



HALDIMAND-NORFOLK HEALTH UNIT

PHYSICIANS' NEWSLETTER

Please Call for an Appointment

The Haldimand-Norfolk Health Unit's Sexual Health program is available to provide low cost birth control to your patients. If you provide your patients with a prescription to obtain their birth control from the Health Unit, please keep in mind an appointment is needed. All too often people will "drop in" and ask to have their prescription filled. Please advise your patients obtaining birth control from the Health Unit that an appt is needed. Appointments can be made by calling:

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REMINDER

There has been some noted confusion with client's being treated and not knowing how to take the pills, leading to mistreatment and continuation of infections. When treating positive Chlamydia with 1 gram Azithromycin, please remind clients to take ALL 4 pills at ONCE.

We Need Your Help

Sara is a 20 year old college student. Sadly she did not receive an OSAP grant. She is struggling with finances, but she knows an education is the key. To gain an income, Sara provides escort services to men she meets on the internet. Nadine is a young mom who is struggling with addictions, a controlling partner and 2 small children. There were a few more women in similar situations who were comfortable sharing their stories but unfortunately, there are probably many more who are not comfortable.

Sex workers require regular STI testing as sex workers are vulnerable to sexually transmitted infections (STIs), including HIV, because of the following factors:

- lack of control (E.g., condom use, refusing clients).
- limited economic options.
- lifestyle risks, such as violence, substance use and mobility.
- limited access to health, social and legal services.
- stigmatization and marginalization.
- mental health problems.
- lack of family and social support.

When appropriate, patients should be asked whether they have ever received money, shelter or goods in exchange for sexual services.

What Can I Do in My Practice?

- ✓ Have condoms and lube available for patients that are involved in sex work
- ✓ Educate patients on how to use condoms and why to use condoms, even with regular partners
- ✓ Educate on how to negotiate for safer-sex
- ✓ Provide hep B vaccination to sex workers
- ✓ Provide hep A vaccination to sex workers at high risk, such as male sex workers who engage in oral-anal contact with male customers
- ✓ Take an STI/HIV history
- ✓ Provide a physical exam focusing on the genitalia areas including a speculum exam for woman and a throat and rectal exam if indicated
- ✓ Provide free STI meds to patients (meds are available from the Haldimand-Norfolk Health Unit) (Curing a single sex worker of gonorrhoea can result in fewer secondary cases and reduce the risk of HIV)
- ✓ Provide sex workers who provide their informed consent with regular laboratory screening for syphilis, HIV infection, gonorrhoea, chlamydia, vaginitis/vaginosis and HPV infection (if available)
- ✓ Regular cervical screening for dysplasia

Lyme Disease

Epidemiology:				
Deer tick positivity rates for Lyme Disease in Haldimand and Norfolk	2008 4.55%	2009 7.69%	2010 17.24%	2011 20.1%
Local Vector:	Black-legged tick commonly referred to as the Deer tick.			
Occurrence including Endemic areas:	<p>Most deer ticks have generally been found in Norfolk near the lakeshore but seem to also be moving inland and east towards Port Dover.</p> <p>Local Endemic Areas: Turkey Point and Long Point</p> <p>Out of Area Endemic Areas: Rondeau Provincial Park, Point Pelee National Park, Prince Edward Point National Wildlife Area, Wainfleet Bog Conservation Area, and in the St. Lawrence Islands National Park area.</p>			
Clinical Applications:				
Symptoms:	First Stage (days to weeks after bite)	Second Stage (weeks to months after bite)	Third Stage (weeks to years after bite)	
	Erythema Migrans (EM- Bulls eye rash): appear in 70-80% of infected persons at site of tick bite 3 days to 1 month after bite. Often also experience: malaise, fatigue, fever, headache, stiff neck, myalgia, migratory arthralgias and/or lymphadenopathy.	If untreated, symptoms possibly lasting several months include: multiple skin rashes, heart palpitations, central and peripheral nervous system disorders (e.g. aseptic meningitis, cranial neuritis), 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.	
Mode of Transmission:	Usually does not occur until the tick has been attached for at least 24 hours.			
Incubation Period:	For EM rash; 3-32 days after tick exposure.			
Diagnosis:	Based on symptomology and epidemiological factors such as how long deer tick was attached and where, geographically, deer tick was acquired. Can also be supplemented by blood tests (recommended to be taken 4-6 after bite in order for antibody production and avoid false negative results).			
Treatment:	<p>Medical attention should be sought if any symptoms of early Lyme disease develop within 30 days of removal of the tick. Antibiotic treatment may be recommended if the tick was attached for a long time (more than 24 hours), the person had been visiting an area where Lyme disease is relatively common, or the tick is not available for testing and the patient has symptoms of early Lyme disease. If symptoms of Lyme disease develop, antibiotics should prevent further complications. The earlier treatment is received, the better.</p> <p>Most cases of Lyme disease can be cured with a 2-4 week treatment of doxycycline, amoxicillin, or ceftriaxone. People with certain neurological or cardiac problems may require intravenous treatment with penicillin or ceftriaxone. Cephalexin is not effective. Patients diagnosed in the later stages of the disease can have persistent or recurrent symptoms requiring a longer course of antibiotic treatment.</p>			
Reporting Requirements:	Confirmed and suspect cases shall be reported to the medical officer of health as required under the Health Protection and Promotion Act, R.S.O. 1990.			
Tick Identification and Lyme Disease Testing Services:	<p>Physicians may send the tick directly to their Public Health Lab filling out the required forms; OR</p> <p>Have the patient submit the tick to their local Public Health office. Note: should this method be chosen follow-up results will be conveyed to the patient/submitter.</p>			

The Haldimand Norfolk Health Unit would like you to check out our most recent annual report, available at http://www.haldimand-norfolk.org/images/stories/annualreports/hnhss_dept_annual_2011_web.pdf



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