

Physicians' Newsletter

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A N A C C R E D I T E D P U B L I C H E A L T H D E P A R T M E N T

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TREKZONE~ Eat Right. Be Active.

Welcome to 2007- I hope that you have had some time for reflection and renewal over the holiday season and are re-energized for the healthcare challenges ahead.

Here in the Public Health Department, apart from our ongoing mandate and our recent work on pandemic planning, we are very focused on addressing the obesity epidemic that is occurring, not only across the Niagara Region, but across the province, country and developed world as well. We have a 'huge' problem.

Our worsening trends of 'overweight' (BMI > 25) and 'obese' (BMI \geq 30) in Niagara over the past 15 years of measurement, in men and women 18-65 years of age merely quantifies what you see everyday in your practice. Currently, here in Niagara, the combined rates for obesity and overweight are greater than 50%, and 67-100 deaths annually in Niagara can be attributed to overweight and obesity. And while childhood rates are not easily obtainable at a population level, we know that 27% of Niagara youth aged 12-18 are overweight or obese, and the emergence of type 2 diabetes in obese children as a 'new' disease over the past 10 years, is more evidence of the health impacts of this concerning trend.

The Federal Government will be reporting shortly on the outcomes of its fall 2006 Childhood Obesity Committee's deliberations to establish the corrective path ahead for Canadians. We will watch for those results and hopefully along with their report, there will also be some strong signals that they are taking this 'epidemic' seriously.

Although it would seem a simple concept that obesity is the imbalance between energy taken in (food) and that used up (exercise) the complexity of the factors behind each arm of this equation is astounding and extremely difficult to alter and impact. Recent medical literature is awash with articles on childhood obesity, the monitoring, the assessments, and the interventions but there is a paucity of evidence-based work to support and direct the best practices for dealing with the issue. Little 'works' at the individual level and just as the causality is multimodal, so too are the solutions. My hunch is that in the years to come, we will see that the trajectory for obesity is set in the earliest years of childhood, through a combination of genetic and early experiences around breastfeeding/food and activity, played out in the rain's hardwiring. Breaking down a practitioner's response into doable approaches is a

A copy of this newsletter is also available at www.regional.niagara.on.ca/doctors/

30 Hannover Drive, St. Catharines, Ontario L2W 1A3 Tel: 905.688.3762 Fax: 905.682.3901

Email: robin.williams@regional.niagara.on.ca Editor: Diane Sutherland



TREKZONE~ Eat Right. Be Active. (Continued)

challenge but we are hoping to feature a piece in each of the newsletters this year on practitioner approaches and resources pertaining to obesity. It is my hope that these articles will help stimulate interest in the topic in the office and connect you to those resources that can help you help your patients, especially those resources with a local focus, where appropriate. Each of the articles will be “branded” as part of our “TREKZONE-Eat Right. Be Active.” strategy, which is our local action plan for tackling this beast and wrestling it to the ground.

The TREKZONE strategy outlines 9 initiatives within 3 areas of focus - physical activity, healthy eating and com-

munity design - to guide efforts that will make Niagara a place where healthy eating and physical activity is valued, encouraged and supported wherever people live, learn, work and play. More information can be found at <http://www.regional.niagara.on.ca/government/initiatives/tr ekzone/default.aspx>

Stay posted.

*Submitted by
Robin Williams, MD, DPH, FRCPC
Medical Officer of Health*

Saying Goodbye

As some of you may be aware, Dr. Sheela Basrur submitted her letter of resignation from the role of Ontario's Chief Medical Officer of Health earlier this week. Dr. Basrur is leaving her position due to personal health concerns. As Medical Officer of Health for Niagara, I am most saddened by this news as she has been a true champion for public health on a local, provincial, and national level and has moved public health in an entirely new and exciting direction. We were fortunate to have Dr. Basrur's support on a multitude of important local issues and she was always 100% behind the work of our health unit, particularly TREKZONE, our regional smoke-free bylaw, and emergency services.

Her strong and courageous leadership will be missed; however, I am confident that acting Chief Medical Officer of Health, Dr. George Pasut, will remain committed to the public health journey she has begun. For more information, you can visit the MOHLTC web-site @ <http://www.health.gov.on.ca/>

Our thoughts are with Dr. Basrur and her family.

*Submitted by
Robin Williams, MD, DPH, FRCPC
Medical Officer of Health*

We're on the Move

Please be advised that the Niagara Region Public Health Department is on the Move. Staff from Hannover Drive and Foster Wheeler/Population Health, will be moving to a new location in January 2007. The following is our new physical location as well as our new mailing address:

Physical location:

Niagara Region Public Health Department
2201 St. David's Road, Campbell East
Thorold, ON

Mailing address:

Niagara Region Public Health Department
P.O. Box 1052, Station Main
Thorold, ON L2V 0A2

Phone: 905.688.3762

Toll-free: 1.800.263.7248

Our fax numbers remain the same.





Change in Clinical Consultant for Sexual Health Centres

The Public Health Department would like to take this opportunity to thank Dr. Barbara McAuley for her 20 years of dedicated service to the Sexual Health Program. She has proven to be a caring and concerned physician for many of Niagara's young people, while also acting as the program's excellent clinical consultant over the last four and a half years. The program staff will miss her greatly.

While we say goodbye to Dr. McAuley, we would like to welcome Dr. Amanda Bell as the clinical consultant. Dr.

Bell has been a community physician with the sexual health program for the last 5 years. Program staff look forward to her enthusiasm and guidance in her work with us.

*Submitted by
Sarah C. Burciul BA MEd
Health Promoter
Sexual Health Program*

Travel Health Update - Poliovirus

Although significant strides have been taken in eradicating polio globally since 1988, polio remains endemic in four countries: **Nigeria, India, Pakistan and Afghanistan**. Additionally, a further twelve countries have reported case activity in 2006 due to imported poliovirus: Nepal, Bangladesh, Ethiopia, Niger, Somalia, Angola, Namibia, Democratic Republic of the Congo, Indonesia, Yemen, Kenya, and Cameroon.

Vaccination against polio in accordance with the recommendations of the Committee to Advise on Tropical Medicine and Travel (CATMAT) and the National Advisory Committee on Immunization (NACI) **is recommended for Canadians travelling to regions of the world where wild-type poliovirus continues to circulate.**

- Children and adults who are not immunized should receive complete immunization against polio (three

doses of IPV).

- Children who have received their childhood polio series are protected against polio when travelling to regions where polio occurs.
- Adults who are immunized (i.e., have received their childhood series) require a single booster dose when travelling to an area where polio may be a risk.

For further information, visit the Public Health Agency of Canada's Travel Health Advisory at http://www.phac-aspc.gc.ca/tmp-pmv/2006/polio061124_e.html

*Submitted by:
Carrie Beatty BA
Health Promoter
Infectious Disease Program*

Reminder: Vaccine Ordering and Storage

During the Influenza season, your office may be carrying more vaccine than usual. Here are some helpful points to remember:

- Vaccines can be picked up within 48 hours of placing an order.
- It is strongly recommended that you order smaller amounts of vaccines more frequently. This reduces the volume of vaccine to be stored and also limits the potential for vaccine wastage.
- Do NOT overfill your fridge. It is important to leave space around each type of vaccine so that air can properly circulate and the appropriate refrigerator temperatures can be maintained.
- If unforeseen situations result in your office having more vaccine that you can properly store, please call the Public Health Department; we can help come up with a solution to this over-supply problem.

- Remember to check inventory before placing an order. Always rotate stock and ensure that expiry dates are checked.

In the event your fridge temperatures fall below 2°C or rise above 8°C, you need to contact Public Health immediately.

If you have any questions regarding vaccines or cold chain, please call Public Health at **905-688-8248 ext 7396**

*Submitted by
Angela Roy RN, BScN
Public Health Nurse
Vaccine Preventable Diseases Program*



Adverse Reactions to Oseltamivir (Tamiflu) - Important Notice

Health Canada is informing Canadians of international reports of hallucinations and abnormal behaviour, including self harm, in patients taking the antiviral drug Oseltamivir. These reports include children and teenagers, primarily from Japan. While the connection with the drug in these cases has not yet been proven, high fever or other complications of influenza can affect mental state, which in turn can lead to abnormal behaviour.



Oseltamivir and will continue to inform Canadians if new safety information arises.

Any serious or unexpected adverse reactions in patients receiving Oseltamivir should be reported to the Canadian Adverse Drug Reaction Monitoring Program (CADRMP) of Health Canada by one of the following methods: Telephone: 1-866-234-2345; Facsimile: 1-866-678-6789; or email: cadmp@hc-sc.gc.ca

As of November 11, 2006, there have been 84 reports of adverse events occurring in Canadian patients using Oseltamivir, including 10 which reported a fatal outcome. A causal relationship has not been confirmed in these cases. There have been seven Canadian reports of psychiatric adverse events, suspected by those reporting as being due to Oseltamivir, most involving elderly patients. There have been no Canadian reports of abnormal behaviour or deaths involving children.

Health Canada continues to monitor the safety of

For further information, refer to the position paper titled "**The Use of Antiviral Drugs for Influenza: Recommended Guidelines for Practitioners**" published in the Canadian Journal of Infectious Diseases and Medical Microbiology, Vol. 17 NO 5:257-320.

Submitted by:
Carrie Beatty BA
Health Promoter
Infectious Disease Program

Rabies

Rabies is very rare in the Niagara Region. However, we still need to provide post-exposure prophylaxis in certain situations. Since rabies exposures occur infrequently, clinical management and post-exposure prophylaxis will likely be unfamiliar to most physicians. The basics follow, with a more in-depth insert in this issue:

Contact public health for every potential exposure. We will help you determine the need for post-exposure prophylaxis and we can provide vaccine and RIG.

If prophylaxis is appropriate, the patient will require 5 doses of vaccine on 5 different days (0, 3, 7, 14, and 28). Please discuss this timing with public health if you have any questions about this schedule.

At the same time, but with a separate syringe and in a

separate location, the patient should receive RIG. Ideally, this should be infiltrated in and immediately surrounding the wound, or wounds, if present. The entire dose of RIG is given at the first visit, and must be calculated based on the patient's weight. Please discuss this with public health if you have any questions.

For further information, see the insert in this newsletter or contact us at 905-688-3762, 1-800-263-7248, or www.regional.niagara.on.ca.

Submitted by:
Andrea Feller, MD, MS, FAAP
Associate Medical Officer of Health (Clinical)



Suggested Approach to Parents Who are Skeptical about Immunizing their Children

1. Listen to their concerns. Parents need the opportunity to express themselves. You need to be able to show that **you** really do **care** about the health and safety of the **individual child**.
2. Admit that some vaccines do cause problems, but we do not use them. We use newer vaccines developed to overcome the problems.

Examples of vaccines we no longer use:

- Oral polio vaccine that can cause paralysis in 1 out of 3 million persons – we don't use it
 - Older whole-cell pertussis vaccine that caused high fever, seizures, fainting – we don't use it
3. Give examples of vaccine efficacy that are: modern day, Canadian context, demonstrate benefit to the individual child, and result in the prevention of death or permanent brain damage.

Example of a modern-day medical miracle:

- Haemophilus b vaccine introduced in 1992 has virtually eliminated Haemophilus meningitis that killed or maimed 8 to 10 children per year in a region the size of Ottawa or Hamilton
4. Give examples of the harm that comes from NOT immunizing against certain diseases. The context must be modern day and equivalent to Canadians:

Examples of death and disability in non-immunized children:

- Canadian children with brain infection, flesh-eating disease, and death from chicken pox
 - Very serious illness and death from measles in Canadian children and adults not fully immunized against measles
 - 30 to 40 whooping cough deaths per year in Britain and Japan between 1974 and 1995
 - Deaths from diphtheria per year in Russia skyrocketed in 1994 from 0 to 2000 when they stopped their organized vaccination system
 - Outbreak of many cases of rubella in an Ontario community in 2004/5, with several pregnant women affected and fetuses at grave risk of serious congenital abnormalities
 - Mumps outbreak in England in 2001 because parents insisted on having their children receive separate measles and rubella vaccines, not MMR. Mumps is more likely to cause deafness than any other infection.
5. Let parents know that when claims are made that certain vaccines cause rare, unusual, or chronic diseases, the claims are immediately investigated by authoritative bodies, independent from vaccine manufacturers. Tell parents that so far, these claims have not been correct. (Your patients might have read allegations about measles vaccine causing autism, DTP vaccine causing SIDS, hepatitis B vaccine causing chronic fatigue or MS)
 6. **If parents refuse** to immunize their child, consider having them **sign a waiver** stating that they are aware of your warning that denying their child routine immunizations may result in death, brain damage, permanent disability, or serious injury to their own child.
 7. These are favourable Web sites you and your patients might find helpful:

<http://www.caringforkids.cps.ca/immunization/index.htm>

<http://www.immunize.org/stories/unprot.htm>

Ross A. Pennie MD, FRCPC
Infectious Disease Specialist, McMaster University and
Brant Community Healthcare System, 2006



Making It Easier: Resolution Solutions Challenge



Here's a Pop Quiz for you: How many of your patients will have made resolutions for the New Year? What percentage of those resolutions will relate to eating, such as choosing healthier foods when dining-out, shaking the salt habit, cooking in a lower-fat way, or

eating more vegetables and fruit ...? How many of these will likely struggle and falter, failing to realize the potential health benefits? Would you like to be able to direct them to reliable information and services that will help them with reaching their goals?

To help make it easier – and healthier - Niagara Region Public Health is offering a challenge called Resolution Solutions! Participants can connect with great information

(useful fact sheets) and other supports (interactive websites, free grocery store tours) to help them with reaching eating-related resolutions. Plus, for more motivation, they'll have chances to win great prizes. Entry forms will ask participants for a description of their struggles and successes. This will become part of an article about participants' resolution experiences, which could help others, too. The Resolution Solutions Challenge begins January 1, with entries accepted between February 1 and February 16.

For more details about the Challenge, visit www.regional.niagara.on.ca, under Programs & Services A-Z, click on "R" for Resolution.

*Submitted by
Kim Ouellette and Jennifer Hopkins
Registered Dietitians
CDP Division*

Fit for the Future Expo

The **Fit for the Future** expo Saturday February 24 at Fallsview Casino Ballroom will showcase tools to avert child obesity, hypertension and diabetes in Niagara. Dr. Goutham Rao and other keynote speakers will share their experience in disease management and strategies to reduce the child obesity with sustainable strategies. Dr. Rao, a leading specialist in child obesity has a wealth of experience in the prevention of child obesity and diabetes. Fit for the Future has been planned by a group of community partners to offer an optimistic approach to achieving and maintaining healthy weights for children, youth, adolescents and their caregivers. For more information call Heart Niagara 905-358-5552.

Background

Dr. Rao is an Assistant Professor in the Department of Family Medicine and a faculty member of the Family Practice Residency at the University of Pittsburgh Medical Centre, St. Margaret. He also serves as Director of both Medical Informatics and Predoctoral Education. Dr. Rao's interests include the use of technology in healthcare, and the prevention of Type 2 diabetes and obesity. He will be speaking on the topic of child obesity and other related issues.

*Submitted by Karen Stearne
Executive Director
Heart Niagara Inc.
905-358-5552
www.heartniagara.com*

We appreciate your feedback!

To ensure that this newsletter is providing you with relevant and timely information, we would appreciate your feedback. If you would like to have a particular topic addressed, or if you would like to provide us with your comments regarding this publication, please contact Diane Sutherland, Editor, at 905-688-8248, ext. 7466 or by email at diane.sutherland@regional.niagara.on.ca