



MEDICAL STAFF DIGEST

A weekly update for medical staff

August 10 2021

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COVID-19

NH's COVID-19 resources

- On the NH physician website:
 - [COVID-19 information and resources](#)
- On OurNH:
 - [COVID-19 \(Coronavirus\)](#)
 - [Pandemic Recovery Toolkit](#)

COVID-19 case counts and statements

Visit the new [COVID-19 surveillance dashboard](#) from the BCCDC, to see graphs, maps, and data showing COVID-19 case rates, test positivity and vaccination coverage by local health area (LHA) and community health service area (CHSA).

As of August 9, **7,954** cases have been reported in the NH region since the beginning of the pandemic.

- Cases currently active: **108**
- New cases: **18**
- Currently in hospital: **2**
 - Currently in ICU level care in hospital: **2**
- Deaths in the NH region since the beginning of the pandemic: **159**

For the latest provincial numbers, see the [BC COVID-19 dashboard](#), which is updated Monday-Friday. The dashboard may not work in all browsers; Chrome is suggested.

As well, for a visual comparison of COVID-19 cases in BC by HSDA to other Canadian and global jurisdictions, see the [COVID-19 Epidemiology app](#). It's updated on Mondays, Wednesdays, and Fridays.

- [BC COVID-19 pandemic update](#) – August 9, 2021
- [BCCDC Situation Report](#) – August 4, 2021

Timing of TST or IGRA post COVID-19 infection

BCCDC TB Services (TBS) has updated their recommendation on the timing of a TB skin test (TST) or Interferon Gamma Release Assay (IGRA) post-COVID-19 infection.

Until further evidence is available, a recent COVID-19 infection (within four weeks) is now considered a potential cause of a TST or IGRA result.

Provincial TB Services at the BC Centre for Disease Control (BCCDC) now recommends delaying TST and IGRA screening until four weeks after the resolution of a recent COVID-19 infection. However, **in certain circumstances***, TB testing should be done regardless of the time interval between COVID-19 infection and TST or IGRA. If the TB test result is negative, re-testing (at least four weeks post-resolution of COVID-19 infection) is indicated. Ensure a follow-up appointment is booked at the time of negative result, if applicable.

***Proceed with TST or IGRA testing regardless of the time interval since COVID-19 infection for:**

- Contacts of an active TB case
- Patients on pre-biologics and those who are immune-suppressed with TB exposure risk factors
- Pediatric patients with a medically urgent need for TB screening
- Patients with urgent medical care pending the results of TB screening

Further information is available on the BCCDC website:

- [TB Clinical Resources](#)
- [BCCDC TB Manual](#)

Northern Health Virtual Clinic: Data on patient visits

The Northern Health Virtual Clinic supports after hours access to COVID-19 and primary care services for those who cannot easily access these services in their communities. The goal is to connect people to their local primary care home wherever possible.

Monday, August 2

- 51 nursing assessments
- 13 primary care provider appointments from Fort Nelson, Dawson Creek, Prince George, Charlie Lake, Chetwynd, Terrace, and Likely

Tuesday, August 3

- 109 nursing assessments
- 39 primary care provider appointments from Fort St. John, Terrace, Charlie Lake, Dawson Creek, Quesnel, Mackenzie, Hudson's Hope, Rose Prairie, Houston, Prince George, Moberly Lake, Prince Rupert, Quesnel, and Smithers

Wednesday, August 4

- 103 nursing assessments

- 49 primary care provider appointments from Prince George, Terrace, Quesnel, Moberly Lake (Calgary), Fort St. John, Mackenzie, Chetwynd, Kitwanga, Houston, Fort Nelson, Hudson's Hope, Dawson Creek, Kincolith, Smithers, Pouce Coupe, and Prince Rupert

Thursday, August 5

- 108 nursing assessments
- 39 primary care provider appointments from Fort St. John, Hudson's Hope, Prince George, Chetwynd, Terrace, Gitsegukla, Dawson Creek, Taylor, Houston, Gitlaxt'aamiks, Thornhill, Moberly Lake, and Prince Rupert

Friday, August 6

- 126 nursing assessments
- 47 primary care provider appointments

Trusted links and resources for COVID-19

- [BC Centre for Disease Control](#)
- [HealthLink BC COVID-19 page](#)
- [WHO FAQ](#)
- [Health Canada FAQ](#)
- [COVID-19 content in other languages](#)
- WorkSafe BC - [COVID-19 information and resources](#)
- Northern Health Virtual Primary and Community Care Clinic: **1-844-645-7811**
- Northern Health Environmental Health Officer Line: **1-250-565-7322**
- Non-medical info: call 1-888-COVID19 / 1-888-268-4319 7 days, 7:30 am - 8 pm

For current information on restrictions on travel, gatherings and other issues, see the [Provincial Health Officer's COVID-19 webpage](#).

Overdose prevention and response

The overdose crisis and the impact on Northern First Nations communities

The toxic drug crisis has had devastating impacts on northern First Nations communities. First Nations people make up 14.8% of Northern BC's population, but last year accounted for 45.2% of Northern BC's toxic drug events.

In 2020, BC First Nations people died of toxic drug deaths at 5.3 times the rate of other BC residents. First Nations women accounted for 32% of these toxic drug deaths, double the rate of non-First Nations BC women.

FNHA has developed several infographics outlining this data and what actions have been taken.

- [First Nations in BC and the toxic drug crisis](#)
- [Toxic drug deaths and events in the Northern region](#)

Other organizational news

PSBC Maternity and newborn care framework survey: Invitation to complete survey by September 10, 2021

As a member of our health care system, we invite you to give feedback about your experience of accessing information resources provided by Perinatal Services BC (PSBC). These PSBC information resources include guidelines, pathways, algorithms, forms, educational information, prenatal information, and more. Your feedback will help us to better understand who is using these PSBC information resources, how the PSBC information resources are currently being accessed, and how we can redesign and improve accessibility and usability of these resources.

To access the survey, click and share the link: [PSBC Maternity and Newborn Care Framework Survey](#).

Survey overview

- This confidential [survey](#) is being conducted by PSBC and the Office of Virtual Health at the Provincial Health Services Authority (PHSA). Taking part in this confidential survey is completely voluntary. There are no right or wrong answers. You may skip any question. It will take about 5 minutes to complete the survey.
- The survey is open from **July 29 to September 10, 2021**. Please only complete the survey once during this period.
- For more details about the survey, review the survey overview on the link provided above.

Questions?

- Contact Taslin Janmohamed-Velani, Project Manager, PSBC, psbc@phsa.ca
- Dominik Stoll, Senior Leader, Virtual Health, PHSA, officeofvirtualhealth@phsa.ca

Step2 Education – Breastfeeding essentials: New course content released and open for enrollments

Baby-Friendly Initiative: Protect, Promote, and Support Breastfeeding

- Northern Health (NH) protects, promotes, and supports best practices related to infant and young child feeding, including breastfeeding and the use of human milk substitutes (i.e., commercial infant formula).
- This is done through the establishment and promotion of the [Baby-Friendly Initiative \(BFI\)](#), a continuous quality improvement program in Canada.
- BFI describes an evidence-based minimum standard of care for perinatal women/clients, newborn infants, and their families.
- It is a guiding framework for health care providers to assist families with making informed decisions about infant feeding and with increasing breastfeeding initiation and duration rates.
- To learn more about BFI, review the NH Clinical Practice Standard (CPS) 1-1-3-150: [Baby-Friendly Initiative \(BFI\): Protect, Promote, and Support Breastfeeding](#). Note: the [Breastfeeding Committee for Canada BFI Implementation Guidance](#) has been recently updated in the spring 2021 and these changes are not yet reflected in the NH BFI CPS.

Step 2 Education: Breastfeeding Essentials

- BFI is based on the international *Ten Steps to Successful Breastfeeding*, divided in two major groups: Critical management procedures and key clinical practices.
- One of the steps outlined in critical management procedures is **Step 2: Ensure that staff have the competencies (knowledge, attitudes, and skills) necessary to support mothers/birthing parents to meet their infant feeding goals.**
- To support learner orientation, the NH Perinatal Service Network endorses the 22-hour course *ES02: Breastfeeding Essentials* by [Step2 Education](#) for extensive knowledge acquisition.
- ES02 has recently undergone major updates to align with the [World Health Organization Baby-Friendly Hospital Initiative \(BFHI\) Implementation Guidance](#).

For more information

- Explore the curriculum overview for [ES02: Breastfeeding Essentials for primary care, nurses, and health care providers](#)
- Review the [changes summary for ES02](#)
- Submit your request to enroll in [NHA – CL – Step 2 – Breastfeeding Essentials Request](#) via Learning Hub (with manager approval)
- Have questions: Email admin@step2education.com and Vanessa Salmons, Executive Lead, Perinatal

Increase in *Vibrio parahaemolyticus* infections in BC

Since mid-July, BCCDC has noted an increase of *V. parahaemolyticus* infections among BC residents, above what is usually expect at this time of year. These have occurred across the province but the majority reside or visited coastal areas.

V. parahaemolyticus is a naturally occurring marine bacterium that proliferates in the summer months in BC coastal waters and accumulates in filter-feeding shellfish. People can be infected through the following means:

- Consumption of raw or undercooked shellfish, particularly oysters. Contaminated oysters may have been purchased at restaurants and stores or patients may have harvested them from beaches.
- Inadvertent ingestion or contact with ocean water

Clinically, the vast majority of infections present as acute moderately-severe gastrointestinal illness, 4-96 hours after exposure. Patients complain of watery diarrhea, abdominal cramps, nausea, vomiting and headache. Some also have bloody or mucoid diarrhea. Symptoms last one to seven days. *V. parahaemolyticus* can also infect a wound or the outer ear through contact with ocean water. Systemic illness and death are extremely rare.

Diagnosis occurs through a culture of stool or other relevant sample. In some parts of BC, a PCR test may be conducted on stool instead. Treatment is supportive. If illness is severe, prolonged or in immunocompromised patients, consider antibiotic therapy.

Remind patients to avoid illness by cooking shellfish and limiting inadvertent swallowing of ocean water during the months of June-September in BC coastal waters.

NEW Long-term Care/Assisted Living Digest – Issue 26: Information for residents and families

The long-term care task group is producing updates once a month for residents and families of long-term care homes and assisted living facilities.

[Issue 26](#) of the long-term care and assisted living digest is now available. This issue provides an update on changes to the staff masking policy in long-term care homes and assisted living facilities, tips for coping during wildfire season, and information on heat and air quality.

Wellness and more

Resources for wellness are available on the [Health and Wellness page](#) of the Physicians Website. For more information on [staff deals](#), the [NH Community Corner](#), and [RAARs](#), visit [OurNH](#).