



Northern Health Physicians Partners in Wellness

Public Health Newsletter for Northern Health Physicians
Volume 14. Number 6. June 2018 • Page 1 of 3

Health Alert: Ebola Disease outbreak in the Democratic Republic of Congo

There is a recent outbreak of Ebola Virus Disease (EVD) in the Democratic Republic of Congo (DRC). As of May 20, 2018, a total of 61 cases of haemorrhagic fever have been reported in the region, including 38 confirmed, 14 probable and 9 suspect cases. **There have been no cases of EVD in Canada and the risk to most travelers is considered very low.**

Action and Advice

Should an individual with a recent history of travel to the Democratic Republic of Congo present to a health care provider and Ebola is considered to be in the differential diagnosis, we recommend the following course of action:

- **Place the patient in isolation with enhanced droplet contact precautions** <https://ournh.northernhealth.ca/PoliciesProcedures/DST%20Published%20Policies/1-11-1-1-110.pdf>
- **Contact the on-call Medical Health Officer and the regional Infectious Diseases consultant (Dr. Abuobeida Hamour) if available, through the UHNBC switchboard (250-565-2000).**
- **The Medical Health Officer will convene an immediate teleconference between the health care provider(s), the Provincial Health Officer, the Infectious Diseases Consultant and the BCCDC Medical Microbiologist, and provide an immediate risk assessment as well as guidance about how the patient should be managed**

Background on EVD

Ebola virus disease is a severe disease that causes haemorrhagic fever in humans and animals. Diseases that cause haemorrhagic fevers, such as Ebola, are often fatal as they affect the vascular system which can lead to significant internal bleeding and organ failure.

The Ebola virus can spread through:

- Contact with infected animals
- Contact with blood, body fluids or tissues of infected persons
- Contact with medical equipment, such as needles, contaminated with infected body fluids

NOTE: Airborne Transmission has not been documented as a mechanism of person-to-person spread

The incubation period of EVD varies from 2 to 21 days - there is no risk of transmission during the incubation period. Cases are not considered to be infectious before the onset of symptoms, however, communicability increases with each stage of illness. The case remains communicable as long as blood and body fluids contain the virus. This includes the post-mortem period.

(Continued on page 2)

Inside this Issue:

Health Alert: Ebola Disease outbreak in the Democratic Republic of Congo ----- pp.1-2

Kids Boost Immunity: Inspiring Canadian students to "Educate local to Vaccinate Global" -----p.2

The Truth and Reconciliation Commission Sports and Reconciliation -----p.3

Update on newsletter distribution -----p.3

Notable Quotable:



Contacts:

Dr. Sandra Allison, Chief MHO
Ph: 250-565-7424; Cell: 250-612-2582
sandra.allison@northernhealth.ca

Dr. Raina Fumerton, MHO-Northwest 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. Jong Kim, MHO-Northeast HSDA
Ph: 250-261-7235 Cell: 250-793-3751
jong.kim@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 the on-call MHO**



northern health
the northern way of caring

Clinical symptoms of Ebola present as a severe acute viral illness consisting of sudden onset of fever, malaise, myalgia, severe headache, conjunctival infection, pharyngitis, vomiting, diarrhea that can be bloody, and impaired kidney and liver function. Diagnosis can be difficult, especially if only a single case is involved.

Often a maculopapular or petechial rash may be present that may progress to purpura. Bleeding from gums, nose, injection sites and gastrointestinal tract occurs in about 50% of patients. Dehydration and

significant wasting occur as the disease progresses.

In severe cases, the haemorrhagic diathesis may be accompanied by leucopenia; thrombocytopenia; hepatic, renal and central nervous system involvement; or shock with multi-organ dysfunction.

Suggested Resources:

Information on the global situation:

<http://www.who.int/csr/don/archive/disease/ebola/en/>

<https://www.promedmail.org/post/5812835>

National and provincial guidance documents:

<https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/current-health-topics/ebola>

Background on Ebola:

<http://www.bccdc.ca/health-info/diseases-conditions/ebola>

<https://www.canada.ca/en/public-health/services/diseases/ebola.html>

Source:

Interior Health Authority

Kids Boost Immunity: Inspiring Canadian Students to “Educate Local to Vaccinate Global”

Kids Boost Immunity (KBI) is a free online learning resource for students that pairs local learning with a global reward: vaccines for children in need through UNICEF.

KBI is designed for students in grades 5-8 and is brimming with carefully curated lessons on a wide range of topics such as:

- *Germs and infections*
- *The immune system*
- *Vaccines*
- *The spread of infectious disease & outbreaks*
- *Global inequality in health and the role of NGOs*
- *Evaluating online information sources*
- *Antibiotics*

After completing a lesson, students are directed to take a quiz. Students earn vaccines for quiz questions they answer correctly - connecting local classroom learning directly to global giving. The more quizzes a student does, the more vaccines they earn for kids in another part of the world through UNICEF. It's that simple! All of the lessons are linked with either the science, health or socials curriculums.

How it Works

Teachers can sign-up their class by visiting www.kidsboostimmunity.com. Once registered, they will be given full access to all of the lessons and quizzes. Students will need to use a school computer or their own device (e.g. smart phone) to earn vaccines for UNICEF. Once all of the lessons within a topic are completed, students unlock a final quiz to reinforce learning. Teachers can assess learning outcomes through team and individual leaderboards that track student achievement. This includes displaying how many vaccines students have earned in real-time along with the number of questions answered correctly.

“As soon as my Grade 7-9 classes realized they could actually help other children around the world by learning about the concepts we would be studying anyway, they became very invested. A telling sign of student buy-in is when they continue to use the program and explore the site even after the activity is finished. Walking down the hall and hearing discussions about herd immunity or T versus B cells, I could tell that the learning would continue for my students because they had been given the

opportunity to have a positive global impact with their efforts.” Heidi Crowley – Teacher, Gray Academy, Winnipeg, Manitoba

Kids Boost Immunity represents a new approach to vaccination advocacy & education by connecting local grassroots education directly to global disease prevention.

Do you know any teachers or students who might be interested in Kids Boost Immunity? Refer them to: <http://www.kidsboostimmunity.com>

More About Kids Boost Immunity

Kids Boost Immunity is a national education and advocacy initiative administered through the Public Health Association of British Columbia, with financial contribution from the BC Ministry of Health and the Public Health Agency of Canada. The program is coordinated through the British Columbia Centre for Disease Control.

Source:

BC Centre for Disease Control



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 8 Reconciliation Calls to Action. Others will be shared in upcoming newsletters.

To learn more about the Truth and Reconciliation Commission and the Calls to Action, visit <http://nctr.ca/>

Sports and Reconciliation

87. We call upon all levels of government, in collaboration with Aboriginal peoples, sports halls of fame, and other relevant organizations, to provide public education that tells the national story of Aboriginal athletes in history.
88. We call upon all levels of government to take action to ensure long-term Aboriginal athlete development and growth, and continued support for the North American Indigenous Games, including funding to host the games and for provincial and territorial team preparation and travel.
89. We call upon the federal government to amend the Physical Activity and Sport Act to support reconciliation by ensuring that policies to promote physical activity as a fundamental element of health and well-being, reduce barriers to sports participation, increase the pursuit of excellence in sport, and build capacity in the Canadian sport system, are inclusive of Aboriginal peoples.
90. We call upon the federal government to ensure that national sports policies, programs, and initiatives are inclusive of Aboriginal peoples, including, but not limited to ...
91. We call upon the officials and host countries of international sporting events such as the Olympics, Pan Am, and Commonwealth games to ensure that Indigenous peoples' territorial protocols are respected, and local Indigenous communities are engaged in all aspects of planning and participating in such events.

Submitted by: Dr. Sandra Allison, Chief Medical Health Officer

Distribution Update

It has come to our attention that some physicians are not receiving this newsletter. If you would like to receive this newsletter by email please send an email to NHPhysiciansNewsletter@northernhealth.ca

As of January 1st, 2019 we will no longer be distributing physical copies of newsletters to UHNBC.

All back issues of *NH Physicians*, *Partners in Wellness* newsletters and bulletins are located on the NH Physicians website: <http://physicians.northernhealth.ca/physicianResources/PublicHealth.aspx>

