



HALDIMAND-NORFOLK HEALTH UNIT

PHYSICIANS' NEWSLETTER

NutriSTEP®

NutriSTEP® is a validated screening tool used to assess the nutritional risk of preschoolers ages 3-5 years (see sample enclosed).



Good nutrition is critical early in life as children's food choices affect their growth and development, their health behaviours and academic performance. Nutrition screening leads to increased nutritional awareness with families.

During the spring of 2012, the Health Unit will be disseminating the screens through the school system to parents of preschoolers. It is a simple tool that is self-administered by parents and takes only 5 minutes to complete. Once parents fill out the screen, a risk score is obtained (low, moderate or high risk).

If a child scores high risk they are advised to make an appointment with an appropriate health care provider (physician, paediatrician, dietitian or nurse practitioner) for further investigation. As a result, your office may receive inquiries about the NutriSTEP® tool or requests for appointments.

If you have any questions about the NutriSTEP® screening tool or would like to obtain copies to use in your practice, please contact the Haldimand-Norfolk Public Health Dietitian, Michelle Saraiva, at 519-426-6170 Ext. 3237.

Thinking of Giving Your Patient a Tetanus Booster???

Beginning in 2003, Ontario publicly funded the Tdap (tetanus, diphtheria and acellular pertussis) immunization program for adolescents 14 – 16 years of age. In 2011, the publicly funded routine Tdap immunization program was expanded to offer all adults 19-64 years of age, who have not received an adolescent booster dose, one lifetime dose of Tdap vaccine. The lifetime dose will replace one of the Td (tetanus, diphtheria) booster doses given every ten years.

Adacel® is indicated for persons 4 to 64 years of age.

Boostrix® is indicated for persons 4 years and onwards, except it is publicly funded for adults 19 to 64 years of age.

	Tdap (Adacel® or Boostrix®)	Td
Adolescents 14 – 16 years	√	Every ten years thereafter
Adults 19 to 64 years	√	Every ten years thereafter

If you have any questions please call the Haldimand-Norfolk Health Unit Clinical Services Vaccine Preventable Disease Program at 519-426-6170 or 905-318-6623.

Reference: Ministry of Health and Long Term Care Adult Dose of Tetanus-Diphtheria-Pertussis (Tdap) Vaccine Program Questions and Answers for Health Care Providers July 2011

Rose Huyge BScN, CCHN(C)

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Recommended treatment for Chlamydia and Gonorrhoea

Public health provides free pre packaged antibiotics for the treatment Chlamydia and Gonorrhoea. These packages are FREE for both you and your client and are the preferred treatment option, even for those who are pregnant. They are effective and easy for the client to take all in ONE dose.

If you are treating

- Chlamydia with Azithromycin 1 gram please remind your clients to take ALL four pills at ONE time

- Gonorrhoea Cefexime (Suprax) 800mg for GC please remind clients to take both pills at ONE time.

The treatment methods discussed above assist clients in complying with the recommended 7 day abstaining post treatment, improving overall compliance and ultimately reduce the spread to others.

Stacey Guthrie, BScN, RN, CIC

Pertussis Outbreak

The current Provincial outbreak continues, Haldimand Norfolk has had 12 confirmed cases thus far and 1 person under investigation. The outbreak is occurring within the low German speaking Mexican Mennonite community which is under immunized, therefore increase the risk of transmission.

Public Health Ontario has broadened the case definition to be anyone who is within this community and has a cough (of any duration, severity, etc.) with a lab confirmation to be determined as a case. Please consider while seeing your patients and they suggest that anyone who has been exposed, and/or presents with symptoms to be tested with a Nasopharyngeal Swab.

Stacey Guthrie, BScN, RN, CIC

2011-12 Influenza Season

Ministry of Health and Long Term Care has reported based on provincial lab testing, influenza virus have been increasing in the last few weeks. The viruses in circulation so far include influenza A H3N2, influenza A H1N1 and influenza B. Provincially to date, influenza B outbreaks are higher in number than influenza A.

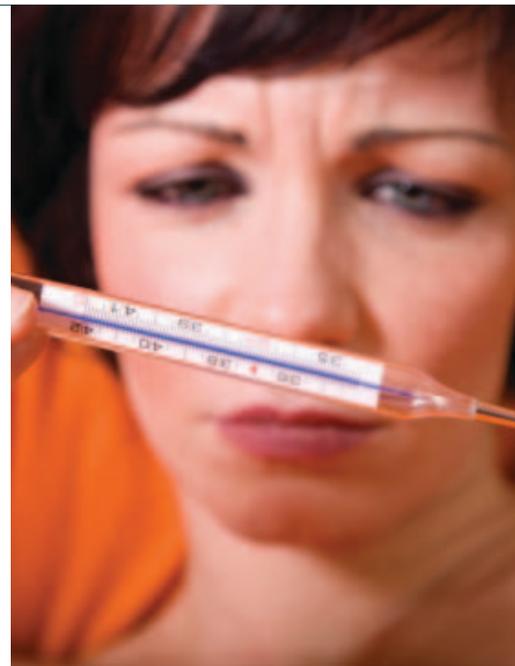
Results have shown over 50% of the influenza B isolates characterized by the National Microbiology Laboratory to date are the Wisconsin strain (B/Wisconsin01/2010-like virus), which is not found in this year's trivalent vaccine, and is of a different lineage from the vaccine strain.

As you are aware this year's vaccine contains

- A/California/7/2009 (H1N1)-like virus
- A/Perth/16/2009 (H3N2)-like virus, and
- B/Brisbane/60/2008-like virus (B Victoria lineage)

There is no available data to address the degree of cross-protectiveness of this season's influenza vaccine in terms of the influenza B mismatch, at this time. Therefore, the Ministry has made the following recommendations for:

- ◆ 2011-2012 Antiviral- all isolates tested by the National Microbiology Lab remain susceptible to the antiviral drugs (both oseltamivir and zanamivir), and thus these medications continue to be the recommended antivirals for early treatment and prophylaxis.
- ◆ Antiviral Prophylaxis in Institutions- for institutions experiencing an influenza B outbreak, it is recommended that all staff and residents/patients involved in the outbreak, regardless of their immunization status be placed on prophylactic doses of neuraminidase inhibitors (NAIs) for the duration of the



influenza B outbreak. If the influenza B strain is determined to be the same as the vaccine strain, then staff prophylaxis with antivirals may be discontinued.

Recommendations from Robin C. Williams, MD, FRCP, Associate Chief Medical Officer of Health