



PHYSICIANS' NEWSLETTER

Tuberculosis (TB) Screening in Long Term Care and Retirement Homes

Individuals who will be moving into a retirement home and/or long term care home who were:

- born in Canada before 1955
- Aboriginal Canadians
- Born or previously residing in countries with high TB incidence

Must undergo a history and physical examination by a physician/nurse practitioner within 90 days prior to admission or within 14 days after admission. Recommendation for the assessment as per Canadian TB Standards (2007) include:

- Symptom review for active pulmonary TB disease
- A chest x-ray (posterior-anterior and lateral)

If you are caring for any individual (s) who are on a waiting list or soon to be admitted to a facility, your assistance with ordering a chest x-ray prior to their admission would be greatly appreciated

and beneficial for the facilities as well as the residents.

The Canadian TB Standards 6th edition (2007) advises that residents of LTC institutions undergo baseline posterior-anterior and lateral chest x-rays. If the resident has documented results of a prior TST, these should be transcribed into their record. However, if no prior TST results are available, the decision to perform a routine baseline TST is controversial as the primary purpose of TSTs on admission is to establish a reliable baseline TST for possible future comparisons.

Routine TSTs are no longer recommended for individuals over the age of 65 as with elderly, the TST may become increasingly unreliable and difficult to interpret. In the elderly population,

Hepatitis B Virus

Public Health Agency of Canada (2013) has developed a "Primary care management of hepatitis B- quick reference". You will find a copy of this quick reference guide for your use enclosed.

the TST may not become positive even after a significant TB exposure. As well, unless there is a documented two step TST, testing after exposure may be the result of a "boosting effect" rather than a true conversion.

Reference:

Public Health Agency of Canada. (2007). *Canadian TB Standards 6th edition.*

Influenza Season 2013-2014

The flu season has officially arrived in Haldimand Norfolk with a total as of January 23rd of 25 confirmed cases, all reported cases thus far have been Influenza A. As according to Public Health Agency of Canada's Flu Watch during weeks 51 & 52 (December 15 to 28, 2013), a total of 1006 cumulative number of lab confirmed influenza A reported to date. Of those reported cases, the National Microbiology Laboratory (NML) 155 have been sub typed with findings: 17A(H3N2), 112 A(H1N1)pdm09 and 26 Influenza B).

Ontario Respiratory Virus Bulletin reports

268 hospitalizations and eight deaths have been reported in association with laboratory confirmed influenza case, majority being influenza A cases (96.3%). It is not too late for flu shots, therefore if you have patients who have not yet received their vaccination please encourage them to obtain it as soon as possible.

Reference:

Public Health Ontario (2013). *Public health Ontario respiratory virus bulletin: week 51 and 52 (December 15, 2013-December 28, 2013).* Retrieved from http://www.publichealthontario.ca/en/DataAndAnalytics/Documents/Ontario_Respiratory_Virus_Bulletin-Weeks_5152.pdf



Public Health Agency of Canada. (2013). *Flu watch report: December 15 to 28, 2013 (weeks 51 & 52).* Retrieved from http://www.phac-aspc.gc.ca/fluwatch/13-14/w52_13/index-eng.php

Pregnancy and Weight Gain

What are the Recommendations?

“Eat twice as healthy” NOT “Twice as much” is the tag line now being promoted for pregnancy. This is in an effort to curb excessive weight gain. Excessive weight gain in pregnancy is associated with birth of large-for-gestational age (LGA) infants (birth weight greater than 4000-4500 g). Not only do women who have LGA infants face higher risk of longer labour and birth, birth trauma, birth asphyxia, caesarean birth, and increased risk of perinatal mortality, LGA infants may be at risk of obesity and type 2 diabetes later on in life. Furthermore, women who gain more weight in pregnancy are at a higher risk of developing gestational diabetes and they tend to retain excess weight for up to 3 years postpartum, which puts them at a higher pre-pregnancy BMI for subsequent pregnancies, thus continuing the cycle.

These guidelines assume that there is minimal weight gain (2-4 lbs) in the first trimester; which is associated with better outcomes. In fact, a recent study by Mottola et al (2010) found that women who gained excessive weight early in their pregnancy were at a higher risk of having a baby with higher infant body fatness regardless of pre-pregnancy BMI.

So what can we do?

- Inform women of the recommended weight gain guidelines during pregnancy. Use the factsheet “Healthy Weight Gain During Pregnancy” from Health Canada

Weight gain recommendations in pregnancy are based on a woman’s pre-pregnancy BMI

Pre-Pregnancy BMI	Recommended range of total pregnancy weight gain	Average rate of weight gain in 2 nd and 3 rd trimester
BMI <18.5 Underweight	12.5 -18 kg (28- 40 lbs)	0.5 kg/wk (1.0 lb/wk)
BMI 18.5 – 24.9 Normal Weight	11.5 -16 kg (25 -35 lbs)	0.4 kg/wk (1.0 lb/wk)
BMI 25 -29.9 Overweight	7 -11.5 kg (15-25 lbs)	0.3 kg/wk (0.6 lb/wk)
BMI 30+ Obese	5 -9 kg (11 – 20 lbs)	0.2 kg/wk (0.5 lb/wk)

(included in the newsletter). Describe weight gain as a natural outcome of pregnancy that helps the baby grow and develop. Indicate that some of the energy reserves of pregnancy will be used to support breastfeeding. Explain that most women can expect to gain about 1 to 2 kg (2.2 to 4.2 lbs) in the first trimester. It may be helpful for the woman to know that, by the end of the first trimester, the fetus is only about 7.5 cm (3 inches) long and weighs about 30 g (1 ounce).

- Let women know that they need “just a little more food” in the second and third trimesters to meet the additional energy needs of pregnancy. Canada’s Food Guide suggests adding

2 to 3 Food Guide Servings per day to a woman’s total number of recommended Food Guide Servings.

- Describe the benefits of having an active lifestyle during pregnancy.

For more information contact the Haldimand-Norfolk Health Unit at 519-426-6170 or 905-318-6623.

Health Canada. Prenatal nutrition guidelines for health professionals: gestational weight gain. Accessed September 17 2013 from <http://www.hc-sc.gc.ca/afn-an/nutrition/prenatal/ewba-mbsa-eng.php>
Motalla et al. Nutrition and Exercise Prevent Excess Weight Gain in Overweight Pregnant Women. Med Sci Sport Exerc. 2010; 42(2):265-72.

Reportable Diseases

The Ontario Reportable Disease List has been updated, as according to Ontario Regulation 559/91 the follow changes have been made and are effective immediately:

1. The addition of:
 - Acute flaccid paralysis (AFP)

2. The removal of :
 - Paralytic shellfish poisoning (PSP)
 - Cytomegalovirus infection, congenital
 - Neonatal herpes
 - Hepatitis D (Delta hepatitis)
 - Fatal Familial Insomnia
 - Gerstmann-Straussler-Scheinker Syndrome

- Kuru
Please note Creutzfeldt-Jakob Disease is still reportable.

Attached you will find an updated list for your office use. If you would like more, please contact Stacey at 519-426-6170 ext 3270.



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