

# Nexus



with the Health Care Community

## Pandemic Influenza (H1N1): Leeds, Grenville & Lanark Statistics

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This fall has been very busy monitoring and managing Pandemic (H1N1) 2009 in Leeds, Grenville and Lanark. In September and October, evening workshops were held for primary care office staff. The sessions focused on infection control in the primary care office and included discussions regarding H1N1 and cold chain maintenance for vaccines. There were 130 participants.

During the fall, the Health Unit received and investigated more than 100 laboratory-confirmed cases of Influenza A. The following is a summary of data that was collected between October 1<sup>st</sup> and December 10<sup>th</sup>, 2009.

- In Leeds, Grenville and Lanark,
- there have been 120 laboratory-confirmed cases of Influenza A.
  - 89 specimens were subtyped as Pandemic (H1N1) 2009. The remaining specimens were not subtyped.
  - the age of cases ranged from 2 months to 73 years of age; the median age was 24 years of age.
  - 45 patients had underlying medical conditions such as asthma.
  - 41 cases were hospitalized.
  - two deaths were noted among H1N1 cases.
  - the largest influx of confirmed H1N1 influenza occurred between October 24th and November 20th, 2009.
  - reporting hospitals showed that influenza-like illness (ILI) accounted for 45% of visits to the Emergency Department between October 31st and November 7th, 2009.
  - school absenteeism related to ILI peaked between October 24th and November 7th, 2009: 24 schools reported greater than 10% ILI absentee rates.
  - one institutional respiratory outbreak was declared October 31, 2009. Pandemic (H1N1) 2009 influenza A was identified as the causative agent.

In Leeds, Grenville and Lanark, three community based assessment, treatment and referral centres were opened to alleviate increased demand on emergency departments and primary care providers.

From September to the present, Health Unit staff have been communicating regularly with health professionals. Information from the Ministry of Health and Long Term Care as well as the Public Health Agency of Canada was summarized, and communiqués were developed and distributed immediately. A special health care provider H1N1 phone line was created to give health professionals access to Health Unit staff and information. This line (613-345-5685 ext. 2302) will remain operational until the pandemic is declared over.

The Pandemic (H1N1) 2009 vaccines became available during the last week of October. As of December 7<sup>th</sup>, there have been 25,100 residents vaccinated at Health Unit clinics. The hospitals were provided with 4,250 doses for their health care workers. Health care providers have been given 27,720 doses of vaccine. Long term care homes have received 2,650 doses for staff and residents within their facilities.

It is expected that, as H1N1 vaccination continues, illness related to Pandemic (H1N1) 2009 will continue to decline. The Health Unit asks health care providers to encourage patients to receive vaccination for both H1N1 and seasonal influenza. High immunization rates in our communities would provide valuable protection if a third wave of Pandemic (H1N1) 2009 were to occur.

The Health Unit would like to thank all health care providers for their continued support and diligence in managing this public health emergency.

### Data Sources

1. Leeds, Grenville and Lanark District Health Unit. "Weekly influenza surveillance summary, December 4, 2009." [http://www.healthunit.org/H1N1/resources/Weekly%20Influenza%20Surveillance%20Report%20December%2004,%202009%20\(Final\).pdf](http://www.healthunit.org/H1N1/resources/Weekly%20Influenza%20Surveillance%20Report%20December%2004,%202009%20(Final).pdf) (accessed December 8, 2009).
2. Leeds, Grenville and Lanark District Health Unit. "Internal database-influenza confirmed cases, 2009." (accessed December 8, 2009).

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This brief fall edition of Nexus was delayed due to H1N1 activity. We anticipate resuming our regular production schedule in 2010.

*Best Wishes  
to our health partners  
for a successful  
New Year.*



**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.

## Water Fluoridation in the Leeds, Grenville & Lanark District Health Unit Area

— Dr Robert Bowes, DDS, MPH,  
Dental Consultant

There are five communities in Leeds Grenville & Lanark counties where water is fluoridated. They are Brockville (since 1956), Carleton Place (since 1966), Perth (since 1962), Prescott (since 1988), and Smiths Falls (since 1967). Fluoride residuals are maintained at an average level of 0.5 to 0.8 parts per million or milligrams per litre (mg/L). Monthly averages are usually at the lower end of the scale i.e. slightly above 0.5 mg/L but below 0.6 mg/L.

In accordance with Ministry of Health and Long Term Care protocol monthly reports are received from each community by the Health Unit and are monitored by Dr. Robert Bowes, LGL Dental Consultant. This protocol applies to boards of health whose jurisdiction includes community water systems to which fluoride is added.<sup>1</sup>

Smiths Falls ceased fluoridation until the new Water Treatment Plant facility opened. This was expected to be by the end of 2009. For the general population, an interruption in water fluoridation should have little effect on oral health. The benefits of fluoride in the prevention of dental caries have been shown to be most effective in high risk groups.<sup>2</sup> Clients at high risk of dental caries should be assessed in view of their total fluoride intake.

According to the Canadian Dental Association fluoride supplements are not recommended for the majority of Canadians. However, health professionals may wish to prescribe fluoride supplements to high risk patients in non-fluoridated communities where individuals are not able to obtain fluoride in any other form (e.g. toothpaste) and after they have completed a thorough analysis of the patient's fluoride intake.<sup>3</sup>

### References:

1. Ministry of Health and Long Term Care. "Protocol for the Monitoring of Community Water Fluoride Levels." *Ontario Public Health Standards* (2008). Accessed at: [http://www.health.gov.on.ca/english/providers/program/pubhealth/oph\\_standards/ophs/progstds/protocols/water\\_fluoride\\_levels.pdf](http://www.health.gov.on.ca/english/providers/program/pubhealth/oph_standards/ophs/progstds/protocols/water_fluoride_levels.pdf)
2. MMWR 50, RR-14(2001): 1-42.
3. Canadian Dental Association. CDA Position on Use of Fluorides in Caries Prevention. (2008) Accessed at: [http://www.cda-adc.ca/\\_files/position\\_statements/fluorides.pdf](http://www.cda-adc.ca/_files/position_statements/fluorides.pdf)

## Mumps Activity in Ontario

— Melissa Sands, BScN, RN, Public Health Nurse

Since September 11, 2009, there have been 47 confirmed cases of mumps reported to the Ministry of Health and Long Term Care in Ontario. There has been 1 case identified in Leeds, Grenville and Lanark. It has been reported that approximately 83% of the cases have been male with the majority of cases being between the ages of 15 and 24 years. In Ontario, 31 mumps lab specimens have been tested and all were genotype G, which is consistent with the recent cases in Quebec and British Columbia. The cases in Quebec have also been linked to an ongoing outbreak in the United States.<sup>1</sup>

We are expecting this outbreak to continue throughout Ontario during the winter season and the Leeds, Grenville and Lanark District Health Unit is asking physicians and nurse practitioners to actively look for signs and symptoms of mumps. Any person presenting with unilateral or bilateral salivary gland swelling and fever should have laboratory testing completed. Specimens should be obtained early in the course of the illness when the viral load is the highest.

Specimens for both virus isolation/detection and serologic testing should be obtained to confirm mumps infection. In recent outbreaks, serological tests have shown reduced sensitivity in previously vaccinated individuals. It is important to collect ALL of the following lab specimens from the patient:

Laboratory Specimen	Criteria for testing
Buccal swab AND	This provides the best viral sample. This may be collected up to 9 days following symptom onset.
Urine specimen AND	Collect up to 9 days following symptom onset.
Acute serum AND	IgM and IgG for mumps within 5 days of symptom onset.
Convalescent serum	If IgM is indeterminate or negative and still suspect mumps, may repeat approximately 2 weeks after onset of symptom. <sup>2</sup>

*When requesting mumps specific IgM and IgG testing, provide relevant clinical information on the lab requisition form and the purpose of testing (e.g. suspect mumps) to facilitate rapid testing.*

Please ensure that all specimens are obtained according to the instructions contained in the document "Diagnostic Testing Recommendations for Mumps" found at: [http://www.health.gov.on.ca/english/providers/pub/labs/mumps\\_diagnostic.html](http://www.health.gov.on.ca/english/providers/pub/labs/mumps_diagnostic.html). Please ensure you have appropriate specimen testing kits available in your office.

Suspect cases are to be reported by healthcare providers to the Leeds, Grenville and Lanark District Health Unit as soon as possible. Please request that your patient isolate themselves from school/work/extra curricular activities until 9 days after the onset of symptoms.

For more information please see: [www.healthunit.org](http://www.healthunit.org) or contact the Health Unit at 613-345-5685 or 613-283-2740 to speak with a nurse on the Communicable Diseases Team.

### References

1. Ministry of Health and Long Term Care. "Ontario Mumps Epidemiologic Summary." December 4, 2009.
2. Ministry of Health and Long Term Care Infectious Diseases Protocol. "Appendix A: Disease Specific Chapter Mumps." 2009.