

# Nexus



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with the Health Care Community



*The time has come for me to retire and leave my position as Medical Officer of Health for Leeds, Grenville and Lanark.* My tenure as MOH has been very enjoyable, interesting and challenging; it has included the appearance, then disappearance, of the H1N1 influenza pandemic and the implementation of the new Ontario Public Health Standards which all health units in the province are expected to meet. One accomplishment that I hope you have all used and found to be valuable is the Health Professionals section of the Health Unit website at [www.healthunit.org/professionals/default.htm](http://www.healthunit.org/professionals/default.htm). With the launch in April of the new design of our website, I hope you find it even easier to access and use. When you do visit the site, please send us feedback to help improve it. It is designed to assist you in your day to day work and we can only achieve this if we know what is useful to you through your feedback.

It is a pleasure for me to introduce Dr. Paula Stewart who will be your new MOH. Dr. Stewart has many years experience in public health, predominantly in the Ottawa area. I am sure that you will all enjoy working with her in the future.

I have certainly enjoyed working with all of you to improve the health of our community during the years that I have been the MOH for this district. I wish you and the communities you serve all the best in the future.

— Anne Carter, MD, MHS, FRCPC



*I am very pleased to be joining the Leeds, Grenville, and Lanark District Health Unit as the Medical Officer of Health.* Previously I have been an Associate Medical Officer of Health at the Ottawa Health Department, a

community health consultant, and most recently Director of Chronic Disease Surveillance at the Public Health Agency of Canada. But local public health has always been my passion and I am thrilled to be returning to this work. I live on a hobby farm with horses near Perth, and am looking forward to working in the community in which my family and I live.

The public health unit faces many challenges with limited resources to address the complex health problems in our community. We cannot function in isolation but need the ideas, talents and work of all those who care about the health of the community. I look forward to working collaboratively with you to improve the health of the residents of Leeds, Grenville, and Lanark.

— Paula Stewart, MD, FRCPC



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# The Importance of Early Detection of a Food-borne Outbreak

– Melissa O'Brien, BAsc, CPHI(C), Public Health Inspector and Joan Mays, BAA(EH), CPHI(C), Manager of Health Protection

Collaboration between primary health care professionals and public health is crucial in the early detection of a food-borne outbreak and may help to identify the responsible food source and prevent further cases.

The Health Unit is mandated to investigate cases of food-borne illness and outbreaks in order to determine the source, control the spread, and identify means of preventing or decreasing the likelihood of similar outbreaks in the future (Ministry of Health and Long Term Care, 2008).

An important component to the rapid detection of a food-borne outbreak is surveillance. Most often, when a person becomes ill, it is a primary care provider who conducts the initial assessment of symptoms. Clinical specimen collection at this time greatly enhances a successful investigation. In most cases, a patient suffering from food-borne illness will present with enteric symptoms. Consequently, fecal specimens, or vomitus are recommended for analysis.



Symptoms may be accompanied by fever, headache and even neurological symptoms, as in the case of botulism or listeriosis. Notification from health care providers who see more than the “usual” number of patients with gastrointestinal symptoms is beneficial in recognizing a potential outbreak.

Initial collection of clinical specimens is critical in confirming that a food-borne illness and potentially an outbreak is occurring. Identification of the etiological agent helps to direct the actions of the Health Unit, putting into place the necessary control measures as deemed appropriate for the identified organism. For example, a vaccination program for Hepatitis A, potential source investigation for e-Coli 0157:H7, or work restrictions for food workers with shigella infections.

The role of the frontline health care provider who assesses a potential index case is an important link in protecting the population from food borne illness. To notify the Health Unit of a suspected food borne illness call 613-345-5685.

## References:

Ministry of Health and Long Term Care. 2008. Ontario Public Health Standards. *Infectious Diseases Protocol*, 2009: 118-122.

## Immunization Update:

### Mumps

The Ministry of Health and Long Term Care reported an increase of mumps cases in Ontario since September 2009. The majority of cases were between the ages of 15 and 24 years old. Everyone born in or after 1970 should check their immunization status and ensure that they have received two doses of mumps containing vaccine. For more information see: <http://www.health.gov.on.ca/en/public/programs/mumps>

### Measles

#### In Canada:

The measles outbreak in British Columbia demonstrates the threat of importation of measles into Canada. (See 'Measles Outbreak in British Columbia' on page 3).

#### For travelers:

Recent outbreaks of measles have been reported in several African countries. South Africa has had an ongoing outbreak of measles. FIFA World Cup South Africa 2010 is scheduled for June and July 2010. Canadian tourists who will be visiting areas where the virus is circulating are at risk of acquiring the disease if they are not fully immunized against measles.

Protection against measles is especially important for people planning foreign travel, including adolescents and adults who have not had the disease and have not been adequately immunized. Two doses of MMR are recommended for all unimmunized adult travelers who were born in

or after 1970 unless there is serological proof of immunity or physician documentation of prior measles.

Measles vaccine should be given at an earlier age than usual for children travelling to countries where measles is endemic. Measles-containing vaccine (MMR) may be given as early as six months of age, but then the routine series of two doses must still be re-started after the child is 12 months old.

It is important that individuals report all vaccinations received to the Leeds, Grenville and Lanark District Health Unit at 613-345-5685 so vaccination records can be kept up to date.

– Denise Gaulin, BScN, RN

# Measles Outbreak in British Columbia

– Hailey Hough, BScN, RN, B.Ed

In March 2010, a measles outbreak began in the Lower Mainland of British Columbia and has since infected individuals throughout the province. The British Columbia Center for Disease Control (BCCDC) first announced a total of 8 confirmed cases of measles on March 19, 2010. This has continued to increase over the last month with a total of 84 confirmed cases as of May 25, 2010. Initially, there were about 10 cases reported each week and the majority of the cases affected are the unimmunized or partially immunized population. The British Columbia Center for Disease Control has only identified 4 cases that are fully vaccinated. The source of the infection has not been identified, but it is suspected that at least two out-of-country visitors carried the measles into Vancouver in February or early March, as two separate strains of the virus have been identified. Cases are now confirmed in Alberta and Ontario.

Patients exposed to this highly contagious viral infection through its airborne route may present with fever, cough, and red eyes for 1 to 3 days before onset of rash. Please refer to the recommended testing described in the chart below for patients presenting with possible symptoms who have travelled to British Columbia or an endemic country. Also, for those travelling to British Columbia or an endemic country, please review the clients MMR vaccination status and make appropriate recommendations to allow for a current immunization record.

For more information about measles testing, please refer to Ontario Agency for Health Protection and Promotion document at [http://www.health.gov.on.ca/english/providers/pub/labs/specimen\\_guide/full\\_guide\\_specimen\\_collection.pdf](http://www.health.gov.on.ca/english/providers/pub/labs/specimen_guide/full_guide_specimen_collection.pdf).

If you have a suspect case of measles, please contact the Leeds, Grenville and Lanark District Health Unit at 613-345-5685 or 613-283-2740 immediately and ask to speak to a communicable diseases nurse. If you are calling after hours, please call 613-345-5685 and ask to speak to the Director on Call. Please request your patient isolate themselves from school/work/extra curricular activities for at least 4 days after the onset of rash.



### References

- British Columbia Center for Disease Control. (2010). <http://www.bccdc.ca/default.htm>
- Ontario's Public Health Agency. (2009). Specimen Collection Guide [http://www.health.gov.on.ca/english/providers/pub/labs/specimen\\_guide/full\\_guide\\_specimen\\_collection.pdf](http://www.health.gov.on.ca/english/providers/pub/labs/specimen_guide/full_guide_specimen_collection.pdf)

Laboratory Specimen	Criteria for Testing	Specimen Collection
Nasopharyngeal swab, conjunctival swab, throat swab	Collect specimen within 4 to 7 days after the onset of rash.	Virus Culture - use the same virus kits used for Herpes and Chlamydia cultures. These swabs contain pink medium and blue top. Specimen should be placed and shipped on ice.
Urine	Collect approximately 50 ml of urine within 7 days after the onset of rash.	Collect clean catch urine and store in a screw top sterile container. Specimen should be placed and shipped on ice.
Blood, clotted or serum	Collect serum for IgM testing 4-28 days after onset of symptoms. Specify whether test is for Immunity IgG or Diagnosis IgM. A follow-up serum collected after 7-10 days may be required for diagnosis.	Blood-serum (BL-S) vial.
Convalescent serology	Collect a second blood specimen 11 to 20 days after the first check for seroconversion or a significant rise in measles specific IgG antibodies between acute and convalescent sera.	Blood-serum (BL-S) vial.

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
- Vector-borne Illness
- 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?** \_\_\_\_\_

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**4. Is there any change to your contact information?**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

