



Northern Health Physicians Partners in Wellness

Public Health Newsletter for Northern Health Physicians
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Introducing: New Northeast Medical Health Officer, Dr. Jong Kim

We are very pleased to advise that Dr. Jong Kim assumed the role of Northeast Medical Health Officer on Thursday, August 31st, 2017.

Dr. Kim was born in South Korea, and immigrated to Canada when he was 16 years old. He studied medicine at Queen's University. He also trained in Public Health & Preventive Medicine and completed his MSc in Community Health Sciences at the University of Calgary.

Dr. Kim is interested in how we can support the community with finite resources to improve health of its people, through building collaboration across public health, health care and community members.



Dr. Kim will be located in Fort St. John, where he will be working out of the Northeast Corporate Office. He can be reached at jong.kim@northernhealth.ca or 250-261-7235.

We are very happy to welcome Dr. Kim back to Northern Health!

Northern Health's Medical Health Officers:

- o Dr. Sandra Allison, Chief MHO
- o Dr. Raina Fumerton, MHO Northwest HSDA
- o Dr. Andrew Gray, MHO Northern Interior HSDA
- o Dr. Jong Kim, MHO Northeast HSDA
- o Dr. Ronald Chapman will continue to work as an on-call MHO as needed.
- o **all after hours calls are to the Switchboard at UHNBC—250-565-2000 (5 p.m. to 8 a.m. weekdays, and 24 hours on weekends and Stat holidays), and ask for the "MHO on-call".**



Submitted by:
Dr. Sandra Allison
Chief Medical Health Officer

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Notable Quotable:

**Your positive action
combined with positive
thinking results in success.**

Shiv Khera

BrainyQuote

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northern health
the northern way of caring

Update on Syphilis Testing via Polymerase Chain Reaction (PCR)

As many of you know, the primary method by which syphilis is diagnosed is through serologic testing. However, in certain situations, it may be appropriate and clinically indicated to perform one of the direct tests (i.e. swab of a lesion). Historically, the only direct tests available were darkfield microscopy and direct fluorescent antibody (DFA)-both of which are reliant on specific equipment and expertise to perform and interpret.

In recent years, the BCCDC Public Health Laboratory (PHL) has been performing *Treponema pallidum* PCR on lesions collected via swab and stored in special buffer. This buffer has and will continue to be available to anyone requesting it for this purpose. More recently, the BCCDC PHL has validated the performance of syphilis PCR using the gonorrhea and chlamydia nucleic acid amplification test (NAAT) kits (i.e. the Aptima-branded kits). A photo of the relevant swabs is included on the following page (see **Figure 1**).

Key Points

- If you see a patient with a genital, anal or oral lesion in whom you suspect syphilis, consider swabbing the lesion for *Treponema pallidum* PCR. Serology should also be done at this time.
- You can also send a slide for DFA of genital or anal lesions (DFA is not appropriate for oral lesions, given the presence of endogenous oral spirochetes; PCR is the only approved direct test for oral lesions).
- The sample should be collected by swabbing the lesion.
 - If you only have access to the NAAT kits, swab the lesion with the swab from the kit and place it as you normally would into the container. There is no need to pour out any fluid from the sample container. See **Figure 1** for examples of NAAT kits.
 - If you have access to PCR buffer, swab the lesion with a Dacron or polyester swab and break off the tip into the buffer vial. See **Figure 2** on the next page for a photo of the buffer vial and a representative swab type.
- Write “*Treponema pallidum* PCR; Att: Dr. Morshed” on the requisition.
- If you have any questions’
 - STI Physician: 604-707-5610
 - STI Nursing Line: 604-707-5603
 - Troy Grennan, Physician Lead, STI Program: 604-707-5606



Figure 1: NAAT collection kits



Figure 2: PCR buffer and swab

Source: BC Centre for Disease Control

World Antibiotic Awareness Week

November 13 – 19, 2017 is [World Antibiotic Awareness Week](http://antibioticwise.ca), a global campaign organized by the World Health Organization (WHO) to encourage the responsible use of antibiotics. This year, you can join the global movement by taking the pledge to use antibiotics wisely at antibioticwise.ca.

The BC Centre for Disease Control (BCCDC) is encouraging everyone to learn more about antibiotics, antibiotic resistance, and what individuals can do to help fight this growing threat to human health by pledging to use antibiotics wisely.

- Antibiotic resistance is one of the greatest threats to human health.
- You can help to prevent and stop the spread of antibiotic resistance.
- Antibiotics are medicines that can quickly help to heal some types of infection caused by bacteria, but when they're used too much or not used the right way, they may not work anymore. This is called “Antibiotic Resistance”,

when the bacteria that is causing you to be sick, no longer responds to the antibiotic and you continue to be sick. Antibiotic resistance is a defense mechanism of bacteria that allows them to survive and multiply, even when an antibiotic is present.

We all have a role to play in minimizing inappropriate antibiotic use to limit the development of antibiotic resistance. Inappropriate use of antibiotics has negative consequences at the population level and also for individual patients who consume antibiotics.

Learn more about supporting your patients in the correct use of antibiotics and the larger issue of Superbugs and Antibiotic Resistance.

- Bugs & Drugs is an antimicrobial reference guide for healthcare professionals. The Bugs & Drugs® resource is now available in a website format for BC users at the following link: bugsanddrugs.org.

- The website is available from an I.P. address

located anywhere in Alberta, BC, Yukon and NWT.

- Bugs & Drugs® is a recommended reference for management of infectious diseases and appropriate antimicrobial use. It is peer-reviewed, evidence-based, and frequently updated.
- Bugs & Drugs® is supported by the Do Bugs Need Drugs?® program and is funded in BC by the BC Ministry of Health, Pharmaceutical Services Division.
- For those preferring to use a mobile version of Bugs & Drugs®, further information can be found at bugsanddrugs.ca.

Remember to take the pledge at antibioticwise.ca.

Source: BC Centre for Disease Control



Spread the Word: Seniors Falls are Preventable

Seniors' falls prevention is one of the three priorities set by the BC Injury Prevention Committee in 2016. In BC, falls are the #1 cause of injury-related death in seniors and every 10 minutes a senior is hospitalized for a fall.

BC Seniors Fall Prevention Awareness Week takes place from November 6 to 12, 2017 across British Columbia. Included in this update is an overview of the campaign as well as details on how you can help spread the message that falls are preventable. A provincial proclamation has been approved for the week of November 6-12, 2017.

Campaign Objectives:

- To build on previous Falls Prevention Awareness campaigns and execute a successful

- campaign for the 2017 Falls Prevention Awareness Week.
- To increase knowledge of the prevalence of falls and prevention strategies for falls among seniors in British Columbia.
- To execute a coordinated campaign across British Columbia and 7 health authorities.

Demand for distribution has been overwhelmingly positive, with posters going out province-wide. Over 4,500 posters were sent from September-October to:

- All interprofessional teams and Public Health Units for use at flu clinics
- 200+ BC First Nations Communities
- General practitioners' offices
- Major pharmacy outlets
- Trauma units
- Red Cross medical equipment loans locations

How you can Help:

- Print and display the posters found at <http://findingbalancebc.ca/campaign-toolkit/>

Remind patients to:

- Keep their body active: write a prescription for strength and balance exercises
- Have their eyes checked: optometrist appointments are fully covered for those over 65 years of age.
- Bring in their medications for review
- Make their home safer by visiting [FindingBalanceBC](#).
- Screen patients by beginning the conversation, "have you had a fall, slip, or trip in the last year?" In addition to [FindingBalanceBC](#), The GPSC Practice Support Program is equipped with [Falls Prevention Resources](#).

Source: Regional Injury Prevention Program, Population Health

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 5 Calls to Action specific to Language and Culture and 4 of the 17 calls to Justice. The remainder will be shared in upcoming newsletters.

Language and Culture

13. We call upon the federal government to acknowledge that Aboriginal rights include Aboriginal language rights.
14. We call upon the federal government to enact an Aboriginal Languages Act that incorporates the following principles...
15. We call upon the federal government to appoint, in consultation with Aboriginal groups, an Aboriginal Languages Commissioner.
16. We call upon post-secondary institutions to create university and college degree and diploma programs in Aboriginal languages.
17. We call upon all levels of government to enable residential school survivors and their families to reclaim names changed by the residential school system by waiving administrative costs for a period of five years for the name-change process and the revision of official identity documents, such as birth certificates, passports, driver's licenses, health cards, status cards and social insurance numbers.

Justice

25. We call upon the federal government to establish a written policy that reaffirms the independence of the RCMP to investigate crimes in which the government has its own interest as a potential or real party in civil litigation.
26. We call upon the federal, provincial and territorial governments to review and amend their respective statutes of limitations to ensure that they conform with the principle that governments and other entities cannot rely on limitation defences to defend legal actions of historical abuse brought by aboriginal people.
27. We call upon the Federation of Law Societies of Canada to ensure that lawyers receive appropriate cultural competency training, which includes the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, Indigenous law, and Aboriginal-Crown relations.
28. We call upon law schools in Canada to require all law students to take a course in Aboriginal people and the law, which includes the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, Indigenous law, and Aboriginal-Crown relations.

Source:
Dr. Sandra Allison, Chief Medical Health Officer

