committee; member of the Surveillance Subcommittee of the Provincial Infectious Diseases Advisory Committee;

president and member of the Ontario Council for Community Health Accreditation; member of the Examination Board for the Specialty of Community Medicine with the Royal College of Physicians and Surgeons of Canada.

"Dr. Gardner will be missed at the Health Unit for his dedication in providing leadership in the improvement of Health Protection & Promotion", said Adrian Van Schie, Board of Health Chair. "Charles always accepted the challenges placed before him and generated a high level of energy around new and innovative thinking processes. He always had the ability to engage the staff by providing them the opportunity to develop the strategy as a team and then overseeing and supporting the implementation of the process. His involvement on provincial committees was always an asset to the corporation



in that he was able to network with others so that we would learn from their experiences. I would personally like to wish Charles and his family the best for the future and thank them for the time they spent in our community."

The Health Unit will be actively pursuing a replacement for Dr. Gardner in the very near future.

VACCINE PRODUCT DISCONTINUATION

DT-IPV (Diphtheria and tetanus Toxoids Adsorbed and Poliomyelitis) (GLEN)

Submitted by Margaret Hendriks RN BScN

This is a reminder that DT-IPV (Diphtheria and tetanus Toxoids Adsorbed and Poliomyelitis) (GLEN) manufactured by Sanofi Pasteur has been discontinued as of October 2005. This discontinuation is effective once product inventory is depleted or reaches the expiry date of October 2005.

This product, which provides protection against diphtheria, tetanus and polio to children less than 7 years of age, is indicated only for children in whom acellular Pertussis vaccine is medically contraindicated. The only medical contraindication to the acellular Pertussis vaccine is anaphylactic reaction to a previous dose of the acellular Pertussis vaccine or any constituent of the vaccine. These reactions are extremely rare.

There are currently no licensed vaccines in Canada that can be used as a direct replacement for DT-IPV. Please note that DT-IPV should not be confused with Td-IPV (Tetanus and Diphtheria Toxoids Adsorbed and Inactivated Poliomyelitis Vaccine), which remains available.

If you have any questions or concerns, please call Margaret Hendriks, Team Leader, Vaccine Preventable Disease Program, Department of Clinical Services at 1-800-660-5853 or (613) 345-5685.

Ontario Breast Screening Program (OBSP) Celebrates 15 Years of Life Saving Through Early Detection

Submitted by Tawnya Boileau RN, BScN, Public Health Nurse

Since 1990, the OBSP has been providing high quality, comprehensive, organized screening services to Ontario women, age 50 and over, and has provided more than 1.5 million screens. Currently in Ontario, there are 104 mammography facilities affiliated with the OBSP.

Breast Cancer in Ontario

In 2005, it is estimated that 8200 Ontario women will be diagnosed with breast cancer and 2000 will die from the disease.

Effectiveness of Breast Screening

Research shows that regular screening in women age 50-69 can reduce deaths from breast cancer by at least 30%. Breast cancer mortality rates in Ontario women in this age range have decreased by 29 per cent between 1989 and 2002. This decrease is credited to both improved cancer treatments and increased participation in breast screening.

Recommended Breast Screening Interval

According to the Canadian Task Force on Preventive Health Care, women over the age of 50 should have a mammogram every two years.

“Canadian investigators have shown the importance of physician support for women to participate in breast screening. Referral to the provincial breast screening program is endorsed by the Ontario College of Family Physicians” (Cancer Care Ontario, OBSP).

Benefits of the Ontario Breast Screening Program (OBSP)

- Provides **high quality mammography**, a **clinical breast examination** (at most sites) by a specially trained nurse examiner, and **information about breast self-examination**.
- **Meets Canadian and international standards** for early detection of small invasive cancers.
- All sites are **accredited with the Canadian Association of Radiologists Mammography Accreditation Program**.
- **The OBSP supports busy family physicians** by booking women for breast screening, automatically recalling them, automatically referring women for diagnostic tests (with their physicians’ authorization), and referring women back to their family doctors for additional health care needs.
- **The OBSP gives physicians peace of mind**. Patients have regular mammography and are recalled for screening at appropriate intervals. The OBSP completes a breast cancer risk assessment to determine if annual or biennial screening is appropriate. If a woman needs breast assessment, OBSP staff will monitor her clinical pathway through to diagnosis.
- By referring patients to the OBSP, **physicians indirectly participate in an ongoing body of research on best practices in breast screening**.

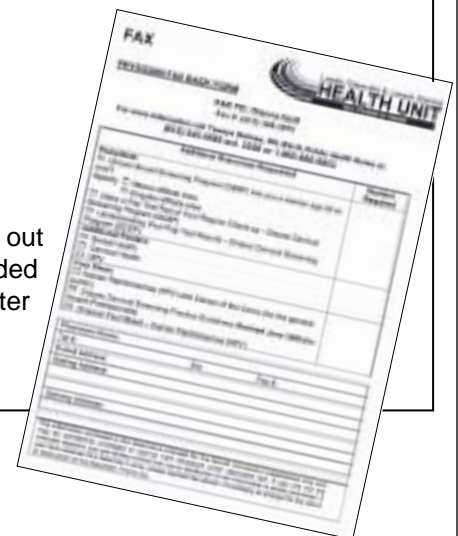
Adapted from Cancer Care Ontario, Ontario Breast Screening Program

Local Ontario Breast Screening Program (OBSP) sites:

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

For more information about the OBSP call 1-800-668-9304 or contact Tawnya Boileau, Public Health Nurse at (613) 345-5685 ext.2226 or tawnya.boileau@healthunit.org

For resources, please fill out the Fax Back Form included with this newsletter



Fetal Alcohol Spectrum Disorder

Submitted by Lois Dewey, BScN, RN, Public Health Nurse, Early Years Healthy Pregnancy

The March 2005 issue of the Canadian Medical Association Journal included the release of the Canadian guidelines for diagnosis of Fetal Alcohol Spectrum Disorder.

The Journal abstract states:

The diagnosis of Fetal Alcohol Spectrum Disorder (FASD) is complex and guidelines are warranted. The guidelines are based on widespread consultation of expert practitioners and partners in the field. The diagnosis requires a comprehensive history and physical and neurobehavioural assessments; a multidisciplinary approach is necessary.

These are the first Canadian guidelines for the diagnosis of FAS and its related disabilities, developed by broad-based consultation among experts in diagnosis.

The assessment for prenatal alcohol exposure is a diagnosis for the affected person, the birth mother and possibly affected siblings. Rather than labelling, a diagnosis provides a blueprint for early intervention. Treatment planning and implementation, specifically targeted toward the unique needs of the individual and the family, form a large part of the diagnosis.

The article can be accessed in its entirety at: http://www.cmaj.ca/cgi/content/full/172/5_suppl/S1

Fast Facts from CMAJ



Screening: Health professionals should screen pregnant and postpartum women for alcohol use with validated screening tools. Women at risk for heavy alcohol use should receive early brief intervention.

Abstinence should be recommended to all women during pregnancy since prenatal alcohol exposure puts the fetus at risk.

Intervention necessary to affect behaviour change:

- 70% of women need good information
- 20% need information and support
- 10% need information/support and intervention



FASD: Why Diagnose?

An early diagnosis:

- Allows access to interventions & resources that may mitigate the development of subsequent 'secondary disabilities'
- Allows appropriate intervention, counselling & treatment for the mother and may prevent the birth of affected children in the future
- May also prompt caregivers to seek diagnosis & support for previously undiagnosed siblings

FASD Primary Disabilities

- Learning problems
- Attention
- Judgement
- Impulsivity
- Sleeping/Eating
- Communication – Receptive Language
- Abstraction
- Math Problems
- Memory Problems
- Social Perceptions

FASD Secondary Disabilities

- Mental Health Problems
- Disrupted School Experience
- Trouble with the Law
- Alcohol/Drug Problems
- Inappropriate Sexual Behaviour
- Confinement (inpatient for mental illness/substance abuse or incarceration)
- Employment Problems
- Running Away/Homelessness

The Health Unit is preparing a supply of resources to send to tri-county physicians to support your work of caring for both individuals at risk for having a child with FASD, those with FASD, and their families. You, or your group of physicians will receive:

- a CD, 'What Doctors Need to Know About Fetal Alcohol Syndrome (FAS)
- a copy of the T-ACE questionnaire, a screening tool for alcohol use
- a resource list of referral points for women who require intervention to reduce the risk of FASD, diagnostic clinics, and supports for families affected by FASD
- a summary of the 2004 report released by the Public Health Agency of Canada: Fetal Alcohol Spectrum Disorder – Knowledge and Attitudes of Health Professionals about Fetal Alcohol Syndrome: Results of a National Survey.
- a sample of patient education materials available

These resources will be arriving in your office during the month of November.

Vitamin D and the Breastfed Baby

Submitted by Dianne Oickle, MSc, RD Public Health Nutritionist

Vitamin D is important for baby's growth and development. It works with calcium to build healthy bones and teeth.

Babies get vitamin D from a number of sources:

- Mom's vitamin D storage during pregnancy
- Breast milk
- Sunlight
- Vitamin D supplements
- Food sources when the baby is old enough (egg yolk, margarine, cow's milk, fatty fish like salmon)

Babies who do not get enough vitamin D are at risk of developing a vitamin D deficiency. Vitamin D deficiency can cause a disease of the bones called rickets and problems with tooth development.

Some babies who are breastfed may not receive adequate amounts of Vitamin D.



Vitamin D deficiency is more likely to occur in breastfed babies when there is one or more of the following risk factors:

- Limited sunlight exposure. Low levels of vitamin D may be more common since the Canadian Cancer Society now recommends that babies under one year of age should be kept out of direct sunlight.
- Mother/baby have dark skin (less vitamin D produced in dark skin from sunlight).
- Baby's and mother's skin are always covered with clothing, a blanket, or sunscreen.
- Living in northern areas presents a higher risk. Even though Leeds, Grenville & Lanark are not considered "northern", sunrays from November through February may not be strong enough for vitamin D production.
- Birth in the fall or winter. During the winter, daylight hours are shorter and it is hard to get enough sunlight to make vitamin D.
- Poor intake of vitamin D during pregnancy and breastfeeding.
- Vegan diet (no animal food sources) during pregnancy and breastfeeding.

Not all health experts agree that Vitamin D supplements are necessary. For example, Health Canada, Dietitians of Canada and the Canadian Pediatric Society currently recommend all breastfed infants receive a vitamin D supplement. However, the World Health Organization, La Leche League International and INFACT Canada recommend only infants at risk receive a supplement.

Babies who are formula fed or who are consuming food sources of vitamin D should not receive a vitamin D supplement.

Vitamin D supplements should be offered based on a baby's unique needs.

Physical Activity-A Prescription for Wellness

Submitted by Shannon MacIntyre, BScN, RN, Public Health Nurse

You are likely very aware of the many benefits physical activity can have for both yourself and your patients. Health Canada reports that physical activity alone can reduce the risk of heart disease, stroke, hypertension, and type II diabetes by as much as 50%. It can also reduce the risk of osteoporosis, arthritis, several cancers, and depression. The Alberta Centre for Active Living reports that 45-60 minutes of moderate to vigorous physical activity 4 or more days a week, can reduce breast cancer by 30-40% and colon cancer by as much as 50% compared to inactive individuals (Research Update, Vol. 9, No 2, March 2002). Further to these health benefits, physical activity also improves quality of life and increases energy. For patients with chronic aches and pains...physical activity can also help to decrease this discomfort, allowing your patients to move more easily. Not to mention that physical activity can help prevent falls as it builds stronger muscles & bones, increases relaxation and reduces stress.

The trouble is, your patients would usually prefer a quick fix. They may find taking medication more convenient than introducing or increasing their level of physical activity, even though becoming more active has low risk and clearly has numerous health benefits.



This is where you have the advantage. Most people, especially senior citizens trust their physician completely. **Studies have shown that physicians have the largest influence on how their patients will manage their health.** When it comes to promotion of lifestyle changes, in the absence of physician advice to be more active, patients may believe that their current lifestyle is acceptable.

What "dose" of physical activity I should "prescribe"?

For most individuals physical activity is safe, and people should follow Canada's physical activity guide for the appropriate age group. It's never too late to start. However, if your patient has been inactive, they should start slowly and gradually build up. For seniors, the activity does not have to be difficult for them to reap the health benefits. Encourage your adult patients to slowly work up to 60 minutes of light to moderate activity on most days of the week, by adding up 10 minute blocks of strength, flexibility and endurance activities throughout their day (e.g., walking, gardening, housework, stretching). For most individuals this "prescription" should start to improve their health within 4-12 weeks.

For more information contact Leeds, Grenville and Lanark Health unit at 1-800-660-5853 or 345-5685.

Or visit our website at www.healthunit.org

Screening for Woman Abuse

Submitted by Carol Quinlan, RN, BScN, Public Health Nurse, Family Abuse Prevention Co-ordinator

The independent learning module for Health Care Professionals on screening for woman abuse has now been posted on the Physicians/Health Professionals section of the Health Unit website: www.healthunit.org

Information that is available includes:

- Definition of abuse
- Stats
- Types and cycle of abuse
- Health effects of abuse and why screening for abuse is so important
- How exposure to domestic violence can effect children
- Safety planning for woman and her family
- Community referral services
- Order form for Health Unit print material that is available to support physicians and their clients
- Additional Website links

If you have any questions or would like to book a training session to learn more about screening for woman abuse please contact Carol Quinlan, Family Abuse Prevention Coordinator at 613-283-2740 or carol.quinlan@healthunit.org