

Pertussis Outbreak in Huron County, Ontario

On July 7, 2015, the Ministry of Health and Long Term Care (MOHLTC) advised of significant pertussis activity ongoing since May 2015 involving a remote, under-immunized religious community in Huron County. The outbreak has recently spread among members of the under-immunized community in two surrounding health units.

The cases to date have been isolated to this unique community and there is no indication of increased pertussis activity in the general population throughout the province. It should be noted that there may be increased travel in the summer months between members of this community and similar communities across the province. While the risk to the general population is low, healthcare providers may see travelers from this area and also should take the opportunity to emphasize the importance of up-to-date pertussis immunization for their patients. Immunization is the best defence against pertussis.

All health units involved in this pertussis outbreak are diligently continuing their investigation, including case and contact management. The MOHLTC and Public Health Ontario are carefully following this situation.

To report suspect or confirmed cases, call an Infectious Disease Nurse at 705-743-1000.

Resources:

Ministry of Health and Long Term Care Infectious Disease Protocol
Public Health Agency of Canada

Peterborough Must Remain Vigilant to Prevent Clostridium difficile infection

After a hospital-wide C. difficile outbreak in 2014, Peterborough Regional Health Centre implemented a number of targeted initiatives, including new protocols and processes for bleach-based cleaning and antimicrobial stewardship. Last year, PRHC cut the number of hospital-acquired C. difficile infections by half.

After a challenging influenza/respiratory infection season in early 2015, causing patient flow and overcrowding challenges in the hospital and widespread use of antibiotics across the system, the number of C. difficile cases acquired in all settings is on the rise again.

Peterborough is experiencing a continued rise in community-acquired C. difficile infections. Half of all patients diagnosed and treated for C. difficile infection at PRHC acquire it prior to their hospital stay. These are patients who started to experience symptoms of C. difficile infection at least 72 hours prior to hospitalization, and who have not been hospitalized within the past 30 days.

Many of these patients report recent visits to doctors' and dental offices, and many have recently taken antibiotics. Some of these patients live in our community's long-term care and retirement homes.

The risk factors for C. difficile include:

- Antibiotic use within the past 12 weeks (most commonly for suspected urinary tract, dental or upper respiratory tract infections)
- Bowel disease/bowel surgery within the past 12 weeks
- History of C. difficile within the past 3 months
- Manipulation of the GI tract, including tube feeding
- Prolonged hospitalization (more than 2 weeks)
- Surgery within the past 12 weeks
- Age 65+
- Use of Proton Pump Inhibitors (e.g. Pantoprazole, Lansoprazole, Rabeprazole, Omeprazole)
- Immunosuppressive therapy (e.g. Prednisone, Chemotherapy, post-transplant medications)



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Peterborough Must Remain Vigilant to Prevent Clostridium difficile infection

We ask for your help and collaboration to spread the word to healthcare staff, patients and the Peterborough community:

- Antibiotics save lives and help patients recover, but overuse or inappropriate use of antibiotics can be very dangerous. Antibiotics can disrupt the normal intestinal flora, which can lead to an overgrowth of Clostridium difficile bacteria in the colon and can trigger C. difficile infection. Overuse of antibiotics can also lead to bacterial resistance, which means the bacteria are no longer responsive to antibiotics — this is how antibiotic-resistant “superbugs” evolve into existence. According to the Center for Disease Control, as many as 50% of all antibiotics prescribed are not needed, or are not optimally effective as prescribed.
- With dedicated support from its pharmacist team, PRHC has been working with prescribers since 2013 to reduce the hospital’s use of antibiotics. In that time, overall antibiotic prescription rates have reduced by 17%. Significant reductions have been made specifically in the use of three “c-diffo-genic” antibiotics associated with increased risk of C. difficile infection: CIPROFLOXACIN prescriptions at PRHC have been reduced by 85%, MOXIFLOXACIN use has gone down by 70% and CLINDAMYCIN is prescribed 75% less.

Please reference these tools* (PRHC’s Stewardship Antimicrobial Guide, Antimicrobial Poster, Antimicrobial Susceptibility Antibiogram) **and consider the following questions:**

- Does the patient really need an antibiotic? For example, does the patient have a potential UTI or is it Asymptomatic Bacteriuria?
- If the patient requires an antibiotic, are there more appropriate, less “c-diffo-genic” choices available? Antibiotics with broad-spectrum coverage put patients at greatest risk. These include cephalosporins, fluoroquinolones, extended-coverage penicillins, and clindamycin.
- Should the duration of antibiotic therapy be reassessed for the patient?
- Is the patient on a PPI (Proton Pump Inhibitor)? PPIs may not actually be required (and they are a C. diff risk factor).

*These tools are available at www.pcchu.ca | For Professionals | Health Professionals | Infection Control | Clostridium difficile. For more data and information about C. difficile infection and how you can help prevent it, please contact cmurphy@prhc.on.ca.

Immunizers Are In a Position of Trust!

Parental concerns about vaccine safety are on the rise and these concerns are fuelled by anti-vaccine messages on websites and media attention. What to do?

1. Start early and provide resources. Start the discussion right after the child is born, and not at the two month visit. Provide reliable websites before the patient becomes biased by misinformation.
2. Use each opportunity or visit to review immunization status.
3. Take the time to listen. If they initiate a conversation about vaccines, taking the time to listen can have a dramatic effect on the parent’s decision to immunize.
4. Ask what safety information you can provide.
5. Your opinion matters. The statement, “I believe in immunization and have/will immunize my children” is very powerful.
6. Acknowledge that no vaccine is risk free and discuss known side effects honestly. It is honest to say that not vaccinating is a risk for the child that worries you, as their healthcare provider.
7. Mild illnesses are not contraindications to most vaccinations.
8. Use personal stories about how you witnessed a patient with a vaccine preventable disease.

Consider using these statements with your patients:

- According to the Public Health Agency of Canada, in the last 50 years, immunization has saved more lives in Canada than any other health intervention.
- Vaccines are safe, effective and necessary, with huge benefits to children’s health — all through their lives.
- Vaccines are among the safest tools of modern medicine. In Canada, serious side effects occur very rarely. For example, the estimated annual reported rate of anaphylaxis ranges from 0.4 to 1.8 reports per 1,000,000 doses of vaccine distributed in Canada. The vast majority of side effects from vaccines are minor and temporary, such as a sore arm or mild fever.
- It’s just like your risk of being struck by lightning. According to the National Weather Service, the risk of being struck by lightning in a given year is about 1 in 1,000,000. About the same risk of experiencing anaphylaxis after administration of a vaccine.
- Four key reasons to give all recommended vaccines:
 1. Babies are most at risk for vaccine-preventable diseases and their effects within the first two years of life.
 2. It is important to protect your baby as soon as possible.
 3. Vaccines given at the same time work just as well together
 4. There is no increase in side effects when several vaccines are given at the same time. ... *cont’d page 3*

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- It's just the same as you protect your child against a danger you can't see when you apply sunscreen to shield them against harmful UV rays. Similarly, immunization protects against other dangers you can't see — harmful and potentially deadly viruses!
- Vaccines do not weaken the immune system. Rather, they harness and train it to rapidly defend against vaccine preventable diseases before illness can occur.
- There is no increased risk of autism with vaccinations, including the MMR vaccine.
- In Canada, with the exception of the flu vaccine, thimerosal has not been used in any childhood vaccines since 2001. It was not removed because of safety concerns, but rather because of public concern.
- The average dose of an antacid has about 1000 times more aluminum than a vaccine.

Resources:

[Public Health Agency of Canada](#)

[Immunization Communication Tool for Immunizers BC, 2013](#)

[World Health Organization](#)

[Immunize Canada](#)

[Ministry of Health and Long Term Care](#)

[Health Canada](#)

Take Action to Protect Your Vaccines!

Power outages can happen at any time but are most common from May to October in Ontario. The loss of power at your office can have substantial implications for vaccine storage and handling practices. This is why it is so important to develop a contingency plan to prevent the loss of publicly funded vaccines. The Vaccine Storage and Handling (VSH) guidelines recommend that each healthcare provider's premises have a plan for electricity disruption and other fridge failures. If there is no backup power supply available on the premises, arrangements should be made in advance with an alternate storage site with adequate capacity where vaccine can be stored and monitored appropriately (such as a hospital, long-term care home, pharmacy, or another provider's office). If this cannot be arranged, insulated containers can be used to temporarily and safely store vaccines. These materials should be available in the event of emergency and staff should be trained on the use of the contingency plan.

If you have any questions regarding contingency planning, please contact a Vaccine Preventable Disease Nurse at 705-743-1000.

New Evidence Based Guidelines for Healthy Weights in Children

The Canadian Taskforce on Preventive Health Care (CTFPHC) published its eighth guideline in March 2015. This latest guideline addresses childhood obesity and includes six recommendations on growth monitoring, prevention, and management of overweight and obesity in primary care settings.

The prevalence of childhood obesity in Canada has nearly doubled since the 1970s, with current estimates from 2009–2011 indicating that nearly 32% of children aged 5 to 17 years are overweight or obese. Children who are overweight and obese are at greater risk for developing cardiovascular disease and diabetes in adolescence and adulthood, and excess weight in children often persists into adulthood. The problem of obesity requires coordinated action from multiple sectors and levels of the healthcare system, including primary care. Primary care practitioners are well positioned to monitor the growth of infants, children, and adolescents (0–17 years) and ensure that children are following healthy growth trajectories. Thus, the CTFPHC strongly recommends that all primary care practitioners should measure height or length, and weight, and calculate body mass index (BMI) or weight-for-length, according to age using the World Health Organization Growth Charts for Canada at each appropriate primary care visit.

Given the limited evidence for obesity prevention programs in healthy-weight children in primary care settings, the CTFPHC does not recommend that practitioners routinely offer or refer healthy weight children to structured behavioural programs for the prevention of overweight or obesity. However, practitioners should consider the values and preferences of individual families, as some families may place a high value on the small potential benefits of these programs. The CTFPHC calls for more high-quality research in this area. Finally, primary care practitioners play a unique role in the management of obesity in children. The CTFPHC recommends that primary care practitioners offer or refer overweight or obese children and their families to structured behavioural programs aimed at healthy weight management. These programs should be delivered by an interdisciplinary team, involve group sessions, and incorporate parent and family involvement. It is not recommended that primary care practitioners offer pharmacological interventions (e.g., orlistat) to children who are overweight or obese or refer them for surgical interventions. For further details, visit the CTFPHC child obesity guideline page www.canadiantaskforce.ca.

Health Events For HCPs

Clostridium Difficile Infection (CDI) in Our Community

Wednesday, July 29, 2015

8:00 a.m. - 9:00 a.m.

Board Room - Peterborough County-City Health Unit,
10 Hospital Drive

Barbara Shea, MLT, ART Microbiology, CIC
Network Coordinator, Public Health Ontario
Regional Infection Control Network – Central East

For Long Term Care, Retirement Residence, and Physician
Office Staff

RSVP by July 28, 2015

705-743-1000, ext. 135

Light breakfast, tea and coffee provided.

Sexually Transmitted Infection Treatment and Follow-up: What is your role?

Tuesday, September 22, 2015

8:00 a.m. - 9:00 a.m. - Light Breakfast Provided

Peterborough County-City Health Unit,
10 Hospital Drive, Board Room

Learn what resources are available to you:

- How to request Free STI medications for your office.
- Where to find up to date Sexually Transmitted Infection treatment guidelines.
- Roles and responsibilities of Healthcare Providers regarding Reportable Infections.
- How to complete our forms.
- What follow-up does the Peterborough County-City Health Unit do?

Register by Friday, September 11, 2015

email Brenda Meeks at bmeeks@pcchu.ca

More ways to stay informed!
Protect yourself with the right health information.
 Follow PCCHU on Twitter at www.twitter.com/PCCHU,
 see us on Facebook at www.facebook.ca/PCCHU1.



Health Events For HCPs, cont'd

Attention Family Physicians - Save the Date for a Breastfeeding MainPro Course

Wednesday, October 14, 2015

1:00 p.m. to 4:00 p.m. (lunch provided at 12:30 p.m.)

Board Room - Peterborough County City Health Unit,
10 Hospital Drive

Dr. Lisa Graves - Associate Professor, University of Toronto
Department of Family and Community Medicine

For family physicians, nurses and nurse practitioners who
provide care for mothers and babies.

Registration will occur through the Ontario College of Family
Physicians and information will be forwarded once available.

For more information about this event please contact
Dawn Hanes, Public Health Nurse at dhanes@pcchu.ca or
by calling 705-743-1000, ext. 289.

Health Events For Patients

Are you a mother with a new baby and finding it hard to cope with how your life has changed?

Registration is now open for the fall 2015 session of the
Mother Matters online postpartum support group run by
Women's College Hospital:

www.womenshealthmatters.ca search **Mother Matters**.

This support group is open to women in Ontario with mood
/adjustment challenges following the birth of their baby.
Please encourage women in your practice to go to the site,
and register to see if they are eligible to participate.

A flyer with tear-off tabs is also attached. Please feel free to
print off and post widely.

DO YOU WANT TO QUIT SMOKING CIGARETTES?

Thursday, July 30, 2015 in Peterborough

The STOP program delivers research-based, cost-free
smoking cessation workshops in local communities. Eligible
participants will attend an educational session and receive
a five-week course of nicotine patches. To learn more, see if
you qualify, and to register, contact: 705-743-1000, ext. 236.