



HALDIMAND-NORFOLK HEALTH UNIT

PHYSICIANS' NEWSLETTER

Immunization “Catch-Ups”

It is important to keep immunizations up-to-date. Here are a few guidelines for people with incomplete immunization records, such as newcomers to Canada:

- The first step is to decide whether to repeat some or all of the person's immunization. This is a matter of the health care worker's clinical judgement.
- In some cases, blood tests may be used to determine whether a person has been immunized.
- If the immunization record is in doubt, especially if there is no written record, the immunizations should be repeated.

If immunizations need to be repeated, the following catch-up schedules are recommended by the Public Health Agency of Canada:

For children under 7 years of age:

- **First visit:** DTap-IPV (diphtheria, tetanus, acellular pertussis and inactivated polio vaccine), Hib (haemophilus influenza type B conjugate vaccine), PneuC-10 (pneumococcal conjugate vaccine 10-valent) and MMR (measles, mumps, rubella).
- **Second visit:** 1 month after 1st visit and 1 year old: Men-C (meningococcal C conjugate vaccine) and Varicella (chickenpox).
- **Third visit:** 2 months after 1st visit: DTap-IPV, (Hib)* (Pneumo-C 10)* MMR

- **Fourth visit:** 2 months after 3rd visit: DTap-IPV
- **Fifth visit:** 6-12 months after 4th visit: DTap-IPV
- 4- 6 years of age: (DTap-IPV)*

**Indicates dose may not be required, based on age and/or immunization history. If fourth dose of DTap is given after the 4th birthday, the 4 – 6 year booster dose is not needed. Administer Hib vaccine to children under 5 years of age.*

For children aged 7 – 17 years

- **First visit:** Tdap, IPV (inactivated polio vaccine) and MMR
- **Second visit:** 2 months after 1st visit: Tdap, IPV, and MMR
- **Third visit:** 6 – 12 months after 2nd visit: Tdap, IPV
- 10 years later: Tdap

For Adults (age 18 years and Older not immunized in Childhood)

- **First Visit:** Tdap, (IPV) and MMR
- **Second visit:** 2 months after 1st visit: Td,(IPV) and MMR
- **Third visit:** 6 -12 months after 2nd visit: Td

() Indicates dose may not be required, based on age and/or immunization history. For recommendations related to travel, refer to the CIG, 7th ed. 2006.



People receiving catch-up immunizations should keep a written immunization record to avoid the need for re-vaccination and to help schedule future immunizations.

References:

Publicly Funded Immunization Schedule for Ontario –January 2009

Immunization Education Initiative Winter Newsletter Volume 4, Issue 4. December 15, 2009

Submitted by: Rose Huyge, RN, BScN, Vaccine Preventable Disease Program

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Lyme Disease

Geographic Distribution

Local Endemic Areas

- Turkey Point
- Long Point

*Deer ticks have been found throughout much of the Haldimand and Norfolk shoreline.

Provincial Endemic Areas

- Rondeau Provincial Park
- St. Lawrence Islands National Park
- Thousand Islands region of eastern Ontario
- Long Point
- Turkey Point

International Distribution

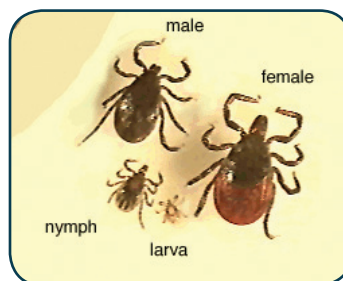
- Europe
- Asia
- North America

Confirmed Human Cases Testing Positive for Lyme Disease

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Haldimand-Norfolk	0	0	0	2	0	0	1	1	3	5
Ontario	44	23	27	26	32	38	38	65	57	77

Transmission

- Ticks attach themselves to their host (animal and/or human)
- An infected tick needs to be attached for 24 hrs or more before they can transmit the Lyme disease bacterium
- Most humans are infected through the bites of small, immature ticks (nymphs)
- Nymphs are active feeders in the spring and summer months



Diagnosis

- Lyme disease can be difficult to diagnose
- Signs and symptoms mimic many other diseases
- Fever, muscle aches and fatigue can be mistaken for viral infections (i.e. influenza or infectious mononucleosis)
- Joint pain can be mistaken for other types of arthritis (rheumatoid)
- Neurological signs can mimic those caused by other conditions (Multiple Sclerosis)

Stage Symptomology of Lyme Disease

First Stage	Second Stage	Third Stage
Erythema Migrans (Bulls eye rash): appear in 70-80% of infected persons at site of tick bite 3 days to 1 month Often also experience: fatigue, chills, fever, headache, swollen lymph nodes, muscle and joint pain.	If untreated, symptoms possibly lasting several months include: multiple skin rashes, heart palpitations, central and peripheral nervous system disorders, arthritis and arthritic symptoms, extreme fatigue and general weakness	If untreated, symptoms possibly lasting months to years include: chronic arthritis and neurological symptoms. Rarely death. If contracted during pregnancy, adverse effects on the fetus, including stillbirth, may occur.

2009 Deer Tick Submissions to the HNHU from the Public

Lyme Disease Negative Deer Ticks	Lyme Disease Positive Deer Ticks	Total Deer Tick Submissions	Percent Positive for Lyme Disease
36 submissions	3 submissions	39 submissions	7.69%

References

Public Health Agency of Canada, Canada Communicable Disease Report. 2006
Public Health Agency of Canada, Lyme Disease Fact Sheet. 2006
Heymann, David. Control of Communicable Diseases Manual. 18th Ed. Washington, 2004. Centers for Disease Control and Prevention. Lyme Disease: A Public Information Guide. 2007.
Submitted by Kris Lutz, BHS, BASc, CPHI (C), Healthy Environment Team

For more information on Lyme disease visit our website at www.hnhu.org

According to the Public Health Agency of Canada (PHAC):

- "the diagnosis of Lyme disease should be made after evaluation of a patient's symptoms and the risk of exposure to infected ticks." (PHAC, 2006)
- Blood tests for the presence of antibodies to the bacteria may be administered in conjunction with clinical diagnosis.
- PHAC stresses, "the results of these tests cannot be interpreted in the absence of appropriate clinical information." (PHAC, 2006)
- Blood tests may be negative in patients with early Lyme disease or in patients who have had antibiotic treatment.
- Note: the accuracy of blood tests becomes more reliable as the infection progresses. (PHAC, 2006).

Deer Tick Testing for Lyme Disease

The Haldimand-Norfolk Health Unit is currently accepting ticks for identification. Should the tick be identified as a possible carrier (i.e. blacklegged tick) of Lyme disease and it has been taken off of a human, it will be sent away for testing.

What is all the Crying About?



Babies cry for many reasons and sometimes they can cry for no reason at all. Getting this message out to parents is vital.

The Haldimand- Norfolk Health Unit has implemented a specific awareness and prevention program called the "Upstate New York Shaken Baby Syndrome Education Program" which has been operating for about 10 years and has been deemed by the Ontario Neurotrauma Foundation (ONF) as an effective evidence based "best practice" (Volpe and Lewko, 2006 (rev. A)). The program helps parents learn about their infants crying characteristics using a child developmental approach. The major strengths of this education and prevention program lies in its simplicity and ease of implementation (Dias, M.S., Mazur, P., Li, V., Smith, K., and deGuehery, K. (2002)).

The program consists of three steps:

1. During the hospital stay when both parents are present, trained nursing staff present a ten minute DVD and resources about the normal infant crying behaviours and the prevention of Shaken Baby Syndrome (SBS). To create awareness in the home, a copy of this DVD is given to the family to share with their infant's caregivers.
2. During home visits, trained healthcare professionals promote awareness about child development with a focus

on crying patterns of infants and toddlers.

3. The project coordinator creates ongoing community awareness by educating all our community partners.

These three steps are part of a prevention focus to help parents develop effective coping strategies. The program helps:

- Parents understand the "normal" healthy crying habits of infants.
- Parents learn techniques to help them handle the frustration associated with a crying baby early and to avoid stress ; reducing the chances of a parent shaking their baby.

Facts we do know:

- head injuries are the leading cause of traumatic infant death in North America ⁽¹⁾.
- 95% of severe head injuries in infants less than one year of age are intentional ⁽²⁾.
- more than 20% of victims die from their injuries.
- 50% of survivors had lasting neurological, visual impairment and/or other health effects.
- those with long-term needs can cost OHIP more than a million dollars ⁽³⁾.
- 50% of the survivors from SBS, can suffer permanent damage ⁽⁴⁾.

- It has been noted that fathers and father figures are perpetrators in up to 90% of SBS cases ⁽⁵⁾.
- There is no coincidence that the incidence of Shaken Baby Syndrome is the same as the peak in newborn crying at about 6-8 weeks.

In conclusion, this type of abuse is preventable and requires a shared commitment and coordination among all disciplines including medical practitioners, health care providers, child welfare workers, and social services. In particular, a physician plays a major role in the education and awareness about SBS with families during any medical visits.

We encourage local physicians to utilize the health unit's prevention materials and resources to educate their families. For more information, call the health unit or visit www.dontshake.org.

Information pamphlets have been included to be distributed to your clients. To order more, contact Sabine Murphy at 519-426-6170 Ext. 3223.

References

- (1) American Academy of Paediatrics, 2001; Fulton, 2000 (as cited in Volpe and Lewko, 2006).
 - (2) Billmire & Myers, 1985; Blumenthal, 2002; King, MacKay, Sirmick, & the Canadian Shaken Baby Study Group, 2003a) (as cited in Volpe and Lewko, 2006).
 - (3) Volpe, R., Lewko, J (2006). *Preventing Neurotrauma: A casebook of evidence based practices, 2. (Rev. A)*. Toronto, ON: Ontario Neurotrauma Foundation. (Showers, 1998-pg. 13).
 - (4) *Preventing Abusive Infant Head Trauma: a shared hospital, public and community health program*. Principal Investigator Richard Volpe PhD, University of Toronto.
 - (5) Lancon, J.A. Haines, D.E. Parent, A.D. *Anatomy of the Shaken Baby Syndrome, 1998*
- Health Canada 2002 (as cited in Ontario Neurotrauma Foundation, overview information, 2009).
- Dias, M.S., Mazur, P., Li, V., Smith, K., and deGuehery, K. 2002.

Submitted by Sabine Murphy, RN, BScN, PHN, Family Health Team

Mumps

Ontario is currently experiencing a mumps outbreak, 91 confirmed cases of mumps were reported from 13 health units since September 11, 2009. Majority of the cases have been reported from North Bay, Waterloo, York and Toronto. Most cases were male and the median age is 21 years.

In Haldimand Norfolk we have had one

probable case - a 59 year old female who presented with unilateral swelling, tenderness and pain, no known exposure, both IgG and IgM were reactive, no buccal swab was obtained therefore she was not classified as confirmed.

Please be advised of the recent changes made to the Ministry Diagnostic Test Recommendations for Mumps:

- Virus isolation and RT-PCR testing (Buccal Swab, Throat Swab and/or Urine) is recommended as the first mode of detection and serology is second
- Urine specimens can be collected up to 14 days following symptom onset
- Please advise public health of any suspected cases tested

*Submitted by Stacey Guthrie, RN, BScN,
Infection Control Practitioner*

Syphilis

Recently Ontario has seen an increase in infectious syphilis (*Treponema Pallidum*) cases; 730 infectious syphilis cases were reported in 2009 which is an increase of 62% over the number of cases reported in 2008. The Ministry of Health and Long Term Care want practitioners to be aware of the emerging risk factors and encourage health care professionals to test those who may be at risk.

Through analysis of the provincial data the Ministry has identified:

- More than half (18/36) public health units in Ontario have reported increases in infectious syphilis cases

in 2009 than in 2008

- The increase in cases has been predominately within the male population
- In reported risk factor information, 85% identify as men who have sex with men
- The largest number of cases reported was among males aged 40-44 years; and the largest increase was seen in males between the ages of 15-34.
- 45% of the cases are reported to be co infected with HIV

- Excluding Ottawa and Toronto, all other health units combined have a 78% increase in infectious syphilis cases.

Currently in Haldimand Norfolk, we have not seen an increase with reported cases but our neighbours (Hamilton) have been experiencing an increase, therefore the chance of our community members being exposed is augmented. With heightened awareness accurate diagnosis and treatment can occur; lessening the long term negative outcomes as well as reducing transmission of the infection within our community.

*Submitted by Stacey Guthrie, RN, BScN,
Infection Control Practitioner*

STI Treatment Guidelines

The Canadian STI Treatment Guidelines have been revised. Most of the revisions which occurred are in the treatment of Syphilis and Lymphogranuloma Venerum (LGV). Test of cure for Chlamydia and Gonorrhoea was also changed. Please find enclosed in this newsletter an **updated copy** of the treatment guidelines for STI's. It is laminated and provides a quick look for you to treat your positive STI patients. If you would like more copies of this for your office, please let us know. We would be happy to provide them for you. Please **dispose of any previous STI treatment guidelines** you may have received from us.

*Submitted by Terri Hartwick, RN, BScN,
Sexual Health Team*



Web: www.hnhu.org
Email: info@hnhu.org

Simcoe

P.O. Box 247, 12 Gilbertson Drive
Simcoe, ON N3Y 4L1
519.426.6170 / 905.318.6623

Caledonia

282 Argyle Street South
Caledonia, ON N3W 1K7
905.318.5367