THE advisory
YOUR PUBLIC HEALTH DOWNLOAD

Issue 92
Spring 2018

What's Inside

Message from the Medical Officer of Health

Dear Colleagues,

It is my pleasure to share with you the spring edition of The Advisory. This issue provides updates about new programs, learning opportunities, as well as information that is of importance to your clinical practice.

Very shortly, insects will buzz and crawl in the woods and fields, including ticks—consider booking an academic detailing session about Lyme disease. In this issue, you can also learn about parasites in raw fish, the use of harm reduction strategies in managing patients with opioid disorders, testing guidelines and recommendations for sexually transmitted infections and tuberculosis, as well as a new online program to help patients report and track their vaccinations.

Whether it is in public health or clinical practice, we know that health care providers often see patients with a range of complex health and social service needs. Read about how we are using innovative approaches to reduce poverty as well as a community-based referral program that helps coordinate care for patients.

Our patience has been rewarded, and spring is finally here. Take some well-deserved time to get outdoors and enjoy the warmer weather.

Sincerely,

Dr. Penny Sutcliffe, Medical Officer of Health

Public Health
Santé publique
SUDBURY & DISTRICTS

Academic detailing: Personalized continuing professional development

Holly Browne, Jodi Maki

What is the Academic Detailing Program (ADP)?

Launched in 2016, our ADP was developed to help primary care practitioners bridge knowledge and skill gaps on a variety of public health issues encountered in practice.

When you sign up for a session, an Academic Detailer will meet with you in your office, one-on-one, for approximately 30 minutes in a session tailored to what you want to learn.

Sessions provide:

- an overview of key evidence and best-practice guidelines
- evidence-based and pragmatic clinical tools
- relevant local public health and community resources for your patients

Participation in the ADP can be used to obtain Continuing Professional Development credits.

This year's topic: Lyme disease

Why Lyme disease?

All tick surveillance indicators suggest that the current geographic range of blacklegged tick population is expanding in Southern Ontario and will likely continue to do so as available habitat permits. The Sudbury and Manitoulin districts are not endemic areas for blacklegged ticks at this time; however, these ticks have been found in the districts. Lyme disease diagnosis, testing, and treatment in the early stages is crucial to mitigate the severe symptoms that could develop if the disease is not treated early.

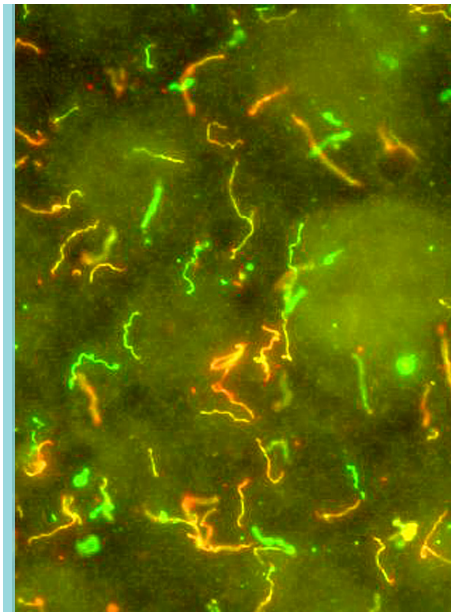
After the ADP session on Lyme disease, you will:

- Be able to conduct a risk assessment for the potential of Lyme disease by knowing which questions to ask and how the answers inform your decision to test or treat your patient.
- Become familiar with the three stages of Lyme disease as well as the symptoms associated with each stage.
- Know when to test for antibodies for Lyme disease, appropriate treatment to prescribe based on clinical observations or serology results, and how to counsel on prevention.

academic detailing

Partners in Best Practice

To sign up for a session or for more information on this program, please call Jodi Maki at 705.522.9200, ext. 285 or email adp@phsd.ca.



Opportunities for sexually transmitted infection screening

Stephanie Vendetti-Hastie

Sexually transmitted infections (STIs) – know the risks

Chlamydia is the most commonly diagnosed and reported bacterial STI among women aged 15 to 24 and men aged 20 to 29, followed by gonorrhea. Incidence of both infections has been increasing steadily in Canada in recent years. Gonorrhea infections disproportionately affect males who have sex with males, who account for approximately two-thirds of reported cases. Many infections are asymptomatic.

Some risk factors for infection include:

- sex with multiple partners
- previous STI/contact with STI
- age < 25 years
- new partner in the last year or more than two partners in the last year
- serial monogamy
- substance use
- unsafe sexual practices

These risk factors will vary from person to person and are dynamic across the lifespan. Important things to consider are the epidemiological trends of STIs and risk factors of the patient as outlined above and conducting a focused risk assessment when risks are identified.

The Public Health Agency of Canada's Canadian Guidelines on Sexually Transmitted Infections chapter on primary care and STIs is a helpful resource that enables practitioners to perform brief and thorough STI risk assessment for patients and can be accessed online here: https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/sexually-transmitted-infections/canadian-guidelines-sexually-transmitted-infections-17.html#a2.

Remember to test

Not everyone presents with symptoms, and risk factors for infection may not be obvious.

Whenever possible and practical, urine-based testing for chlamydia and gonorrhea should be offered to all patients with risk factors for STIs. This includes those who are symptomatic or asymptomatic and even during visits that are not related to sexual health.

Urine based testing for chlamydia and gonorrhea offers the advantage of being non-invasive and has a high sensitivity and specificity for both infections among both males and females.

For test information or to order supplies, visit Public Health Ontario at http://www.publichealthontario.ca/en/ServicesAndTools/LaboratoryServices/Pages/default.aspx.

Download the *Canadian Guidelines on Sexually Transmitted Infections* mobile application on the App Store or get it on Google Play.

Managing patients with opioid disorders? Read this.

Dr. Ariella Zbar

The March 5 issue of the *Canadian Medical Association Journal* included guidelines on the management of opioid disorders[1]. This guideline strongly recommends the use of adjunct harm reduction strategies as based on moderate quality of evidence (GRADE approach). This recommendation is as follows:

> **"Information and referrals to take-home naloxone programs and other harm reduction services (e.g. provision of sterile drug paraphernalia), as well as other general health care services, should be routinely offered as part of standard care for opioid use disorders."**

Naloxone kits are offered for free through a variety of locations in the area. Please refer to https://www.ontario.ca/page/where-get-free-naloxone-kit.

Public Health Sudbury & Districts operates *The Point*, a free and confidential program that provides harm reduction supplies and services to people who use drugs. It aims to reduce the risks of getting or passing on infectious diseases, like HIV and hepatitis C, and reduce risks associated with using drugs. We are committed to offering our clients services with respect and without judgement.

Supplies and services are free and include:

- needles and injection and inhalation equipment for injecting or inhaling drugs
- information about safer drug use
- information about safer sex
- community referrals to services
- disposal containers for used needles and sharps
- condoms and lubricant
- presentations

The Point is located on-site at our Rainbow Centre Site and provides outreach through the Sudbury Action Centre for Youth, Réseau Access Network, and the Ontario Aboriginal HIV/AIDS Strategy. Harm reductions services are also available through some of our other office sites.

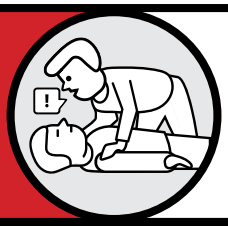
Please refer to www.phsd.ca for additional information including hours of operation.

References

1. Bruneau, J., Ahamad, K., Goyer, M., Poulin, G., Selby, P., & Fischer, B. et al. (2018). Management of opioid use disorders: a national clinical practice guideline. Canadian Medical Association Journal, 190(9), E247-E257. http://dx.doi.org/10.1503/cmaj.170958.

5 STEPS TO RESPOND TO AN OPIOID OVERDOSE

STEP 1



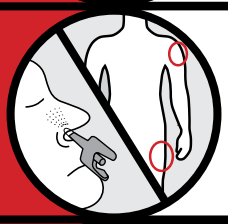
SHOUT their name & SHAKE their shoulders

STEP 2

CALL 9-1-1

If unresponsive.

STEP 3



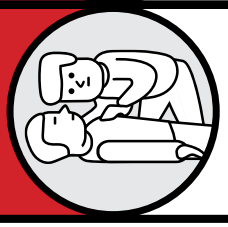
GIVE NALOXONE:

1 spray into nostril or inject 1 vial or ampoule into arm or leg.

STEP 4

PERFORM RESCUE BREATHING AND/OR CHEST COMPRESSIONS.

STEP 5

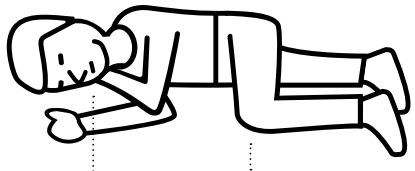


IS IT WORKING?

If **no** improvement after 2-3 minutes, repeat steps 3 & 4.
Stay with them.

RECOVERY POSITION

If the person begins breathing on their own, or if you have to leave them alone, put them in the recovery position.



SIGNS OF OPIOID OVERDOSE

- Person can't be woken up
- Breathing is slow or has stopped
- Snoring or gurgling sounds
- Fingernails and lips turn blue or purple
- Pupils are tiny or eyes are rolled back
- Body is limp

ontario.ca/OpioidOverdose

Ontario

Immunization of School Pupils Act

Kim Presta

Are you receiving more calls for vaccinations or vaccination records?

Here's why:

Beginning in January of each year and continuing through the spring, Public Health Sudbury & Districts undertakes the process of reviewing vaccination records of school-aged children in accordance with the requirements of the *Immunization of School Pupils Act (ISPA)*. Children and adolescents attending primary and secondary school must have proof of vaccination against the following diseases:

- tetanus
- diphtheria
- pertussis
- polio
- measles
- mumps
- rubella
- meningococcal
- varicella (for children born in 2010 or later)

Suspension letters are mailed to the home of students for whom we do not have records of up-to-date vaccination. These letters will inform of an impending suspension date for the student from school, unless records of up-to-date vaccination or a valid exemption are provided.

The suspension process may prompt an increased number of calls to your office requesting vaccination or vaccination records.

Immunization records and exemptions–things to know

In some cases, it may be necessary to provide an immunization record or complete a statement of medical exemption for your patient. Please note the following:

- A medical exemption should only be signed if the vaccine is deemed to be unsafe (e.g. allergy to a component of the vaccine) or unnecessary for the client (e.g. already immune from natural infection or has serologic evidence of immunity).
- Parents requesting exemption for other reasons (i.e. philosophical or religious objections) require different forms and must attend an educational session. Please refer these parents to Public Health Sudbury & Districts for further information.

In other cases, vaccines in accordance with age and vaccination history may need to be administered. Please keep in mind the following age-specific indications:

- Use Pediacel® vaccine for any child up to age seven who requires primary vaccination for diphtheria, tetanus, acellular pertussis, and polio.
- The teenage tetanus/diphtheria/pertussis booster (Tdap) is due 10 years after the school entry booster and is generally given as Adacel®/Boostrix® for students who have completed primary immunization.
- Meningococcal vaccine requirements include Men-C-C (Menjugate® or NeisVac-C®) for students entering primary school and Men-C-ACYW-135

vaccinate + report =

(Menactra®) for Grade 7 students. These vaccines are not interchangeable and only the specific vaccine at the designated age meets the ISPA requirements. Please refer Grade 7 students requiring Menactra® to our office for vaccination.

Please encourage the reporting of any vaccines given to Public Health Sudbury & Districts:

- Online at www.phsd.ca
- By phone at 1.866.522.9200, ext. 458
- By fax at 705.677.9618
- In person at any of our office locations

If you have questions about what vaccine a child or adolescent requires to be compliant with ISPA or need further information, please contact our office.

Take note—new reporting requirements, effective July 1, 2018

Health care providers will be responsible for reporting vaccines required under the *Immunization of School Pupils Act*. We will provide more information and supports. More to come in the summer edition of *The Advisory*.

Poverty reduction: A community approach

Dana Wilson

We know that not all members of our community have the same opportunities for health. However, Public Health Sudbury & Districts has a commitment to understanding the root causes of poor health and to delivering public health interventions that support citizens to have equal opportunities for good health and well-being. One innovative example of this is a community partnership that has introduced three linked programs: *Bridges Out of Poverty, Circles Leader Training, and Circles*. The programs aim to build relationships among people living across all economic groups, with an aim of supporting individuals living on low income work to get out of poverty. These efforts ultimately aim to strengthen our community.

1. *Bridges Out of Poverty* workshops help start a conversation about poverty and invite people to look at poverty differently. Workshops have been delivered across the Greater Sudbury to more than 500 participants representing over 70 agencies in our community, within and outside of the health sector.

2. *Circles Leader Training* provides individuals living in poverty with additional tools to transition into economic self-sufficiency at no cost. Facilitated group discussions, interactive activities, individual self-reflection exercises, and guest speakers from the community offer opportunities to learn about budgeting and money tips, communication and relationships, community resources and networking, and personal goal setting.

3. *Circles* supports individuals living in poverty while they transition into economic self-sufficiency by facilitating the development of relationships between participants (*Leaders*) and volunteers (*Allies*). Leaders and Allies meet twice per month to share a meal and participate in programming that is tailored to everyone's needs and interests. Child minding is included, and there is no cost to the programming. *Circles* also works at the community-level with the support of a Steering Committee to identify and address systemic barriers faced by individuals living in poverty, and to promote opportunities for everyone in our community to do well.

To learn about any of the programs, including the workshops or sessions, or to inquire about becoming a volunteer, please contact equity@phsd.ca or call 705.522.9200, ext. 771.

Fish for raw consumption: Watch out for parasites

Amber Wismer

Be aware: parasites in raw fish

Raw or lightly cooked fish cuisine such as sushi, sashimi, carpaccio, tartare maison, gravlax, lomi-lomi salmon and ceviche, are just some traditional dishes that are common in European, Asian, and North American diets. Consumption of improperly prepared fish that migrate from sea to fresh water to spawn, and fresh-water fish products may lead to the occurrence of foodborne illness, including parasitic infection.

There are more than 50 species of the worm-like helminth class of parasites that can cause illness in humans[1]. The three main groups are nematodes (roundworms), cestodes (tapeworms) and trematodes (flukes). Anisakis nematodes have been found in up to 75% of some species of Pacific wild-caught salmon, and there are more than 2000 cases of Anisakis simplex diagnoses world-wide each year[1]. *Diphyllobothrium latum*, the broad or fish tapeworm, is also transmitted to humans via consumption of raw fish.

Educate your patients: tips on avoiding exposure

Ontario does not have regulations that govern local restaurants on how to properly handle and prepare fish intended to be consumed raw or without any further cooking. To help reduce chances of exposure, patients looking to purchase raw fish products should ask:

Was the fish was frozen prior to being served?

- While physical removal of visible parasites and rapid chilling may mitigate the risk of infection, freezing allows for the inactivation of parasites in raw and undercooked fish[1, 2]. The inactivation of parasites is conditional on the following: temperature, time for the temperature to reach all parts of the fish tissue, species of fish, fat content, as well as the source of fish (see below)[1]. Appropriate freezing time is -20°C for seven days, or -35°C for 15 hours[3].

Was the fish sourced from a farm?

- Through the use of good aquaculture practices, farmed fish have the potential to reduce and eliminate pathogenic loads. This includes using floating cages and an artificial diet, and reducing the opportunity for exposure to parasites or their larvae. Fish used in raw form for consumption should be farmed using good aquaculture practices including selective harvesting[1].

Know the signs: clinical presentation of parasitic infection

Symptoms of parasitic infections are typical of many other illnesses and include abdominal pain, nausea, diarrhea, vomiting, and mild fever. Some distinguishing symptoms include abdominal distention and blood and mucus in the stool[4]. Low levels of B12 (if the worm has attached on the proximal small intestine, competing for B12 absorption) may also be considered[2]. Most often, diphyllobothrium infection are asymptomatic, and symptoms may be vague. A history of consuming raw fish items is helpful in proper diagnoses and subsequent treatment[2].

Diagnosis is often made by the identification of ova or sometimes from worm segments observed in the stool, imaging tests, blood, or endoscopy procedure.

Treat accordingly: managing parasitic infection

Treatment for anisakiasis has not been established; however, prescribing albendazole was shown to be effective in case reports[5].

Literature suggests that treatment for diphyllobothrium is 10 to 25 mg/kg of praziquantel as a single dose. A week after treatment, stool culture for ova should be negative; however, sometimes, a second dose may be required. Cobalamin injections and folic acid supplements can benefit patients with B12 deficiencies[5].

A public health inspector is available to your patients to discuss the risk of consuming raw fish products and preventative measures.

General food safety tips in regards to purchasing, handling, and storing raw fish products can also be discussed. An inspector is available at 705.522.9200, ext. 464 (toll free 1.866.522.9200).

References

1. Ontario Agency for Health Protection and Promotion (Public Health Ontario), Parto N, Caturay A. Evidence brief: control of parasites by freezing in fish for raw consumption Toronto, ON: Queen's Printer for Ontario; 2017. http://www.publichealthontario.ca/en/eRepository/Evidence_Brief_Parasites_raw_fish.pdf.
2. Craig, N. (2012). *Fish Tapeworm and Sushi*. Canadian Family Physician, v.58 (6), 654–658. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3374688/
3. BC Centre for Disease Control. *Illness-Causing Fish Parasites (Worms)*. http://www.bccdc.ca/resource-gallery/_layouts/15/DocIdRedir.aspx?ID=BCCDC-288-1618
4. Centers for Disease Control and Prevention. (2012). *Anisakiasis FAQs*. Retrieved on January 19, 2018 from: www.cdc.gov/parasites/anisakiasis/faqs.html
5. Nawa, Y., Hatz, C., Blum, J. (2005). Sushi Delights and Parasites: *The Risk of Fishborne and Foodborne Parasitic Zoonoses in Asia*. Clinical Infectious Diseases, Volume 41, Issue 9, 1297–1303. https://academic.oup.com/cid/article/41/9/1297/278196
6. Heymann, D. (2015). *Control of Communicable Diseases Manual, 20th Edition*. American Public Health Association.

Greater Sudbury Health Link

Guest article: Stephanie Lefebvre, Manager, Service Collaboration, Greater Sudbury Health Link

Fact: a small percentage of Ontario residents (roughly 5%) account for almost 65% of health care use.

The Greater Sudbury Health Link seeks to improve the well-being of this group—Sudbury residents who require a complex range of health and social services. This often includes individuals who are challenged by multiple chronic conditions, mental illness, addictions, developmental disability, and poor access to the social determinants of health (e.g. income, housing, social supports).

The Greater Sudbury Health Link accepts referrals to help coordinate care for those requiring a complex range of health and social services.

With a focus on improved coordination of care, Health Link brings patients together with their full team of health and community service providers. They work together to identify each patient's unique care goals and make plans to achieve them. Members of care teams can include primary care providers, specialists, allied health professionals, community health and social service providers, and other informal caregivers.

Each care team member contributes to the patient's Coordinated Care Plan (CCP) and every patient has a dedicated lead care coordinator. Changes to a patient's care plan are communicated to all team members, ensuring that everyone has consistent, up-to-date information and is working toward common goals.

Do you care for patients who:

- Have multiple physical health concerns, mental health challenges, addictions, or poor access to, for example, income, social supports, education, and employment?
- Have or require multiple care team members to support them in their health and wellness goals?
- Frequently use health care services as a result of EMS calls, emergency department visits, or hospital admissions?
- Would benefit if you and other members of their care team stayed connected through a common and up-to-date coordinated care plan?

As an added benefit, all Health Link Coordinated Care Plans are available in both the Health Sciences North (HSN) and North East Local Health Integration Network electronic medical records. If your patient visits HSN's Emergency Department, for example, staff will have access to the most current information about their health and treatment plans.

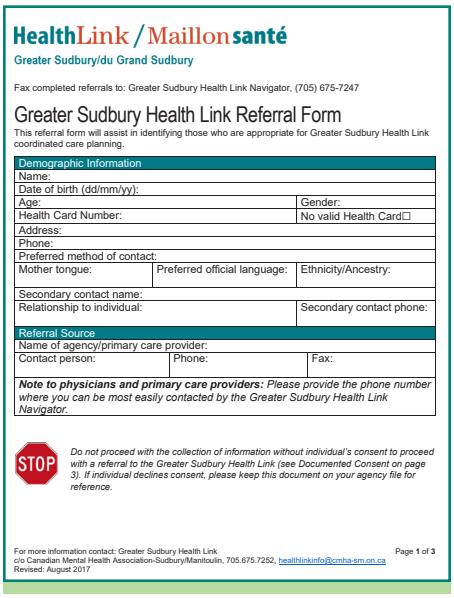
How it works

Once they receive your referral, the Greater Sudbury Health Link navigator will contact your patient. The navigator will assist them with necessary referrals and engagement with additional community health and social supports. The navigator will also contact you to explain next steps and your role as a member of their care team. This may include:

- contributing to their Coordinated Care Plan (CCP)
- communicating updates to their lead care coordinator
- maintaining their most current CCP in your agency's service/medical records
- collaborating with other care team members to support their wellness goals

Making a referral

If you support or provide care to someone who you feel could benefit from care coordination, please contact the Greater Sudbury Health Link, c/o Canadian Mental Health Association – Sudbury/Manitoulin at 705.675.7252, ext. 211 or healthlinkinfo@cmha-sm.on.ca.



HealthLink / Maillon santé
Greater Sudbury/du Grand Sudbury

Fax completed referrals to: Greater Sudbury Health Link Navigator, (705) 675-7247

Greater Sudbury Health Link Referral Form

This referral form will assist in identifying those who are appropriate for Greater Sudbury Health Link coordinated care planning.

Demographic Information		
Name:		
Date of birth (dd/mm/yy):		
Age:		Gender:
Health Card Number:		No valid Health Card☐
Address:		
Phone:		
Preferred method of contact:		
Mother tongue:	Preferred official language:	Ethnicity/Ancestry:
Secondary contact name:		
Relationship to individual:		Secondary contact phone:

Referral Source		
Name of agency/primary care provider:		
Contact person:	Phone:	Fax:

Note to physicians and primary care providers: *Please provide the phone number where you can be most easily contacted by the Greater Sudbury Health Link Navigator.*

STOP *Do not proceed with the collection of information without individual's consent to proceed with a referral to the Greater Sudbury Health Link (see Documented Consent on page 3). If individual declines consent, please keep this document on your agency file for reference.*

For more information contact: Greater Sudbury Health Link
c/o Canadian Mental Health Association-Sudbury/Manitoulin, 705.675.7252, healthlinkinfo@cmha-sm.on.ca
Revised: August 2017

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For more information about eligibility and how to make a referral, visit the Health link website at sm.cmha.ca/programs-services/greater-sudbury-health-link/.

Reasons to refer clients?

As a member of a Health Link care team, you will:

- have access to the most current information about your patient's health, treatments, and involvement with other care providers
- know and be able to collaborate with a range of care providers across disciplines who possess varying expertise
- contribute to improved outcomes for your patient: with enhanced coordination, communication, and access to support, we hope to reduce your patient's need for primary care visits, ED visits and hospitalizations, duplicated lab work, tests and assessments, and more

Community support

The Greater Sudbury Health Link is a community initiative supported by the North East Local Health Integration Network and representing the following collaborating and supporting partners:

Canadian Mental Health Association-Sudbury/Manitoulin (lead agency); Centre de santé communautaire du Grand Sudbury; City of Lakes Family Health Team; Greater Sudbury Paramedic Service; Health Sciences North; Monarch Recovery Services; North Bay Regional Health Centre; North East Behavioural Supports Ontario; North East Local Health Integration Network: Home and Community Care; North East Specialized Geriatric Services; North Eastern Ontario Medical Offices; Northern Initiative for Social Action; Réseau Access Network – HIV/Hepatitis Health and Social Services; Shkagamik-Kwe Health Centre; Sudbury Community Service Centre; Sudbury District Nurse Practitioner Clinic; Centre for Addiction & Mental Health; Children's Aid Society of the Districts of Sudbury and Manitoulin; City of Greater Sudbury; Greater Sudbury Police Service; Dr. Tara Leary; March of Dimes; Reseau du mieux-être francophone du Nord de l'Ontario; N'Swakamok Native Friendship Centre; Public Health Sudbury & Districts; Dr. Jason Sutherland.

Skills refresher: Tuberculin skin test

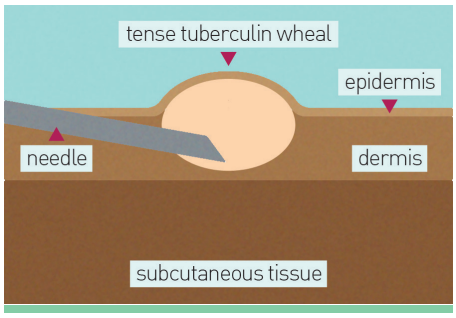
Tuberculosis Control Program

What is a tuberculin skin test (TST)?

TST consists of intradermal injection of a small amount of purified protein derivative (PPD) from M. tuberculosis bacteria.

In a person who has cell-mediated immunity to these tuberculin antigens, a delayed **hypersensitivity reaction will occur within 48–72 hours**. This reaction will cause localized swelling and will manifest as induration at the test injection site.

Identification and treatment of latent tuberculosis infection (LTBI) is an important element within tuberculosis (TB) prevention and control management.



Are TSTs publicly funded?

Publicly funded TST solution (Tubersol®) can be obtained from Public Health Sudbury & Districts for persons who meet eligibility criteria. For information related to OHIP physician billing for TSTs in Ontario refer to: http://www.health.gov.on.ca/en/pro/programs/ohip/bulletins/4000/bul4692.aspx.

How are TSTs reported?

All positive TSTs must be reported to Public Health Sudbury & Districts.

- Forms are available at www.phsd.ca
- Fax positive TST reports to: Public Health: 705.677.9618

Where to find additional resources?

- Online TST interpreter: www.tstin3d.com
- Canadian Tuberculosis Standard 7th Edition: 2014 https://www.canada.ca/en/public-health/services/infectious-diseases/canadian-tuberculosis-standards-7th-edition.html
- Tuberculosis Surveillance Protocol: Ontario Hospital Association https://www.oha.com/Documents/Tuberculosis%20Protocol%20Reviewed%20and%20Revised%20May%202016.pdf

Stay tuned for the fall edition of *The Advisory* for important information about Interferon Gamma Release Assays (IGRA). The IGRA is available to detect latent TB infection in clients with a history of BCG vaccine or for clients with an undetermined reaction to the TST.

For more information?

Please see the attached insert and direct any questions on TST or IGRA to the Tuberculosis Control Program at 705.522.9200, ext. 457.

Public Health Sudbury & Districts
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705.522.9200 (toll-free: 1.866.522.9200)

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