Make it a Healthy Day!

Sudbury & District Health Unit
Service de santé publique de Sudbury et du district

Summer 2014 • Issue 81

# THE Advisory

## What's Inside



## Message from the Medical Officer of Health

I am very pleased to share with you the 2014 summer issue of the Advisory. We have returned to our standard format for this publication and inside these pages you will find helpful and timely information about a broad spectrum of public health matters.

Some highlights include:

- A safe and clean dentist's office is as important to a healthy smile as brushing and flossing. Protecting patients and staff from the spread of infectious diseases is a high priority in every health care setting.
- Sodium levels are routinely monitored in all government regulated water supplies. Sodium levels in local water supplies are included for your information.
- With the summer sun shining, UV protection is even more important. Included are updated tips for protecting infants less than six months of age from harmful UV rays.
- Included also is a summary of new feeding guidelines that can be used as a basis for providing parents with advice on infant feeding.

I welcome you to read and share these public health updates with colleagues, fellow health care professionals and your patients.

Best wishes for a safe, healthy and re-energizing northern summer.

Sincerely,

Dr. Penny Sutcliffe
Medical Officer of Health

This issue is also available in HTML.
Disponible en français sur notre site web www.sdhu.com

# Clinical and Family Services

## Canadian Tuberculosis (TB) Standards, 7th edition

The 7th edition of the Canadian Tuberculosis Standards (the Standards) is now available and has been extensively revised to incorporate the best available scientific evidence.

The Standards is jointly funded, edited and produced by the Canadian Thoracic Society (CTS), the Canadian Lung Association (CLA), and the Public Health Agency of Canada (PHAC).

Some highlights and key changes include:

> The goal of testing for latent tuberculosis infection (LTBI) is to identify individuals who are at increased risk for the development of active tuberculosis (TB) and therefore would benefit from treatment of LTBI. Only those who would benefit from LTBI treatment should be tested, so a decision to test presupposes a decision to treat if the test is positive.

- The two accepted tests for LTBI are tuberculin skin testing (TST) and interferon gamma release assay (IGRA). The preferences and exceptions for each test are outlined. Currently no local labs perform IGRA testing.
- Further investigation for a positive (LTBI) test should include: assessment of symptoms suggestive of possible active TB, risk factors for TB, as well as chest radiography.
- In the presence of symptoms or abnormal chest x-ray, sputum for acid fast bacteria, smear and culture should be ordered to rule out active TB.
- The recommended three sputum specimens for AFB smear and culture can now be collected on the same day, at least one hour apart (previous recommendation was 8 to 24 hours apart).
- Specifically requesting "AFB smear and culture" on the lab requisition will ensure that the proper laboratory tests are performed.
- Updated recommendations of various therapy regimes and treatment changes of active TB.
- Residents of long-term care homes/retirement homes will continue to require a history and physical examination prior to admission but those who are over 65 years of age no longer require a TST prior to admission. Those who are under 65 years of age will continue to require a TST prior to admission.

> Employees and volunteers of long-term care homes/retirement homes will require a baseline two-step TST but no longer require annual TSTs.

A limited number of printed copies will be made available by the Public Health Agency of Canada to health professionals working in rural, remote and northern areas. In order to request a printed copy of the standards, please write to ccdic-clmti@phac-aspc.gc.ca.

The Canadian Lung Association will also have copies available for distribution through its provincial member associations.

Finally, the Canadian Respiratory Journal has also published an online supplement of the Canadian TB Standards which is downloadable as a single PDF document.

# New Feeding Guidelines for Older Infants and Young Children: 6 to 24 Months

This newly revised guidance document provides clinicians with evidence-informed recommendations that can be used as a basis for providing parents with advice on infant feeding. The release of these guidelines follows the Birth to Six Months statement which was updated in 2012[1]. The full statement is available online[2] and was produced as a joint statement between Health Canada, Canadian Paediatric Society, Dietitians of Canada, and Breastfeeding Committee for Canada.

**At six months, iron-rich first foods such as meat, meat alternatives and iron fortified cereal should be introduced in addition to breastmilk.**

From 6 to 12 months of age, iron-rich foods should be offered two or more times a day. From 12 to 24 months, they should be offered at each meal. The risk of iron deficiency is present during this time.

The following points provide a summary of key recommendations from this statement.

**Breastfeeding should be supported for up to two years and beyond, as long as mother and child want to continue.** Clinicians can create an office environment that promotes breastfeeding and use appointments to affirm a mother's choice to breastfeed beyond infancy.

**A daily vitamin D supplement of 400 IU should be given to infants and young children who are breastfed or receiving breastmilk.** In individual practice, the decision to discontinue vitamin D supplementation after 12 months can be informed by dietary contributors to vitamin D intake, such as cow's milk. After two years of age, a vitamin D supplement is no longer recommended.

**There is no particular order for the introduction of other foods (except fluid cow's milk).** Vegetables, fruit and milk products such as cheese and yogurt can be introduced between 6 to 9 months along with iron-rich foods. When introducing a food that is a common allergen, parents should wait two days before the introduction of another common food allergen to help identify the cause of a potential reaction. Other new foods can be introduced daily.

**An open cup should be used as fluids other than breastmilk are introduced.**

Children should be bottle-free by about 12 months, and no later than 18 months. This promotes drinking skills.

**The introduction of cow's milk should be delayed until 9 to 12 months of age and when a child is eating a variety of iron-rich foods.** Continued breastfeeding should be encouraged. For the non-breastfed infant, homogenized (3.25%) cow's milk can replace formula at this time and 500 mL per day should be offered. Intake should not exceed 750 mL per day. Formula is generally not needed after 12 months of age.

**The frequency of feeding and amount of food offered should increase with age.** Initially parents should offer two to three meals and one to two snacks each day and work towards establishing a schedule of regular meals and snacks by 12 months. They should also be offering a variety of foods from Canada's Food Guide.

**Safe finger foods can be among the first complementary foods in addition to lumpy, minced, mashed, pureed and ground textures.** Examples include soft-cooked vegetables, soft, ripe fruit, finely minced cooked meat, and grated cheese.

**Textures offered should be appropriate for a child's developmental abilities.**

Parents should progress quickly to lumpier textures (no later than nine months). By 12 months, children should be offered a variety of family foods with various textures.

**Promote responsive feeding based on a child's hunger and satiety cues.** Parents are responsible for what, where and when food is offered and a child is responsible for how much they will eat and whether they will eat at all.

**Children should always be supervised during feeding and should not be given foods that are hazardous.** This includes hard, small and round, or smooth and sticky, solid foods. Foods given to children should be cooked and/or pasteurized. Honey should not be given to a child under one year of age to prevent infant botulism.

**Fat restriction is not recommended for children under 2 years of age.** Higher fat foods such as breastmilk, homogenized (3.25%) cow's milk, cheese, avocado and nut butters, are an important source of energy for young children.

**Fruit juice and sweetened beverages should be limited.** Water should be offered when children seem thirsty. Excess juice consumption interferes with a child's intake of nutritious foods and can lead to dental decay.

**Picky eating is normal for young children.** Parents should continue to offer a variety of foods even if their child has not liked it in the past. They should also involve children in the family meal and role model healthy eating habits.

**Soy, rice, almond, or other plant based beverages are not appropriate as the main milk source for a child younger than two years since they do not contain adequate amounts of several vitamins, minerals and macronutrients.**

However, children who do not drink cow's milk-based formula should continue to be breastfed or fed soy-based formula until two years of age (i.e. for vegan child or religious, cultural or medical reasons).

## Academic Detailing

### The What, Why, When and Where

**Academic detailing is non-commercial educational outreach to health care providers by trained health care professionals.**

Historically, academic detailing has focused on pharmacotherapy topics to ensure physicians are prescribing medication in line with current evidence. From a public health perspective, academic detailing could be used, through one-on-one visits to physicians as a means to ensure their practices are up to date on public health topics, such as the latest immunization standards or new breastfeeding guidelines. Face-to-face engagement has been found to be a more effective method at sharing new information than written materials or didactic presentations alone. In addition to educating physicians on the current best practices, academic detailing could help identify and assist in reducing barriers to care. In 2013, the Sudbury & District Health Unit conducted a review of evidence to determine the applicability and transferability of academic detailing within the public health realm, and through intensive review, it was found to be a highly regarded, successful strategy. As a result, the Health Unit, through their Clinician Engagement Committee is currently consulting with external agencies and conducting additional research towards the development of an academic detailing framework.

# Smoking Cessation:

## What Can be Done to Increase Success Rates?

When any of your patients want to quit smoking, most may be motivated, but have no real perspective on what it will take to achieve this goal. Preparation is the key to a successful quit attempt. Imagine your patients sign up to run a marathon. They find themselves at the starting line but they have not trained for this event. They may be able to run the first few hundred metres but their chances of completing the race are slim to none. Too many smokers try to quit smoking in this way. They have their nicotine replacement therapy or their prescription for varenicline or bupropion and that's it. They have not prepared themselves. They don't have a plan.

Three in five smokers intend to quit in the next six months. On average, smokers try to quit once a year. The typical length of a quit attempt for a daily smoker is seven days and only two percent of quit attempts are successful. What can be done to increase success rates?

Encourage your patients to:

**Identify and track their behavioural triggers. These include:**

- When and where they smoke
- Mood when reaching for cigarettes
- Who they smoke with

**Create a plan to modify these behaviours. For example:**

- Make their home and vehicle smoke-free
- Take up hobbies to keep their hands and mind busy
- Manage stress in a healthy way (exercise, practise deep breathing)
- Get support from family, friends and organizations

**Select a method of quitting, such as:**

- Reduce to quit
- Pharmaceutical aids
- Behavioural counselling

You may not have time in your practice to offer intensive tobacco cessation counselling. This service is available free of charge at the Sudbury & District Health Unit Tobacco Treatment Clinic. To make an appointment at our clinic and to receive telephone support, your patients may call the Tobacco Information Line at 705.522.3433 (toll free 1.866.522.3433).

Smoker's Helpline also offers telephone (1.877.513.5333), online (www.smokershelpline.ca) and text messaging support.

### Together, we can work towards a smoke-free community.

## Facts

- Only 1 in 4 people who use the patch use it for long enough.
- The most effective pharmaceutical quit aids are the nicotine patch and varenicline.
- Combining pharmacotherapy and behavioural support increases smoking cessation success.

### Call us to receive promotional materials to advertise these services to your patients.

# New Directions for Use of Sunscreens

In July 2013, Health Canada released an updated and revised version of the Sunburn Protectants Monograph 2006. The newly titled Sunscreen Monograph identifies permitted ingredients, doses, directions and indications for use for these products, which will be required to appear on the product labels as well as the recommended supporting test methods[1]. These changes come into effect July 2014.

## General Tips for Sun Protection for Babies

The Canadian Dermatology Association (CDA) recommends that even children born to parents with deeply pigmented (dark) skin require maximum protection[4]. The CDA also cautions that sunburns not only hurt and cause skin damage but they can also cause dehydration and fever. They provide sun safety recommendations for caregivers of children under the age of one year:

- Keep infants out of direct sunlight, whenever possible (for example, in a stroller with a canopy, under an umbrella, in a heavily shaded area).
- Babies should wear sun hats with a wide brim and be dressed in loose-fitting, lightweight clothing that covers the legs and arms.
- For infants over six months old, sunscreen may be applied to areas of the skin that are not covered by clothing, avoiding the mouth and eye area.
- If a baby does rub sunscreen in his or her eye, it may cause some stinging. Rinse with water to remove.
- A broad spectrum sunscreen with a SPF 30 or higher is recommended and should be applied 15 minutes before sun exposure.
- Medical attention should be sought if an infant under the age of one gets a sunburn. A severe sunburn is an emergency.

A downloadable educational poster is available.

## Some new directions for use of sunscreens are:

- Apply sunscreen liberally, generously and evenly 15 minutes prior to sun exposure.
- Reapply sunscreen at least every 2 hours, with specific instructions given if swimming or sweating.
- For use on children less than 6 month of age, consult a health care provider.

## Sunscreen for children less than 6 month of age:

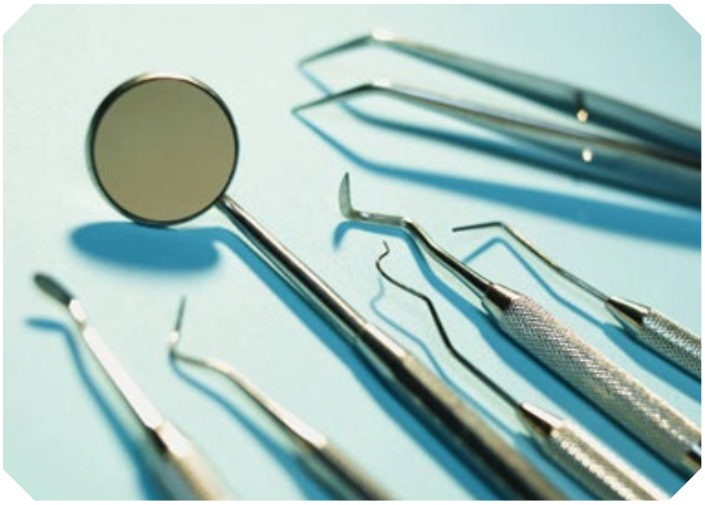
The Sunscreen Monograph 2013 has removed the previous "contraindication" for this age group, and advises consultation with a health care provider. The following may assist in discussing the use of sunscreens with caregivers of children; and especially those less than 6 months of age.

Babies are not born with a developed skin protection system and have sensitive skin that is thinner than adult skin. A young child has more skin, relative to body mass, than an adult. Both these factors mean an infant's exposure to chemicals in sunscreens may be greater, increasing the risk of possible side effects[2]. However, importantly, these same skin factors make babies burn more easily and a sunburn will be more serious. Therefore, extra care must be taken to protect children less than 6 months of age from ultraviolet radiation[3]. The Canadian Dermatology Association (CDA) recommends the following[4]:

**It is preferable for infants under 6 months of age to be kept out of direct sunlight whenever possible. However, if exposed to the sun, sunscreen should be applied to skin that is not protected by clothing or shade (e.g., face, hands, neck). Avoid the mouth and eye area when applying.**

## Infection Prevention and Control for Dental Practice

Infection prevention and control is an important part of safe patient and worker care. In dentistry, both patients and health care workers may be exposed to a number of blood-borne and respiratory pathogens. The use of personal protective equipment and proper hand hygiene help protect both the worker and the patient.



Although the principals of infection control remain unchanged, new technologies, materials, equipment, and data require continuous evaluation of current infection control practices. The unique nature of many dental procedures, instruments, and patient care settings also may require specific strategies directed to preventing pathogen transmission among dental health care workers and their patients.

It is the obligation of the dentist to maintain the standards of practice of the profession and, accordingly, must ensure that recommended infection prevention and control procedures are carried out in their offices. It is also the dentist's responsibility to ensure that staff are adequately trained in infection prevention and control procedures, and that the necessary supplies and equipment are available, fully operational and routinely monitored for efficacy.

The Royal College of Dental Surgeons of Ontario (RCDSO) Guidelines for Infection Prevention and Control in the Dental Office (February 2010) contain practice parameters and standards which apply to all Ontario dentists in the care of their patients. Additionally, the Provincial Infectious Disease Advisory Committee (PIDAC), a multidisciplinary committee of health care professionals, has developed a best practice guideline entitled, Infection Prevention and Control for Clinical Office Practice (June 2013).

These guidelines are available through the Royal College of Dental Surgeons of Ontario website www.rcdso.org or Public Health Ontario at www.publichealthontario.ca.

For questions about infection prevention and control, please contact a Public Health Inspector at 705.522.9200, ext. 464.

## Sodium in Sudbury and District Drinking Water Supplies

Sodium levels are routinely monitored in all government regulated water supplies in the province of Ontario. The aesthetic objective for sodium in drinking water is 200 mg/L, at which point it can be detected by a salty taste. Sodium is not considered a toxic element. A maximum acceptable concentration for sodium in drinking water has, therefore, not been specified.

The average intake of sodium from water is only a small fraction of that consumed in a normal diet. However, persons suffering from hypertension or congestive heart failure may require a sodium-restricted diet, in which case, the intake of sodium from drinking water could become significant.

Below are some examples of sodium content from Health Canada's Nutrient Value of Some Common Foods, 2008.

| | | | |
|---|---|---|---|
| 75 g chicken breast | 56 mg | 4 canned olives | 249 mg |
| Small bag plain potato chips | 229 mg | 1 dill pickle medium | 833 mg |
| 250 ml skim milk | 109 mg | 250 mL canned chicken vegetable soup | 1128 mg |

Water systems reported to have sodium concentrations higher than 20 mg/L are listed below. Many of the distribution systems within a community may reflect a blended supply of water. Details regarding specific water supplies may be obtained by contacting the local municipal office.

| Facility | Sodium (mg/L) | Resample |
|---|---|---|
| Warren Well Supply, 2009 | 87.0 | - |
| Onaping/Levack, 2010 | 67.3 | 61.0 |
| Garson Well Supply, 2010 | 73.1/28.3 | 60.3/24.1 |
| Valley Wells and Distribution, 2010 | 62.7/23.7 | 69.8/22.2 |
| David Street WTP, Sudbury South End, 2010 | 58.4 | 55.1 |
| Falconbridge Well Supply, 2010 | 22.8/22.4/28.8 | 21.5/20.7/21.5 |
| Dowling Well Supply, 2010 | 22.2/35.9 | 20.0/31.4 |
| C.A. MacMillan Place Well Supply, Webbwood, 2010 | 26.9 | - |
| Gervais Trailer Park, Chapleau, 2011 | 127 | - |
| Peace Valley Trailer Park, Wahnapitae, 2011 | 107.1 | - |
| Humarcin Residents' Organization, Sudbury, 2011 | 102.4 | - |
| Maytown Mobile Home Village, Massey, 2013 | 45.6 | 46 |
| Chapleau Drinking Water System, 2013 | 23.7 | 22.8 |
| Gogama Well Supply, 2013-2014 | 22.9 | 21.8 |

# Community Mobilization Sudbury

The Sudbury & District Health Unit is a proud partner of Community Mobilization Sudbury (CMS). Community Mobilization Sudbury (CMS) is a partnership representing key sectors from across the City of Greater Sudbury that "have come together around the common need and desire to work collaboratively to respond to situations of risk and to advocate for conditions that support community well-being".

## What Does Community Mobilization Sudbury Do?

CMS is a collaborative partnership with broad representation across sectors. Historically, each agency works alone to identify and assist individuals and families who are at acutely elevated risk of harm. Through CMS, agencies work collaboratively to identify situations of elevated risk and follow-up with a coordinated joint response. This response by identified agencies ensures that families and individuals are connected to appropriate, timely and effective supports in the community.

## Who is Involved with Community Mobilization Sudbury?

Representation with CMS includes a broad range of sectors across the human services system. Partners on the steering committee and rapid mobilization table (RMT) include representation from acute health care, mental health, public health, child welfare, policing, addictions, and education. Other partners have been identified as being important links with CMS and active efforts to recruit are presently underway. Partners involved with the RMT meet twice each week to identify and plan responses to situations of acutely elevated risk for families and individuals in the community.

## What are Some Ways Community Mobilization Sudbury Will Help?

The expectation of CMS is that negative outcomes will be prevented or minimized for families and individuals at risk. Community partners can work collaboratively to intervene early and better meet the needs of individuals and families. "Early interventions have demonstrated their potential to reduce the need for more intensive and reactive responses such as hospitalizations, arrests and apprehensions". CMS will also identify and track trends in the community. Over time CMS will use data obtained from the RMT to "identify trends, common risk factors and potential gaps in community services. This information, including potential opportunities and recommendations, is shared with leaders and stakeholders in order to inform community planning and decision-making".

> "Community Mobilization Sudbury is an initiative that reflects true potential for collective impact—the mobilization of multiple sectors and community stakeholders around the achievement of common goals."
>
> ~Stephanie Lefebvre, Manager

Community **Mobilization** Sudbury
Mobilisation **Communautaire** Sudbury
Weweni **EnjiNagidwendaagozing**

Source: Community Mobilization Sudbury, 2014

# References

## Clinical and Family Health Services

### New Feeding Guidelines for Older Infants and Young Children: Six to 24 Months (page 3)

[1]http://www.hc-sc.gc.ca/fn-an/nutrition/infant-nourisson/recom/index-eng.php

[2]http://www.hc-sc.gc.ca/fn-an/nutrition/infant-nourisson/recom/recom-6-24-months-6-24-mois-eng.php

## Health Promotion

### Smoking Cessation: What Can be Done to Increase Success Rates? (page 5)

Quitting smoking in Ontario. Findings from the Ontario Tobacco Research Unit. November 2013. http://otru.org/quitting-smoking-in-ontario/

Stead LF, Lancaster T., Combined pharmacotherapy and behavioural interventions for smoking cessation. Cochrane Database of Systematic Reviews 2012, Issue 10. Art. No.: CD008286. DOI: 10.1002/14651858.CD008286.pub2.

### New Directions for Use of Sunscreens (page 7)

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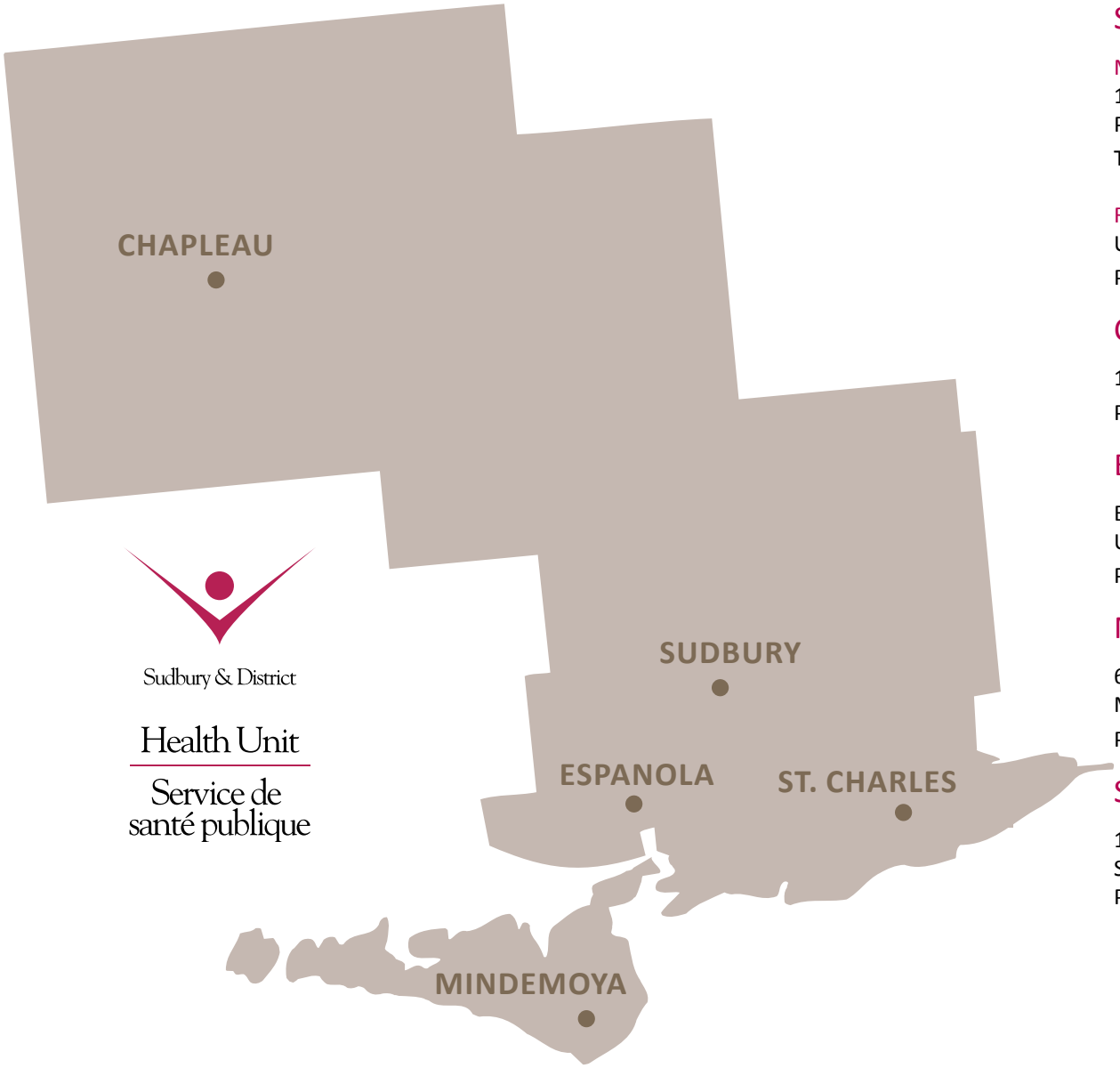
[4]Canadian Dermatology Association (n.d.) Sun Safety. Protecting Your Family. Retrieved from http://www.dermatology.ca/programs-resources/resources/sun-safety/#!/programs-resources/resources/sun-safety/protecting-your-family/ on May 9, 2014

# THE Advisory

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Please send your comments, questions, or suggestions to sdhu@sdhu.com or call 705.522.9200.