Northern Health Physicians
Partners in Wellness

Public Health Newsletter for Northern Health Physicians

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Influenza Update

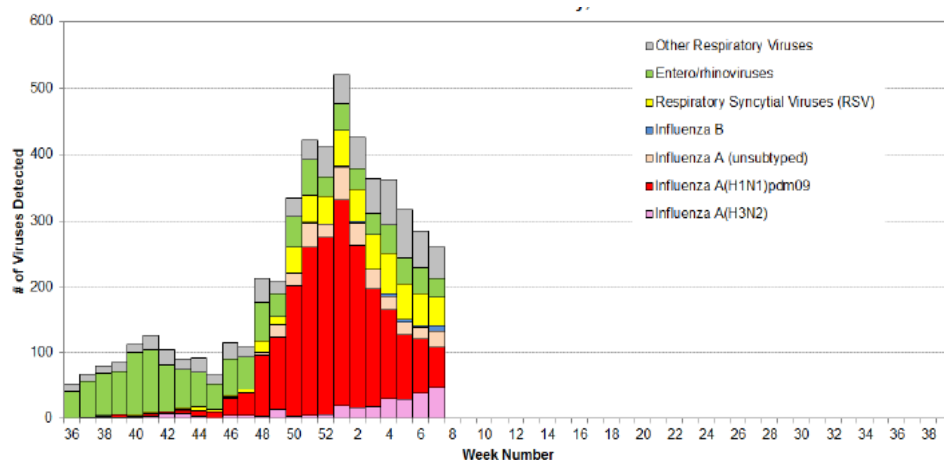
In BC, overall influenza activity levels in week 7 remain stable following a trend of gradual decline from A (H1N1)pdm09 epidemic peak around week 52. Influenza B remains at low levels but influenza A (H3N2) may be contributing more and warrants ongoing monitoring.

Among influenza viruses typed since week 40, virtually all have been influenza A and, among those subtyped at the BCCDC Public Health Laboratory, about 90% overall have been A(H1N1)pdm09. However, among influenza A viruses that were subtyped in week 7, the proportion that were A(H3N2) increased to 44% from 32% in week 6.

While children under 10 years of age and non-elderly adults have comprised 75% of all A(H1N1)pdm09 detections to date in BC, elderly adults comprise 60% of A(H3N2) detections thus far in BC.

In week 7, one laboratory-confirmed influenza A(H1N1)pdm09 outbreak in an acute care facility was reported. The cumulative tally of long-term care facility influenza outbreaks during the predominant A(H1N1)pdm09 epidemic 2018-19 is below that of prior A(H3N2)-dominant seasons in 2017-18 and 2016-17 (22, 127, and 169 outbreaks, respectively), but this also warrants ongoing monitoring.

On February 20th, the WHO announced the recommended components for the 2019-20 northern hemisphere influenza vaccine, changing the A(H1N1) pdm09 strain but retaining the same influenza B strain(s) for the trivalent and quadrivalent vaccines compared to 2018-19. Decision regarding the A(H3N2) component has been deferred to March 21st 2019 to enable an extended period of monitoring of the evolving A(H3N2) contribution.



Source: BC Centre for Disease Control Influenza Surveillance Bulletin: Report No. 12, February 10 to February 16, 2019

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Canada's Food Guide 2019: What You Need to Know

Health Canada released a new Food Guide in late January. The Food Guide reflects current evidence-based dietary guidance for Canadians ages 2 years and older (see the December 2018 issue of the Public Health Newsletter for Northern Health Physicians for dietary guidance for infants and toddlers). The update was supported by online public consultations and targeted consultations with experts and key stakeholders, including Indigenous organizations, to support a guide grounded in science and practicality.

What's New?

Key highlights of the updated Food Guide include:

- A **focus on the "how" of healthy eating**, including suggestions to practice mindful eating, cook more often, enjoy one's food (as an extension of culture and traditions) and eat together.
- An **updated visual**, a plate, that encourages an eating pattern focused on vegetables and fruit, whole grain foods, and protein foods. Protein foods include beans, peas, lentils, meat, fish, eggs, milk, yogurt, and cheese. Eating plant-based protein foods like legumes, tofu and nuts, more often, is clearly stated. This is a major departure from the old food guide, which included four food groups.
- A **focus on proportions** versus portions. The new Food Guide does not include serving sizes or recommended number of servings. Rather, it recognizes that many factors, including hunger/appetite, life stage, activity level, etc. impact how often and how much one might need to eat.
- Promotes **water** as the primary beverage. Unsweetened milk, fortified soy beverage, coffee and tea are also acceptable choices.
- Encourages **food literacy** through label reading and awareness of food marketing practices.
- Acknowledges that **inequitable access to the determinants of health** create barriers for Canadians to eat well. See the November 2018 and February 2019 issues of Public Health Newsletter for Northern Health Physicians for articles on food security and poverty.
- Suggests the services of a **registered dietitian** to support informed and tailored dietary modifications, positive relationships with food, avoidance of the risks associated with fad diets, and improved health. To access a registered dietitian, connect with your local hospital, health unit, or primary care team, or call 811 to speak to a registered dietitian, Monday to Friday, 9 am – 5 pm.

What tools are available and how do I access them?

The foundation of the new Food Guide is an online suite of resources that focuses on actionable advice to support Canadians to implement dietary guidance. The website has many layers of information to match the needs of individuals.

Key client resources include:

- Snapshot – an at-a-glance presentation of food choices and eating habits.
- Educational poster – a high level look at the key dietary guidance.
- Healthy eating recommendations – a one-page review of the key dietary guidance.
- Recipes – a collection of more than 50 recipes to including breakfast, lunch, dinner and snack ideas.

Health Canada announced that they will make limited copies of the snapshot and poster available by the end of February. Orders may be made via nutrition@hc-sc.gc.ca . These two resources are also available to order from DocumentSource for Northern Health employees.

When and how to use the food guide in your practice?

Physicians are highly trusted as providers of health advice. As such, it is important for physician to initiate conversation during a regular appointment on healthy eating and offer the best possible nutrition guidance to all patients:

- The food guide represents current evidence-based dietary guidance for all Canadians two years and older and can form the basis of your nutrition conversations.
- As nutrition surveys show that Canadians are challenged to implement dietary guidance, **all patients**, regardless of size, shape or weight[1] can benefit from discussion about their eating practices (inclusive of the how of healthy eating).
- Keep the focus on supporting healthy changes in behaviour that promote positive relationships with food.
- Refer patients with the need for tailored dietary guidance to a registered dietitian.

More Guidance and Support Coming

Health Canada has made a number of commitments for the future:

- Later in 2019 a food guide **healthy eating pattern for health professionals and policy makers** will be released. It is anticipated that this will support tailored guidance to facilities, settings and

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programs that provide food and nutrition care to Canadians. This will support an update to BC guidance around food served in child care facilities, schools, public buildings, and residential care. Provincially and regionally, work is happening to update resources to reflect the new guidance.

- Health Canada will work with Indigenous peoples to support the development of healthy eating tools for First Nations, Inuit and Metis.
- More timely and regular updates to dietary guidance for Canadians.

This most recent update replaced a guide from 2007. Health Canada has proposed a 5-year cycle for updates.

Where Can I Learn More?

- Canada's Dietary Guidelines for Health Professionals and Policy Makers – this report explores each of the dietary guidelines in depth and integrates these with key findings and sources from the literature.
- Overview of the revision process – provides a succinct review of the process and includes links to the summary reports from the consultations, the Evidence Review for Dietary Guidance 2015 and Food, Nutrients and Health: Interim Evidence Update 2018.

[1] Statistics Canada (2017). Health Fact Sheets: Fruit and vegetable consumption, 2015. Accessed on February 20, 2019, at https://www150.statcan.gc.ca/n1/pub/82-625-x/2017001/article/14764-eng.htm .

Submitted by: Flo Sheppard, Chief Population Health Dietitian

Dr. Jong Kim, Northeast Medical Health Officer

Antimicrobials - Handle with Care

Azithromycin Duration for CAP - *Keep it Short*!

Azithromycin is a macrolide antibiotic often **added** to the empiric treatment regimen for community-acquired pneumonia (CAP) in patients with comorbidities present and/or requiring hospital admission. This is to cover atypical bacteria including *Mycoplasma pneumoniae*, *Chlamydophila pneumoniae*, and *Legionella* which may be more prevalent in this patient population (and are not covered by standard empiric treatment options such as amoxicillin, ampicillin, amoxicillin/clavulanate, and cefuroxime). Only treatment of *Legionella* is shown to be of clinical benefit, as the other atypical organisms generally cause self-limiting illness. Patients with *Legionella* pneumonia usually require treatment in the intensive care unit (ICU).

Azithromycin is **not recommended** as monotherapy due to increasing resistance from the most common (typical) bacterial pathogen causing CAP: *Streptococcus pneumoniae* (79% susceptibility in Northern Health as per the 2019 antibiogram).

Azithromycin comes with the convenience of once daily dosing for CAP (due to its long half-life):

- Azithromycin 500 mg PO/IV once daily x **3 days** ***OR***
- Azithromycin 500 mg PO/IV x **1 day**, then 250 mg PO/IV x **4 days**

****Treatment for *Legionella* is the only CAP indication for prolonged azithromycin (500 mg PO/IV once daily x 5-day duration; usually in ICU).**

Because of its long tissue half-life, the usual regimen of **three days of 500 mg azithromycin dosing** results in an exposure of approximately 10 days. Continuing longer than the standard duration could contribute to resistance, as well as increased risk of adverse effects such as GI upset, nausea/vomiting, diarrhea, QTc prolongation, and *Clostridium difficile* infection. Prolonged treatment also adds unnecessary costs to the health care system. Further cost savings can be achieved by restricting IV administration of azithromycin to patients who have a contraindication to oral therapy (i.e. unconscious with no OG/NG available, NPO status, unable to tolerate and absorb oral medications, severe/persistent nausea/vomiting/diarrhea), in addition to eliminating risks associated with IV access.

See the AMS program's Empiric Treatment Guidelines for further information on treatment of CAP, as well as the NH order set for Adult Community Acquired Pneumonia Management.

NEW please check out the AMS program's second set of education modules on the Learning Hub: Pneumonia. Searchable under **NHA – AMS – Pneumonia**. The course consists of 3 modules, each taking approximately 20 to 30 minutes to complete with a short quiz at the end of each module. There is an opportunity to provide feedback at the end of each module as well.

References:

1. Azithromycin product monograph, Lexicomp online, Accessed January 2019.
2. Community-acquired pneumonia (CAP), ASP Handbook – Fraser Health Authority, August 2017.
3. Jensen, B & Regier, L, Community acquired pneumonia: empiric antibiotic selection (adult), RxFiles, March 2017.

For additional resources/information related to antimicrobial stewardship practices in Northern Health please visit the NH Physicians website or the AMS website on OurNH.

Submitted by: Ryan Doerksen, Interim Antimicrobial Stewardship Program Coordinator