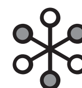
Sharing Public Health News & Views

Nexus



with the Health Care Community

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March 2008

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INSERT: Revised Childhood Diseases Chart Available

New Liquid-Sensing Thermometers Coming To Your Office

— Doug Williams, RPN, Registered Practical Nurse

In the coming weeks, the Health Unit will be distributing a new thermometer that will provide a more precise measurement for vaccine storage and handling. The new liquid-sensing thermometers were tested for accuracy and precision in the fall of 2007, with the help of physicians' offices in Leeds, Grenville and Lanark. The results found that they were more accurate in detecting temperature differentials than the traditional air-sensing thermometer. These results were presented at a Vaccine and Preventable Diseases Networking Day in Toronto on December 5th, 2007.

Vaccines are sensitive biological substances that can lose their effectiveness if they are not stored properly. The transportation and storage of vaccines within a temperature range of 2° and 8° Celsius is the goal of what has come to be known as the "Cold Chain."[1] The cold chain, one of the many components of proper vaccine storage, begins with manufacturing, moves through the Federal and Provincial distribution channels and ends when the vaccine is administered. A vaccine can be wasted if it is exposed to temperatures outside the appropriate range[1]. This waste is a significant, yet preventable liability. The Health Unit is working closely with front line health care facilities to improve the awareness of and adherence to the guidelines for proper vaccine storage.

Our goal is to ensure the public's health is protected as well as possible. Immunization programs are among the most cost-effective ways of providing protection against disease. Ensuring the safety of the vaccine supply is a mandatory program for Public Health and is essential to ensuring a successful immunization program.

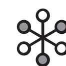
Reference

1. Public Health Agency of Canada. National Vaccine Storage and Handling Guidelines for Immunization Providers. Ottawa: Government of Canada; 2007.

Cold Chain and Administration of Non-Health Unit Vaccine

— Rebecca Kavanagh, MPA[c], BScN, RN, Manager, Dept. of Clinical Services

Due to the Health Unit's commitment to cold chain, we are unable to administer vaccine that is not dispensed by the Health Unit; this includes vaccines purchased at pharmacies. We recommend that clients return to the Health Care Provider who prescribed the vaccine for its administration. Please contact us if you have questions regarding cold chain or the proper storage and handling of vaccines at 613-345-5685 or 1-800-660-5853.



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.*

SYNOPSIS

UPDATE:
Canadian Guidelines on Sexually Transmitted Infections: 2006 Edition

— Barbara Vander Meer, BScN, RN, Public Health Nurse

In October 2007 and again in January 2008, the Public Health Agency of Canada released an update regarding revised chapters of the Guidelines. Each updated chapter summarizes the most significant changes and cross-references them to the corresponding page numbers in the hard copy of the Guidelines (2006).

Significant changes to the Gonorrhoeae section have been made because of the rapid rise of Quinolone resistance in Canada. The Public Health Agency is suggesting the entire chapter be printed out and the previous update be disregarded.

These and other important updates are available online in PDF format at: http://www.phac-aspc.gc.ca/std-mts/sti_2006/sti_intro2006_e.html

Reference

The Public Health Agency of Canada. Canadian guidelines on sexually transmitted infections 2006 edition. [Online]. 2008 Jan 15 [cited 2008 Feb 7]; Available from: URL:http://www.phac-aspc.gc.ca/std-mts/sti_2006/sti_intro2006_e.html

CAGE+2+Y

Health Professional Screening Tool for Alcohol Use is now online!

— Lucia Taggart, RN, BNSc

As part of a thorough health assessment this short tool, with high reliability and validity, can be used to screen for alcohol use before prescribing medications or other treatment options. Available at http://www.cnsaap.ca/cnsaap/ProfessionalToolkits/screening

WATCH FOR IT:

A Survey of Health Professionals

— Katie Higham, MA, Planning & Evaluation Consultant

The Health Unit considers healthcare professionals to be important partners in achieving our vision of healthy people in health communities. We are always looking for ways to improve how we work with our partners.

The Health Professionals Interdepartmental Committee at the Health Unit is in the process of developing a survey to explore how healthcare professionals prefer to receive or access information, as well as to assess their awareness of the Health Unit's services and resources.

The results of this survey will enable the Health Unit to work more effectively with healthcare professionals and to better meet their needs.

Please look for this survey in the coming months - we will be sending it electronically by Email to Dentists, Nurses, Nurse Practitioners, Pharmacists, Physicians and Veterinarians and their support staff throughout the tri-county. Paper copies will be mailed to those without email access.

We hope that you will take a few moments to complete the survey and help us work more effectively with you!

HEALTH UNIT WEBSITE:

New, Updated Content for **You**

— Denise Kall,RN,BN

The Health Care Professionals section of the Health Unit website has been updated with new content to support local health care providers. Additional new content is scheduled to be added throughout the year, so please check back on occasion.

"What can I find there?"

In an effort to make it easier to find Health Unit forms and resources, a number of them have been posted on the webpage - including the Reportable Disease form and the Report of Positive Mantoux Skin Test reporting form. You can print them from the web page to ensure the most recent copy.

New topics:

- Immunization Schedule
- Reportable Disease List
- Specimen Collection Guide
- Link to Canadian Immunization Guide 7th edition
- Smoking Cessation
- Nutrition

"Where can I find the new content?"

From the Health Unit's main page (www.healthunit.org) - look under 'Topics' on the left hand side, then choose 'Health Care Professionals' to see the updated section.

"Who else can benefit?"

Remember that patients can be referred to the main Health Unit website for access to reliable health information on a wide variety of topics: www.healthunit.org

New Revised OMA Release on Rethinking Stop-Smoking Medications

— Yves Décoste, RN, BScN, Tobacco Program Coordinator

The Ontario Medical Association (OMA) has a long-standing history of advocating for better tobacco-use prevention, protection and cessation supports. The OMA was up front – leading the charge for Ontario to eliminate exposure to second-hand smoke and the changes brought forward in the *Smoke-Free Ontario Act*. The OMA is now a strong advocate to eliminate smoking in vehicles where children are present.

Health Canada's most recent release of the *Canadian Tobacco Use Monitoring Survey (CTUMS)* [(1)] indicates that tobacco addiction or dependence is still very prominent with close to 5 million smokers in Canada.

In January of this year, the document: *Rethinking Stop-Smoking Medications: Treatment Myths and Medical Realities* [(2)] was re-released to update the new information and medications that are now options for smokers looking for help in their quit attempts.

The Ontario Medical Review, January 2008, Volume 75, Number 1 (also available at www.oma.org) not only put this new release [(2)] on the front cover, but also dedicated the editorial to the importance of helping smokers. It also stressed the medical profession's responsibility for providing smoking cessation support including medication and their role in advocating to governments on the importance of public policy and public access to treatment. The full article [(2)] in the Ontario Medical Review can be read at https://www.oma.org/pcomm/omr/jan/08maintoc.htm.

References

(1) Health Canada. Canadian Tobacco Use Monitoring Survey (CTUMS). [Online]. First half of 2007 [cited 2008 Feb 11]; Available from: URL: http://www.hc-sc.gc.ca/hl-vs/tobac-tabac/research-recherche/stat/_ctums-esutc_2007/wave-phase-1_summary-sommaire_e.html

(2) Ontario Medical Association (OMA). Rethinking Stop-Smoking Medications: Treatment Myths and Medical Realities. The Ontario Medical Review. 2008 Jan; 75 (1):22-34.

SUMMARY OF OMA RECOMMENDATIONS

1. Stop-Smoking Medications should be made available to patients with cardiovascular disease who have not been able to quit using non-pharmacologic methods.
2. As with other drugs, nicotine replacement therapy (NRT) dosage should be modified to suit the smoker's needs. Use of the appropriate combination of products is also necessary.
3. NRT should be made available to pregnant women who are unable to quit using nonpharmacologic methods. As with other drugs, NRT dosage should be matched to suit the smoker's needs.
4. Partners who smoke should not smoke around pregnant women; they should be encouraged to quit, and should also consider using stop-smoking medications.
5. Cessation medications should be made available for smokers under 18 who want to quit.
6. Smokers should be encouraged to consider use of the various NRT products concurrently, and/or in combination with bupropion as needed, to control their withdrawal symptoms.
7. Smokers should be encouraged to individualize their NRT dosage to meet their nicotine needs.
8. Hospitals should include cessation medications in their drug formularies, and should offer a cessation program based on the Ottawa model to all smokers admitted to their facility. Standard orders should be available to relieve withdrawal and enhance the likelihood of cessation.
9. The attending physician should routinely offer cessation medications to hospitalized patients who smoke, including patients in psychiatric wards.
10. When smokers know of their hospitalization in advance, these patients should be offered assistance in gaining skills to abstain from tobacco, including the offer of cessation medications. Ideally this should be done six weeks prior to their admission.
11. Smokers should be encouraged to use NRT for as long as needed to maintain or prolong tobacco abstinence. Periodic assessments to evaluate the continued use of nicotine should be offered to the patient.
12. Physicians should consider prolonging varenicline therapy for patients for at least 24 weeks if they are not smoking 12 weeks after they have started the medication.
13. Smokers who cannot imagine being without their cigarettes should try using NRT to take a "cigarette holiday." Over time, these smokers should attempt to gradually extend the duration of these cigarette-free periods.
14. Highly dependent smokers who are unable or unwilling to quit completely should use NRT to help them substantially reduce their cigarette consumption. Over time, these smokers should, ideally, replace more and more of the tobacco they use with NRT.
15. The recent approval by Health Canada of nicotine gum for the purpose of reducing consumption in those who continue to smoke should be extended to all forms of NRT.
16. The manufacturers of NRT products should make these products available at every retail outlet where tobacco products are sold and retailers should display them prominently.
17. The federal government should remove the GST on NRT products.
18. The pharmaceutical industry should work to closely match the package quantity of NRT to tobacco products and ensure that the cost of nicotine replacement therapies not exceed the cost of tobacco products.
19. Cessation medications should be covered under both public and private health insurance plans without penalizing the most dependent smokers who might need long-term treatment to quit successfully.
20. Free NRT programs should be offered annually to help large number of smokers making a quit attempt to be successful.

Tuberculosis: Not Just an International Issue

— Bonnie Erwin, BScN, RN, Public Health Nurse and Melinda Billett, BScN, RN, Public Health Nurse

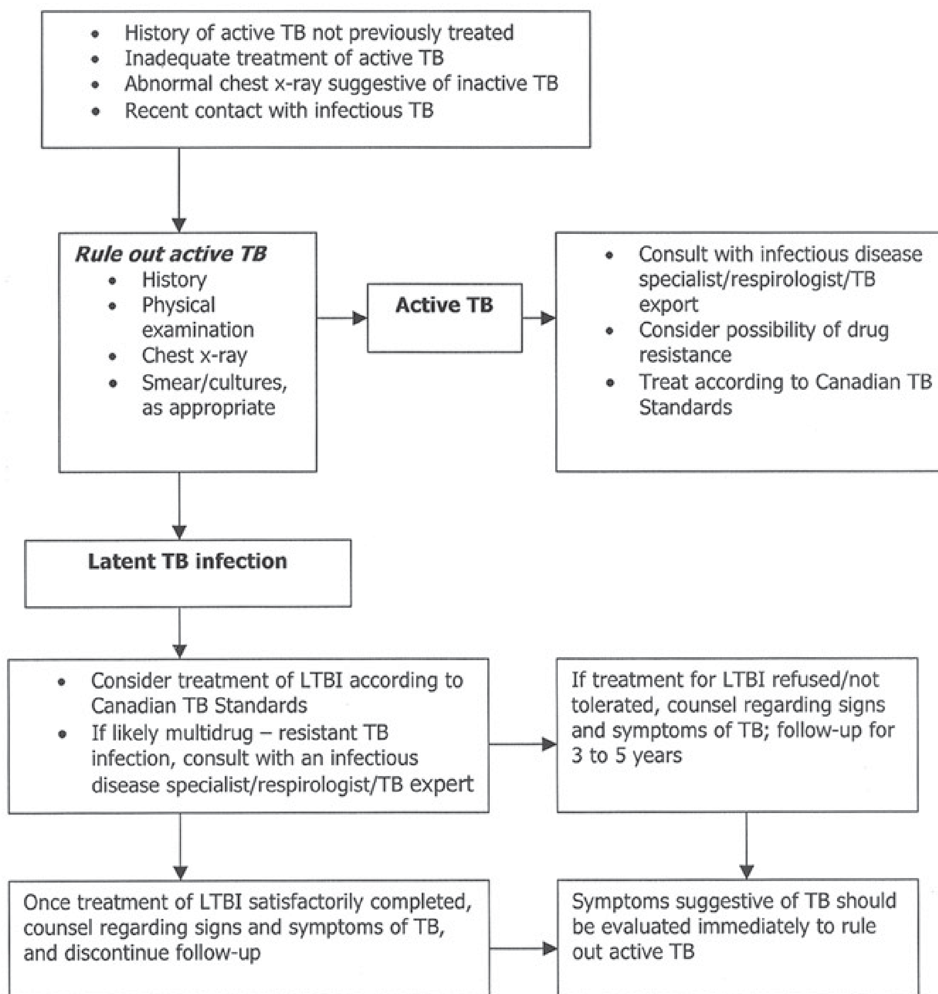
March 24th is designated as World TB Day. The slogan for 2008 is "I'm stopping TB". This year's campaign includes stories of those affected by tuberculosis (TB) as well as those who are part of the battle against the disease.[1]

Tuberculosis Abroad

Worldwide, 90% of cases and 95% of deaths from TB are found in low-income countries. Evidence shows that an increasing number of these cases will travel to industrialized countries where the disease will be discovered.[2] "Estimates of the global impact of TB indicate that TB is the most frequent cause of death in the world from a single agent in young adults and that at least 20 million people have died unnecessarily of this disease in the past decade."[2]

Tuberculosis in Canada

64% of cases of TB in Canada are found in foreign-born individuals. Canadian born Aboriginals account for 20% of cases and Canadian born non-Aboriginals account for 12% of cases.[3] Based on these statistics, a comprehensive immigration surveillance program is needed to detect TB in new immigrants.



Medical Surveillance

The purpose of medical surveillance is to provide new immigrants to Canada with appropriate medical follow-up to rule-out active TB disease and to determine the ongoing follow-up if either active or inactive TB is confirmed. By screening new arrivals for TB, persons can be offered treatment and therefore prevent the spread of TB in Canada.[4]

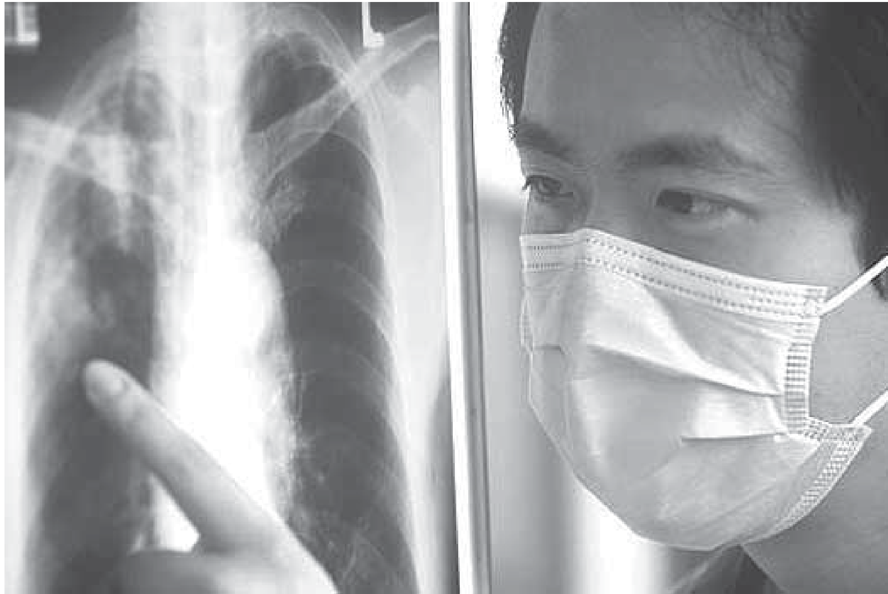
Immigration Procedure

Every person that applies for immigration to Canada, including refugees and some visitors, must complete an Immigration Medical Examination (IME) prior to entering Canada. The IME is completed in the country of origin and includes:

- Medical history
- Physical examination
- 4 age-related routine tests:
  - Urinalysis for applicants > 5 years of age
  - Chest x-ray for applicants > 11 years of age
  - Syphilis serology for applicants > 15 years of age
  - HIV test[4]

If active TB disease is found, the person is unable to enter Canada until adequate treatment is received and reassessment is complete. If active disease is not found, but the chest x-ray is abnormal, or the individual has been previously treated for TB, or he or she has a report of a positive TB skin test, the person is able to enter Canada under Medical Surveillance for Inactive Tuberculosis. The individual is required to contact the local public health authority within 30 days of arrival. In Ontario, the local public health unit where the person resides is to be contacted. (Please note: TB skin tests are not part of the routine IME.)[4]

Citizenship and Immigration Canada (CIC) will also notify the TB Control Program at the Ministry of Health and Long-Term Care (MOHLTC) of persons entering Ontario on medical surveillance. The MOHLTC will then forward the information to the respective health unit in order for medical surveillance to be initiated.[4]



© World Lung Foundation 2006

Some individuals are already in Canada for their initial IME. The chest x-ray is done while in Canada by a Designated Medical Practitioner. Persons who may fall into this category include:

- Refugees,
- Students or visitors who decide to stay longer than 6 months, or,
- Family members who were visitors and have applied for permanent residency to stay in Canada[4]

Once the local public health unit has identified an individual, follow-up involving medical assessment and chest x-ray is needed to rule-out active TB and to determine appropriate follow-up. Individuals may have this follow-up completed by a family physician or a specialist. Follow-up for all individuals on medical surveillance is described in the attached algorithm. Physicians can use this algorithm to ensure their patients are followed appropriately. Public Health Nurses in the Communicable Disease/Tuberculosis Program can assist individuals in finding a physician and ensuring follow-up is completed. Public Health Nurses also communicate with the MOHLTC who notifies Citizenship and Immigration of the individual's progress through medical surveillance. The Health Unit provides anti-tuberculosis medication free-of-charge. Health Care Providers requiring information regarding tuberculosis (active and latent disease) and medical surveillance follow-up can contact the Health Unit and speak with a Public Health Nurse on our CD team.

Health Care Providers following individuals on medical surveillance are an important part of stopping the spread of TB in our community.

References

1. World Health Organization. World TB day: March 24, 2008. [Online]. 2008 [cited 2008 March 3]; Available from: URL: http://www.stoptb.org/events/world_tb_day/2008/
2. Enarson DA. Tuberculosis: 12. global disease and the role of international collaboration. CMAJ 2000 Jan 11;162(1):57-61.
3. Public Health Agency of Canada. Tuberculosis in Canada 2006: pre-release. [Online]. 2007 Nov 27 [cited 2008 Feb 22]; Available from: URL: http://www.phac-aspc.gc.ca/publicat/2007/tbcanpre06/index-eng.html
4. Ontario Ministry of Health and Long-Term Care: tuberculosis protocol. Ontario Ministry of Health and Long-Term Care; 2006 Sep. Version: 1.0.

Do you have a waiting list of potential patients?

Are you receiving phone calls from women who wish service but your practice is full?

Cervical screening clinics are being held to meet the needs of women who do not have a practitioner.

FREE PAP TEST CLINICS

TIMES FOR ALL CLINICS: 3PM TO 7PM

North Lanark County Community Health Centre
April 21, 2008 Tel: 613-259-2182

CPHC Community Family Health Team (Brockville)
April 22, 2008 Tel: 613-345-5077

Country Roads Community Health Centre (Portland)
April 24, 2008 Tel: 613-272-3302

Merrickville Community Health Centre
April 28, 2008 Tel: 613-269-3400

These clinics have been established through the partnership of the Leeds, Grenville & Lanark District Health Unit, the listed Community Health Centres/Community Family Health Team, the Canadian Cancer Society and the Regional Cancer Program of Southeastern Ontario.

For more information:
contact Bonnie Schnittker, RN, PHN
at 613-283-2740 or
1-800-660-5853;
bonnie.schnittker@healthunit.org

Challenges of the 2007/2008 Influenza Season

Submitted by: Jane Futcher, RN, BA, MA, Director of Clinical Services

Influenza season is definitely here. There are multiple reports of laboratory confirmed influenza A, including an outbreak in a long term care facility and one report of locally acquired laboratory confirmed influenza B.

This influenza season is turning out to be challenging for several reasons:

Oseltamivir resistance in the H1N1 strain: So far this year, the H1N1 Solomon Island strain is the most common circulating strain in Canada. This strain is found in the 2007-2008 influenza vaccine and so the vaccine will provide good protection against this strain. In long term care facility influenza outbreaks, we offer oseltamivir (Tamiflu®) to residents even if they are vaccinated. Unfortunately, of the 173 isolates of H1N1 tested this year in Canada, 6.9% have shown oseltamivir resistance. This type of resistance has been noted in 14 countries, 10 of them in Europe. As of now, oseltamivir will still be used in influenza A outbreaks, however, the outbreak will be monitored closely to ensure the oseltamivir is being effective.

There is a mismatch between vaccine and circulating strains of influenza B: Of the 92 influenza B strains characterized in Canada, 97% belong to a strain which is mismatched to the vaccine strain. This means that in long term care facility outbreaks of influenza B, oseltamivir should be offered to both residents and staff members, regardless of their vaccination status, as the vaccine will not provide protection in the vast majority of cases. (Note that this is a change from normal influenza outbreak management when the vaccines and circulating strains match. When there is a good match, only residents and unvaccinated staff members are offered oseltamivir; vaccinated staff members are not offered oseltamivir.)[1]

Reference:

1. Ontario Ministry of Health and Long-Term Care. Surveillance Week 6 (February 3, 2008 - February 9, 2008). Ontario Influenza Bulletin, 2007-2008 [serial online] 2008 Feb [cited 2008 Feb 19]; 1-12. Available from: URL: http://www.health.gov.on.ca/english/providers/program/pubhealth/flu/flu_07/bulletins/flu_bul_01_20080209.pdf

Access to Dental Care

— Dr. Robert Bowes, DDS, MPH, Dental Consultant

The Liberal government's recent electoral promise to spend $45 million[1] per year on a dental program for "working poor" Ontarians is a belated and welcome addition to our public health care system. Belated, in that the Minister of Health stated in 1931: "It is recognized by all that dental care is an absolute necessity in the life of every child."[2]

Currently access to dental care for many Ontarians is a hodgepodge of programs. The following chart is a summary description of the most common provincial programs for clients who cannot afford oral health care in the tri-county area.

Program Name	Age Criteria	Administration	Benefits	Restrictions
Children In Need of Treatment (CINOT)	0-13 years inclusive	Ministry of Health Promotion through LGL District Health Unit	One course of dental treatment if child meets eligibility criteria (usually pain or a large cavity)	Does not cover all services and some are age specific. Child must have urgent condition to qualify.
Ontario Works Dependents (OW)	0-17 years inclusive	Ministry of Community and Social Services through LGL District Health Unit	Basic dental care including preventive services.	No space maintainers; no crowns; no partial dentures
Ontario Works Adults (ADOW)	17+ years and some "living on their own" adolescents	Ministry of Community and Social Services through LGL District Health Unit	Leeds/Grenville residents allowed $400 per year. Lanark residents allowed $400 emergency per year.	No Molar root canal;crowns, dentures. Funding for treatment over $400 may be available in select cases.
Ontario Disability Support Program (ODSP)	Adults, spouses and dependents up to 17 years of age	Ministry of Community and Social Services through AccertaClaim Servicorp Inc.	As per the MCSS Schedule of Dental Services and Fees	No dentures.

For further details on the CINOT, OW or ADOW dental benefits please contact Dental Services at the Leeds, Grenville and Lanark District Health Unit. D. Bowes, President of the Ontario Association of Public Health Dentistry stated in a January 24, 2008 letter, "It is expected that the implementation of Ontario's $45 million Dental Program will occur imminently but after due consultation with stakeholders."[3] This may be over 75 years late in coming but it will be a welcome addition to Ontario's health care system for families of the 'working poor'.

References:

1. Ontario Liberal Government. Moving Forward, Together. [Online]. 2007 [cited 2008 Jan 21]; [page 10]. Available from: URL: http://www.ontarioliberal.ca/upload/dir/CostingMovingForwardTogetherEnglish.pdf
2. Canadian Association of Public Health Dentistry CAPHD/Association Canadienne de Sante Dentaire Publique (ACSDP). The need for an examination of, and recommendations to address, inequities in oral health and access to oral health care in Canada, A Brief to the Commission on the Future of health Care in Canada. [Online]. 2001 Oct 11 [cited 2008 Jan 21]; [page 14]. Available from: URL: http://www.hc-sc.gc.ca/english/pdf/romanow/pdfs/Canadian%20Association%20of%20Public%20Health%20Dentistry.pdf

Energy Drinks:
Consume with Caution

— Carole Chang, MSc, RD, Public Health Nutritionist, Registered Dietitian

Health Canada is investigating some serious medical reactions linked with energy drinks including dizziness, nausea, vomiting, stomach pain, electrolyte imbalances and heart irregularities. These effects have been reported after too many energy drinks were consumed or when mixed with alcohol.

Energy drinks usually contain a substantial amount of sugar, caffeine, guarana (a South American plant that contains caffeine), taurine, and glucuronolactone; therefore, they are not recommended for children. For example, one can of Red Bull® contains almost 7 teaspoons of sugar, 110 calories and 80 mg of caffeine.

Caffeine Content of Selected Beverages

Product	*Milligrams of caffeine*
Red Bull® (250 ml can)	80
Coffee, brewed (237 ml)	135
Tea, leaf or bag (237ml)	50
Cola, regular (355ml can)	36-46
Cola, diet (355ml can)	39-50

The effects of caffeine depend on how much is consumed, age, body size and overall health. For some people, caffeine may cause a short-term increase in heart rate, blood pressure, body temperature and breathing rate. Caffeine may also cause headaches, tremors, nervousness, irritability and sleeping problems. These same effects can be seen in children who consume energy drinks. Women who are pregnant or breastfeeding are more sensitive to the effects of caffeine; therefore energy drinks are not recommended for pregnant and breastfeeding women. Health Canada recommends a maximum of 400-500 mg of caffeine per day for adults and 300mg for pregnant and breastfeeding women (1).

Recommended maximum caffeine intakes for children (2)

Age	*Maximum am't of caffeine per day*
0-3 years	0 mg
4-6 years	45 mg
7-9 years	62.5 mg
10-12 years	85 mg

Because of the diuretic effect of caffeine in energy drinks, they are not recommended during or after exercise when the body needs to re-hydrate. Also, energy drinks should not be mixed with alcohol due to unknown health effects and concerns that users may underestimate the effects of the alcohol they have consumed.

Currently, only Red Bull Energy Drink is authorized for sale as a natural health product (NHP) and bears a natural health product number. The safety of other energy drinks has not yet been evaluated under the NHP regulations. People who choose to consume energy drinks should follow the instructions on the label, avoid drinking large quantities, and avoid mixing with alcohol.

For more information, please contact the Health ACTION Line: 1-800-660-5853 or the Smiths Falls FOCUS Community Coalition: 613-283-2740.

References:

1. Nawrot P, Jordan S, Eastwood J, Rotstein J, Hugenholtz A, Feeley M. Effects of caffeine on human health. Food Addit. Contam. 2003; 20: 1-30.
2. Health and Welfare Canada. Nutrition recommendations. Ottawa: Minister of Supply and Services Canada; 1990.

Triple P Parenting program available in Leeds & Grenville

'Parenting now comes with an instruction manual.'

— Denise Kall, RN, BN

A network of child & family serving agencies under the umbrella of the Every Kid in Our Communities Coalition has worked together to train practitioners so that families can access the acclaimed Triple P program within the local area. The Positive Parenting Program (Triple P) is based on 25 years of clinical research at the University of Queensland in Australia.

"Triple P draws on social learning, cognitive-behavioural and developmental theory, as well as research into risk and protective factors associated with the development of social and behavioural problems in children. The program's multi-level framework aims to tailor information, advice and professional support to the needs of individual families."[1] Triple P uses a population-health based approach by targeting all parents with a system of small changes that make big differences to families.

The program is designed with 5 levels of intervention. Clients can access increasing levels of support and intervention tailored to meet their parenting needs. Interventions can be group seminars, individual sessions for discrete issues or in-depth group/ individual sessions for more complex family issues such as relationship conflict and parental depression, anger and stress. Parents can receive support regarding many topics such as positive parenting strategies, adjustment to parenting, discipline and routines.[1]

Local agencies have trained staff at the level that best works within their service mandate. In all, 76 practitioners have been trained (some in multiple levels), representing 19 agencies. Families will find that practitioners from different agencies will now use a common language to support them in their parenting role.

Parents can access the Triple P program by calling the Health ACTION Line 1-800-660-5853.

Reference:

1 Triple P International. What is the Triple P Model? [Online]. 2007 [cited 2008 Feb 14]; Available from: URL: http://www.triplep.net

FEED • BACK • FAX • BACK

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: ____________________

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