

Nexus



with the Health Care Community

Changes in recommendations for administration of rabies post-exposure prophylaxis (PEP) following a bat exposure.

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

The Ministry of Health and Long Term Care recently announced a major change in policy surrounding the administration of Post exposure prophylaxis following a bat exposure. Based on scientific research and on the advice of the Ontario Provincial Infectious Diseases Advisory Committee (PIDAC), it has been demonstrated that there is an extremely low risk of contracting rabies in cases where the bat exposure is of a non-contact nature.

This policy change now reflects that PEP should be given following a human to bat exposure **“only when a bat bite or scratch has occurred or when there is direct contact with a bat AND either of the following cannot be eliminated; a bat bite or scratch, or saliva from a live bat entered an open wound or mucous membranes.”** A risk assessment should continue to be done to determine if direct contact occurred. This new policy includes the following situations as being deemed direct contact **“the bat should be observed to touch or land on the person. This would include if the bat was handled by a child, stepped on with bare feet, flew into a person or was touched when the person reached in its hiding place.”** If the bat lands on the clothing of a person who can confirm that they were not bitten or scratched and that saliva did not contact an open wound or mucous membrane then PEP would not be required.


As in all animal bite exposures, prompt first aid including washing with soap and water and flushing of the affected area is effective in reducing the risk of rabies transmission. If possible, suturing of the wound should be avoided. Other treatment considerations would be tetanus prophylaxis and treatment to prevent infection as required. Please continue to report all animal bites and possible rabies exposures to the Health Unit, as required by law. Incidents occurring outside normal office hours should be reported by telephone. As in the past, you may continue to consult with health unit staff while performing your risk assessment.

Other recommendations for rabies post exposure prophylaxis continue to be in effect. Once the Guidelines for Management of Suspected Rabies Exposures are updated to reflect this change, a copy will be forwarded to your office.



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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.

Reference:

Ministry of Health and Long Term Care. Recommendations for Rabies Post-Exposure Prophylaxis with Respect to Bat Exposures. 2008 Aug 8.



Update on Health Professionals Survey

— Katie Higham, MA

At the beginning of June the Health Professionals Committee at the Health Unit distributed surveys to dentists, nurse practitioners, pharmacists, physicians and veterinarians to learn more about how to effectively communicate with these health professional partners. The committee also sent surveys to the office assistants of dentists, physicians and veterinarians.

Surveys have now been returned and preliminary data analysis is complete. We have already learned several lessons and will be completing a more in-depth review of the data when the committee meets again later this fall. We would like to sincerely thank all health professionals and office assistants who took the time to complete the survey - we truly appreciate your help. Here is a summary of what we have gleaned from the preliminary data analysis:

Health Professionals Surveys

- 81 surveys returned (30.3% response rate - may have missed some new health professionals). Greatest response from veterinarians and pharmacists.

What we learned:

- Respondents like to receive newsletters and like education sessions the most; they like information for PDAs and listservs the least
- Majority of respondents are aware of the Health Unit and its services, and have received or accessed information from the Health Unit
- Over 40% of respondents have **not** accessed the Health Unit's website (www.healthunit.org), or the Health Professionals section of the website (www.healthunit.org/professionals) or the Health Unit's 1-800 line (1-800 660-5853)
- Most preferred method for information delivery: mail
- Close to 80% of respondents are interested in participating in education sessions offering Continuing Professional Development credits. Respondents would prefer to participate in these sessions in person as opposed to by webinar, videoconference or teleconference.

Office Assistants Surveys

- 49 surveys returned (23% response rate - hard to determine denominator as we estimated total number of office assistants)

What we learned:

- Many respondents are without email
- Office assistants act as 'gatekeepers' in the flow of information from the Health Unit to health professionals
- The majority of respondents (over 70%) have not accessed the Health Professionals section of the Health Unit's website (www.healthunit.org/professionals)
- The majority of respondents (over 90%) are aware of Health Unit and its services - and would like more information about our services and information for their clients/patients.

“New” information for Primary Care Practitioners (PCP) in the Ontario Health Plan for an Influenza Pandemic, August 2008

During an influenza pandemic, Ontarians who develop influenza symptoms must know where to go for assessment, treatment and, if necessary, referral to other services. Assessment services must be received quickly so that antiviral therapy can be started as soon as possible after onset of symptoms, ideally within 12 to 24 hours. Patients will be encouraged to use a self-assessment tool, access remote screening by calling their PCP or Telehealth or if necessary, see their PCP for a face-to-face assessment.

The Ontario Health Plan states that “Influenza assessment, treatment and referral services will be provided in the community by primary care practitioners.” (OHPIP 2008, Chp 11-1)

Several tools are provided in the Ontario Plan for practitioners, to allow them to maintain their practice/agency during a pandemic. This includes a guide to deferring services and a checklist for pandemic preparedness. Please see www.health.gov.on.ca/pandemic, OHPIP, Chapter 11. The chart on page 4/5 is an example for you.

However, in the event that the existing primary care system becomes overwhelmed due to the severity of the pandemic, each community should have a plan in place to provide assessment, treatment and referral services. A dedicated Flu Centre for flu patients to be assessed and treated with antivirals is one option.

At present, in Leeds, Grenville and Lanark Counties, five committees have been established to review the availability of primary care resources and their ability to ensure that patients can be assessed, diagnosed and treated quickly. These committees are located in Almonte, Carleton Place, Smiths Falls/Perth, Kemptville and Brockville. Committees will also be established in other communities.

We would like to know what you think about the new Ontario Health Plan guidelines and about your ideas for service during a pandemic. In order to plan effectively, groups of PCPs will be contacted to discuss these issues. Some questions to consider are:

- During a pandemic do you plan to see patients with flu symptoms in your office?
- Would you consider opening your practice to assess other patients with flu symptoms who do not have a PCP?
- Can your office environment and work practices be altered to ensure infection prevention and control?
- Can you share resources (staff, call lines, fit testing of N95 masks) with other practitioners?
- Would you consider assisting at a Flu Assessment Centre in your community?

Please call Michele de Jonge, RN, BScN at 613-283-2740 ext. 4237 with questions or for more information.

The District Health Profile: Using Surveillance to Plan Future Health Strategies

— John Cunningham, MSc, Epidemiologist

The Leeds, Grenville & Lanark District Health Unit produces an ongoing web-based statistical report called the District Health Profile. A primary goal of the District Health Profile is to provide health professionals with analysis of long-term trends. These trend analyses can aid in decision-making for evidence-based health planning and service provision by health stake-holders within Leeds, Grenville and Lanark Counties. The most recent addition to the District Health Profile is a section on chronic conditions (diseases).

Chronic diseases have become a larger health problem in developed countries relative to infectious diseases due to improved public health practices (e.g. clean water or immunization programs) and ageing populations. Chronic diseases cannot themselves be communicated interpersonally, but in many cases their risk factors can (e.g. exposure to tobacco advertising and products).¹ These diseases are typically characterized as being non-communicable, having a long latency before becoming obvious to the afflicted person, result from uncertain causes, and can be a result of multiple risk factors.²

The relationships between a population's demographic characteristics and the prevalence, incidence and mortality due to certain chronic diseases are well known; with age, sex, living and working conditions and geography all potentially having an effect.

So what do these relationships suggest for planning the provision of health services to the population of a defined geographical area? We know that Canada's population is ageing. The District Health Profile can be used to confirm that trend in our local area. For example, the overall age characteristics of the population of Leeds, Grenville and Lanark Counties show an increase in median age from 40.3 years with 80.9% of the population being over 15 years of age in 2001 to 43.3 years with 83.0% of

the population being over 15 years of age in 2006³. These statistics clearly demonstrate an ageing population within our geographic region.

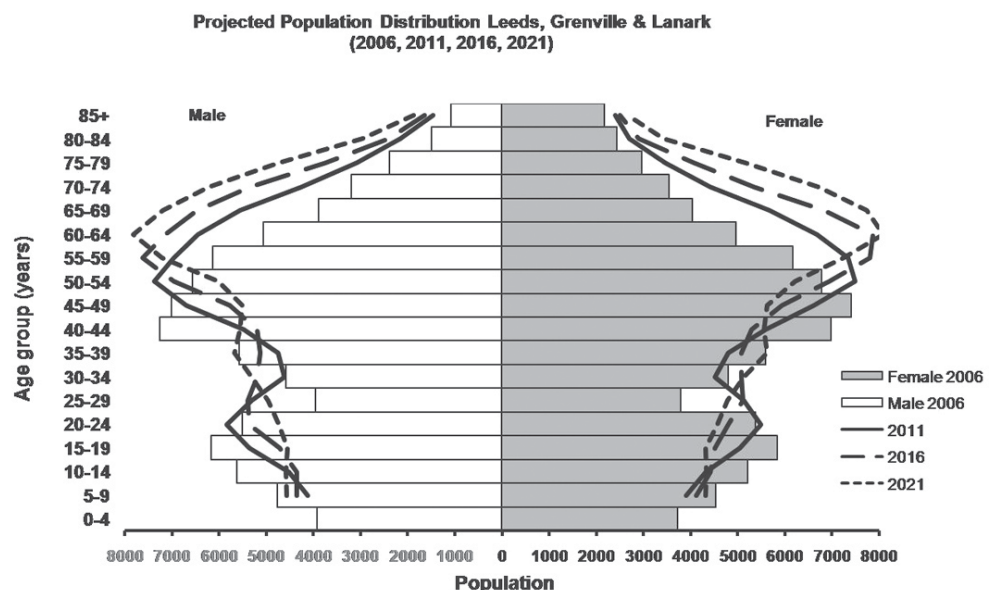
The Canadian Community Health Survey (CCHS) for 2005 determined that 74.9% of the population aged 12 years and over in Leeds, Grenville and Lanark Counties reported having a chronic disease. The rate of reported chronic diseases increases to 93.4% for the population aged 65 years and older. If you were to extrapolate from this population and prevalence information you could infer that our population is ageing and that older populations will report more chronic conditions than younger ones. The implications for health service delivery for the treatment and long-term care of chronic disease patients could be considerable and become more acute over time. As well, population projections for Leeds, Grenville and Lanark Counties suggest that this ageing trend will continue for the foreseeable future (See population pyramid). Like all predictions, the linear nature of most trend analysis can be violated

by some unforeseen demographic/socio-economic shift and should therefore be interpreted with caution. Although the above example is fairly straight forward, the interpolation of these types of statistics can be valuable for medium and long-term health planning. The District Health Profile is a reliable source of local data to support that planning.

Please visit the Health Unit website to view the District Health Profile and other postings at www.healthunit.org/professionals. If you have any specific questions you can email the epidemiologist at epi@healthunit.org or call 613-345-5685 ext. 2270.

References

1. Choi BC, McQueen DV, Puska P, et al. Enhancing global capacity in the surveillance, prevention and control of chronic diseases. *J Epidemiol Community Health* 2008; 62: 391-397
2. Centre for Chronic Disease Prevention and Control. Health Topics. [Online]. 2008 [Cited 2008 May 26] Available from: URL: http://www.phac-aspc.gc.ca/ccdpc-cpcmc/topics/chronic_disease_e.html
3. Statistics Canada. Community Profiles. [Online] 2008 [Cited 2008 Sep 11] Available from: URL: <http://www12.statcan.ca>



How Can I Maintain My Family Practice During An Influenza Pandemic?

Strategy	Preparing <i>before</i> pandemic	Responding <i>during</i> pandemic
Deliver services in different ways	<ul style="list-style-type: none"> ▷ Identify the types of services that could be delivered by phone ▷ Identify the types of prescription medications that can be renewed without having the patient come into the office 	<ul style="list-style-type: none"> ▶ Provide as much care and advice as is safely possible by phone ▶ Consider home visits to patients whose health might be compromised by coming into the office
Defer some services	<ul style="list-style-type: none"> ▷ Identify those primary care services that can safely be reduced or deferred during a pandemic ▷ Learn how to access information from your public health unit during an emergency (www.healthunit.org, 1-800-660-5853) 	<ul style="list-style-type: none"> ▶ Make decision about which services to defer and for how long based on the severity of the pandemic, and triage patients ▶ Access information in real time from the Medical Officer of Health about the severity of the pandemic in your region and how to handle services
Deliver new services	<ul style="list-style-type: none"> ▷ Take into account the new services that you may have to take on during a pandemic (e.g., services currently provided in hospital; assisting at assessment centres) 	<ul style="list-style-type: none"> ▶ Implement plan
Develop plans to ensure continuity of care for all patients, including vulnerable patients	<ul style="list-style-type: none"> ▷ Maintain a list of vulnerable patients (e.g., people who live alone, people who are handicapped, people who require ongoing monitoring for a health condition, frail elderly) ▷ Identify strategies to meet their needs during a pandemic (e.g., regular phone contact, having them move in with a family member, home blood pressure monitoring, referral) 	<ul style="list-style-type: none"> ▶ Implement plan
Be part of the community's pandemic plan	<ul style="list-style-type: none"> ▷ Ensure that LGL Health Unit, the MOHLTC and your professional college and association have your up-to-date contact information so you will receive information and directives during a pandemic (www.healthunit.org, click on Healthcare Professionals, Pandemic Influenza) ▷ Negotiate arrangements to provide services in other settings, if required 	<ul style="list-style-type: none"> ▶ Implement role in the plan
Establish links with other primary care providers	<ul style="list-style-type: none"> ▷ Establish links and make arrangements to provide coverage for one another ▷ Identify opportunities to share resources (e.g., staffing a patient call line, fit testing of N95 masks, designating one site for influenza assessment and another for other patients) 	<ul style="list-style-type: none"> ▶ Work collaboratively to maintain essential primary care services and provide care for people with influenza
Maintain emergency plan (Business Continuity Plan)	<ul style="list-style-type: none"> ▷ Review and update your business continuity plan 	<ul style="list-style-type: none"> ▶ Implement business continuity plan

Adapted from Ontario Health Plan for an Influenza Pandemic, Aug 2008 www.health.gov.on.ca/pandemic

... continued from page 4

Strategy	Preparing <i>before</i> pandemic	Responding <i>during</i> pandemic
<p>Use appropriate occupational health and safety/ infection prevention and control practices</p>	<ul style="list-style-type: none"> ▷ Be familiar with recommended occupational health and safety / infection prevention and control practices ▷ Be aware of your responsibilities under the Occupational Health and Safety Act (e.g., train workers, provide appropriate personal protective equipment) ▷ Recommend annual influenza immunization for all staff ▷ Place alcohol-based hand rub at the point of care and at the doors, ask coughing patients to wear a surgical mask in the waiting room, schedule ILI patients at a certain time of day, conduct telephone triage, cohort patients in the waiting area, erect plexiglass barriers between receptionists and clients ▷ Develop policies to encourage staff to stay home when they are sick ▷ Determine the type of personal protective equipment required for all staff based on the job that they perform ▷ Ensure you have received your infection control kit from the MOHLTC ▷ Establish fit testing program for staff who require N95 respirators (phase 5) ▷ Maintain a four-week stockpile of personal protective equipment (MOHLTC will also maintain a four-week stockpile. To access, contact the Ministry Emergency Operations Centre at 1-866-212-2272) ▷ Use MOHLTC training materials to provide general training/information for staff 	<ul style="list-style-type: none"> ▶ Reinforce training, hand hygiene policies and procedures, cough etiquette, and use of personal protective equipment ▶ Use the screening tool provided by the MOHLTC to screen patients for flu symptoms, and implement appropriate precautions e.g., referring patient to a Flu Centre (if established), asking patients to wear a surgical mask in the waiting area, have a separate area for ILI patients ▶ Schedule patients so that you only see ILI patients at a certain time during the day (e.g., non-ILI patients in the morning and ILI patients in the afternoon) ▶ Conduct telephone triage to divert patients to appropriate level of care ▶ Use the same screening tool to screen staff for flu symptoms and implement appropriate workplace practices (i.e., ask staff to go home if they are sick) ▶ Clean more frequently and follow environmental guidelines for cleaning ▶ Access ministry equipment stockpiles when necessary ▶ In the event that supplies of equipment such as N95 or comparable respirators run out, provide surgical masks
<p>Communicate with patients</p>	<ul style="list-style-type: none"> ▷ Maintain a list of patient contact information ▷ Tell patients how office and care practices will change during a pandemic (e.g., more care provided by phone, the use of alternate assessment and treatment services) ▷ Give patients information about how to protect themselves from flu and how to care for family members who fall ill (www.health.gov.on.ca/pandemic) 	<ul style="list-style-type: none"> ▶ Use messages on answering machines and signs to advise patients to call the office or Telehealth, rather than coming in ▶ Walk-in and after hours clinics should post signs advising people to phone to determine whether they should come into the clinic or go elsewhere for assessment ▶ Post information about the services that will be deferred during the pandemic
<p>Communicate with staff</p>	<ul style="list-style-type: none"> ▷ Maintain an up-to-date list of staff contact information ▷ Inform staff about the plans to maintain services during a pandemic ▷ Consult with and inform Joint Health and Safety Committee / representative 	<ul style="list-style-type: none"> ▶ Update staff each day ▶ Use information provided by the MOHLTC (e.g., Important Health Notices, directives) to ensure staff receive consistent messages

Reporting Hepatitis C

— Tanis Brown, BScN, RN, Public Health Nurse

Hepatitis C is a reportable disease under the Ontario Regulation 559/91 and the Health Protection and Promotion Act, 1990. Since January 2007 the Leeds, Grenville and Lanark District Health Unit has received 104 reports of lab confirmed cases of Hepatitis C.

We have been working diligently this year to develop a process to facilitate the reporting requirements and to provide your patients with current management and treatment options.

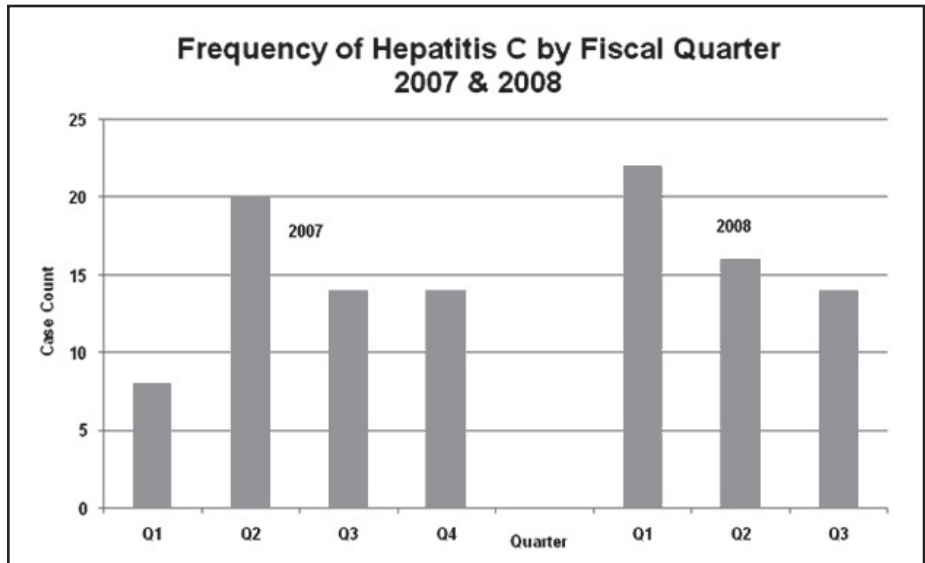
The Health Unit has implemented a three step process for reporting new Hep C cases. Reported cases of Hepatitis C are initiated and followed up by the Public Health Nurses on the Communicable Diseases Team.

1. When the Health Unit receives a reactive Hepatitis C serology result, they will notify the health care provider and request a case report. A case report form will be sent to the provider or can be accessed electronically from the Health Unit's website: http://www.healthunit.org/professionals/reportable_diseases/disease/reportable_hepatitis.html Fax or mail the case report to the address indicated on the form.
2. A reminder letter will be sent after thirty days if the case report is not received by the Health Unit.
3. Sixty days following the lab reporting date, if the case report has not been returned, the Health Unit will contact the client directly.

The Communicable Diseases Team has Hepatitis C counseling guidelines and a patient fact sheet as a resource for you.

They can both be located at http://www.healthunit.org/professionals/reportable_diseases/disease/reportable_hepatitis.html or by contacting the Clinical Services Department at either the Brockville (613-345-5685 or Smiths Falls (613-283-2740) office.

Working together, we are striving to achieve excellence in Hep C case management in Leeds, Grenville & Lanark.



Source: Cognos report, October 20, 2008; taken from iPHIS.

Hepatitis C Case Report

Leeds, Grenville & Lanark District HEALTH UNIT
www.healthunit.org Your Partner in Health

Please complete the following information for any Hepatitis C cases.

Fax or mail completed form to:
Leeds, Grenville & Lanark District Health Unit
Attention: CD Team
458 Laurier Blvd
Brockville, ON, K6V 7A3
FAX: 613-345-5777 (Confidential)

Patient is eligible for free Hepatitis A & B vaccine. To order for this patient, call 613-345-5685 ext. 2267 and leave client initials, age and Hepatitis C status.

Date (YYYY/MM/DD) / / Form completed by: / / Note: Additional comments can be made on another page and faxed together with this form if needed.

A. DEMOGRAPHIC INFORMATION

Last Name / First Name / Initial / Health card # (if available)

Birth date (YYYY/MM/DD) / / Age / Gender Male / Parent / Guardian (if applicable)

Address / Phone # (include area code) () - () - ()

Family / Treating Physician / Initial / Phone # (include area code) () - () - ()

Medical Risk Factors Blood transfusion Immunocompromised Invasive surgical / dental / ocular procedures Tattoo / acupuncture / ear piercing / electrolysis organ / tissue transplant unknown other (specify) _____

Behavioural Social Risk Factors Illicit drug use – injection / intranasal travel Unknown other: (specify) _____

Has the patient donated / received blood, tissues, organs or semen? Y N
If yes, please provide date & location: (specify ie. BGH)

B. IMMUNIZATION HISTORY Note: Hepatitis A & B vaccines are recommended for patients not already immune.

Has client received Hepatitis A immunization? #1 Y N #2 Y N
Has client received Hepatitis B immunization? #1 Y N #2 Y N #3 Y N

Patient is eligible for free Hepatitis A & B vaccine. To order for this patient, call 613-345-5685 ext 2267 and leave client initials, age and Hepatitis C status.

C. CASE DETAILS Note: It is recommended that chronic Hepatitis C patients be referred to a liver specialist.

Date of Diagnosis (YYYY/MM/DD) / / Onset of date of symptoms: (YYYY/MM/DD) / /

Symptoms: asymptomatic anorexia body aches abdominal pain liver function abnormality fatigue jaundice nausea dark urine other: _____

Has patient been referred to a liver specialist? Yes No
If not, will you be referring the patient? Yes No
Treatment Yes date: (YYYY/MM/DD) / / No why: _____

D. COMPLICATIONS none cirrhosis hospitalized Why? / / fatal other: _____
 inpatient Outpatient

Start Date: (YYYY/MM/DD) / / End date: (YYYY/MM/DD) / /

E. CASE FOLLOW-UP

Is the patient aware he / she has Hepatitis C? Y N
Has patient been counselled regarding transmission prevention and the disease process? Y N

If further counselling is required, client may call 613-345-5685 or 1-800-660-5853 and ask to speak to the CD nurse on call.

Please complete all sections. This will ensure timely reporting and efficient case management.

Here's how to order your vaccine

Canadian Blood Services will be notified by the Health Unit.

COUNSELLING GUIDELINES:

- Transmission: injection, household, sexual, perinatal
- Recommended blood work: HepC, RNA, HBSAG, anti-HBs, anti-HBc, HIV, liver enzymes
- Alcohol consumption

Canadian Association of Pediatric Surgeons Takes Position on ATVs and Children

— Joanne Desormeaux, RN, BNSc, Public Health Nurse

The Canadian Association of Pediatric Surgeons has recently released their position statement on the use of all-terrain vehicles (ATVs) by children and youth. In view of the alarming statistics showing rising rates of injuries, ATVs can no longer be considered as a safe recreational activity for any child younger than 16 years, writes the association.¹

As the popularity of ATVs has increased dramatically over the past few decades, so too have the numbers of injuries and deaths among Canadian children and youth. Between 2005 and 2006, in the Eastern Ontario region, ATVs were responsible for almost 1,000 emergency department visits and 90 hospitalizations. Twenty three percent of emergency department visits and 14 percent of hospitalizations were for children under the age of 16 years.²

ATVs are particularly dangerous when used by children and young adolescents because they lack the knowledge, physical size and strength, and cognitive and motor skills to operate them safely (Canadian Pediatric Society).³

To help get this important message across, the Health Unit, along with the Eastern Region Injury Network (www.plan-itsafe.com/ERIN) have developed resources to educate parents about the risks to children who ride or drive ATVs.



ATV Riding Is Not Child's Play

Posters and rack cards provide facts on how easily ATVs roll over, that they are not intended to take passengers, and that the machines can weigh up to 800 lbs. Copies of these resources have been sent to every healthcare provider in LGL in hopes that parents will become more aware of the risks these powerful machines pose to children.

The Canadian Association of Pediatric Surgeons' position statement on all-terrain vehicles closely mirrors that of the Canadian Pediatric Society; Children younger than 16 years should not operate ATVs anytime, anywhere, any size. To

read the full document and further recommendations, visit <http://www.caps.ca>.

References:

- 1 Trauma Committee of the Canadian Association of Pediatric Surgeons. Canadian Association of Pediatric Surgeons' position statement on the use of all-terrain vehicles by children and youth. *J Pediatr Surg* 2008;43: 938-9.
- 2 Canadian Institute for Health Information. Discharge Abstract Database and National Ambulatory care Reporting System. 2005-2006.
- 3 Injury Prevention Committee of the Canadian Pediatric Society. Preventing Injuries from all-terrain vehicles. *Paediatr Child Health* 2004 Sep; 337-40.



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: _____

