Influenza Season Summary (to date)

The 2012-13 Influenza season has been a busy season within Haldimand-Norfolk. There has been a total of:

- 7 Influenza A Institutional Outbreaks, and
- 2 Influenza B Institutional Outbreaks,

In addition to outbreaks, we have had a number of sporadic community cases:

- 39 confirmed Influenza A
- 5 confirmed Influenza B

Public Health Ontario has put out an Ontario Respiratory Virus Bulletin (2013), which has included a “median influenza immunization coverage rates among long term care staff and residents and hospital staff”, looking at 2003-2004 to 2012-2013 seasons.

For complete results, see the insert included. For more information contact Michelle Saraiva, Public Health Dietitian at (519) 426 -6170 Ext. 3237.

(Ontario Ministry of Health and Long Term Care- Ontario Influenza Immunization Database, 2013)

**For the 2012-2013 Influenza Season, immunization rates were reported as of December 15, where in previous years, immunization rates were reported as of November 15th.

Our local LTC staff immunization average rate was 72% and Hospital staff immunization average rate as 52%. Sadly, not too far off the Provincial averages.
In March 2013, the Healthy Kids Panel released their much anticipated report outlining a three-pronged strategy to promote the health and well-being of children and youth. The three approaches include: starting all kids on the path to health, changing the food environment and creating healthy communities.

The strategy recommends 23 actions. The actions that primary health care providers may be especially interested in include:

1.1 Educate women of child-bearing age about the impact of their health and weight on their own well-being and on the health and well-being of their children.

1.2 Enhance primary and obstetrical care to include a standard pre-pregnancy health check and wellness visit for women planning a pregnancy and their partners.

1.4 Support and encourage breastfeeding for the first six months of life.

1.5 Leverage well-baby and childhood immunization visits to promote healthy weights and enhanced surveillance and early intervention. (Note: we are doing this locally by encouraging the use of the Toddler NutriSTEP® screening tool at all 18-month well-baby visits).

2.5 Support the use of Canada’s Food Guide and the nutrition facts panel.

3.8 Ensure families have timely access to specialized obesity programs when needed.


**Rabies**

**Notice:** Post-exposure prophylaxis (PEP) of immunocompetent persons previously unimmunized with rabies vaccine now requires only four 1.0mL doses of Human Diploid Cell Vaccine or Purified Chick Embryo Cell Vaccine rather than five. The first dose is to be administered on day 0 and the additional doses administered on days 3, 7 and 14 after the first vaccination. Immunocompromised persons previously unimmunized should continue to receive the five-dose vaccination regimen on days 0, 3, 7, 14 and 28. Public health officials will require a healthcare provider’s assessment of the patient as either immunocompetent or immunocompromised in order to ensure the correct dosage is delivered to the healthcare provider administering the PEP. Recommendations for the use of Rabies Immune Globulin on day 0 remain unchanged.

*Please see insert for further details.*