



# Northern Health Physicians Partners in Wellness

Public Health Newsletter for Northern Health Physicians  
Volume 14. Number 8. September 2018 • Page 1 of 3

## Be Active Every Day Campaign 2018 October 1-26, 2018

Do you want to make a positive impact in your community? [Be Active Every Day](#) is an annual Doctors of BC initiative to inspire kids ages 5-11 to move more and make healthy choices. Participating doctors are paired up with a local elementary school, initiating a month-long challenge to the students that incorporates the [Live 5-2-1-0](#) principles:

- 5: Eating five fruits & vegetables daily
- 2: No more than two hours of screen time per day
- 1: Play actively for at least one hour per day
- 0: Choose healthy, zero sugar drinks

Be Active Every Day runs from October 1-26, 2018. Doctors visit the school at the beginning of the campaign to introduce the challenge, as well as at the end to congratulate participants on making healthy choices every day, encouraging them to keep up the great work.

The theme for this year's challenge is "Choose Your Own Activity," which encourages the kids to try different activities and find something that they are passionate about and will want to continue with over the long term. Kids receive activity booklets and promotional items to help them set goals and track their progress and activities throughout the month. They are also encouraged to submit photos of them taking part in their chosen activity for a chance to be featured on the Doctors of BC website, as well as to be entered to win a grand prize.

Healthy habits started at a young age are more likely to continue into a healthy adult lifestyle. You have the opportunity to inspire the next generation to find their niche and improve their health! This year, Doctors of BC has made it even easier for schools and physicians to **sign up directly through the website** (being launched mid-August): [www.be-active.ca](http://www.be-active.ca).

For more information, please contact:  
Patrick Higgins, Communications Coordinator, Doctors of BC  
[phiggins@doctorsofbc.ca](mailto:phiggins@doctorsofbc.ca)  
Phone: 604-638-8744 Fax: 604-638-2915

Written by: **Gloria Fox**, Regional  
Program Lead, NHR Food and Health

### Inside this Issue:

*Be Active Every Day Campaign 2018  
October 1-26, 2018* ----- p.1

*Antimicrobial Stewardship Program  
Urinary Tract Infections* ----- p.2

*Vitamin D Recommendations for Perinatal  
Women and Healthy Term Infants*----- p.3

*Distribution Update*----- p.3

### Notable Quotable:



### Contacts:

**Dr. Sandra Allison, Chief MHO**  
Ph: 250-565-7424; Cell: 250-612-2582  
[sandra.allison@northernhealth.ca](mailto:sandra.allison@northernhealth.ca)

**Dr. Rakel Kling, Interim MHO-Northwest HSDA**  
Ph: 250-631-4261; Cell: 250-641-1758  
[rakel.kling@northernhealth.ca](mailto:rakel.kling@northernhealth.ca)

**Dr. Andrew Gray, MHO-Northern Interior HSDA**  
Ph: 250-565-7461 Cell: 778-349-4398  
[andrew.gray@northernhealth.ca](mailto:andrew.gray@northernhealth.ca)

**Dr. Jong Kim, MHO-Northeast HSDA**  
Ph: 250-261-7235 Cell: 250-793-3751  
[jong.kim@northernhealth.ca](mailto:jong.kim@northernhealth.ca)

**Dr. Ronald Chapman, MHO and VP Medicine**  
Ph: 250-649-7653; Cell: 250-961-3234  
[ronald.chapman@northernhealth.ca](mailto:ronald.chapman@northernhealth.ca)

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



**northern health**  
the northern way of caring

## Antimicrobial Stewardship Program: Urinary Tract Infections

Are you looking for some on-line learning about urinary tract infections? Northern Health's AMS program has created a course on the [learning hub](#), consisting of 3 separate modules (a. uncomplicated cystitis and asymptomatic bacteriuria, b. complicated cystitis and pyelonephritis, c. catheter associated UTI). Once logged into the [learning hub](#) search for course title: NHA-AMS Urinary Tract Infections. Each module will take approx. 20 – 30 min and includes a quiz and simple evaluation. Your feedback will be reviewed!

### Asymptomatic bacteriuria versus UTI (STOP Urine Dips in LTC!)

One of the most common areas of antimicrobial misuse is in the treatment of asymptomatic bacteriuria; 80% of this patient population receive antimicrobials inappropriately and in LTC facilities it has been found that 1/3 of all prescriptions for antimicrobials are given for asymptomatic bacteriuria.<sup>1-2</sup> Patients that produce a urine sample which shows growth of a significant colony count of bacteria but display **NO** symptoms or signs of a urinary tract infection (UTI) have asymptomatic bacteriuria. This condition is most common in catheterized patients and seniors over age 65 (20% non-catheterized females) and the incidence increases with age (up to 50% in non-catheterized females and 30% in males over 80).<sup>3-4</sup> Asymptomatic bacteriuria is a colonization state **NOT** an infection and therefore antibiotics are **NOT** indicated.<sup>3-4</sup> Bacteriuria and pyuria are **expected** findings in the elderly and symptomatic UTIs are much **less common** in this population than asymptomatic bacteriuria.<sup>3-4</sup> There are common misconceptions around what are considered true signs and symptoms of UTI. Signs that are **NOT** suggestive of UTI include: change in urine colour, change in urine odour (foul-smelling) and change in urine turbidity (cloudy urine); these signs do not warrant a urine dip or culture. Symptoms that are **NOT** typically associated with UTI include: dizziness, new or increased falls, decreased appetite, altered behaviour (including delirium).<sup>3-4</sup> If your patient has any of these signs or symptoms it is crucial that you exclude other causes **BEFORE** taking a urine sample, such other causes include: dehydration, new medications/drug interactions, sleep disturbances, sensory deprivation, trauma, hypoxia, hypoglycemia, infection other than urinary tract infection. Take home point: Urine Culture results **DO NOT** provide a diagnosis, they provide extra info (i.e. offending pathogen) once a **CLINICAL** diagnosis has already been made.

You can access resources created and or provided by the AMS program by visiting the NH [physician's website](#) or [OurNH](#).

### References:

1. Trautner BW. Asymptomatic bacteriuria: When the treatment is worse than the disease. *Nat Rev Urol*.2012;9:85-93
2. Fridkin S, Baggs J, Fagan R, et al. Vital signs: improving antibiotic use among hospitalized patients. *MMWR Morb Mortal Wkly Rep* 2014;63:194–200
3. Nicolle LE. *Infect Dis Clin North Am* 1997;11(3):647-62
4. Nicolle LE. *Infect Control Hosp Epidemiol* 2001;22(3):167-75

**Submitted by:** Alicia Rahier, Antimicrobial Stewardship Program Coordinator



## Vitamin D Recommendations for Perinatal Women and Healthy Term Infants

The Provincial Health Services Authority (PHSA) has recently released two resources on the topic of vitamin D for perinatal women and healthy term infants. These include a [Practice Support Tool](#) (4 pages) and [Background Paper](#) (34 pages) for health professionals in British Columbia.

Key practice points include:

- Most perinatal women require a daily vitamin D supplement of 400 IU (10 µg) – 600 IU (15 µg)
- For healthy, term infants who are exclusively or partially breastfed, recommend a daily liquid vitamin D supplement of 400 IU (10 µg).
- Healthy, term infants fed commercial infant formula only, and who were born to mothers with adequate vitamin D status during pregnancy, do not need a liquid vitamin D supplement.
- Health professionals may recommend higher doses of vitamin D as a clinical decision for individual women or infants to address known or suspected insufficiency/deficiency. The background paper provides information on risk factors for vitamin D deficiency.

The guidance in these documents expands on the recommendations in the PHSA [Pediatric Nutrition Guidelines \(Six Months to Six Years\) for Health Professionals](#). There is also alignment between these recommendations and those found in the NH [Infant Toddler Nutrition Guidelines for Health Professionals](#) (see Chapter 6: Nutrients of Concern).

The following client resource is also in alignment with current guidance: [Vitamin D for Breastfed Infants and Toddlers in Northern BC](#) (available at Document Source with re-order number 10-421-6020).

Physicians and NH staff can access the above resources via the OurNH [Population Health Nutrition](#) all-staff page. For more information, please contact Lise Luppens, MA, RD, Population Health Dietitian, at [Lise.Luppens@northernhealth.ca](mailto:Lise.Luppens@northernhealth.ca) or at 250-631-4278.

**Submitted by:** Lise Luppens, Population Health Dietitian

## 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](mailto: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>

