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HALDIMAND-NORFOLK HEALTH UNIT

PHYSICIANS' NEWSLETTER

New Ontario Law Protects Children From Second-Hand Smoke in Motor Vehicles

As of Jan. 21, 2009, the Smoke-Free Ontario Amendment Act 2008 will prohibit individuals from smoking tobacco products inside a motor vehicle if anyone under the age of 16 years is present. This new law will be punishable with a set fine of $250, enforced by police officers.

The new law is designed to protect children from the harmful health effects of exposure to second-hand smoke in motor vehicles, which can be up to 27 times greater than in a home where smoking is permitted. Children are especially vulnerable to second-hand smoke because they breathe more air relative to body weight. As a result, they absorb more tobacco smoke toxins than adults. Children who breathe second-hand smoke are more likely to suffer health problems such as sudden infant death syndrome, asthma, and cancer and cardiac disease later in life. Exposure to second-hand smoke has also been linked to lower cognitive test scores compared with children who were not exposed.

We know that parents want to keep their children safe. Those who continue to smoke around their children may be unaware of the risks or are unable to quit because of a heavy nicotine addiction. Ontario's Campaign for a Smoke-free Ride is designed to give parents who smoke the information and support they need to give their children a healthy, smoke-free ride. To find out more and to order posters and brochures for this campaign, contact the Haldimand Norfolk Health Unit at 519-426-6170 Ext. 3248 or 905-318-6623 Ext. 3248.

By Julia Hartley, Health Promoter, Haldimand-Norfolk Health Unit.

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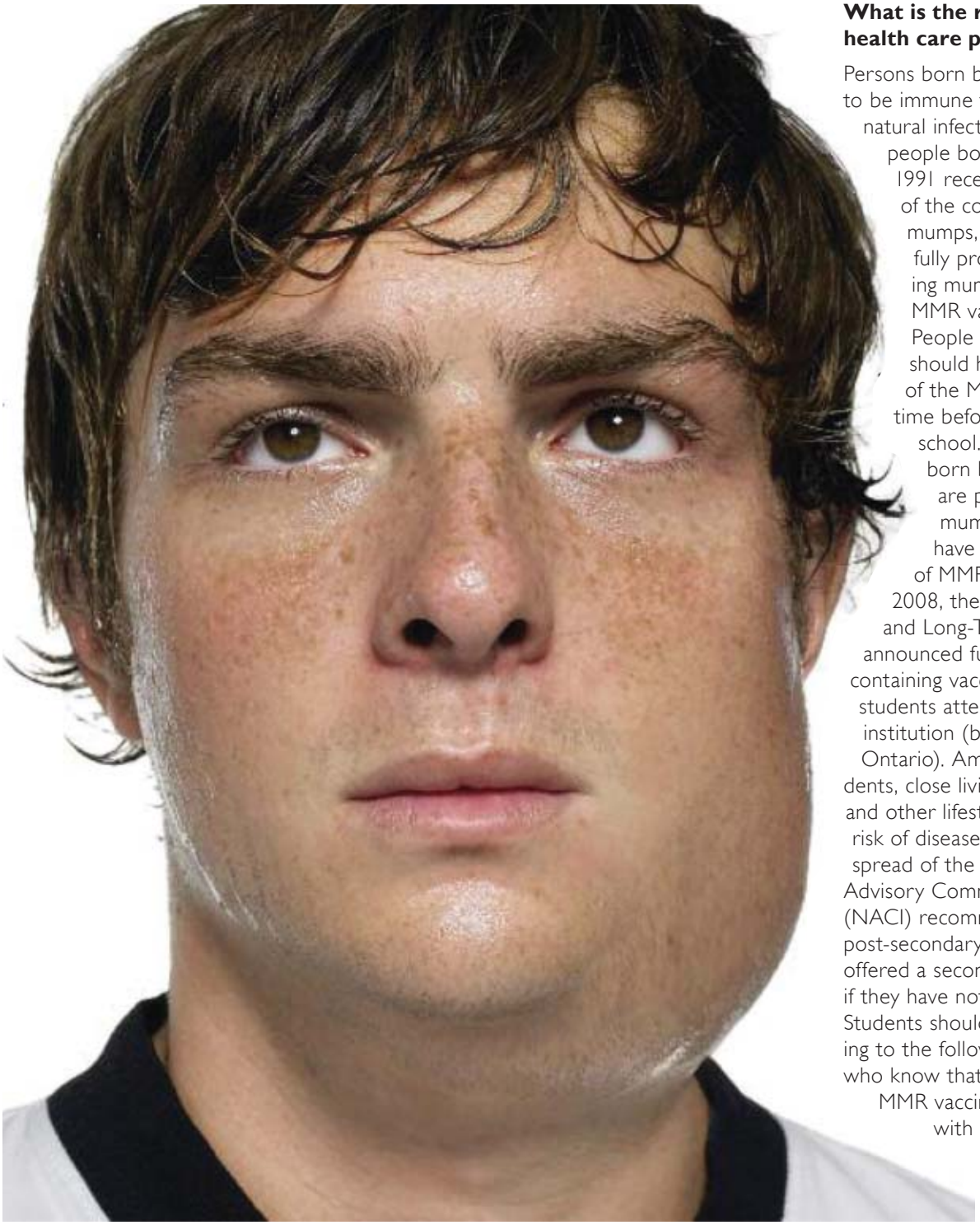
Mumps makes a come-back

Ministry of Health announces funding for Catch-up program for Post-secondary students



What is the role of health care providers?

Persons born before 1970 are assumed to be immune to mumps through natural infection. In Canada, most people born between 1970 and 1991 received only a single dose of the combined MMR (measles, mumps, rubella) vaccine. To be fully protected from contracting mumps, two doses of the MMR vaccine are required. People born in 1992 or after should have received two doses of the MMR vaccine at some time before entering elementary school. Therefore, individuals born between 1970 and 1991 are potentially susceptible to mumps infection because they have only received one dose of MMR vaccine. In September 2008, the Ministry of Health and Long-Term Care (MOHLTC) announced funding to provide mumps-containing vaccine given as MMR to all students attending a post-secondary institution (both within and outside of Ontario). Among post-secondary students, close living conditions, socializing and other lifestyle factors can increase risk of disease and can promote the spread of the virus. The National Advisory Committee on Immunization (NACI) recommends that students at post-secondary institutions should be offered a second dose of MMR vaccine if they have not already had two doses. Students should be vaccinated according to the following criteria: Students who know that they have never had MMR vaccine should have two doses with at least 28 days between doses. Students who have received one dose of MMR vaccine should

receive one additional dose to complete two doses. Only one dose should be given if no record of immunization is located unless the student attests to having never been vaccinated as noted above. Students who have documentation of having previously received two doses of MMR or those who have physician or nurse practitioner documentation of having had all three of measles, mumps and rubella illnesses do not require vaccination. Local health care providers are asked to assess students in their practice to determine how many doses of mumps-containing vaccine they have received. Vaccination with one or two doses of MMR should then proceed according to the criteria above.

Eligible students can receive a second dose of MMR vaccine until the end of March 2009. The vaccine will be offered through physicians, nurse practitioners, community health centres and some post-secondary institutions. The Haldimand-Norfolk Health Unit will be holding clinics at the Fanshawe college campus on Ireland Road on Feb. 9 and 25 from 10 a.m. until 12 p.m.

Background mumps: what is it?

Mumps is an acute infectious disease caused by mumps virus. About 40% of those infected develop acute parotitis, which is unilateral in about 25% of cases. Non-specific or primarily respiratory symptoms occur in about half of those who acquire infection. Subclinical infection is common. Although complications are relatively frequent, permanent sequelae are rare. Before the widespread use of mumps vaccine, mumps was a major cause of viral meningitis. Mumps meningoencephalitis can rarely result in permanent neurologic sequelae, including paralysis, seizures, cranial nerve palsies and hydrocephalus. Transient but occasionally permanent deafness may occur, at an estimated rate of 0.5 to 5.0 per 100,000 reported mumps cases. Orchitis occurs in 20% to 30% of post-pubertal male cases and oophoritis in 5% of post-pubertal female cases. Involvement of the reproductive organs is commonly unilateral; therefore, sterility as a result of mumps is rare. Mumps infection in pregnancy has not been associated with congenital malformations, but mumps infection during the first trimester of pregnancy may increase the rate of spontaneous abortion.

The epidemiology of recent outbreaks

In Canada since the approval of vaccine in 1969, the number of reported mumps cases has decreased by greater than 99% from an average of 34,000 cases reported per year in the early 1950s to fewer than 400 cases per year in the early 1990s. A further reduction in incidence was observed following the introduction of the routine second dose of MMR. The annual number of reported cases has continued to drop; during the period 2000-2004, an average of 87 cases were reported annually, ranging from 32 (in 2004) to 205 cases (2002).

In the United Kingdom, more than 70,000 cases of mumps were reported between 2004 and 2006. The majority of confirmed cases were between the ages of 15-24 years, most of whom had not been eligible for routine two-dose mumps immunization. The Health Protection Agency has attributed the outbreak to gaps in the immunity of certain cohorts. Among all mumps patients in the UK in 2004, about 3.3% were reported as having received two doses of MMR vaccine and 30.1% had received one dose. In 2004, attack rates per 100,000 population were lowest (10/100,000) in those born before 1979 who are presumed immune, and those born between 1993 and 2002 who routinely were given two doses of MMR. Rates were highest (140-165/100,000) in those born between 1981 and 1987 who were not eligible for routine MMR immunization. Those born between 1988 and 1989 routinely received one dose of MMR and had an intermediate attack rate (40-60/100,000 population).

In Canada, three localized outbreaks occurred between 2001 and 2005. The first outbreak, of 193 cases, occurred between September 2001 and March 2002 and involved an under-vaccinated community in northern Alberta following importation of the disease from Bolivia. Most members of the community were philosophically opposed to vaccination. Immunization rates in the affected community were greatly below the provincial average. The majority of cases (80%) occurred in unimmunized individuals, spreading through area schools and to a lesser extent the surrounding community. Two small outbreaks involving 13 and 19 cases occurred in Nova Scotia in the spring and fall of 2005 respectively. The cases ranged in age from 13 to 19 years (average age 14) for the former and 20 to 27 years in a university community (average age 23 years) for the latter. Four of the 13 cases in the first Nova Scotia outbreak and all of the cases in the second outbreak reported receiving only one dose of MMR. The latter outbreak resulted in three secondary cases in other provinces. The largest outbreak started in 2007. It was centered in Nova Scotia and New Brunswick (555 confirmed cases) with sporadic exportations (30 cases) to six other provinces. In 2008, Oxford County had an ongoing outbreak; 275 cases had been confirmed as of Dec.12, 2008. The majority of all the above cases (64%) occurred in persons aged 17-37 years; many were college or university students.

Submitted by: Maria Mendes Wood, RN, BScN; Vaccine Preventable Disease Team

Sources:

Canada Communicable Disease Report, August 2007, volume 33; National Advisory Committee on Immunization (NACI) Statement on Mumps Vaccine.

Post-Secondary Mumps Immunization Catch-up Program, Public Health Ontario Portal at www.publichealthontario.ca.

iPHIS weekly notice #149-2008-12-12, www.publichealthontario.ca.

SEXUAL HEALTH PROGRAM UPDATE

Free STI Medication

In response to a community physician request and in an effort to provide high-risk STI clients with treatment in a timely manner, the Sexual Health Program is proposing a new initiative.

As of Feb. 2, 2009, the new sexual health program will offer your office free STI medications. The following medications will be available:

- Azithromycin 1gm pre-packaged dose.
- Cefixime (Suprax) 400 mg single dose.

These medications follow the treatment regimens in the 2008 Canadian Guidelines on Sexually Transmitted Infections for chlamydia and gonnorhea. For those who have yet to receive the new 2008 STI guidelines, the binders will be available for each physician's office and distributed by our support staff when ordering medication.

To simplify the ordering process, the "Physician's Order For Antigens" form has been modified to include the STI drugs. If you have any questions, please call Jayne Holmes at 519-426-6270 Ext. 3225 or Terri Hartwick at 905-318-5367 Ext. 346.

Contraceptive Options

The Sexual Health Program tries to offer a wide spectrum of contraceptive options at a reduced cost to clients who lack benefits plans or are in financial need. The program has no age restriction. The recent change, with certain birth control pills becoming available in generic form, has impacted our purchasing practices. Once a birth control pill becomes available in generic form, the pharmaceutical companies may no longer offer a "clinic price" and, thus, these pills would provide no cost savings to the client. The birth control pill that has recently been affected is Tricyclen, which will no longer be available from the Health Unit. Tricyclen Lo may be an alternative for individuals using the Sexual Health Program.

Please refer to the chart below for a complete list of those pills we offer for $7 per package. Clients must have a valid prescription and call first for an appointment.

Tricyclen Lo	Evra
Marvelon	Triquilar
Yasmin	Nuvaring
Minovral	Alesse

Recently, Yaz became commercially available in pharmacies and, in the near future, will be available at the Health Unit.

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