

For Your Information

News for Health Care Providers in
Peterborough County and City

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Infectious Disease Update

Best Practices for Health Care Professionals on the use of Polymerase Chain Reaction (PCR) for Diagnosing Pertussis

With the continuing resurgence of pertussis, health care professionals will see more patients with suspected pertussis. Polymerase Chain Reaction (PCR) is an important tool for timely diagnosis of pertussis and is increasingly available to clinicians. PCR is a molecular technique used to detect DNA sequences of the *Bordetella pertussis* bacterium and unlike culture, does not require viable (live) bacteria present in the specimen. Despite these advantages, PCR can give results that are falsely-negative or falsely-positive. The following compilation of best practices is intended to help health care professionals optimize the use of PCR testing for pertussis by avoiding some of the more common pitfalls leading to inaccurate results.

Testing Patients with Signs and Symptoms of Pertussis

Early signs and symptoms of pertussis are often non-specific, making it difficult to determine clinically who has pertussis in the earliest stages. However, only patients with signs and symptoms consistent with pertussis should be tested by PCR to confirm the diagnosis. Testing asymptomatic persons should be avoided as it increases the likelihood of obtaining falsely-positive results. Asymptomatic close contacts of confirmed cases should not be tested and testing of contacts should not be used for post-exposure prophylaxis decisions.

The clinical course of the illness is divided into three stages: catarrhal, paroxysmal and convalescent.

Pertussis has an insidious onset with catarrhal symptoms that are indistinguishable from those of minor respiratory tract infections. The cough, which is initially intermittent, becomes paroxysmal. In typical cases paroxysms terminate with inspiratory whoop and can be followed by posttussive vomiting.

Paroxysms of cough, which may occur more at night, usually increase in frequency and severity as the illness progresses and typically persist for 2 to 6 weeks or more. The illness can be milder and the characteristic "whoop" absent in children, adolescents and adults who were previously vaccinated. After paroxysms subside, a nonparoxysmal cough can continue for 2 to 6 weeks or longer.

Unvaccinated or incompletely vaccinated infants younger than 12 months of age have the highest risk for severe and life-threatening complications and death. In infants, the cough may be minimal or absent, and apnea may be the only symptom. Despite increasing awareness and recognition of pertussis as a disease that affects adolescents and adults, pertussis is often overlooked in the differential diagnosis of cough illness in this population. Illness is generally less severe, and the typical "whoop" less frequently seen in adolescents and adults. It is important to educate parents to consider pertussis when their child has a cough, letting them know that it can be a severe illness, especially for infants, and they should seek immediate treatment.

Optimal Timing for PCR Testing for Pertussis

PCR has optimal sensitivity during the first 3 weeks of cough when bacterial DNA is still present in the nasopharynx. After the fourth week of cough, the amount of bacterial DNA rapidly diminishes which increases the risk of obtaining falsely-negative results.

PCR testing following antibiotic therapy also can result in falsely-negative findings. The exact duration of positivity following

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antibiotic use is not well understood, but PCR testing after 5 days of antibiotic use is unlikely to be of benefit and is generally not recommended.

Optimal Specimen Collection for PCR Testing for Pertussis

Obtain specimen kits from the Public Health Laboratory 705-743-6811. Remember to check the expiry date before using it. The kit does not have to be refrigerated until after the specimen has been collected.

Specimens for PCR testing should be obtained by aspiration or swabbing the posterior nasopharynx. Throat swabs and

anterior nasal swabs have unacceptably low rates of DNA recovery and should not be used for pertussis diagnosis.

Source:

<http://www.cdc.gov/pertussis/clinical/diagnostic-testing/diagnosis-pcr-bestpractices.html>

For more information, contact Vaccine Preventable Disease Nurses at 705-743-1000.

Pertussis Diagnosis: Avoid the Pitfalls of PCR by a CDC PCR Expert Commentary: <http://www.medscape.com/viewarticle/737772>

You Can Make it Happen: Tobacco Free Living

As a health care provider, in less than three minutes you can make a difference in your patient's life. You can help your patient quit smoking.

Patients consider you a credible source of information and your advice can have a powerful impact on their motivation. The most important step in addressing tobacco use and dependence is screening and offering brief smoking cessation intervention to all persons who smoke.

Advice from a health professional decreases the proportion of people who smoke by 2 per cent per year.

For every 40 patients who receive brief advice, one will quit smoking permanently.

Your interventions have an enormous impact with patients who smoke.

In less than three minutes, make a difference in your patients' health by following the 5A's:

- **Ask** your patient if he/she uses tobacco products
- **Advise** your patient about the risks of tobacco use and to quit
- **Assess** your patient's readiness to quit
- **Assist** your patient in quitting by providing access to resources and community cessation services.
- **Arrange** a follow-up through Smokers' Helpline Quit Connection Program.

You will soon be receiving information for you and for your patients, including:

- Posters with powerful messages to hang in staff room areas
- Buttons for you and colleagues to wear that say, *"Thinking of quitting? Ask me. I can help"* to encourage patients to approach you
- Fact sheets for you and your patients
- Information on cessation supports you can refer your patients to in the community.



We need your help! Help us reach out to the 23,000 people in Peterborough County and City who smoke and take less than 3 minutes to provide support to the estimated 11,000 people in the City of Peterborough who are planning to quit within the next six months.

For further information visit www.youcanmakeithappen.ca or contact Mary Pat Fasken at the Peterborough County-City Health Unit 705-743-1000, ext. 217 or by email at mpfasken@pcchu.ca.



Changes to Ontario Cervical Screening Program Ontario Cervical Screening Program (OCS) Changes: Guidelines

Updated cervical screening cytology guidelines clarifying the age of screening initiation, cessation and the optimum screening interval as follows:

<p>Screening Initiation</p>	<ul style="list-style-type: none"> • Cervical cytology screening should be initiated at 21 years of age of women who are or have ever been sexually active. This includes intercourse, as well as digital or oral sexual activity involving the genital area with a partner of either gender.
<p>Screening Interval</p>	<ul style="list-style-type: none"> • If cytology is normal, screening should be done every 3 years. The absence of T zone is not a reason to repeat a Pap test earlier than the recommended interval. For management of abnormal cytology, see OCS Cervical Guidelines Summary on www.pcchu.ca under "For Health Professionals".
<p>Screening Cessation</p>	<ul style="list-style-type: none"> • Screening may be discontinued at the age of 70 if there is an adequate negative cytology screening history in the previous 10 years (i.e., 3 or more negative cytology tests).

Further information about guideline recommendations for cervical screening can be found on the Cancer Care Ontario (CCO) website at: www.cancercare.on.ca/toolbox/qualityguidelines/clin-program/screening-eps/.

These changes were also featured in the *Journal of Obstetrics and Gynaecology Canada* (JOGC) www.sogc.org in the May 2012 issue.

The guideline recommends primary HPV testing for women 30 years of age and older, with cytology (Pap test) being the secondary level of testing (triage) for women who are HPV positive. The implementation of this recommendation within CCO's organized screening program is dependent upon public funding of HPV testing, technology assessment and standards development. Planning and implementation are underway. Although HPV testing is the preferred screening test for cervical cancer and remains a goal, CCO continues to recommend cytology as the primary screening tool.

OCS Changes: Correspondence to women

In June 2012, CCO will begin a **phased approach** to correspondence to women.

- CCO will begin by **sending out privacy notifications to women who have had a recent Pap test.**
- This letter will inform them about how CCO collects their personal health information, how that information is used and how CCO protects their privacy and it will also allow them the choice of opting out of receiving the correspondence.
- **Shortly following the privacy notifications, results letters will be sent to women with abnormal or unsatisfactory Pap test results. Letters will not be sent to women who have opted out of receiving correspondence.**
- The correspondence to women is intended as back-up communication for cervical cancer screening results. Primary Care Providers will continue to be notified of test results by the laboratory and will maintain the responsibility for communicating test results to the patient and managing follow-up.

Clinical tools and patient education materials

For a summary of the updated Ontario cervical screening cytology guidelines, an overview of the OCS and the rationale for the changes to the guidelines, as well as ordering information, please visit www.pcchu.ca and click on the section "For Health Professionals".

Patient education materials are still being developed and will be made available on www.cancercare.on.ca/screenforlife.



Educational Opportunities

Upcoming Events

Wednesday, June 27, 2012 – 12:00 noon - 1:00 p.m.

Vaccine Storage & Handling Procedures

Presenter: *Colleen Lynch, RPN*

Tuberculin Skin Testing Refresher

Presenter: *Jan Self, RN*

Location: Peterborough County-City Health Unit, Boardroom

To register contact: Zina Allen or Cathy Schofield at

705-743-1000, ext. 139

Thursday, September 20, 2012 - 6:30 p.m.

Flying Through The Air With The Greatest of Ease: Novel Methods for Room and Space Disinfection In HealthCare and Other Interesting Places

Presenter: *Dr. Dick Zoutman*

Location: Evinrude Centre, Peterborough

For more details, call 705-743-1000, ext. 139

**Details on other Educational Opportunities are
available by visiting the**

“For Health Professionals” page on

www.pcchu.ca or [//www.ricn.on.ca/](http://www.ricn.on.ca/)

Resources for HCP's

NEW: Opioid Advice Series

The Ministry of Health and Long-Term Care and health partners have collaborated to provide information on the management/detection of:

- Opioid Intoxication
- Acute Opioid Withdrawal in Non-Pregnant Patients
- Opioid Dependence in Pregnancy and Neonatal Abstinence Syndrome (NAS)
- Switching Opioids Safely to Prevent Overdose

These information sheets can be accessed at:

http://knowledgex.camh.net/opioid_alert/Pages/default.aspx

Cancer Screening Order Form

www.pcchu.ca under “For Health Professionals”

Resources for Patients

Visit our website www.pcchu.ca for information on:

Sun Safety

West Nile Virus

Lyme Disease

and many other health topics.

Health Events for Patients

Supermarket Tours

Patients can tour your local grocery store with a Registered Dietitian guiding them to the healthiest food choices! Open to everyone in the community who would like to eat healthier to prevent disease and enhance health and well-being. Offered free of charge; limited to 15 participants.

**For information and to register, contact the
Canadian Diabetes Association, call 705-742-2733 or
e-mail diabetes@trytel.net**

Prenatal Classes

Classes are ongoing from 7:00 p.m. to 9:00 p.m. (please call for class dates). All classes are held at the Peterborough County-City Health Unit, 10 Hospital Drive, Peterborough. The cost is \$50.00 and subsidies are available. Please let us know if the fee would prevent your patient from attending.

**To register, call the
Peterborough County-City Health Unit
743-1000, ext. 215 or 282.**

Looking for a specific health topic?

Visit the FYI Newsletter archive at www.pcchu.ca