



Northern Health Physicians Partners in Wellness

Public Health Newsletter for Northern Health Physicians
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Cyclospora Outbreak in BC: Please be on the alert for cases

BC is experiencing an outbreak of *Cyclospora* infection with 6 locally-acquired cases reported since May 1. We are requesting your assistance to diagnose infected patients to assist with the outbreak investigation.

Cyclospora cayentanensis is a parasite which causes a prolonged gastrointestinal infection. Symptoms include frequent watery diarrhea, anorexia, abdominal cramps and bloating, nausea and flatulence. Symptoms typically last several weeks to over a month and wax and wane in intensity. People are infected by ingesting contaminated food or water. The infection is not spread from person-to-person. See here for more details on *Cyclospora* infection: <http://www.bccdc.ca/health-info/diseases-conditions/cyclospora-infection>

Cyclospora is not endemic in Canada. Most people are infected when visiting an endemic country in Latin America or South East Asia in the spring and early summer. When cases occur in Canadians who did not travel, an outbreak investigation is launched. Most outbreaks occur in the spring and early summer and are due to imported produce such as berries or herbs.

Cyclospora infection is diagnosed by a stool ova and parasite (O&P) examination. A special request must be made for *Cyclospora* diagnosis to ensure the appropriate stain is used by the lab. See here for BC Guideline for Ordering Stool Specimens: <http://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines/infectious-diarrhea>

If patients present with *Cyclospora*-compatible symptoms between now and August, please request a stool O&P and indicate on the lab requisition “*Cyclospora* diagnosis”. This will help you accurately diagnose the infection and will assist the outbreak investigation.

Submitted by:

Dr. Andrew Gray, NI MHO at the request of Dr. Eleni Galanis, BCCDC

Northwest

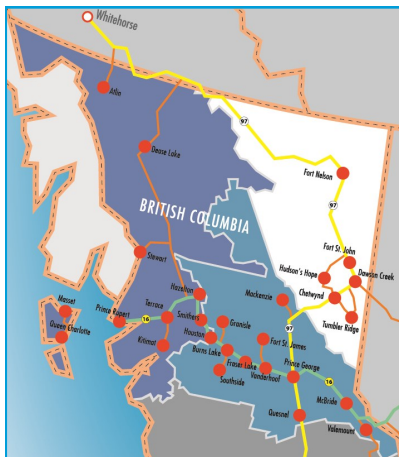
Atlin, Dease Lake, Houston, Hazelton, Masset, Kitimat, Port Clements, Prince Rupert, Smithers, Stewart, Terrace, the Village of Queen Charlotte

Northern Interior

Burns Lake, Fort St. James, Fraser Lake, Granisle, Mackenzie, McBride, Prince George, Quesnel, Valemount, Vanderhoof

Northeast

Chetwynd, Dawson Creek, Hudson’s Hope, Fort Nelson, Fort St. John, Tumbler Ridge



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Notable Quotable:



MHO Contacts during office hours

Dr. Sandra Allison, Chief MHO

Ph: 250-565-7424; Cell: 250-612-2582
sandra.allison@northernhealth.ca

Dr. Raina Fumerton **MHO-NORTHWEST HSDA**

and **ACTING MHO-NORTHEAST HSDA**

Ph: 250-631-4261; Cell: 250-641-1758
raina.fumerton@northernhealth.ca

Dr. Andrew Gray **MHO-NORTHERN INTERIOR HSDA**

Ph: 250-565-7461; Cell: 778-349-4398
andrew.gray@northernhealth.ca

Dr. Ronald Chapman, MHO and VP Medicine

Ph: 250-649-7653; Cell: 250-961-3234
ronald.chapman@northernhealth.ca

After hours calls to UHNBC Switchboard 250-565-2000 and ask for MHO on-call



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Are you missing out? Get the latest from Library Services including NEJM Online

Library Services is pleased to announce that The New England Journal of Medicine is now online and accessible to all staff and physicians working within Northern Health networked computers. Read NEJM onsite at your computer, when you login with your NH virtual private network, or through your mobile device if it is secured to the Northern Health internal wifi network.

Features included in NEJM Online:

- Articles from 1990 to present day including "online first" (before print access)
- Videos and audio summaries
- Slide sets for clinical teaching

- Weekly auto alerts for new content- (each person creates their on sign in and manages their options for alerts)
- Save articles and searches (sign up required for e-alerts)
- Print a PDF copy of an article to read over coffee
- CME Articles Information
- You can read the full text of CME articles. Exam access is not available.

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develops its services to support evidence-informed practice, clinical education, quality improvement, research, special projects, planning or continuing education. Learn more by visiting the [library's website on OurNH](#). Email library@northernhealth.ca to ask questions, request resources to make an appointment to speak with the librarian, Julie Creaser.

Submitted by: Julie Creaser,
Regional Manager, Library Services

The Truth and Reconciliation Commission

The Truth and Reconciliation Commission's report was released in December 2015. The report details 94 Calls to Action (recommendations) for Canadians to redress the legacy of residential schools (Actions 1-42) and advance the process of reconciliation (Actions 43-94). This newsletter series will walk through the 94 Calls to Action to support Northern physicians and other providers to learn about the legacies and take actions towards reconciliation in their practices, relationships, and communities.

The categories to redress the legacy of residential schools include; child welfare, education, language and culture, health, and justice. This issue we highlight the 7 Calls to Action specific to Health. Others will be shared in upcoming newsletters.

Health

18. We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.
19. We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long-term trends.
20. In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.
21. We call upon the federal government to provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.
22. We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.
23. We call upon all levels of government to: increase the number of Aboriginal professionals working in the health-care field, ensure the retention of Aboriginal health-care providers in Aboriginal communities and provide cultural competency training for all health-care professionals ...
24. We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices.

Submitted by: Dr. Sandra Allison, CMHO
and Hilary McGregor, Coordinator,
Knowledge Implementation and Evaluation

