



BOARD REPORT

Friday, July 24, 2015



Medical Officer of Health

REPORT TO THE BOARD

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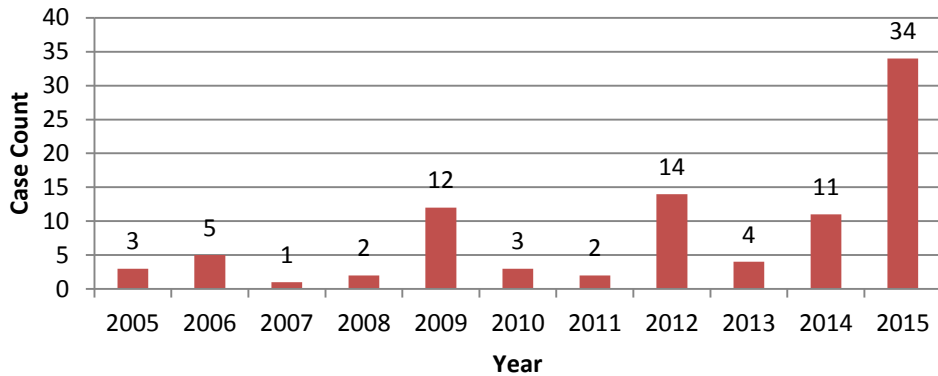
Pertussis or Whooping Cough

Pertussis is an acute bacterial infection of the respiratory tract caused by *Bordetella pertussis*. It starts with an irritating cough for 1-2 weeks that gradually becomes paroxysmal, and then can last up to 2 months or longer. Paroxysms are characterized by repeated violent coughing: each series of paroxysms may have many coughs without intervening inhalation and will be followed with a characteristic crowing or high pitched inspiratory whoop. Most deaths occur in infants under 6 months. These babies will not have completed primary immunization. There can also be long term chronic complications with lung damage secondary to vomiting and aspiration, and pneumonia leading to bronchiectasis, a condition in which damage to the airways causes them to widen and become prone to subsequent infection. Humans are the only known host for this bacterium. The organism is transmitted by direct contact with respiratory discharges from an infected person or airborne droplets. Incubation time ranges from 6 to 20 days.

Pertussis is preventable through immunization and is one of the first set of immunizations routinely recommended for all babies. It is also included in the Ontario [*Immunization Of School Pupils Act*](#). Public Health highly recommends that all families (including grandparents) be up to date with boosters for pertussis before a new baby is welcomed into a family.

Unfortunately there has been a significant pertussis outbreak first noticed in May 2015, in Huron County. This has spread into southern Bruce County. This outbreak is presently limited to an unimmunized population. Local emergency departments, family physicians and nurse practitioners have been notified and asked to be aware and to treat symptomatic persons. The Grey Bruce Health Unit is continuing to hold clinics to immunize families in the outbreak area and have provided staff support to aid Huron County with some their clinical needs.

Confirmed + Probable Pertussis Cases, GBHU (by Year)



Produced 20 July, 2015.

Data Source: Public Health Ontario Query System. Retrieved 20 July, 2015. Original Data Source: iPHIS 2005–2015, Date extracted: July 15, 2015. Current count of 34 as reported by Colleen Ouwendyk, PHN.

The Health Unit developed a strategy to address pertussis control measures. Management of suspect cases includes entry into provincial database and appropriate follow-up with families. Communication maintains one point of contact with Huron County; an advisory and surveillance protocol was issued to all area Health Care Providers and letters were sent to affected communities including dates/locations for clinics. Regular assessment and immunization clinics are scheduled throughout July and include follow-up on reported cases.

Hazel Lynn

Program Report JULY 2015



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We work with the Grey Bruce community to protect and promote health.

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Breastfeeding and Postpartum Mood Disorders Workshop

On June 9, the Grey Bruce Health Unit hosted a workshop on the topics of supporting breastfeeding and identification and support for postpartum mood disorders. Keynote speaker Dr. Cindy-Lee Dennis has a simple maxim: “Healthy babies start with healthy moms.” Much of her work focuses on improving breastfeeding outcomes as well as detecting, preventing and treating perinatal depression and anxiety.

The purpose of the workshop was to support practice change in Healthy Babies, Healthy Children home visiting staff and community partners. The workshop was also a follow-up to the successful implementation of the Breastfeeding and Postpartum Depression Best Practice Guidelines and the Grey Bruce Health Unit becoming a RNAO (Registered Nurses’ Association of Ontario) Best Practice Spotlight Organization.

The workshop also included presentations by staff on the NutriSTEP screening tool and the findings from our participation in the Community Conversations Project. The more than fifty professionals attending the workshop included representatives from three family health teams, five health units, two area hospitals as well as a variety of other community partners.



Project C-Butts

The Saugeen Right to Play: Youth Leadership program is comprised of Grade 7 and 8 students from the Saugeen First Nation. The Grey Bruce Health Unit partnered with the Aaron Roote Youth Centre and Saugeen Health Clinic in Project C-Butts, to educate members of this youth group on the environmental impacts of cigarettes butts.

In order to get a sense of cigarette butt litter within their community, the youth held a cigarette butt clean-up event along the south Sauble Beach entrance in October 2014. While the youth collected a wide range of litter, they found cigarette butts among the top three litter items. In April 2015, the youth conducted a second cigarette butt clean-up at four sites on the reserve: the recreational centre, band office, youth centre and baseball diamond. During this clean-up effort, the youth collected a total of 2535 cigarette butts.

Based on these experiences, the youth created their own recommendations for next steps. These included sharing their findings with their community and band council, encouraging smokers to place cigarette butts in ash trays and educating the Sauble Beach tourist population on the impact cigarette butt litter is having on beaches, animals, fish and water.

The youth took their findings and recommendations to band council on May 8, 2015. Public health will continue to support these youth throughout this summer as they create and display cigarette butt litter signage for the south end of Sauble Beach and hand out educational information on the environmental impacts of cigarette butt litter to patrons along Sauble Beach.





Oral Health Preventative Services

Details of the Low Income Dental Integration are still being finalized to bring the current six provincial oral health programs under the umbrella of Healthy Smiles Ontario. The implementation date has now been extended to January 2016. Public health has been assured that children currently eligible under existing programs for preventive dental services including topical fluoride, scaling and sealants will continue to receive services within the new program. Information from the Ministry of Health and Long-Term Care suggests that as a result of less stringent eligibility criteria more children will be qualified for preventive services than under the current programs that rely only on evidence of clinical need and the disclosure of financial hardship.

In 2014, the Grey Bruce Health Unit provided over 5,034 preventive dental services in four community clinics in Markdale, Wiarton, Walkerton and Owen Sound. It is expected, the numbers will increase as a result of both the new expanded eligibility criteria for preventive services and from the quality improvement initiatives by the oral health team to address service delivery.

The oral health team has set a target to reduce the incidence of no-show appointments to less than 10%. Reducing the rate of no-show appointments will increase the number of children able to access preventive services and improve over-all oral health outcomes.

Working with clients, we identified a number of barriers that impact on the ability to attend appointments. Recognizing the need for extended hours to improve access to services, both early evening appointments during the week and Saturday appointments are now available. In addition, we send appointment reminder text messages generated directly from the appointment booking system. Clients also are advised of our no-show policy which requests 24-hour notice if canceling an appointment and a call back from clients to confirm appointments.

These strategies support our *Client Rights and Responsibilities*, as well as the Ministry of Health and Long-Term Care *Patients First: Ontario's Action Plan for Health Care*: http://www.health.gov.on.ca/en/ms/ecfa/healthy_change/docs/rep_patientsfirst.pdf

Beach Management Update

The 2015 beach season is underway. We conduct three months of regular beach water sampling and reporting for twelve public beaches in our area. There is generally significant public interest in our reporting of results.

This year, we were once again able to access one time provincial funding to pay for a summer student to carry out a majority of the water testing field work, data management and some community liaison. The liaison is an important part of this program as we need to maintain good communication channels with municipal beach managers throughout the summer, particularly if sampling shows a problem with beach water quality.

Unfortunately, 2014 was a poor year for beach water quality; driven mainly by the weather conditions. There are a series of systems in place to help safeguard health when using public beaches. Our role includes providing information and education on the use of beaches and weekly sampling for *E coli*. Over the past five years, our focus has been on providing information to help the beach user make an informed decision at the time of their visit. Unfortunately, there is an inherent delay from the time a sample is taken to when results are received. This means that water quality reports may not accurately reflect current conditions and cannot be relied upon as the sole source of information when deciding to participate in water activities. However, water quality test results are very helpful for mid and long-term planning at the beach. We continue to investigate rapid testing options for the future,

We also continue to educate the public about the types of conditions that adversely affect beach water. Our advice is to avoid beach water use for 24 to 48 hours after heavy rains and when there is high turbidity in the water, particularly if you cannot see your feet when standing at about waist depth. Rain water run-off flushes contaminants into the water and significant wave action can stir up bacteria that are present in the silt.

