

Preparing for a busy influenza season

Influenza is in Peterborough!

To date, one influenza A outbreak in a long term care facility and one laboratory report from a resident in the community has been reported to the Health Unit.

Ontario and Canada: increasing influenza activity, including the circulation of potentially mismatched influenza A/H3N2 strains

Surveillance information from local, provincial and national public health agencies shows increasing influenza activity in recent weeks. To date, the predominant influenza virus circulating in Ontario is the influenza A/H3N2 subtype.

Commonly, when an A/H3N2 virus is the main circulating influenza virus, illness tends to be more severe. In the 2012-2013 season, when the influenza A/H3N2 viruses predominated in Ontario, higher hospitalization rates and more mortality was observed compared to other influenza seasons, particularly among individuals 65 years of age or older, children under the age of 5 years and persons with certain chronic medical conditions. During the 2012-2013 influenza season, there was a significant surge in emergency department visits as well as admissions to hospital which coincided with the holiday season. With the increasing influenza A/H3N2 activity, it is possible that Ontario may have a similar experience this year.

In addition, there are also concerns about decreased protection of the 2014/2015 influenza vaccine. In the United States, 58% of 114 A/H3N2 strains typed up until the latter part of November did not match the vaccine strain. In Canada, 8 of 10 A/H3N2 strains tested over the same time period did not match the vaccine strain. While there is limited information about currently circulating strains of influenza A/H3N2 in Ontario, there is no reason to believe that their circulation would be substantially different from what has been documented within Canada and the US.

It is important to note that even in years where there has been an A/H3N2 mismatch, the influenza vaccine has been found to offer some cross protection against the drifted strain. As an example, in the 2010/2011 and 2012/2013 influenza seasons, the most recent seasons for which there was an influenza A/H3N2 mismatch, vaccine effectiveness for this subtype was 39% and 41% respectively. In addition, the influenza vaccine offers protection against other influenza viruses, such as influenza B.

Recommendations for healthcare providers in Ontario

The following are recommendations for healthcare providers in preparation for an increase in influenza activity which may increase the demand for health care services over the holiday season:

1. Offer the influenza vaccine:

Encourage all patients 6 months and older who have not yet received an influenza vaccine this season to be vaccinated against influenza as soon as possible. Children less than 9 years of age being vaccinated for the first time should receive a second dose at least 4 weeks after the first dose.

2. Offer early antiviral treatment:

Healthcare providers should consider timely administration of antivirals (e.g. oseltamivir or zanamivir) to recommended recipients presenting with influenza symptoms, regardless of immunization status, when there is evidence of influenza circulating in their community. This consideration will be increasingly important in the coming weeks when it is expected that influenza activity will increase, and a large percentage of people presenting with influenza-like illness will have influenza infection. Laboratory confirmation of influenza in these individuals is not required prior to administering antiviral medication. .../2



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Antivirals are recommended for:

- individuals with influenza-like illness severe enough to require hospitalization; and individuals with influenza-like illness at higher risk of complications from influenza infection as follows:
 - children younger than 5 years of age;
 - adults 65 years of age and older;
 - persons with chronic pulmonary (including asthma), cardiovascular (except hypertension alone), renal, hepatic, hematological (including sickle cell disease) or metabolic disorders (including diabetes mellitus), or neurologic and neurodevelopmental conditions;
 - persons with immunosuppression, including that caused by medications or by HIV infection;
 - women who are pregnant or postpartum (within 4 weeks after delivery);
 - Aboriginal people;
 - people younger than 18 years of age who are receiving long-term aspirin therapy;
 - people who are morbidly obese (i.e., body-mass index is equal to or greater than 40).

Encourage all people with influenza-like illness who are at higher risk for influenza complications to seek prompt care to determine if treatment with influenza antiviral medications is necessary since antivirals are most effective if taken within 48 hours of symptom onset. Ensure that plans are in place for this to occur during the holidays.

3. Prepare for an increased demand for health care services and outbreaks:

Acute care facilities: Prepare for a possible increase in emergency room visits, hospital admissions and need for intensive care beds over the holiday season. Should outbreaks of influenza A develop, it is recommended that vaccinated staff members be offered antiviral medication. This is due to the A/H3N2 mismatch and is in addition to the usual recommendation for unvaccinated staff members to receive antiviral medication during an influenza outbreak.

Primary care facilities: If possible, keep your offices open during the holiday season to accommodate the anticipated increase in influenza activity. If your office will be closed during the holidays, make efforts to communicate to your patients where they can go to seek care in case they develop influenza-like illness and require medical attention (e.g., include messaging on your office voicemail system, provide information on your office website, email information to patients, etc.).

Urgent care clinics: Prepare for an increase in patient volume over the holiday season. Keeping urgent care clinics open from December 26, 2014 to January 2, 2015 may help alleviate some of the burden on emergency departments.

Long term care homes: Prepare to detect and respond to outbreaks over the holiday season, including the rapid provision of antiviral medications (e.g. oseltamivir) to all residents. As well, because of the A/H3N2 mismatch, it is recommended that vaccinated staff members be offered antiviral medication during an influenza A outbreak. This is in addition to the usual recommendation for unvaccinated staff members to receive antiviral medication during an influenza outbreak. Long Term Care can call the Health Unit for more information regarding antiviral prophylaxis recommendations for all staff and reimbursement processes.

4. Monitor influenza activity in your community:

To determine the need for antiviral medication, healthcare providers should be aware of influenza and other circulating respiratory viruses in their community. The Health Unit will provide information on influenza activity in Peterborough. In addition, Public Health Ontario provides surveillance information in regards to the circulation of influenza and other respiratory viruses in the following weekly reports:

- The Ontario Respiratory Virus Bulletin, which contains information about influenza activity
- The Laboratory Based Respiratory Pathogen Surveillance Reports, which contain information including circulating respiratory pathogens and influenza percent positivity by health unit

5. Advise patients of measures to prevent acquisition and transmission of infections:

- Clean hands frequently with alcohol-based hand rubs or soap and water;
- Stay home if you are ill;
- Stay at least 2 meters (6 feet) away from people who are ill;
- Avoid touching your face;
- Frequently clean commonly touched surfaces;
- Cough and sneeze into your sleeve, not your hands...

For more information, please contact an Infectious Disease Nurse at 705-743-1000

Menactra Catch-Up Clinics in High Schools

To support changes that have been implemented in the *Immunization of School Pupils Act*, the Health Unit will be offering meningococcal vaccine catch-up clinics in high schools between February 17, 2015 and March 13, 2015.

These clinics will be for individuals who did not receive their grade 7 dose of Menactra (Men-C-ACYW135). This vaccine is different from Menjugate (Men-C-C), which is administered routinely at 12 months of age.

In addition to Menactra catch-up, the Health Unit will also offer Hepatitis B vaccine and Human Papillomavirus (HPV) vaccine at the high school clinics.

If individuals do not wish to have these catch-up vaccines administered in school-based clinics, or at the Health Unit, healthcare providers (HCP) may order these vaccines to administer to individuals in their offices. Vaccine order forms for school-based vaccines are available by calling the Health Unit's Vaccine Preventable Disease Program at 705-743-1000 or on our website: www.pcchu.ca under [For Professionals](#) | [Health Professionals](#) | [Vaccines](#).

Exercise is Medicine

More and more research continues to emerge supporting the notion that physical activity is truly one of the best "medicines" to prevent and manage various types of illnesses and conditions. Physical activity also contributes positively to mental health and is a positive behaviour to model to one's family members and peers.

Exercise is Medicine Canada (EIMC) has recently released a [Guide for Prescribing Exercise](#). This guide complements their earlier released [Exercise Prescription & Referral Tool](#).

The EIMC website is a good site for valuable resources such as the Canadian Society for Exercise Physiology (CSEP) Physical Activity and Sedentary Behaviour Guidelines for different age categories, relevant policy statements, and links to medical associations that are addressing this issue. For instance, the Canadian Paediatric Society also provides [tools and resources](#) specifically relating to children and youth.

If this is an area of interest, consider attending the [Exercise Prescription, Physical Activity & Aging Conference](#) in Toronto this coming May 2015 to further your professional development.

If you haven't yet, all healthcare providers are encouraged to watch Dr. Mike Evan's on youtube.com and search [23 and ½ hours video](#).

Remember - Dr. Evans will be speaking in Peterborough at the 2015 Brain FHT CME afternoon on February 4, 2015!

Please direct any questions or concerns to Deanna Moher, Health Promoter, Physical Activity Program at dmoher@pcchu.ca or phone 705-743-1000, ext. 367

Reduce Your Patients' Risk of Falls Now!

Falls are one of the biggest contributors to growing healthcare costs.

Here are two things to keep in mind to reduce your patients' risk of falls:

1. The sense of balance weakens as people get older. However, regular balance training can reverse this effect of aging.

For more information on exercise classes:

- VON's SMART program, contact George Dimacakos at 705-745-0188 or George.Dimacakos@von.ca
- Community Care exercise and falls prevention classes in the City and County visit www.commcareptbo.org | [Services](#) and click on [Exercise and Falls Prevention Classes](#) link on the left.

2. While there are obvious slip hazards in winter, don't let that stop your older adult patients from getting out and enjoying our Canadian winter! You can recommend:

- Shoe picks and cane picks, also called crampons, for added safety,
- Getting assistance to clear sidewalk and steps regularly so ice does not build up,
- Asking a passer-by to help cross an icy surface,
- Using ice salt/sand for added safety to prevent falls, and
- Planning safe walking routes.

For more information contact: Nicole Fraser, Health Promoter Injury Prevention, Older Adult 705-743-1000, ext. 354

Resources For HCPs

Pediatric Nutrition Guidelines (Birth to Six Years) for Health Professionals

This document provides evidence-based nutrition feeding guidelines and red flags for healthy, full-term infants and children up to six years of age for health professionals.



In addition, this document provides additional information on the following topics:

- Growth monitoring
- Breastfeeding
- Food allergies
- Vitamin D
- Iron
- Choking prevention
- Fish consumption and methyl mercury
- NutriSTEP®
- Parent influences on eating habits

The PNG has been reviewed by doctors, nurse practitioners, registered nurses, lactation consultants and registered dietitians in both public health and clinical practice and has been revised using a BFI (Baby-friendly Initiative) lens.

Further investigation, including possible referral to a registered dietitian (RD) for nutrition assessment and ongoing follow-up, may be warranted for infants and children who do not meet guidelines or present with red flags.

Visit www.pcchu.ca under [For Professionals | Health Professionals | Nutrition](#) on the right sidebar under [Resources](#).

Resources For Patients

Health Unit Dental Clinics

The Health Unit offers dental hygiene and treatment services through our Community Dental Health Centre located downtown in Peterborough Square, and on our Mobile Dental Health Centre, which visits rural communities. The Community Dental Health Centre is located at:



360 George Street North, Unit 60
Peterborough Square - Peterborough, ON K9H 7E7
705-748-2230

For more information visit www.pcchu.ca/dental

Health Events For Patients

Prenatal Health Fair

Start your prenatal education early in pregnancy by attending this informative, hands-on event. The Fair is offered two times a year. It showcases displays and demonstrations on a wide variety of topics of interest to both expectant parents and their friends and families. Health professionals and community partners share information, answer your questions, and link you to the many services that can help you on your journey to becoming a parent. Dads-to-be won't want to miss the Empathy Belly and fathering displays.

Enjoy refreshments and a chance to win door prizes. The fair is hosted by the Peterborough County-City Health Unit.

NEXT PRENATAL HEALTH FAIR IS:

Monday, February 23, 2015

6:00 p.m. – 8:30 p.m.

Holiday Inn, 150 George Street, Peterborough

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