



HALDIMAND-NORFOLK HEALTH UNIT

PHYSICIANS' NEWSLETTER

Let's Work Together to Prevent Falls

Falls in seniors are the leading cause of injury hospitalizations. They are also one of the main reasons behind bed shortages for acute care hospital beds and a driving factor behind the backlogs in emergency departments. To deal with this problem, the Local Health Integration Network (LHIN) has allocated funding to a variety of community clinics that provide services addressing the root causes of falls. Your patients may be attending one of the following community clinics:

- **Contenance Care Clinic** at Norfolk General Hospital (rushing to get to the bathroom is one of the leading causes of falls in the home). 1-877-490-2732
- **Independence at Home clinic.** A nurse or physiotherapist will conduct an in-depth balance and gait assessment by using a timed get up and go test, vision and hearing test, medication review, cognition test, grip strength test and will assess the need for assistive devices 905-7773837 Ext. 12424.
- **Smart Program** - Customized in home exercise programs to increase strength and improve balance. 519-759-7750
- **Stand Up Program** - Community based falls prevention exercise programs for seniors at risk of falling. 1-800-667-1794 Ext. 247
- **Home Safety Assessment Clinics** called **Safety at Home** - offers seniors an individualized home visit to assess for tripping hazards and the installation of grab bars and minor home repairs through Home Maintenance Brokers. 1-800-265-2818

All these clinics are fully funded by the Ministry of Health and Long Term Care and self referrals can be made by clients or their families. Family physicians will not be negative billed by OHIP if their patients self refer to these clinics.

For more information about Falls Prevention Programs, contact Joanne Alessi, RN, B.ScN, Injury Prevention Coordinator at 519-426-6170 or 905-318-5367 Ext. 322

Giant Colon coming to Six Nations

The Giant Colon is impossible to miss or ignore – a state of the art 40-foot long by 8-foot high, pink inflatable walk-through reproduction of the human colon.

The Giant Colon exhibit has been created to inform the public about the signs and symptoms of colorectal cancer as well as the other diseases of the colon. This fun and interesting multimedia experience provides important health information, helping to encourage colorectal cancer primary prevention and screening.

WHEN:
Wednesday, May 25, 2011; 1-8pm

WHERE:
Six Nations Community Hall
Ohsweken Fair Grounds
1738 Fourth Line Road
(Beside Gaylord Powless Arena)



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NACI Update

RE: Recommendations for the use of rotavirus vaccines

In July 2010 the National Immunization Advisory Committee (NACI) updated its 2008 statement with new recommendations on the use of rotavirus vaccines. NACI's updated statement can be found by searching "updated rotavirus vaccine statement at www.phac.aspc.gc.ca

Rotavirus vaccine significantly decreases the incidence and morbidity associated with rotavirus infection.

RotaTeq® and Rotarix™ are two licensed vaccines which both protect against rotavirus gastroenteritis, they differ in composition and schedule usage. NACI recommends that whenever possible, the rotavirus vaccine series should be completed with the same product. Please see the chart below that summarizes the two products differences:

Vaccine Characteristics and recommended uses of RotaTeq® and Rotarix™		
Characteristic	RotaTeq®	Rotarix™
Parent rotavirus strain	Human-bovine strain WC3	Human strain 89-12 (Type GIPIA[8])
Vaccine composition	Reassortant strains: G1xWC3; G2xWC3; G3xWC3; G4xWC3; PIA[8]xWC3	Human strain 89-12 (Type GIPIA[8])
Formulation	Liquid (no reconstitution required)	Liquid (no reconstitution required)
Applicator	Latex-free dosing tube	Glass oral applicator with latex rubber in plunger and cap
Volume per dose	2 ml	1.5 ml
# doses in series	3	20
Minimum age at dose 1	6 weeks	6 weeks
Maximum age at dose 1	14 weeks + 6 days	14 weeks + 6 days
Minimal interval between doses	4 weeks	4 weeks
Maximum age for last dose	8 months + 0 days	8 months + 0 days

The changes in scheduling from the previous recommendations in 2008 are also highlighted in the table.

Summary of Updates:

1. Healthy full-term infants and healthy preterm infants who are not hospitalized: Rotavirus immunization is recommended starting at any time between 6 weeks of chronological age (6 wks and 0 days) and 14 weeks plus 6 days. The vaccination series should be completed by 8 months (8 months plus 0 days)
2. Immunocompromised infants: Infants with suspected or known immunocompromising conditions should not receive rotavirus vaccine without consultation with a physician specialist or expert in these conditions. This recommendation is based on the theoretical risk of live attenuated viral vaccines in immunocompromised infants, and very minimal data in this population.
3. Infants with a history of intussusception: Based on current evidence, infant with a history of intussusceptions should not be given rotavirus immunization (Preliminary results from a post marketing study of Rotarix™ in Mexico suggest that there is an increased risk for intussusceptions in the 31 days after the first dose. Most cases occurred during the first 7 days after the first dose.)

Contributed by the Vaccine Preventable Diseases Team

Taken from: Halton Region Health Notes for Professionals Volume 13, No.3, 2010, page 10.

Holmes House Opiate and Alcohol Withdrawal Protocol

In the past few years prescription opiate addiction has grown rapidly. It has been our experience that most clients attempting to detox from opiates without the assistance of medication would leave prematurely and return to their opiate usage to relieve the extremely unpleasant withdrawal. Others needed to be transferred to the hospital emergency department.

As with more Withdrawal Management Services, circumstances do not allow us to employ medical professionals on site. We ask that doctors and medical professionals assist us in helping this troubled population so we can physically stabilize them in a humane way and hopefully work with them on their journey to wellness and at the same time minimize emergency visits and admissions to the hospital.

The medication protocol we encourage you to follow has been developed by the doctors of CAMH (Center for Addiction and Mental Health) Toronto. Attached you will find the pages associated with opiate withdrawal as well as the medication withdraw-

al protocol for alcohol. Again, when you use these protocols, this will prevent E.R. admissions due to seizures, D.T.s, etc.

Should over the counter medications or vitamins be recommended such as Gravol, Tylenol, Advil, Vitamin B, etc., this must be documented by the physician as we are not allowed to distribute any over the counter medication, vitamins, etc. without a doctor's consent.

All medication are to be brought in with the client on admission. In order to limit misuse, all prescription labels should state "for use in W.M.S. only." All medication must be unopened upon arrival to W.M.S or the client will not be admitted. Benzodiazepines and sleep medications should be prescribed for a maximum of seven days.

Holmes House Staff would like to thank you for your cooperation.

Written by Len Pollet Holmes House Supervisor



Enhanced Surveillance Notice Update

E. coli O157:H7- Canada- March 18th, 2011

The Ministry of Health and Long Term Care is collaborating with the Public Health Agency of Canada (PHAC) in a joint multi provincial E.coli investigation. Cases from Quebec and New Brunswick were initially identified during the investigation of a multi-national outbreak of E.coli O157:H7 infections associated with hazelnut/mixed nut consumption.

As of March 16th, a cluster of 8 cases (6 QB, 1NB, 1ON) with the same patterns were identified. The Ontario case most likely acquired their illness while in Quebec. The onset date ranges from Jan 31 to Feb 27, 2011, ages range from 20-80 years with an average of 65 yrs and median 69 yrs. Five of the 8 cases were female. Ongoing case interviewing and sampling of suspect foods are ongoing to determine the source of the outbreak.

If you suspect a potential E.coli please report to public health and be sure to collect appropriate samples.

E.coli-Ontario- March 14th, 2011

The Ministry of Health and Long Term Care is collaborating with Toronto Public

Health and York Region in a joint E.coli investigation. To date, seven cases have been identified, five in Toronto and two in York with matching pulse field patterns. The onset dates of cases range from Feb 27 to March 5, 2011 and 86% of the cases are female. The age ranges from 4 to 55 years with a median age of 25.

Again we ask if you suspect any potential E.coli cases, to please report them to public health and collect associated specimens.

Hepatitis A-Ontario-December 24th, 2010 (Updated March 4th, 2011)

The MOHLTC is continuing to investigate several reports of non-travel related cases of Hepatitis A. The National Microbiology Lab (NML) identified 19 confirmed cases of Hepatitis A genotype 1b and an indistinguishable RNA fingerprint (7ON, 6 AB, 4 QC and 2 BC). The Public Health Agency of Canada (PHAC) issued a Public Health Alert and on February 9, 2011 established an Outbreak Investigation Coordination Committee.

To date, Ontario has reported eight confirmed cases (includes one secondary case) with onset dates ranging from

November 15, 2010 to December 22, 2010. 5/8 cases are female and ages range from 13-84 yrs with a median age of 22 yrs. No common source has been identified at this time.

The Ministry is requiring all reported HAV cases to be followed up with a Hepatitis A questionnaire; therefore any assistance you can offer through case follow up would be greatly appreciated.

ECP Kits No longer Available

As of May 1st, 2011 Haldimand Norfolk Health Unit will no longer be supplying ECP Kits to your offices due to Wyeth no longer producing the Ovral Oral Contraceptive Pill. Please find the attached notice for further details.



Chats

Close

Did you hear that the Haldimand-Norfolk Health Unit is on Facebook??

That's great news! I'll have to check it out!

www.facebook.com/hnhealthunit



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

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