Northern Health Physicians
Partners in Wellness

Public Health Newsletter for Northern Health Physicians

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Ticks, Lyme Disease and Tick Paralysis

The most common ticks found in the Northern Health region are Rocky Mountain Wood Ticks (Dermacentor andersoni) . Ticks with Lyme disease carrying potential (Ixodes pacificus and Ixodes angustus) are known to be present in low levels in the north, although we have not yet identified a tick in the north harbouring the Lyme disease bacteria (Borrelia burgdorferi). Although Rocky Mountain Wood Ticks have not been implicated with Lyme disease, they have the potential to carry rickettsial pathogens and also could cause tick paralysis. In general, ticks are known to cause other diseases in British Columbia (B.C.) as well, such as Rickettsial diseases (Rocky Mountain Spotted Fever) or tularemia, among others.

Tick Paralysis: This rare disease does occur in B.C., though it is not reportable.

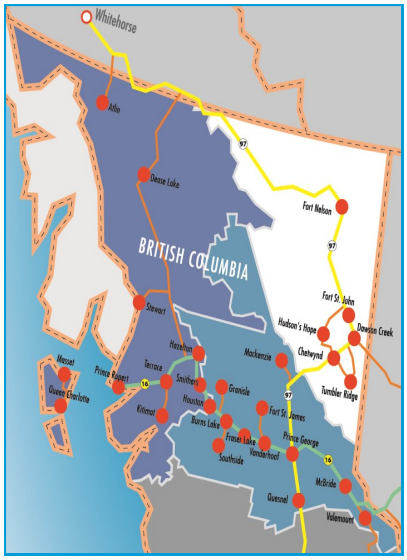
- Characterized by an acute, ascending, flaccid paralysis resulting from exposure to a neurotoxin released by tick salivary glands during feeding.
- Mostly occurs in younger children and elderly early in the spring.
- Ticks can be attached to the scalp or neck and concealed by hair.
- In patients presenting with tick paralysis, examination often reveals an attached tick.
- Once the tick is removed, paralysis usually resolves within 24 hours.
- There is no test to confirm tick paralysis as the neurotoxin produced by the tick and its mechanism of action are not fully understood.
- **Patients presenting with initial signs and symptoms of acute paralysis should have a physical exam searching for a tick.**

Acute Lyme disease: None of the Lyme disease cases that have been diagnosed in Northern Health were exposed locally (i.e. they were either exposed elsewhere in BC, Canada or internationally).

- Most people do not notice the tick bite or attachment when it occurs.
- About 60-70% of all newly infected patients with Lyme disease will develop an expanding circular red (erythma migrans) rash from 3-10 days after the bite.
- Laboratory tests support clinical care when used correctly and are performed using validated methods in an accredited laboratory.
- In B.C., laboratory testing to diagnose Lyme disease is done by the BCCDC Public Health Laboratory (PHL).

Inside this Issue:

Notable Quotable:



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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the northern way of caring

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Tick Removal:

Routine antibiotic prophylaxis is not indicated for tick bites in BC, as harm is more likely than benefit. Reassure patients who present with tick bite that Lyme disease is currently extremely uncommon in northern BC, but counsel patients to return for assessment if symptoms consistent with Lyme disease occur. Outcomes are generally very good when Lyme disease is treated early.

Grasp the tick by its mouth as close to the skin as possible with tweezers or other device and pull outwards, avoiding injecting the tick's stomach contents into the skin. Smothering methods for tick removal are ineffective and increase risk of injection of infected material into the client.
NOTE: Physicians wishing to test ticks are to contact BCCDC PHL's Parasitology Laboratory at (604) 707-2629.

For questions regarding testing of humans, call BCCDC PHL's Zoonotic Diseases and Emerging Pathogens Laboratory at (604) 707-2628. Ticks are not forwarded from Public Health (PH) Offices and patients should not be directed to PH offices with ticks.

For more information please refer to:
BCCDC information on Lyme disease: http://www.bccdc.ca/health-info/diseases-conditions/lyme-disease-borreliaburgdorferi-infection

BCCDC information on Tick paralysis: http://www.bccdc.ca/health-info/diseases-conditions/tick-paralysis
Health Canada/Public Health Agency of Canada: https://www.canada.ca/en/public-health/services/diseases/lymedisease.html

Submitted by: Dr. Raina Fumerton, MHO, NW HSDA

Article Credit: Interior Health Authority: Medical Health Officers Update for Physicians (May 24, 2017)
https://www.interiorhealth.ca/AboutUs/Leadership/MHO/MHO%20Updates/MHO%20Update%20-%20May%2024,%202017.pdf

Best Advice—Social Determinants of Health

The College of Family Physicians of Canada's *Best Advice Guide*, part of *Patient's Medical Home* (PMH) series, provides practical, hands-on advice for health professionals on how to improve their patients' social determinants of health (SDH). It is divided into four main sections:

- background on the social determinants of health
- importance of these issues for patient and population health
- commonly identified challenges to action
- incorporating the social determinants of health into your practice

Background:

Health and well-being are shaped by social and economic factors known as the social determinants of health (SDH), which are defined as the conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels. The evidence base on the SDH dates back to the early 1800s and continues to expand. Many reports, summits, and studies corroborate the link between social factors and human health.

In Canada, the 1974 Lalonde Report encouraged health professionals to look beyond traditional medical care to improve the health of the population and to focus on prevention instead of mostly acute care. We have learned much about the mechanisms by which the SDH and health inequities operate. The idea that there is a social "ladder" to illness is widely accepted – further up or down on this ladder reflects better or worse health outcomes.

The College of Family Physicians of Canada, and other professional health organizations including the Canadian Medical Association and the British Medical Association, understands that there is sufficient evidence to take action on the SDH. This paper aims to provide family physicians and their teams of allied health professionals with practical advice on how to address the SDH both in practice and through broader advocacy.

Importance of SDH:

Attention to the SDH is integral to population health and family medicine. Many family physicians in Canada recognize that it is difficult to treat the immediate health concerns of their patients without addressing in some way the underlying social conditions that give rise to poor health. While most public health interventions target individual behaviours, an SDH approach reveals individual choice as being shaped and constrained by structural and environmental factors, often outside the direct control of the individual. For this reason, family physicians should work to intervene not just in the lifestyle and behavioural factors that impact individual patients' health but also in the social conditions that shape and constrain well-being.

The SDH include, but are not limited to,

- income (and its distribution)
- education
- unemployment and job security
- employment and working conditions
- early childhood development
- race
- gender
- sexuality
- food insecurity (i.e. hunger)
- housing
- social exclusion
- social safety net (welfare policy)
- health services
- Aboriginal status
- disability

Conclusion:

Family physicians play a vital role in improving the social determinants of health for their patients and all Canadians. The recommendations provided in this guide are just a starting point for future work. The tools and incentives to do work that focuses on SDH are being expanded across the country, and a Patient's Medical Home model of primary care helps facilitate incorporating the SDH into family practice. Implementing even one of these recommendations will go a long way to improving the social determinants of health for your patients. The evidence on the SDH is sufficient to merit action, and we at the Canadian Family Physicians of Canada are here to help translate that evidence into action.

A full copy of the report is available at: http://patientsmedicalhome.ca/files/uploads/BA_SocialD_ENG_WEB.pdf.

Source:
The College of Family Physicians of Canada, Best Advice—Social Determinants of Health March 2015.

For further information, please visit:
http://www.cfpc.ca/

Submitted by:
Dr. Sandra Allison
Chief Medical Health Officer

Expanded Eligibility for HPV Vaccination

On September 1st 2017, BC will expand its publicly funded HPV immunization program to include grade 6 boys and individuals 9-26 years of age who identify as transgender. These additions complement BC's current publicly funded HPV immunization program for grade 6 girls and males who are at a higher risk of contracting the virus, thus ensuring that the eligibility criteria for publicly funded HPV vaccine are comprehensive and equitable.

All individuals eligible for the publicly funded HPV immunization program in BC will receive the 9-valent HPV vaccine (Gardasil 9). This vaccine provides protection against nine types of HPV. This includes the types of HPV that cause about 90% of cervical cancers, as well as other HPV-related cancers of the vagina, vulva, anus, penis, mouth and throat. It also protects against two types of HPV that cause about 90% of anogenital warts. Although the grade 6 HPV immunization program ill be mainly administered through routine school-based immunization clinics, the vaccine may also be requested through health care providers, pharmacists and public health units.

HPV immunization coverage rates have not reached levels comparable to other vaccines administered to adolescents. As with all immunization programs, success depends on health care providers like you promoting the vaccine to your eligible patients. Your recommendation to vaccinate is a strong predictor of vaccine uptake.

For questions about the HPV immunization program, please contact your local public health unit or primary care home to speak with a primary care nurse or refer to the following resources:

BCCDC's Q&A for HCPs: Updates to the Human Papillomavirus (HPV) Immunization Program:
http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Immunization/Vaccine%20Info/HPV_ProgramQandA_Aug_2017.pdf

The BC Immunization Manual:
http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%202%20-%20Imms/Part4/HPV9.pdf

Submitted by:
Dr. Andrew Gray, MHO, NI HSDA

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 Child Welfare. Others will be shared in upcoming newsletters.

Child Welfare

1. We call upon the federal, provincial, territorial and Aboriginal governments to commit to reducing the number of Aboriginal children in care by...
2. We call upon the federal government, in collaboration with the provinces and territories, to prepare and publish annual reports on the number of Aboriginal children (First Nations, Inuit, and Metis) who are in care, compared with non-Aboriginal children, as well as the reasons for apprehension, the total spending on preventive and care services by child-welfare agencies, and the effectiveness of various interventions.
3. We call upon all levels of government to fully implement Jordan's Principle.
4. We call upon the federal government to enact Aboriginal child-welfare legislation that establishes national standards for Aboriginal child apprehension and custody cases and includes principles that..
5. We call upon the federal, provincial, territorial and Aboriginal governments to develop culturally appropriate parenting programs for Aboriginal families.

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