

Nexus



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with the Health Care Community

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The 18-Month Well-Baby Visit: An Opportunity to Enhance Child Development

Primary care providers are in a unique position to support healthy child development. The enhanced 18-month well-baby visit is an opportunity to support optimal child

development through effective assessment and referrals to community resources. Funding for the more in-depth 18-month well-baby visit was placed in the OHIP fee code in October 2009.

Parents of 15-month old children will be sent information about important 18-month milestones as well as the enhanced 18-Month Well-Baby Visit beginning in early 2011. They may arrive for their child's appointment with additional questions about growth and development.

The *Enhanced 18-Month Well-Baby Visit* presents an ideal opportunity to:

- ▷ Conduct a more in-depth review and evaluation of the child's current stage of development;
- ▷ Have a more extensive discussion with parents about enhancing healthy child development;
- ▷ Include information and referrals that will help parents connect with community programs and services.

Many resources are available to help with both assessment and referrals. The McMaster University website (www.machealth.ca) has detailed information on the 18-month visit including assessment tools like the Rourke Baby Record and the Nipissing District Developmental Screen™ as well as referral pathways for identified concerns. It also has accredited online learning for those needing more familiarity with the tools.

Within Leeds, Grenville and Lanark, the Red Flags Guide provides assessment guidance and local referral points for identified concerns. It was sent to health care providers in 2009 and can still be accessed through the Health Unit's website (www.healthunit.org/professionals/redflags/Red-Flags-Guide.pdf). Alternate access to the Rourke Baby Record is also available from the Health Care Professionals section of the Health Unit's website (www.healthunit.org/professionals/default.htm)

For more information please contact Cathy Millard (Cathy.Millard@healthunit.org)



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.



Laboratory Testing for Measles and Mumps

In order for health care providers and Health Unit staff to diagnose and manage measles and mumps cases efficiently, appropriate and timely laboratory testing is essential.

If a physician or nurse practitioner suspects a patient has measles or mumps, please call the Health Unit immediately and ask to speak with a Communicable Diseases Public Health Nurse. Nurses can be reached in our Brockville office at 613-345-5685 or in our Smiths Falls office at 613-283-2740. After business hours, health care providers should call our on-call service at 613-345-5685 and ask to speak to the Director on call. Our staff can assist health care providers with testing and exclusion guidelines for managing suspect cases of measles and mumps.

Suspect cases are to be reported by health care providers to the Leeds, Grenville and Lanark District Health Unit immediately.

For more information please contact Melinda Billett (Melinda.Billett@healthunit.org)

Testing for Measles: The following chart (Table 1) outlines laboratory testing recommendations for suspect measles cases.

Table 1: Laboratory Testing for Suspect Measles

Laboratory Specimen	Criteria for testing	Specimen Collection
Nasopharyngeal swab or aspirate <i>OR</i> throat swab <i>AND/OR</i>	Collect as soon as possible ; optimal collection within 4 days after rash onset	Non-respiratory Virus Culture – use the same virus kits used for herpes and Chlamydia cultures. Ship on ice pack.
Urine specimen (approximately 50 ml) <i>AND</i>	Collect as soon as possible ; optimal collection within 7 days after rash onset	Collect clean catch urine and store in a screw top sterile container.
Acute serum <i>AND</i>	IgM and IgG for measles at first visit; optimal collection ON day 4 after rash onset; can be within 7 days of rash onset If acute serum shows low, indeterminate or negative IgM and IgG <i>AND</i> clinical symptoms suggest measles, repeat blood work 3 days later	Blood-serum (BL-S) vial.
Convalescent serum	IgM and IgG for measles 7 to 10 days after acute sample to check for seroconversion and significant rise in IgG	Blood-serum (BL-S) vial.

Hepatitis C: The Role of the Physician and the Health Unit

Each year, about 67 people are diagnosed with Hepatitis C in Leeds, Grenville and Lanark. This is many more than are diagnosed with Hepatitis B or HIV. The primary care provider and the public health nurse both have important roles to play to ensure the individual has the appropriate care and that the risk of spreading the virus to others is reduced.

When the Health Unit receives notice of a laboratory confirmed case of Hepatitis C for one of your patients, a public health nurse will send you a letter and a Hepatitis C Case Report requesting information as this is a reportable disease. The nurse will collaborate with you to ensure that:

- the client has been made aware of his/her diagnosis
- risk factors have been investigated
- education and counseling have been completed

- the availability of Hepatitis A and B vaccine at no cost has been offered and
- a referral to a liver specialist, if required, has been discussed.

In September, Hepatitis C was the focus of a media campaign with key messages to the public including, “Get the Facts & Get Tested”. We know there are many people with the virus who have not been tested and they put others at risk of being infected. If any of your patients have the following risk factors then we encourage you to talk with them about being tested for Hepatitis C along with Hepatitis B and HIV.

- Shared needles or drug equipment
- Tattoos/piercings
- Needle stick injury
- Blood transfusions before 1992
- Injection/medical procedure outside Canada

- Unprotected sex with a person who has Hepatitis C or a sexually transmitted infection (STI)

A package was mailed to all physicians mid-June with new resources on Hepatitis C and Hepatitis B. If you did not receive this package please contact the Health Unit and we will send you one. You can access the Professional Desk Reference 2009 for Primary Care Management of Chronic Hepatitis C on the Health Unit website at: <http://www.healthunit.org/professionals/hepc/hepc.html> As well, additional information on Hepatitis C is available on this site, including a fact sheet which can aid in discussion with patients/clients.

For more information please contact Michele De Jonge (Michele.DeJonge@healthunit.org)

Testing for Mumps: The following chart (Table 2) outlines laboratory recommendations for suspect mumps cases.

Table 2: Laboratory Testing for Suspect Mumps

Laboratory Specimen	Criteria for testing	Specimen Collection
Buccal swab <i>AND</i>	This provides the best viral sample. This may be collected up to 9 days following symptom onset.	Non-respiratory Virus Culture – use the same virus kits used for herpes and Chlamydia cultures.
Urine specimen <i>AND</i>	Collect up to 14 days following symptom onset.	Collect clean catch urine and store in a screw top sterile container. Mumps is stable at 4 degrees Celsius for several days.
Acute serum <i>AND</i>	IgM and IgG for mumps within 5 days of symptom onset.	Blood-serum (BL-S) vial.
Convalescent serum	If IgM is indeterminate or negative and still suspect mumps, may repeat approximately 2 weeks after onset of symptom.	Blood-serum (BL-S) vial.

Please ensure that all laboratory specimens are properly labeled with appropriate specimen ID (ie. urine sample, throat swab, buccal swab etc.) and include onset date and all signs and symptoms on lab requisition.

Adacel: A new vaccine to boost protection against pertussis

Canada's National Advisory Committee on Immunization (NACI) recommends pertussis immunization for **adolescents and adults** (up to age 64) who have not previously had a dose of acellular vaccine. It helps protect them against pertussis and it may also help to indirectly protect susceptible infants.

The Canadian Paediatric Society has endorsed the NACI recommendation and has recommended that all provinces implement programs to give an adolescent booster of acellular pertussis vaccine.

In response to these recommendations, the new vaccine, Adacel, is now available free-of-charge through the Health Unit for individuals aged 7 to 17 years old. This vaccine includes protection against pertussis, diphtheria and tetanus. You can include a request for this vaccine with your regular vaccine order.

For individuals over age 17, the vaccine can be purchased at a community pharmacy with a prescription from the physician and then taken to the physician's office for administration.

If the individual cannot afford to purchase Adacel and needs a tetanus and diphtheria booster then he/she can be given the current publicly funded Td adsorbed.

For more information please contact Melinda Billett (Melinda.Billett@healthunit.org)

Acute Gastrointestinal Illness:

When should people stay off work?

Primary care providers are in a key position to assess if an individual with acute gastrointestinal illness (AGI) should be excluded from activities/employment as they are the first to see the individual. Even individuals with AGI of unknown etiology should be considered potentially infectious to others (primarily via the fecal oral route) and be assessed.

The Health Unit requires that cases of AGI be excluded from sensitive occupations/activities where there is a high risk of transmission or where vulnerable populations are at risk. Such occupations/activities include:

- Food handlers,
- Those providing direct care to the elderly or infirm,
- Those providing care to young children in daycare settings,
- Children attending daycare settings.

The exclusion should be in place until the individual has had formed stools for at least 24 hours and is otherwise feeling well enough to work.

More stringent exclusion criteria (i.e. negative stool specimen results, antibiotic therapy, longer duration of exclusion) may be applied by the Health Unit for specific pathogens. A public health inspector will contact the individual to discuss these in more detail should this occur. Disease specific exclusion criteria are described in the Infectious Disease Protocol of the Ontario Public Health Standards (2008) available on our website at: www.healthunit.org/professionals.

If you have any questions about whether an individual with AGI should be excluded from an occupation/activity please call the Health Unit at (613) 345-5685 in Brockville or (613) 283-2740 in Smiths Falls to speak to a Public Health Inspector.

For more information please contact Andrew Dunn (Andrew.Dunn@healthunit.org)

Healthy Smiles Ontario

The Health Unit has received funding from the provincial government to provide dental

preventive and treatment services for children of low income families as part of a new program called Healthy Smiles Ontario. This will expand the current CINOT (Children in Need of Treatment) Program which currently only provides dental services for children who have acute dental needs.

A child's oral health is important to their overall health. Studies have shown that individuals with lower incomes have tooth decay rates and treatment needs that are as much as three times higher than people at higher income levels.

All health care providers are encouraged to provide information about the Healthy Smiles Ontario Program to families who might qualify for the program. These families can call the Health Unit at (613) 345-5685 to see if they qualify and to find out more information about the program.

Incorporating dental caries risk assessment into the 18-month well-baby visit for all children will also help identify children who have early childhood tooth decay or other problems with their teeth, and provides an opportunity to teach parents about the importance of dental care for their child.

The program is being run with local dentists and in 6 community clinics:

- Brockville Health Unit Site
- North Lanark Community Health Centre (preventive and restorative care)
- Smiths Falls Community Health Centre
- Country Roads CHC in Portland
- Community and Primary Health Care - Gananoque Family Health Team
- Community Primary Health Care - Prescott Office

In addition, a Certified Dental Assistant will work with Public Health Nurses to do fluoride varnishes for children in high

risk families where the nurse is already visiting them. A Health Promotion Specialist will also work with local community partners to promote the new program, Healthy Smiles Ontario, and general oral health information.

The program is being led by a Steering Committee with members from the Health Unit and the participating Community Health Centres. Their role is to ensure the program works effectively and efficiently, and also to identify how the program and the importance of dental health can be promoted widely among health professionals and the public.

For more information please contact Rebecca Kavanagh (Rebecca.Kavanagh@healthunit.org)

To be eligible for the Healthy Smiles Ontario program, children/youth must meet the following eligibility requirements:

- Be 17 years of age and under;
- Be a resident of Ontario;
- Be a member of a household with an Adjusted Family Net Income of \$20,000 or below;
- Not have access to any form of dental coverage (e.g. through government programs such as Ontario Disability Support Program, Ontario Works, Non-Insured Health Benefits, or through private providers).

Communicable Disease Updates continued from pg 3

Just the facts about Flu

The flu season seems to be starting very slowly this year. From September 1 to November 29, 2010, the Ontario Public Health Lab has identified only 93 flu isolates for Ontario. We have not yet had a lab flu isolate in the Leeds, Grenville and Lanark district. Counts remain low for emergency room visits for flu-like illness in the three hospitals participating in the Syndromic Surveillance System (Brockville, Smiths Falls and Perth).

Preparation for the flu season, when it does arrive, continues. This year's flu vaccine contains the following strains:

- A/ California/7/2009,
- H1N1-like A/ Perth/16/2009 and
- H3N2-like B/Brisbane/60/2008.

Based on the flu isolates the Public Health Lab has had to date, these strains should protect people from getting flu this year.

The first strain is similar to the H3N2 virus that is the most commonly isolated influenza virus in Ontario this

fall, and the few H1N1 flu isolates in Ontario so far this year are like last year's H1N1 virus which is the second strain in the vaccine.

Community Flu clinics offered by the Health Unit are now complete. Up to Nov. 15, 2010, 2700 people have been immunized at our clinics and we have distributed 39,950 vaccine doses to our local physicians.

For more information please contact Denise Gaulin (Denise.Gaulin@healthunit.org)

Diphtheria

The MOHLTC has announced a new process for obtaining Diphtheria Antitoxin.

A copy of the procedure has been sent to the Emergency Rooms and Infection Control Practitioners in our local hospitals.