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# **Advisory**

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## Message from the Medical Officer of Health

Dear Colleagues,

Our summer edition of *The Advisory* newsletter includes a wide range of articles that will be of relevance to your clinical practice.

We included an update about our Travel Health Clinic services and provide information about treatment recommendations and reporting requirements for possible rabies exposures.

The importance of sleep and messaging for patients is also discussed, and the need to consider blastomycosis in your differential diagnosis is reviewed.

Other topics in this edition include information about the benefits and risks of baby boxes, consuming BC oysters, introducing allergenic foods, as well as medication management in the context of preventing falls.

We all appreciate how health is dynamic and affected by many factors. In public health in particular, we persistently use our expertise and insights to work with others and evolve and adapt our own programs and services to support communities and all residents, ensuring equal opportunities for health for all. We rely on and value our partnerships and close ties with professionals like yourselves.

Wishing you an adventure-filled summer.

Sincerely,

Dr. Penny Sutcliffe, Medical Officer of Health

## Promoting healthy sleep in children

Laryssa Bilinsky, Health Promotion

Sleep is crucial to cognitive function, as it allows the brain to recover, process information, and organize memories that have been gathered throughout the day.<sup>1,2</sup> Sleep affects the growth of children and youth, and the development of language, attention, and ability to understand and process surroundings.<sup>1</sup>

Thirty-one percent (31%) of school-aged children and 26% of adolescents in Canada are sleep deprived.<sup>3</sup> Health care professionals who work with children and families have a role to play in promoting healthy sleep and should include sleep as part of a comprehensive health assessment.

In 2016, the Canadian Society for Exercise Physiology released the new Canadian 24-Hour Movement Guidelines for Children and Youth (5 to 17 years old). These guidelines state that children need sufficient sleep, along with physical activity and reduction of sedentary behaviours, each day to be healthy.<sup>4</sup>

Consider focusing your assessment, teaching, or goal-setting on one or more of the following key messages related to healthy sleep hygiene that are known to influence the health and weight of children:<sup>4</sup>

- Keep a regular sleep schedule and routine. Encourage parents to have children go to bed and wake up at the same time every day—even on weekends. A change in the sleep schedule, such as sleeping in on weekends, can disrupt the body's natural "clock".
- Create a sleep-friendly bedroom. Encourage families to create a bedroom that is dark, quiet, comfortable, and cool that can help promote restful sleep. Research shows that removing "sleep stealers", such as televisions, computers, and cellphones, from the bedroom results in a better sleep.<sup>6</sup> Reserve the bedroom for sleep only.



### Recommended sleep duration for children and youth<sup>5</sup>

5 to 13 years old : 9 to 11 hours  
14 to 17 years old: 8 to 10 hours

- Create a relaxing routine before bed. Routines can start 30 minutes to one hour before bedtime and might include taking a warm bath, reading, listening to calming music, or meditating.
- Avoid screen time at least one hour before bedtime. Recommend that families turn off all electronics at least one hour before bed. The blue light that is emitted from mobile devices, tablets, computers, and televisions disrupt the body's ability to produce natural hormones, such as melatonin, that help with falling asleep.<sup>2</sup>
- Be active throughout the day. Encourage families to be active during the day. Physical activity promotes a good night's sleep.
- Increase bright light in the morning. Bright lights help keep a regular sleep-wake cycle.
- Avoid caffeine consumption. Drinks containing caffeine, such as soft drinks, should be avoided.
- Avoid going to bed too hungry or too full. Heavy meals should be avoided at least two hours before bedtime. Being too hungry before bed can also make it hard to fall asleep.

Discussions about healthy behaviours need to take place with all patients.

The focus should always be on improving the health and well-being of all children and their families. Individuals of all ages, shapes, and sizes can benefit from the many health effects of sleeping well, eating well, living actively, and having positive self-esteem.

For more information for parents to help their child sleep well, eat well, move well and feel well, please direct them to the Health Unit's website at [www.sdhu.com](http://www.sdhu.com).





## Blastomycosis: Be aware

Holly Browne, Environmental Health

### Key message for health care practitioners

We are reminding health care practitioners that Sudbury and Manitoulin districts are endemic for blastomycosis and that cases have been reported in these areas. Given that delays in diagnosis can contribute to illness and death, clinicians should consider blastomycosis in their differential diagnoses of lung, skin, and bone infections, particularly if the patient does not respond to conventional antimicrobial drug therapy.

### What is blastomycosis and how might my patients be exposed?

Blastomycosis is caused by *Blastomyces dermatitidis*, a fungus found in warm, moist soil, especially in wooded areas along waterways such as lakes or rivers.

Exposure occurs by inhalation of airborne spores during activities such as camping, forestry work, farming, and hunting in endemic areas.

### What are the signs and symptoms?

Anyone is susceptible to the infection and immunocompromised individuals are more likely to suffer severe illness. Symptoms can appear between 3 to 15 weeks after initial exposure. In Ontario, exposure most often occurs in the summer and fall months as the activities that would expose an individual usually occur during that time of year. Clinical presentation is therefore most common in the fall and early winter, but can occur at any time of the year.

Clinical manifestations include pulmonary, cutaneous, and disseminated disease (skin, bones, joints, genitourinary tract). Untreated disseminated or chronic pulmonary blastomycosis can be fatal.

Pulmonary blastomycosis can present with generalized symptoms that can be mistaken for other illnesses such as the “flu” or pneumonia. Up to 50% of cases may be asymptomatic<sup>8</sup>. Chest X-ray can reveal pulmonary infiltrates that can cavitate. Resolution occurs spontaneously in one to three weeks; however,

extrapulmonary manifestations may be present in the absence of respiratory symptoms.<sup>9</sup>

Cutaneous involvement is common and presents with erythematous papules progressing to wart-like, crusted or ulcerated lesions affecting the face and distal extremities.

Consider blastomycosis in the differential diagnosis of febrile patients presenting with respiratory or “flu like” symptoms and risk behaviours for exposure.

### How do I test for blastomycosis?

Diagnostic tests can include culture and microscopy of samples from sputum, tracheal aspirates, cerebrospinal fluid, urine and cutaneous lesions. Please refer to Public Health Ontario’s test directory for specific submission information (<http://www.publichealthontario.ca/en/ServicesAndTools/LaboratoryServices/Pages/Specimen-Collection.aspx>).

### How do I treat blastomycosis?

Treatment with oral itraconazole or fluconazole is recommended for cases with mild or moderate blastomycosis infections. Amphotericin B is indicated in severe or disseminated infection. The suggested course of therapy is six months to one year, followed by a course of oral itraconazole.

## Key messages for health care practitioners

- Sudbury and Manitoulin districts are endemic for blastomycosis.
- Delays in diagnosis can contribute to illness and death.
- Clinicians should consider blastomycosis in their differential diagnoses of lung, skin, and bone infections, particularly if the patient does not respond to conventional antimicrobial drug therapy.

## Key messages for patients

- Know the symptoms of blastomycosis and areas where it is found.
- If you feel ill after camping, hunting, or working in these areas, see a doctor.
- Be aware of your potential exposure from high-risk activities.
- While it won't eliminate the risk, wearing protective gear may reduce your chance of exposure when doing work that disturbs the soil. This gear includes:
  - » work gloves
  - » long-sleeve shirts and long pants
  - » proper footwear
  - » disposable NIOSH N100 approved HEPA filter dust mask



## Stay on Your Feet – A focus on managing medicine

Sabrina Kalviainen, Health Promotion

### Medication management plays a vital role in preventing falls in older adults

Older adults are often prescribed a large number of different medications. Strong evidence supports an association between the number of medications and falls among older adults. An effective way to reduce falls is through the review and modification of medications. The goals of these reviews, as appropriate, are to:

1. Reduce the number of different medications.
2. Reduce the dosage.
3. Remove certain medications that can increase risk for falls (i.e. benzodiazepines, antidepressants, and antipsychotics).<sup>10, 11, 12</sup>

### The Medication Cleanout Campaign

The Stay on Your Feet (SOYF) Sudbury-Manitoulin Falls Prevention Coalition delivers numerous activities to prevent falls each year. Medication management is currently a priority topic and one of the nine steps for falls prevention. The Medication Cleanout Campaign is launched in partnership with the City of Greater Sudbury Community Drug Strategy. It aims to prevent poisonings, medication abuse and misuse, and to protect the environment. The campaign encourages older adults to return unused, unwanted or expired medications in a bag to their local pharmacy for safe disposal.

*Clean It Out!* bags are an integral piece of the campaign. Each bag includes a medication management tips sheet that provides education about taking medication as directed, proper storage, polypharmacy, and more. Bags will be distributed across the Health Unit's service area to various agencies such as pharmacies, libraries, and older adult centres. Patients are encouraged to contact their closest Health Unit office location to find out where to get a *Clean It Out!* bag in their area.

### How you can help your patients

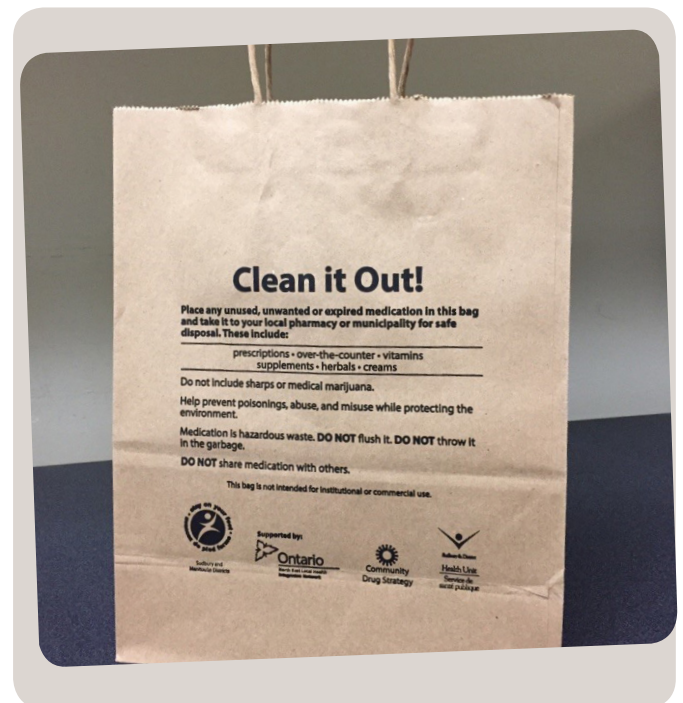
- Have a conversation with your patients about medication management and encourage safe disposal.
- Direct them to their local Health Unit office to get information on proper disposal options in their area and for more information about medication management.
- Encourage your patients to fill their prescriptions at one pharmacy to reduce the risks associated with polypharmacy.

### Order our resources

In addition to medication management resources, we also offer a variety of other free resources that can be placed in your office for older adults or caregivers. Choose from an assortment of Stay on Your Feet brochures, rack cards, or fact sheets. Please visit our website at [www.sdhu.com](http://www.sdhu.com) or call 705.674.4330 (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 (toll-free 1.855.674.4330) or email [stayonyourfeet@sdhu.com](mailto:stayonyourfeet@sdhu.com).





# Norovirus in British Columbia-harvested oysters: What you need to know

Cynthia Peacock-Rocca, Environmental Health

## Recent outbreak activity

In early February, Ontario's Acting Chief Medical Officer of Health issued a public advisory informing Ontarians of gastrointestinal illness linked to the consumption of oysters harvested from British Columbia waters.<sup>13</sup>

Since early this year, gastrointestinal illness consistent with norovirus substantially increased across the country. Initial investigations indicated that the illness was associated with the consumption of raw or undercooked oysters.<sup>13</sup> This food-acquired exposure is unique and requires additional preventive actions compared to community-acquired norovirus (e.g. from touching contaminated surfaces or objects or through direct contact with another person who is infected) normally expected at this time of year.

## Facts on norovirus

Following a 24–48 hour incubation period, symptoms of norovirus infection last anywhere from one to three days, with a recovery period within one to two days. Common symptoms include nausea, vomiting, diarrhea, and stomach cramps. Dehydration is more common in young children, the elderly, and the immunocompromised.<sup>14</sup>

When working-up patients experiencing the above symptoms, be sure to ask if they had consumed raw or undercooked oysters in the previous one to two days. Diagnosis is via stool PCR.

While the illness is typically self-limited, be sure to encourage plenty of fluids to prevent dehydration. The most effective are oral rehydration fluids. Drinks that do not contain caffeine or alcohol can be effective against mild dehydration.<sup>14</sup>

To prevent the spread of this organism, patients exhibiting these symptoms should be reminded that

they “are contagious from the moment they begin feeling ill to at least three days after recovery”.<sup>14</sup> Some other tips to prevent the spread of norovirus include:

- frequent handwashing
- good hygiene practices
- “cooking oysters from British Columbia to an internal temperature of 90°C (194°F) for a minimum of 90 seconds”.<sup>13</sup>



## For more information

Our federal and provincial public health partners continue to monitor this national outbreak while the Health Unit continues to actively monitor for local cases related to the consumption of raw or undercooked oysters.<sup>15</sup> Updated and detailed information relating to the outbreak and its investigation can be accessed through the Public Health Agency of Canada's website at <http://www.phac-aspc.gc.ca/phn-asp/2017/outbreak-norovirus-eclosion-eng.php>.

## Rabies: Be informed

Holly Browne, Environmental Health

### Key message for health care practitioners

As you are aware, members of the public often seek medical attention following contact with animals, such as bats, where rabies may have been transmitted. Rabies is transmitted only when the virus is introduced into a bite wound, open cuts in skin, or onto mucous membranes such as the mouth or eyes.<sup>16</sup>

### Can my patients get rabies in the Sudbury and Manitoulin districts?

Though the risk is relatively low at this time, it is possible for individuals to be exposed to the rabies virus locally. There have been no reports of rabies in terrestrial animals in the Sudbury and Manitoulin districts since 2003. There is, however, a racoon rabies outbreak in the Hamilton area. This has been contained so far, but it only takes one or two rabies positive animals being introduced into our area to change our current status.

Bats, on the other hand, have tested positive in these areas as recently as 2012.

### What do I do when a patient reports an exposure to me?

Ontario law states that a physician, registered nurse in the extended class, veterinarian, police officer, or any other person who has information concerning any animal bite or other animal contact that could result in rabies in persons shall as soon as possible notify the Medical Officer of Health and provide the Medical Officer of Health with the information.<sup>17,18</sup>

The Health Unit encourages physician offices, walk-in clinics, and emergency departments to report all animal bites and other animal contacts as soon as possible in the interest of preventing rabies transmission to humans.

### How do I report an exposure?

Notifications can be made 24 hours a day, 7 days a week by phoning the Health Unit at 705.522.9200, ext. 464, during business hours or by calling the on-

call public health inspector at 705.688.4366 outside of regular business hours. In addition to phoning the information in, a Rabies Control Investigation Report (copy available at <https://www.sdhu.com/professionals/health-professionals/reporting/rabies-health-professionals>) can also be faxed to the Health Unit at 705.677.9607.

To ensure that all reports of animal-to-human incidents are investigated within 24 hours of notification, it is essential that reports be reported by phone to the on-call public health inspector after-hours, including weekends.

### Is rabies post-exposure prophylaxis (rPEP) needed immediately or can I wait?

Each exposure is assessed individually to determine the need for rPEP. This risk assessment can be completed during a telephone call with the health care provider or provided to the victim and includes:

- The species of animal, including the prevalence of rabies in that species and the prevalence of rabies in other species in the area.
  - If domesticated animal exposure: vaccination status, history of potential exposure to other animals of unknown rabies vaccination status, travel history, and the behaviour of the particular domestic animal implicated.
  - If non-domesticated animal exposure (e.g. racoon or skunk): rPEP would be recommended and delivered to the physician immediately, if requested.
- The type of exposure: bite, non-bite (e.g. salivary contact with open skin or mucous membrane, transplant of infected organs), or direct contact with a bat. Unless one of these three potential modes of exposure has occurred, transmission of rabies is highly unlikely.
  - Bite exposures: Transmission of rabies occurs most commonly through bites. A bite is defined as any penetration of the skin by teeth.
  - Non-bite exposures: This category includes contamination of scratches, abrasions or cuts of the skin or mucous membranes by saliva or other potentially infectious material, such as the brain tissue of a rabid animal.



- Bat exposures: Post-exposure rabies prophylaxis following bat contact is recommended when both the following conditions apply:
  - i. There has been direct contact with a bat; AND
  - ii. A bite, scratch, or saliva exposure into a wound or mucous membrane cannot be ruled out.
- The circumstances of the exposure: provoked, unprovoked.
- The vaccination status and behaviour of a domestic animal.
- The age of the exposed person.
- The location and severity of the bite (e.g. the size and number of bites).



If the animal is available and an observation can be completed, the animal is placed under a minimum 10-day observation period from the date of the exposure to confirm that rabies was not transmitted during the exposure.<sup>16,18</sup>

Where can I get more information on the management of suspected rabies exposures?

More information can be found in the Guidance Document for the Management of Suspected Rabies Exposures, Management of Patients with Suspected Rabies Exposure or by contacting the Health Unit.

## The most commonly reported errors in administration of rabies post-exposure prophylaxis are:

- Vaccination not administered according to the schedule provided in the *Canadian Immunization Guide*.
- Failure to administer the entire dose of rabies immune globulin on day zero.

## It's the law!

Notification must be made by:

- Faxing an Animal Incident Reporting Form to 705.677.9607 (form available at: <https://www.sdhu.com/professionals/health-professionals/reporting/rabies-health-professionals>), AND
- Reporting by calling 705.522.9200, ext. 464, during office hours, or calling 705.688.4366 after-hours to speak with a public health inspector.

## Baby boxes: Key messages for you and your patients

Rebecca Sabourin, Health Promotion

The safest place for an infant to sleep is [on their back] in a crib, cradle, or bassinet that meets current Canadian regulations (CCBR).<sup>19</sup> Over the past year, there has been an influx of baby boxes as a way of addressing safe sleep practices for infants, and the baby boxes have recently been featured in Canadian media.<sup>19,20</sup>

In 1938, the concept of a baby box emerged in Finland as a health initiative whereby the Finnish Government distributed boxes as part of the country's Maternity Grant Act.<sup>19</sup>

In Ontario there are currently two types of baby boxes that are available free of charge. One is called the "Baby Box Canada" (now known as family.one) and the other is the "Baby Box Co.".

Below you will find a brief description of both:

### Baby Box Canada (family.one)

#### Provider

Boxes from Baby Box Canada (family.one) are currently distributed within Ontario, with plans to expand to other provinces.

#### Purpose

- The primary purpose of the program is to provide new and expectant parents with free product samples.

#### Use

- **This box is NOT intended to be utilized as safe sleep surface for infants.**
- This box contains a wide range of samples for both mother and baby such as; blankets, toys, hygiene products.

#### How to register

- Families do not have to complete an online course in order to receive the box.
- Families need to register online to receive the free box at <http://family.one/>.
- Once registered, the company will mail the box directly to the family.

### The Baby Box Co.

#### Provider

In Canada, these boxes are currently distributed free of charge in collaboration with province specific sponsors/partners in Alberta, Ontario, and Nunavut. The contents of the box are region-specific. The Baby Box Co. also sells the boxes to the general public through their online retail site.<sup>21</sup>

#### Purpose

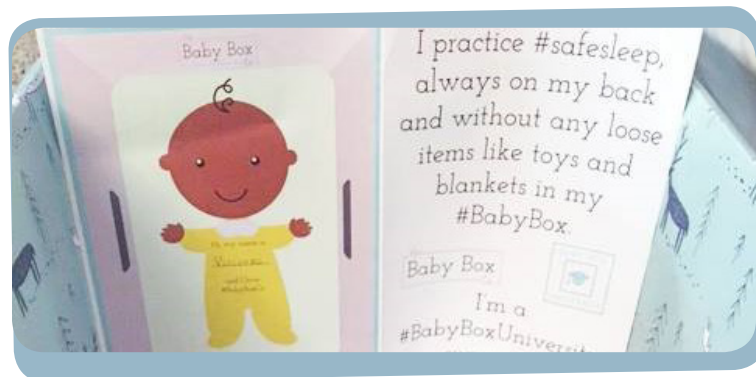
- The primary purpose of the program is to provide a safe sleep surface for all infants.

#### Use

- This box is advertised as a safe infant sleep surface.
- The box also contains a fitted baby mattress, and waterproof cover, and free baby product samples.

#### How to register

- Families need to complete an online parenting course as an Ontario resident through <https://www.babyboxuniversity.com>.
- Pick up the box at a local distribution centre.



## Teaching points for your patients

In order for your patients to make an informed decision to use The Baby Box Co. box as a infant sleep surface, the following key messages should be included in discussion, along with education surrounding the use of the box:

- The safest place for an infant to sleep is [on their back] in a crib, cradle, or bassinet that meets current Canadian regulations (CCBR).<sup>19</sup>
- However, when a crib, cradle or bassinet is not available, baby boxes that comply with the Cribs, Cradles and Bassinets Regulations (CCBR) and are designed for infant sleeping, provide a low-cost and practical alternative, rather than placing a baby on an unsafe sleep surface (e.g. couch, adult bed with loose bedding). This is provided that instructions are followed and other key principles of safe sleep are put into place.<sup>19</sup>
- The baby box should never be placed on an unstable or raised surface.
- If the baby is able to sit up, crawl, or roll over independently, the use of the box must be discontinued and the baby transitioned to sleep in a crib.
- Regularly check the condition of the box to ensure that it has not deteriorated from leaks or spills.
- Key principles of safe sleep should be followed, such as placing the box close to the parent or caregiver's bed (room sharing for the first six months), with no additional bedding or stuffed toys added to the box.<sup>19</sup> The baby should be placed in the box alone and on their back. The box cover must not be in place while the box is being used as a sleep surface.
- Additional warnings for safe use are printed on the bottom of the baby box.

Families can access safe sleep guidelines through the following websites:

- Health Canada: <https://www.canada.ca/en/health-canada/services/consumer-product-safety/reports-publications/consumer-education/your-child-safe/sleep-time.html>
- The Public Health Agency of Canada: [http://www.phac-aspc.gc.ca/hp-ps/dca-dea/stages-etapes/childhood-enfance\\_0-2/sids/index-eng.php](http://www.phac-aspc.gc.ca/hp-ps/dca-dea/stages-etapes/childhood-enfance_0-2/sids/index-eng.php)

If you have questions, concerns, or would like to discuss the information provided in this document, please contact the Health Unit's Family Health Team at 705.522.9200, ext. 427.





## Best practices: Introduction of peanut products to infants

Claire Bilik, Health Promotion

The Health Unit encourages families to consult their health care providers in cases where there is a family history of food allergy or if parents or caregivers are uncertain of risk level.<sup>22</sup>

The current national guidelines for feeding infants from birth to 6 months and from 6 to 24 months are the *Nutrition for Healthy Term Infants (NHTI) Recommendations* published by Health Canada.

### Health Canada recommendations on introducing allergenic foods:

- Delayed introduction of priority food allergens (such as peanuts) is not currently recommended as a way to prevent food allergies, even in infants at risk of atopy<sup>26</sup>.
- Exclusive breastfeeding during the first six months is accepted as the nutrition standard for infants. Solid foods, including common allergens, can be introduced at about six months of age, provided they are an age-appropriate texture. Once a potential food allergen has been successfully introduced, offer it regularly to help maintain tolerance<sup>26</sup>.
- When introducing a common food allergen, suggest avoiding the introduction of more than one per day and waiting two days before introducing another allergen so that a potential allergic reaction can be monitored<sup>22</sup>.
- Those with established food allergies should continue strict avoidance of the allergen.

### Health Canada recommendations on safe introduction of peanut products to infants:

- Try watered-down peanut butter by mixing two teaspoons of smooth peanut butter with two to three teaspoons of hot water and let cool.
- Mix two teaspoons of smooth peanut butter with two to three tablespoons of a pureed or mashed vegetables or fruit, such as banana, avocado, or mixed with an infant cereal.
- Mix two teaspoons of peanut flour with about two tablespoons of a pureed vegetable or fruit.

## New guidance on safe introduction of peanut products to infants:

In January 2017 the National Institute of Allergy and Infectious Diseases (NIAID) released new guidelines for the introduction of peanuts. Recommendations are stratified by infant's risk of peanut allergy, based on the findings from the 2015 LEAP (Learning Early About Peanut allergy) study and expert recommendation<sup>23</sup>. The notable difference between the NHTI and NIAID guidelines concerns high-risk infants. The NHTI guidelines do not contain specific guidance regarding high-risk infants. The NIAID guidelines contain the following:

- NIAID guidelines define "high-risk" infants as those with severe eczema and/or established egg allergy. For these high-risk infants, it is recommended to undergo physician-supervised testing and/or introduction to peanut products<sup>23 24</sup>. The majority of infants can have peanut-containing foods introduced safely at home at about six months of age<sup>24 25</sup>.

While NIAID guidelines have been endorsed by the Canadian Society of Allergy and Clinical Immunology, these new guidelines have not been endorsed at this time by Health Canada, Dietitians of Canada, or the Canadian Pediatric Society<sup>24</sup>.

It is important to continue to monitor Health Canada or the Canadian Pediatric Society's position on allergenic food introduction as well as any other emerging evidence.

For more information and resources on healthy eating, health care providers and patients alike can speak to a registered dietitian by calling Eat Right Ontario toll-free at 1.877.510.5102.



### Caution:

Avoid feeding whole peanuts or peanut spreads alone to infants as they pose a choking hazard.





## Reduction of travel health clinic services

Stephanie Hastie, Clinical Services

The Health Unit has reduced its Travel Health Clinic services as of April 2017.

The Clinic is now focused on providing general travel advice and vaccines (such as hepatitis A and B) for individuals travelling to resort destinations or taking cruises.

For your patients travelling to other destinations, the following fee-for-service travel medicine clinics are available locally:

Northeastern Ontario Medical Offices (NEOMO)  
2009 Long Lake Road, Suite 205  
Sudbury, ON P3E 6C3  
705.586.3601

Horizon Occupational Health Solutions  
144 Pine Street, Suite 401  
Sudbury, ON P3C 1X3  
705.669.1520

In addition, patients over the age of five years can purchase and have travel vaccines administered at several participating local pharmacies.

For high-risk patients:

To ensure provision of comprehensive pre-travel vaccination and counselling for international travellers, we encourage primary care providers to consult travel medicine guidelines and refer high-risk patients to travel medicine clinics when possible. A detailed overview of travel medicine published in 2014 is cited below:

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