



Thursday September 19, 2019

To patients of Kawartha Endodontics (located at 425 Water Street, Suite 200, Peterborough ON, K9H 3L9) who received dental treatment before July 16, 2019.

During an inspection completed by Peterborough Public Health (PPH) on July 15, 2019, evidence was found that dental equipment/devices were not cleaned and sterilized according to provincial infection prevention and control standards and that the relevant record keeping and policies/procedures were incomplete. Consequently, PPH issued an order to close the clinic on July 15, 2019. Since the time of the inspections and order, staff from the dental clinic worked with PPH to ensure all dental equipment/devices are being cleaned and sterilized according to provincial infection prevention and control standards. The clinic was re-opened on July 26, 2019 when they demonstrated full compliance with the provincial standards.

Having dental treatment using instruments that have not been properly cleaned or properly sterilized carries a risk of transmitting blood-borne infections, such as hepatitis B (HBV) and hepatitis C (HCV), and to an even lesser extent, human immunodeficiency virus (HIV).

On August 27, 2019 and August 29, 2019, the dentist was ordered to provide patient contact information to allow PPH to notify patients of the risk of infection. As the dentist is appealing this Order, PPH has been unable to conduct direct patient notification and therefore is utilizing other means to reach potentially impacted patients in a timely way.

At this time, PPH is not aware of any cases of hepatitis B, hepatitis C or HIV transmission at the dental clinic but based on our investigation we are recommending that patients who received dental treatment prior to **July 16, 2019** see their health care provider and consider whether they should be tested. This recommendation does not apply to visits that occurred on or after July 26, 2019.

Testing is important to protect your own health and to protect the health of others. **If you decide to consult with your health care provider, take this letter, the enclosed health care provider letter, and lab requisition to your appointment. If you do not have a health care provider, you may access care at a walk-in clinic.**

If you have any questions or concerns, speak with your health care provider or visit the Peterborough Public Health website at <https://www.peterboroughpublichealth.ca/IPACLapseKawarthaEndodontics>.

Sincerely,

A handwritten signature in black ink that reads "R Salvaterra".

Rosana Salvaterra, MD, MSc, CCFP, FRCPC
Medical Officer of Health,
Peterborough Public Health



Thursday, September 19, 2019

Attention: Healthcare Providers

RE: INFECTION PREVENTION AND CONTROL LAPSE AT KAWARTHA ENDODONTICS (Peterborough, ON)

During an inspection at Kawartha Endodontics on July 15, 2019, evidence was found that medical equipment/devices were not cleaned and sterilized according to provincial infection prevention and control standards. In addition, there was inconsistent record keeping and incomplete policies/procedures. The clinic was closed on July 15, 2019 and staff from the dental clinic worked with Peterborough Public Health to ensure that all deficits were corrected according to provincial standards. The clinic was re-opened on July 26, 2019 when full compliance was demonstrated.

Based on a risk assessment patients who received dental treatment at this clinic, we believe there is risk of transmission of blood borne and/or bacterial pathogens. Unfortunately, we are unable to determine both the start and the duration of this risk. Similarly, we have been unable to obtain patient contact information to allow us to carry out direct patient notification as the dentist is appealing the Health Promotion and Protection Act (HPPA) Section 13 Order that we issued on August 27, 2019. A hearing has been scheduled for January, 2020.

Given this projected delay, we have been compelled to use other available means to advise members of the public who received treatment at Kawartha Endodontics prior to July 16, 2019, to visit their health care provider for a personalized risk assessment and testing. Please use the attached lab requisition for bloodwork. Patients who have received treatment in the clinic since it has reopened on July 26, 2019 are not included in this advisory.

We are recommending the following actions:

1. Assess your patient and consider testing for the following:

- Hepatitis B acute infection (HBsAg and anti-HBc IgM)
- Hepatitis B immunity (Anti-HBs)
- Hepatitis C screen (anti-HCV)
- HIV screen

Note: A special arrangement has been made with the Public Health Laboratory so that only one tube of blood is required for all the above tests and a separate HIV requisition is not required.

2. Counsel patients who received dental treatment at Kawartha Endodontics within the past 6 months (window period) to retest 6 months after their last procedure. Additional partially pre-filled blood requisitions may be obtained from <https://www.peterboroughpublichealth.ca/IPACLapseKawarthaEndodontics>
3. Counsel patients to take the following precautions to reduce the chances of spreading infection while waiting for test results:
- a. Do not share personal items such as razors, nail clippers, or toothbrushes
 - b. Do not share needles or other drug related supplies
 - c. Do not share glucose or blood sugar testing equipment
 - d. Clean up any visible blood from wounds or spills
 - e. Use condoms during sexual activity

If you have any questions, please visit Peterborough Public Health at <https://www.peterboroughpublichealth.ca/IPACLapseKawarthaEndodontics>



Sincerely,

R. Salvaterra

Rosana Salvaterra, MD, MSc, CCFP, FRCPC
Medical Officer of Health, Peterborough Public Health

Date received <i>yyyy / mm / dd</i>	PHOL No.
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General Test Requisition

ALL Sections of this Form MUST be Completed

<p>1 - Submitter</p> <p>Courier Code _____</p> <p>Provide Return Address:</p> <p>Name _____ Address _____ City & Province _____ Postal Code _____</p> <hr/> <p>Clinician Initial / Surname and OHIP / CPSO Number _____</p> <p>Tel: _____ Fax: _____</p> <p>cc Doctor Information</p> <p>Name: _____ Tel: _____ Lab/Clinic Name: _____ Fax: _____ CPSO #: _____ Address: _____ Postal Code: _____</p>	<p>2 - Patient Information</p> <table border="1"> <tr> <td>Health No.</td> <td rowspan="2">Sex</td> <td>Date of Birth: <i>yyyy / mm / dd</i></td> </tr> <tr> <td>Medical Record No.</td> <td></td> </tr> <tr> <td colspan="2">Patient's Last Name (<i>per OHIP card</i>)</td> <td>First Name (<i>per OHIP card</i>)</td> </tr> <tr> <td colspan="3">Patient Address</td> </tr> <tr> <td>Postal Code</td> <td colspan="2">Patient Phone No.</td> </tr> <tr> <td colspan="3">Submitter Lab No.</td> </tr> <tr> <td colspan="3">Public Health Unit Outbreak No.</td> </tr> </table> <p>Public Health Investigator Information</p> <p>Name: _____ Health Unit: _____ Tel: _____ Fax: _____</p>	Health No.	Sex	Date of Birth: <i>yyyy / mm / dd</i>	Medical Record No.		Patient's Last Name (<i>per OHIP card</i>)		First Name (<i>per OHIP card</i>)	Patient Address			Postal Code	Patient Phone No.		Submitter Lab No.			Public Health Unit Outbreak No.		
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Patient Address																					
Postal Code	Patient Phone No.																				
Submitter Lab No.																					
Public Health Unit Outbreak No.																					

<p>3 - Test(s) Requested (<i>Please see descriptions on reverse</i>)</p> <p>Test: Enter test descriptions below</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Hepatitis Serology</p> <p>See Tests Requested box</p>
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<p>4 - Specimen Type and Site</p> <p><input type="checkbox"/> blood / serum <input type="checkbox"/> faeces <input type="checkbox"/> nasopharyngeal <input type="checkbox"/> sputum <input type="checkbox"/> urine <input type="checkbox"/> vaginal smear <input type="checkbox"/> urethral <input type="checkbox"/> cervix <input type="checkbox"/> BAL <input type="checkbox"/> other - (<i>specify</i>) _____</p>	<p>Patient Setting</p> <p><input type="checkbox"/> physician office/clinic <input type="checkbox"/> ER (not admitted) <input type="checkbox"/> inpatient (ward) <input type="checkbox"/> inpatient (ICU) <input type="checkbox"/> institution</p>
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<p>5 - Reason for Test</p> <p><input type="checkbox"/> diagnostic <input type="checkbox"/> immune status Date Collected: <i>yyyy / mm / dd</i> <input type="checkbox"/> needle stick <input type="checkbox"/> follow-up <input type="checkbox"/> prenatal <input type="checkbox"/> chronic condition Onset Date: <i>yyyy / mm / dd</i> <input type="checkbox"/> immunocompromised <input type="checkbox"/> post-mortem <input type="checkbox"/> other - (<i>specify</i>) _____</p>	<p>Clinical Information</p> <p><input type="checkbox"/> fever <input type="checkbox"/> gastroenteritis <input type="checkbox"/> respiratory symptoms <input type="checkbox"/> STI <input type="checkbox"/> headache / stiff neck <input type="checkbox"/> vesicular rash <input type="checkbox"/> pregnant <input type="checkbox"/> encephalitis / meningitis <input type="checkbox"/> maculopapular rash <input type="checkbox"/> jaundice <input type="checkbox"/> other - (<i>specify</i>) _____ <input type="checkbox"/> influenza high risk - (<i>specify</i>) _____ <input type="checkbox"/> recent travel - (<i>specify location</i>) _____</p>
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Public Health Laboratories Testing Menu

For HIV, please use the HIV Serology form.

For historical duplex code information please access website at www.publichealthontario.ca/requisitions

Test (enter in Test Description Section 3)

Adenovirus (virus detection only)
Antimicrobial Susceptibility Testing - Bacteria
Antimicrobial Susceptibility Testing - Fungi, Nocardia
Antimicrobial Susceptibility Testing - Mycobacteria
Arbovirus Serology
Arthropod identification (ticks, lice, mites from human sources)
Bacterial Culture and Sensitivity
Bacterial Vaginosis - Gram Stain
Bordetella - PCR
Cat Scratch Fever (Bacillary angiomatosis, Bartonella)
Chlamydia trachomatis - NAAT/Culture
Chlamydia pneumoniae - PCR
Clostridium difficile toxin
Cytomegalovirus (CMV) Culture/Early Antigen
Cytomegalovirus (CMV) IgG Immune status
Cytomegalovirus (CMV) IgG/IgM Diagnosis
Dengue Virus Serology
Diphtheria antitoxin antibody¹
Electron microscopy
Enterovirus (Coxsackie, ECHO, Polio) (virus detection only)
Epstein Barr Virus (EBV) - EBV VCA IgG/EA/EBNA
Epstein Barr Virus (EBV) - EBV VCA IgM
Fungus - Superficial - Microscopy & Culture
Fungus - Systemic - Microscopy & Culture
Haemorrhagic Fever Serology (Yellow Fever, Ebola, Lassa)²
Hantavirus Serology
Helicobacter pylori serology (H. pylori)
Hepatitis A Virus Immune Status
Hepatitis A Virus Acute
Hepatitis B Virus Immune Status
Hepatitis B Virus Acute
Hepatitis B Virus Chronic
Hepatitis B - HBcIgM³
Hepatitis B - HBeAb³
Hepatitis B - HBeAg³
Hepatitis B Virus DNA⁴
Hepatitis C Virus Serology
Hepatitis C Virus RNA - Genotyping⁴
Hepatitis C Virus RNA - Quantitative⁴
Hepatitis D Virus (Delta Agent)
Hepatitis E Virus
Herpes Simplex Virus (HSV) IgG Immune Status
Herpes Simplex Virus (HSV) Virus Detection
Human Herpes Virus 6 (Roseola, Exanthema Subitum) - PCR
Influenza A, B (Flu) Virus Detection
Legionnaires Disease
Lyme Disease - Serology
Measles IgG Immune Status
Measles IgG/IgM Diagnosis
Measles Virus Detection
Molluscum contagiosum (Poxvirus) Virus Detection

Test (enter in Test Description Section 3)

Mycoplasma pneumoniae - Culture
Mycoplasma pneumoniae - PCR
Mumps IgG Immune Status
Mumps IgG/IgM Diagnosis
Mumps Virus Detection
Neisseria gonorrhoeae - NAAT/Culture
Norovirus Detection
Parainfluenza 1, 2, 3 (virus detection only)
Parvovirus B19 (Fifth Disease, Erythema Infectiosum) IgG Immune Status
Parvovirus B19 (Fifth Disease, Erythema Infectiosum) IgG/IgM Diagnosis
Q Fever Serology
Rabies Virus Antibody Screen
Referred Culture - Fungus Nocardia
Referred Culture - TB
Respiratory Syncytial Virus (RSV) (virus detection only)
Rickettsia (Typhus, RMSF) Serology
Rotavirus (virus detection only)
Rubella (German Measles) IgG Immune Status
Rubella (German Measles) IgG/IgM Diagnosis
Rubella (German Measles) Virus Detection
Serology - Bacterial (specify agent)
Serology - Mycotic (specify agent)
Serology - Parasitic (specify agent)
Stool parasites
Syphilis - Direct Fluorescence
Syphilis CSF (VDRL)
Syphilis screen
TB - Culture and Susceptibility (Mycobacteria culture)
Tetanus antitoxin antibody
TORCH (Toxoplasma, Rubella, CMV, Herpes Simplex) Diagnostic Screen
TORCH (Toxoplasma, Rubella, CMV, Herpes Simplex) IgG Screen
Torovirus (virus detection only)
Toxoplasmosis - Serology
Urogenital mycoplasma/ureaplasma
Varicella - Zoster (Chicken Pox) IgG Immune Status
Varicella - Zoster (Chicken Pox) IgG/IgM Diagnosis
Varicella - Zoster (Chicken Pox) Virus Detection
Viral Diarrhea (virus detection only)
Virus Isolation/Detection
West Nile Virus - Serology
Worm Identification

1. Testing is available only for the rare event of an adverse reaction to Diphtheria vaccine or the possibility of humoral immunodeficiency in the patient. This must be indicated on the test requisition in order for testing to be performed.
2. Contact Medical Officer of Health and Public Health Ontario Laboratory before ordering, 416.235.6556 or toll: 1.877.604.4567.
3. Individual Hepatitis B virus markers may be ordered individually.
4. The General Test Requisition is not required. Use the form F-C-HE-036, Hepatitis PCR Requisition and Information Form located at: www.publichealthontario.ca/requisitions

Public Health Ontario Laboratories

Customer Service Centre

7:30 am - 7:00 pm, Monday to Friday
8:00 am - 3:45 pm, Saturday

tel: 416.235.6556
toll free: 1.877.604.4567
fax: 416.235.6552
email: customerservicecentre@oahpp.ca

Emergency After-Hours Duty Officer

tel: 416.605.3113
website: www.publichealthontario.ca