

PHYSICIANS' NEWSLETTER

New Medical Officer of Health



Haldimand-Norfolk's new Medical Officer of Health brings a varied and colourful background to his post.

In addition to his ample medical credentials, Dr. Malcolm Lock has served with the marine Electrical Engineering Department of the Admiralty in the UK, holds a pilot's licence and loves to collect 18th century drinking glasses.

Dr. Lock was named the Health Unit's "acting" Medical Officer of Health by the Ministry of Health and Long-Term Care earlier this year. He serves part-time in that capacity, as he is also the Medical Officer of Health for Brantford and Brant County. (The "acting" designation for Haldimand-Norfolk is technically necessary because provincial legislation prevents an MOH from reporting to two different health boards.)

Our new MOH began his working life as an electrical engineer, first with the UK Admiralty and then as an electrical officer in Mercantile Marine. He then taught for a year and a half in a Bachelor of Education program before switching career paths into medicine, which has been his passion ever since. He trained at the Royal College of Surgeons Medical School in Ireland, receiving first-place prizes in both medicine and surgery. He interned in Dublin and then St. John's, Newfoundland. He earned his Master of Public Health degree from the University of Massachusetts in 2006, capping a career in general practice and occupational health that spans more than 30 years.

Despite his full and active work day, Dr. Lock still finds time to dabble in his hobbies and other recreational pursuits. He has an affinity for "anything old," including medical history, restoration projects, "especially leaded glass," and his personal collection of 18th century drinking glasses.

People who suggest Dr. Lock doesn't always keep both feet on the ground are not being disrespectful, but simply acknowledging that he holds a private pilot's licence. The licence carries a multi-engine endorsement and night rating, contributing to Dr. Lock's qualification as a civil aviation medical examiner for Canada. In addition, he is one of only two people in Canada to hold examiner status with the European Joint Aviation Regulation Standards (JARS).

Back on earth, Dr. Lock spends two days a week at the Haldimand-Norfolk Health Unit's main office in Simcoe where he tackles his manifold public health duties. He is always available around the clock, however, to respond to any health situations or emergencies that might confront our two counties.

"My goal is to ensure the well-being of residents in Haldimand and Norfolk counties by strengthening our efforts in public health communication, education and programming," Dr. Lock explained. "In this regard, the special relationship the Health Unit maintains with primary care providers such as physicians will continue to play a key role."

Submitted by Robert Roth, Communications Coordinator.

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UPCOMING CONFERENCE

Supporting Change: Understanding Women's Drug Use and What It Takes to Change Friday, Nov. 16, 2007

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Our children are our future. The skills they need to achieve their full potential in life begin to form in the first months and years of life. Brain development in the first three years will affect learning, behaviour and health throughout life. Healthy child development is one of the key determinants of health.

In the fall of 2004, the Minister of Children and Youth Services announced Best Start, a 10-year (plus) plan designed to support parents in their efforts to raise healthy children and help them achieve their full potential. As part of the first phase of Best Start, the minister convened an expert panel under the joint leadership of the Ontario College of Family Physicians and the Ontario Children's Health Network. The expert panel on the 18-Month Well Baby Visit had members chosen for their knowledge and expertise in primary care, child health, public health, children's services and research.

The following is a brief summary of the final report the expert panel presented to the minister in September 2005. The panel recommended a number of strate-gies to ensure every child in Ontario receives an enhanced 18-month well baby visit, which includes:

• A developmental review and evaluation by parents and primary care providers, using the Nipissing District Developmental Screen and the Rourke Baby Record.

- A discussion between parents and primary care providers about healthy child development and behaviour.
- Information about parenting and other community programs that promote healthy child development and early learning.
- When needed, timely referrals to specialized services.
- A measurement and evaluation component that tells us how our children are doing and that our programs are working.

The goal was to have all elements of an enhanced 18-month well baby visit in place in Ontario within two years time from the report (i.e. 2007).

The primary care system provided an effective way to reach parents and children, and help build partnerships with community services. Most families with young children already have ongoing contact with the primary care system as they see their primary care provider at regular intervals during the first few months of their children's lives for well baby visits and immunizations (i.e., two months, four months, six months, nine months, 12 months, 15 months and 18 months). Many primary care providers are already using these well baby visits as an opportunity to review the child's development, discuss with parents ways to provide warm, rich, responsive environments for their children and connect them with services in the community. But this practice is not universal. So that is why the members of the panel recommended using that point of contact to provide service.

It is important to note that based on these recommendations, the province has already acquired province-wide rights to use the Nipissing District Developmental Screens and has made it widely available to parents through their primary care providers, Ontario Early Years Centres, Public Health departments, libraries, recreation centres and other parenting and family services in the community at no charge. The Nipissing District Developmental Screen or NDDS is available free through the Internet at http://www.ndds.ca/; it was previously available for parents, health care programs and service providers at a fee.

The Haldimand-Norfolk Health Unit is also hosting a health fair on Oct. 17, 2007, entitled "Our Children, Our Future": Creating a culture that enhances the developmental health and well-being of the youngest members of our society. The event will focus on the Early Years Study 2. Dr. Robin Williams, Clinical Professor, Department of Paediatrics, McMaster University, and Medical Officer of Health, Niagara Region Public Health Department, will be a guest speaker at that event. Dr. Williams was the chair of the expert panel and also supported the work of writing and research teams for the Early Years Study 2.

It is important to note that the expert panel emphasized that although the recommendations are focused on a single event in time (i.e. the 18-month well baby visit), the panel believes the process involved in that visit - such as using the Nipissing screens and the Rourke tool, discussing healthy child development and linking families to services – will help to reinforce the importance of healthy child development and make both parents and primary care providers more aware of ways to support healthy child development throughout the early years. Implementing an enhanced 18-month well baby visit and providing appropriate services will help all children in Ontario develop into healthy, educated, confident and productive adults.

Submitted by Lina Hassen, Health Promoter.

Meningococcal disease... What are the risks?

Although meningococcal infections are rare, their severity warrants preventative measures, such as immunization. Describing the disease-related risks to parents, when counselling them about the benefits of vaccinating their child, can be a challenge; therefore, tangible risk descriptors are needed. Two contemporary data sources were used for the summary statements that follow. These included the most recent national disease statistics (2002 and 2003) and data from the Immunization Monitoring Program Active (IMPACT) surveillance project scanning 2002–2005. Both data sets mainly reflect the pre-immunization baseline situation.

Meningococcal disease frequency

On average, four Canadians develop meningococcal infection each week, including:

- One child, zero to 14 years of age (actual figure 1.2).
- One adolescent, 15 to 19 years of age (actual figure 0.8).
- Two adults, older than 20 years of age (actual figure 2.0).



Neisseria meningitides infection is associated with significant morbidity and mortality. Each year approximately 220 Canadian adults and children develop meinigococcal infection, with many developing complications such as meningitis (40%), meningitis and septicemia (40%), or septicemia alone (10 to 15%). Among children and adults with meningococcal infection, approximately 10% die despite prompt diagnosis and treatment.

One Canadian dies of meningococcal infection every two weeks. The mortality for paediatric cases is 5% and is generally highest with group C cases. Approximately 15% of survivors have chronic sequelae.

Cumulative risks for development of meningococcal disease

The cumulative risks, based on the IMPACT data, to 30 years of age (when rates settle to mid-life lows), for various ages at first vaccination are as follows:

- Two months to 30 years of age: one in 3,700.
- 12 months to 30 years of age: one in 4,700.
- 10 to 30 years of age: one in 7,900.
- Lifetime risk, birth to 75 years of age: one in 2,600.

Prevention

Less than one half of paediatric cases are preventable with currently available group C or tetravalent conjugate vaccines (A, C, Y, W135). Serogroup B, for which none of the vaccines are effective, accounts for most cases younger than four years of age (70%) and many adolescents (40 to 50%). The preventable fraction increases with age:

- At zero to four years of age, 27% of cases are potentially preventable (C: 12%, Y and W: 15%).
- At 10 years of age, 50 % of cases are potentially preventable (C: 26%, Y and W: 24%).

Trends in Canada

N meningitis, a Gram-negative diplococcus, has at least 13 serotypes. Only five serotypes (A, B, C, Y and WI35) cause the majority of invasive disease worldwide. Since 1950, serotypes B and C have caused most cases of meningococcal disease in Canada. Recent reports indicate that serogroup prevalence in Canada changes with time and age. For example, serotype Y has become more common in children older than 10 years of age. In addition, hypervirulent clones, such as the group C ET-15 clone in the late 1980s and the WI35 ET-37 clone in 2000, have been identified. Such factors highlight the importance of ongoing meningococcal surveillance for directing vaccination programs.

Due to the severity and rapid onset of meningococcal disease, protection against infection rests mainly with vaccination. In Canada, six meningococcal vaccines have been licensed. Meningococcal C conjugate vaccines are universally available through infant and childhood programs in all provinces and territories. Vaccination has been approved by the National Advisory Committee on Immunization starting at two months of age.

Using simple statistical tools for communicating infection risk to parents, will better provide information on the risks and benefits

of current and expanding vaccine preventable programs in Canada.

References:

Wootton, S., Scheifele, D. (2007). Questions and answers on Immunization. *Paediatric Child Health* Vol. 12, No. 4, April 2007.

Submitted by Rose Huyge, Public Health Nurse, 519-426-6170 Ext. 3227.

EATING WELL with Canada's Food Guide

The 2007 Eating Well with Canada's Food Guide contains some significant changes from previous versions and, for the first time, also sets clear goals for Canadians.

The goals of Eating Well with Canada's Food Guide are to ensure that Canadians:

- Get enough vitamins, minerals and other nutrients.
- Reduce the risk of obesity, Type 2 diabetes, heart disease, cancer and osteoporosis.

One of the key innovative changes made to the Food Guide is a chart that clearly defines the number of servings and portion sizes appropriate for Canadians based on age and gender. The chart creates six distinct age groupings, ranging from two years up to 51 plus, and outlines how food consumption patterns should change with age. The chart specifically shows each age/ gender group how many Food Guide servings to have from each of the four food groups every day. Other changes include:

- The placing of vegetables and fruit on the outer arc of the rainbow to emphasize their importance in health promotion and disease prevention.
- Renaming Milk Products as Milk and Alternatives to include fortified soy beverages.
- Advice for Canadians over 50 years to use a vitamin D supplement of 400 IU as well as drinking three servings of milk and alternatives a day to help prevent osteoporosis.
- Advice on the kinds and amounts of oils and fats to use. For example, you should limit your intake of butter and hard margarine, and should include 30 to 45 ml of unsaturated fat each day.

The Food Guide also includes more specific messages for each food group, such as:

- Eat at least one dark green and one orange vegetable or fruit each day.
- Have vegetables and fruit more often than juice.
- Make at least half of your grain products whole grain each day.



- Drink skim, 1% or 2% milk each day.
- Eat at least two Food Guide servings of fish each week.
- Have meat alternatives such as beans, lentils and tofu often.

A copy of Canada's Food Guide Resource for Educators and Communicators is included with this newsletter. You can also visit <u>www.canadasfoodguide.info</u> for more information and to find interactive resources for your patients. For free copies of Canada's Food Guide, fax back the order form, included or call the HNHU at 519-426-6170 or 905-318-6623.

Submitted by Kathy Page, Public Health Dietitian.

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