



Sudbury & District

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The Advisory

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Message from the Medical Officer of Health

Dear Colleagues,

It is my pleasure to share with you our Spring edition of *The Advisory*.

With the arrival of warmer weather, our vigilance is turning again to public health concerns posed by vector-borne infections. In this edition, we review the clinical manifestations of Lyme disease, as well as the risk within our service area, diagnosis guidelines, treatment options, and prevention. In addition, we profile a selection of Zika virus related resources to help you counsel your travelling patients.

I am also pleased to announce the return of our Academic Detailing Program, which has now been certified for up to 0.5 Mainpro+ credits. This year's topic is *low milk supply*, which is reported as the number one reason why mothers stop breastfeeding.

Relevant to your practice, we are also sharing information about changes in eligibility for certain publicly funded vaccines, a new resource for reporting Adverse Events Following Immunization, a convenient option for reporting vaccinations required for school attendance, as well as links to information about opioid prescribing best practice.

Lastly, although the icy winter is now a memory, falls among older adults remain a concern. We have shared information about a resource to help your patients assess the risks around their homes and modify or remove hazards.

Sincerely,

Dr. Penny Sutcliffe, Medical Officer of Health

Academic detailing returns for 2017

Julia Ritchie, RN, PHN and Jodi Maki, DVM, MPH

What is the Academic Detailing Program (ADP)?



Partners in Best Practice

Launched in 2016, the ADP acknowledges the key role that primary care practitioners play in promoting and protecting the health of our communities. The ADP was developed to help primary care providers bridge knowledge and skill gaps on a variety of public health issues encountered in practice.

Once a relevant topic is identified, the Health Unit identifies and develops evidence-based clinical tools to be adapted to local practices. This includes local public health and other community resources so that you know what kind of services are available for your patients.

When you sign up for a session, an Academic Detailer will meet with you in your practice setting at a time that is convenient for you, and the session will be tailored to what you want to learn. Over 15–20 minutes, the Detailer will demonstrate how to use evidence-based and pragmatic clinical tools developed for the session, answer your questions, and provide relevant local public health and community resources for your patients.

Low Milk Supply: Continuing on our positive feedback from last year's topic on the "Low-Risk Alcohol Drinking Guidelines", we are pleased to announce this year's session on low milk supply.

This Group Learning program has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 0.5 Mainpro+ credits.



This year's topic: Low Milk Supply

Why low milk supply?

On average, 79% of mothers in the Sudbury and Manitoulin districts have the intention to breastfeed. However, by the time the baby is 6 months old, only 16% of mothers are breastfeeding exclusively¹. Insufficient milk supply is reported as the number one reason why mothers stop breastfeeding².

What will you learn during this session?

The learning outcomes include:

1. Know and discuss breastfeeding norms.
2. Assess breastfeeding using evidence-based tools.
3. Protect the milk supply.
4. Ensure the mother is followed up by a lactation educated health care provider.

For more information on this program, please call Jodi Maki at 705.522.9200, ext. 285 or email adp@sdhu.com.

Vaccine Preventable Disease Program updates

Kim Presta, Manager, Clinic and Family Services

This update will provide you an overview of changes to the Vaccine Preventable Diseases program relevant to your practice. These include:

1. updates to the eligibility requirements for publicly funded vaccines
2. a new resource for reporting Adverse Events Following Immunization (AEFI)
3. an online vaccine reporting feature for parents available through the SDHU website

1. Updates to the immunization program

In the fall of 2016, the Ministry of Health and Long-Term Care expanded the publicly funded immunization program. These changes align with current scientific and expert recommendations from the National Advisory Committee on Immunization. These include:

Vaccine	Grade 7	14–16 years	24–26 years	≥34 years	65–70 years
HPV	A				
Tdap		B	B		
Td (booster)				C	
HZ					D

A: Quadrivalent human papilloma virus (HPV-4) vaccine: the school-based program will now include boys in addition to girls and will be offered to all students in Grade 7 (formerly offered to Grade 8 females only). The schedule was also updated to include HPV-4 for eligible males between 9 and 26 years of age who meet high-risk eligibility criteria.

B: The revised schedule also provides a new recommendation on adult Tdap (tetanus, diphtheria, pertussis), recommending that this be given at 24–26 years of age, 10 years after the teenage dose. Catch-up Schedule 1 (children starting immunization between 1 and 6 years) has also received minor updates.

C: 10 years after the teenage dose—the tetanus, diphtheria booster is still recommended every 10 years thereafter.

D: Herpes zoster (shingles) vaccine: now available for seniors 65–70 years of age (up to the 70th birthday), regardless of previous history of varicella or herpes zoster infection.

The revised schedule including information on eligibility criteria is available at:
<http://www.health.gov.on.ca/en/pro/programs/immunization/schedule.aspx>.

2. Reporting Adverse Events Following Immunization (AEFI)

An AEFI is an “unwanted or unexpected health effect that may occur after someone receives a vaccine, which may or may not be caused by the vaccine”³. Health care providers (i.e. physicians, nurses, and pharmacists) are **required by law** to report AEFIs.

Continued on page 4 . . .

Vaccine Preventable Disease program updates

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Vaccine recipients or their caregivers can also voluntarily report AEFIs to their local public health unit. Reporting AEFIs is an important component of monitoring vaccine safety and contributes to the success of immunization programs. To assist health care providers and parents with reporting AEFIs, the following two fact sheets are available for you and your patients:

- “Adverse Event Following Immunization Reporting for Health Care Providers in Ontario” published by Public Health Ontario. Available at: https://www.publichealthontario.ca/en/eRepository/AEFI_factsheet_healthcare_providers.pdf
- “Vaccine Safety Is Important to All of Us: Information for Parents”, published by the Ministry of Health and Long-Term Care. Available at: http://www.health.gov.on.ca/en/pro/programs/immunization/docs/hcp_fact_sheets_safety.pdf

AEFI reports are to be completed using the Ontario AEFI Reporting Form, which is available on the Health Unit’s website at www.sdhu.com. The forms can be completed manually or electronically and faxed to the SDHU’s secure fax at 705.677.9618.

3. Online reporting of vaccinations required for school attendance

School-aged children and those enrolled in licensed daycares require certain vaccinations or a valid exemption to attend their school or daycare as per the *Immunization of School and Pupils Act* and the *Child Care and Early Years Act*, respectively. Parents and guardians must keep their child’s records up-to-date with the Health Unit. To facilitate this process, an online reporting option is available at www.sdhu.com. This reporting feature is confidential, and the information received is stored on the secure provincial immunization database. These immunization records are reviewed annually to ensure that required vaccinations are up-to-date.

When children receive vaccines in your office, please encourage parents to report these either online or by calling the Health Unit. If you have questions about this update or require further information, please contact the Vaccine Preventable Disease Program at 705.522.9200, ext. 301.

Zika: Resources available from the Public Health Agency of Canada

Dr. Ariella Zbar, Associate Medical Officer of Health

Do you have a patient planning to go on vacation, study, or take a business trip?

If they are planning to visit a country with reported mosquito-borne Zika virus, here are some helpful resources from the PHAC to help you counsel your patients on preventing Zika exposure:

1. General information for health care providers: www.canada.ca/en/public-health/services/diseases/zika-virus/health-professionals-zika-virus.html

2. Counselling travellers: <http://healthycanadians.gc.ca/publications/diseases-conditions-maladies-affections/zika-virus-counselling-travelers-conseiller-voyageurs/index-eng.php>

3. Infographics for office posters:

- Women who are pregnant or women and men who are planning a pregnancy: www.canada.ca/en/public-health/services/publications/diseases-conditions/zika-virus-pregnancy.html
- Top five facts about Zika: www.canada.ca/en/public-health/services/publications/diseases-conditions/top-5-facts-zika-virus.html

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Stay On Your Feet (SOYF) – Maintaining independence in older adults

Anik Proulx, PHN

Falls are a problem

One in three older adults (age 65 and over) fall each year. Falls are the main reason older adults lose their independence. Most falls are predictable and preventable—they stem from risk behavior and health conditions (e.g. poor footwear, multiple medications).

Fifty per cent of the falls occur in and around the older adult's home. Assessing home safety and reducing hazards in the home is one component of a multifactorial approach to falls prevention. There is good evidence to support the modification of environmental hazards as a strategy for reducing falls. Environmental modifications in the home have been shown to reduce falls requiring medical attention by 55% over 24 months^{4,5}.

What public health is doing to prevent falls

The five northeast public health units (including the Sudbury & District Health Unit) have partnered with the North East Local Health Integration Network and community partners to deliver the Stay On Your Feet (SOYF) Regional Falls Prevention strategy. Working together through local Falls Prevention Coalitions, we are helping older adults stay active, stay independent, and stay on their feet. Locally, the SOYF Sudbury-Manitoulin Coalition provides awareness and education on falls prevention.

What you can do for your patients

Assess for risk of falling

Once a year, ask your older adult patients to complete the *Staying Independent Checklist*, a tool that helps identify risk factors for falling. This is available to order for free on the Health Unit's website www.sdhu.com/resources/print-materials. Once the assessment is completed, develop a plan with your patient to address any risk factors that were identified.

Conduct a home safety assessment

Provide your patients or caregivers with a copy of the *Home Safety Checklist* to help them identify, modify and remove the hazards in and around their home. This resource is available to order for free on the Health Unit's website www.sdhu.com/resources/print-materials.

Tell your patients about the nine steps to reduce falls

1. Be active
2. Walk tall
3. Improve your balance
4. Care for your feet and use safe footwear
5. Manage your health
6. Manage your medicines
7. Check your eyesight and hearing regularly
8. Eat well for life
9. Identify, remove, and report hazards

Order our resources

We offer a variety of free resources that can be placed in your office for older adults and their caregivers. Choose from an assortment of SOYF brochures, rack cards, or fact sheets. Please visit our website at www.sdhu.com or call 705.674.4330 or toll-free 1.855.674.4330.

Advise your patients to call the SOYF information line

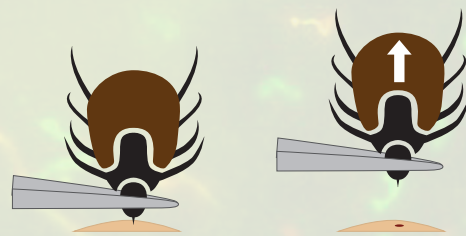
To learn more about the nine steps to prevent falls, local falls prevention programs or to order resources, your patients can call 705.674.4330 or toll-free 1.855.674.4330 or they can email stayonyourfeet@sdhu.com.



Preventing Lyme disease

Prevention

- **Wear** long-sleeved shirts, long pants, closed toe shoes, and high socks. Tuck pant legs into socks.
- **Wear** light-coloured clothes so that ticks can be easily seen.
- **Check** for ticks daily after walking through fields or woods—they are often found on the thighs, arms, armpits, and legs. They are very small. Look for what looks like new freckles.
- **Use** an insect repellent containing DEET or 0.5% permethrin.



How to remove a tick

- If you see a tick on your skin, remove it as soon as possible. Ask someone to check areas you cannot see.
- Carefully remove the tick by snugly grasping its front end with tweezers. **Pull it straight out.** **DO NOT SQUEEZE THE TICK.** If any parts remain, see a physician.
- Wash your hands and the site of the bite with soap and water, and disinfect the site.
- If you can, place the live tick in a jar or screw-top bottle, and take it to your local health unit.

Opioid prescribing: best practice reminders

The rise of opioid-related harms is very concerning to health care practitioners.

Opioid prescribing: best practice reminders

In the past decade, the number of opioid prescriptions in Canada has tripled, and a growing number of opioid-related poisonings are presenting to Ontario emergency departments.

- Preventing the misuse of opioids (Canadian Medical Protective Association) <https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2015/preventing-the-misuse-of-opioids>
- 2017 Draft recommendations for use of opioids in chronic non-cancer pain (Michael G. DeGroote National Pain Centre) <http://nationalpaincentre.mcmaster.ca/guidelines.html>

What is Lyme disease?

Holly Browne, Manager, Environmental Health

Lyme disease is a vector-borne infection caused by the spirochete *Borrelia burgdorferi* and is transmitted in Ontario through the bite of blacklegged ticks (also called deer ticks). Transmission occurs if the tick feeds for more than 24 hours when attached to its host. The blacklegged tick is found in various parts of the province, particularly southeastern Ontario. The number of Lyme disease cases has increased in Ontario as a result of tick populations expanding into new areas around the province.

Can my patients get Lyme disease in the Sudbury and Manitoulin districts?

Though not endemic to our area, blacklegged ticks have been identified within Sudbury and Manitoulin districts, some of which have tested positive for *B. burgdorferi*. There has been one lab-confirmed human case in the past two years, but it could not be confirmed if it was locally acquired. Surveillance data indicate that a small number of blacklegged ticks are introduced into widely separated areas of Canada by migratory birds, posing some risk to individuals in those areas.

What are the signs and symptoms?

Clinical manifestations depend on the stage of the disease^{6,7}:

Stage 1

Early localized (median duration: 4 weeks)

- Dermatologic: erythema migrans (“bull’s eye rash”) at the site of the tick bite
- Systemic: ‘flu-like’ illness, stiff neck, lymphadenopathy

Stage 2

Early disseminated (days to months)

- Cardiac: palpitations
- Dermatologic: multiple erythema migrans lesions
- Musculoskeletal: arthralgia, myalgia
- Neurologic: central (lymphocytic meningitis, facial nerve palsy, encephalitis), peripheral (radiculopathy)

Stage 3

Late disease (months to years)

- Musculoskeletal: arthritis (monoarticular, oligoarticular)
- Neurologic: encephalomyelitis, peripheral neuropathy

How do I test for Lyme disease?

Diagnosis should be guided by clinical findings and exposure history. Laboratory testing is used to support clinical suspicion of Lyme disease. If laboratory testing is sought, complete a Public Health Ontario laboratory requisition for serology. Testing follows a two-tier algorithm, starting with serological testing for IgM and IgG antibodies against *B. burgdorferi* via enzyme-linked immunosorbant assay. If the result is positive or indeterminate a Western Blot is performed and positive results are reported to the requesting physician and copied to the local public health unit. Serology may not be positive early in the course of illness, in which case the patient should be tested again in four weeks⁸.

How do I treat Lyme disease?

Treatment is with antibiotics (amoxicillin and doxycycline are commonly used), and in the early stage, treatment will usually result in a good prognosis. Treatment during the later stages typically requires intravenous antibiotics. The 2006 guidelines developed by the Infectious Diseases Society of America outlines the treatment regimen: <http://cid.oxfordjournals.org/content/43/9/1089.full>.

For more information on Lyme disease, visit: www.ontario.ca/lyme.

For more information about insect repellents, visit: www.healthycanadians.gc.ca/healthy-living-vie-saine/environment-environnement/pesticides/insect_repellents-insectifuges-eng.php.



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Sudbury & District Health Unit

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



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