

## West Nile Virus 2014 Season

### Guidance on testing

Since 2002 when West Nile Virus first presented in Saskatchewan, we have learnt much, in terms of clinical presentation and disease presentation, particularly in 2003 and 2007 which were outbreak years. Depending in weather conditions WNV activity can vary from one year to the next year, with majority of cases experiencing asymptomatic disease of mild symptoms. Human disease surveillance this year will focus on those individuals with neuro-invasive disease.

#### Who should be tested?

1. Testing is recommended for individuals presenting with neurological symptoms or severe illness during West Nile season (July to October). Testing for West Nile virus is recommended for patients with the following clinical presentations:

- Meningitis
- Encephalitis
- Acute flaccid paralysis
- Other unexplained neurological symptoms consistent with WNNS
- Unexplained fever in any of the following:
  - Individual who has received a **blood transfusion in the last 8 weeks**
  - Recipient of an organ or tissue donation in the last 8 weeks**
  - Immunocompromised individual**
  - Pregnant women (cont. top box)**



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2. Testing may also be appropriate when there is a diagnostic dilemma and the diagnosis needs to be confirmed in order to make clinical decisions and avoid other unnecessary diagnostic and therapeutic interventions.

3. Testing is generally not indicated for an individual with a mild uncomplicated febrile illness unless the results will influence clinical management.

4. Testing is not indicated for an individual who is interested in knowing whether the mild febrile illness they are recovering from is WNV disease.

For further information or questions on submission of specimens for WNV infection and the investigation of suspected WNNS, call the Saskatchewan Disease Control Laboratory at (306) 787-2964 or SHR Population and Public Health – Communicable Disease Control at 306-655-4612.

#### Measles

Rarely a week goes by now where you haven't heard about a measles outbreak going on somewhere. In fact, since last year, there have been several outbreaks across Canada including in Ontario, BC, Alberta and even in our own backyard in Regina! Although our MMR coverage rates in Saskatoon Health Region are fairly high, pockets of low vaccine coverage rates in several areas put our region at risk for an outbreak (check out [www.communityview.ca](http://www.communityview.ca) for more details on our immunization rates).



#### What to do when you suspect a case of measles:

- Isolate the patient immediately!** The isolation room cannot be used for 2 hours after patient is discharged, as measles virus lingers in the air for that duration.
- Do **all three tests**:
  - Serology – measles IgM and IgG (**Please call lab ahead of time to book patient for testing so as to not expose others in the lab**)
  - Nasopharyngeal swab (Universal Transport Medium) for PCR
  - Urine for PCR
- Advise your patient to self-isolate at home until cleared by Public Health.
- Report all suspect and confirmed measles cases** to Public Health immediately at **306-655-4612**.

Finally, remember that immunization is the most effective way to prevent measles in our community. Please ensure that your patients, staff and you are fully immunized to measles. For more information, please call 306-655-4612.

## SUMMER Food Safety Rules

Summer season is here with warm weather and many seeking to enjoy picnics and barbecues outside. Outdoor cooking provides optimal temperatures for the growth of microorganisms, and potential to cause foodborne illness outbreaks (FBIs).

To minimize the risks of outdoor food preparation being the cause of foodborne illness outbreaks, please recommend the following 4 simple steps with your patients: clean, separate, cook and chill.



## 4 ESSENTIAL RULES OF FOOD SAFETY

1. **Clean:** Wash hands and surfaces frequently to avoid the spread of organisms.
2. **Separate:** Keep raw foods separate from cooked foods
3. **Cook:** to appropriate high temperatures to destroy harmful bacteria.
4. **Chill:** or keep cold potentially hazardous foods that are normally stored in the refrigerator.

### Provider Reporting of Communicable Disease and Outbreaks

All physicians are reminded of their obligation under the Public Health Act of Saskatchewan (PAct 1998) to report all category I and II Communicable disease they may encounter in their practice.

Immediate reporting of any suspected or confirmed communicable disease is the backbone of a robust disease control and prevention system.

## Severe Acute Respiratory Illness in Returning Travelers

We are reminding all Saskatoon Health Region clinical care providers about the importance of taking a travel history, observing strict infection control practices and liaising with their local public health offices when they see patients with severe acute respiratory illness (SARI) necessitating hospitalization. Two recent international outbreaks of concern may affect travelers to Saskatoon, although no cases of either have occurred in the region or in Saskatchewan.

- 1) An outbreak of Middle East Respiratory Syndrome (**MERS**) **coronavirus** has been occurring for approximately two years in the middle east primarily involving the countries of Saudi Arabia, Jordan, Qatar and the United Arab Emirates. As of May 12, 2014 CDC has confirmed 536 cases, with 139 deaths. Most cases have occurred in Saudi Arabia. Risk factors for acquisition are currently unknown. While infection is likely acquired from an animal vector species, person-to-person transmission has been documented amongst close contacts to cases including health care workers.
- 2) An outbreak of **avian influenza A (H7N9) virus** has recently affected several provinces in Eastern China with 434 human cases and 158 deaths reported.

### Screening and Diagnostic Testing for Suspect Cases “Think, Tell or report and Test”

- Ask about international travel in patients with severe respiratory illness requiring hospitalization
- Report patients to your local Medical Health Officer, and local infection control who have severe respiratory illness and meet the following criteria:
  - \* Travel to the Arabian Peninsula or surrounding countries in the 14 days before illness onset
  - \* Travel to mainland China in the 10 days before illness onset
- Where possible acquire both lower and upper respiratory tract specimens for diagnosis e.g., a nasopharyngeal or a throat swab placed in viral transport media.
- Posters and testing guidelines will soon be placed on the provincial Ministry of Health web site.

## Notifiable Disease and Conditions

Any suspected or confirmed illness caused by a disease of urgent public health concern (e.g., avian influenza or SARS), or disease caused by a potential biological threat agent (e.g., anthrax, smallpox, Tularemia, and plague), or vaccine preventable illness (e.g., measles and mumps) reach the threshold for an **immediate urgent phone call to the Medical Health Officer (MHO).**

**Business hours: Mon to Fri 8:00 am to 4:30 pm Call CDC Department—  
SHR PPH No. (306) 655-4612 After hours MHO On-call No. (306) 655-4620.**



### Posters on When/How to Report Diseases to Public Health

Recently, your clinic should have received a Reportable Disease poster in the mail. Please post this in an accessible area so you know which diseases are to be reported to Public Health. All confirmed and suspect cases of these diseases must be reported to Public Health so that we can launch an investigation immediately. If you require more posters or have any questions about your reporting requirements, please contact 306-655-4612 for more information.

[https://www.saskatoonhealthregion.ca/locations\\_services/Services/communicable-diseases/Pages/Home.aspx](https://www.saskatoonhealthregion.ca/locations_services/Services/communicable-diseases/Pages/Home.aspx)

## Vector-Borne Disease

### Chikungunya virus Outbreak in the Caribbean: A New Virus in the Americas



Preparedness and Response for  
**Chikungunya Virus**  
Introduction in the Americas



The Chikungunya virus, which causes fever and debilitating joint pain, is spread by the bite of infected mosquitoes such as *Aedes aegypti* and *Aedes albopictus*. It is a disease primarily found in Africa, Asia, and the Pacific. Except for cases in people who had traveled to places where the virus was present, chikungunya virus infections were not found in the Western Hemisphere. However, in early December 2013, the first cases in non-travelers were detected on the Caribbean island of Saint Martin.

Since December, PHAC has reported chikungunya's explosive spread to nine Caribbean countries and South America, causing thousands of cases of infection. It will likely continue to spread in the Caribbean and Latin America.

The best way to prevent vector-borne diseases is to prevent tick and mosquito bites.

- Use insect repellents e.g., DEET
- Wear long sleeves and long pants, if weather permits

## Polio

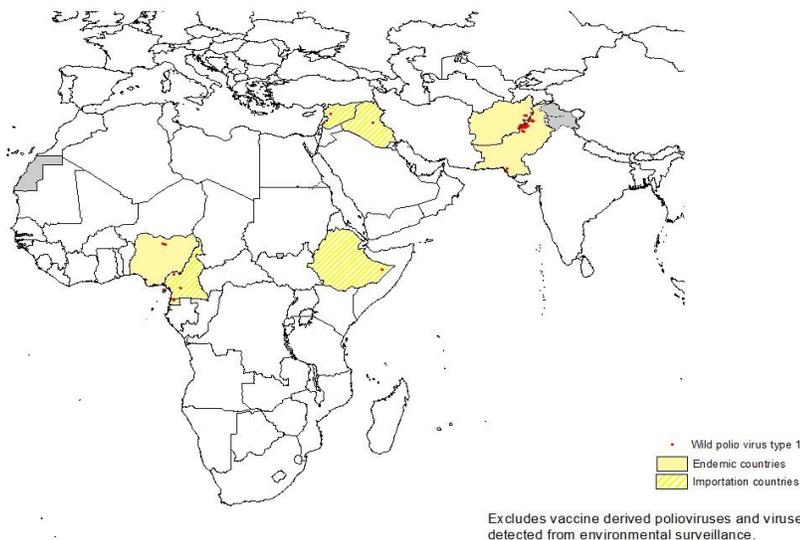
### Guidance

The Public Health Agency of Canada (PHAC) now recommends that anyone planning travel to a polio-affected country be fully vaccinated against polio and that, in addition, adults should receive a one-time booster dose of polio vaccine. Because of the recent PHEIC declaration, anyone staying in any of the polio-affected countries for more than four (4) weeks may be required to have a polio booster shot within the 4 weeks to twelve months prior to departure from that country.

**Polio vaccine is available for travelers at the International Travel Clinic.** This booster will be documented in the yellow International Certificate of Vaccination in order to avoid delays in transit or forced vaccination in country. Either oral poliovirus vaccine (OPV) or inactivated poliovirus vaccine (IPV) may be used for this booster, however only IPV is currently available in Canada.

## Vaccine Preventable Disease

Wild Poliovirus - 2014  
01 January - 06 May



	MUMPS	MEASLES
<b>Signs and symptoms</b>	- Swelling of salivary glands lasting more than 2 days and less than 1 week. - Suggestive clinical picture, contact with a mumps case or travel to an area where mumps is circulating.	- Acute onset of fever, cough, coryza and conjunctivitis. - Erythematous maculopapular rash - Koplick's spots • Clinical picture, history of contact with a case or travel Please consider other differential diagnosis as measles is still relatively uncommon in our setting. These could include Human Parvo virus type B19 (Fifth disease), Enterovirus, EB virus or a drug rash following administration of penicillin's.
<b>Recommended Specimens</b>	1. Serum sample <b>AND</b> 2. Buccal swab from around opening of Sten-son's duct <b>OR</b> 3. Urine sample	1. Serum sample <b>AND</b> 2. <b>Nasopharyngeal (NP) swab within 4 days of rash</b> 3. <b>Urine sample within 7 days of rash</b>
<b>Exclusion Period</b>	- 9 days after the swelling appears	- 4 days from the time the rash appears
<b>Contact</b>	Population and Public Health—Disease Control 306 655-4612	Population and Public Health—Disease Control 306 655-4612

## What is new at Population and Public Health

# Welcome our Two New Deputy Medical Health Officers



The Chief Medical Health Officer and the MHO team would like to ask you to join us in welcoming Drs. Shovita Padhi and Michael Schwandt to the family of physicians in the Saskatoon Health Region. The portfolios they will be covering are described below. Some of you may have already interacted with Drs. Padhi and Schwandt in their work in various places in the Health Region .

*Welcome Shovita and Michael!*

MHO	Portfolio
Dr. Cory Neudorf	Chief Medical Health Officer
	Assistant Professor – Community Health & Epidemiology, University of Saskatchewan
	Community Medicine Residency Program Director – University of Saskatchewan
Dr. Johnmark Opondo	Positive Living Program / SHR HIV Strategy
	Sexual Health/Street Health Programs
	Communicable Disease control
	International Travel Clinic
Dr. Julie Kryzanowski	Public Health Observatory
	Health Promotion Department
	Saskatchewan Tuberculosis Prevention and Control
Dr. Shovita Padhi	Healthy Families Department
	Immunization
	Building Health Equity Program
Dr. Michael Schwandt	Safe Communities Department
	Assistant Professor – Community Health & Epidemiology University of Saskatchewan

## Health Promotion: Mind, Exercise, Nutrition...Do it! (MEND)

If your patients and families are looking for a physical activity and healthy eating program in Saskatoon, we would like to bring your attention to a new evidence-based program recently introduced to our health region—the MEND program.

**SASKATOON HEALTH REGION**  
Population and Public Health  
Office of the Medical Health Officer  
101—310 Idylwyld Drive North  
Saskatoon, SK S7L 0Z2

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Dr. Cory Neudorf CMHO  
Dr. Johnmark Opondo DMHO  
Dr. Julie Kryzanowski DMHO  
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Dr. Michael Schwandt DMHO

CDC Tel # 655-4612  
Sexual Health Tel # 655-4643  
Safe Communities Tel # 655-4468  
International Travel Clinic Tel # 655-4780



POWERED BY  
SASKATCHEWAN  
**BLUE CROSS**

PRESENTED BY  
UNIVERSITY OF  
SASKATCHEWAN  
College of Kinesiology

**MEND:**  
Where families **get fit and healthy for free**

Mend (Mind, Exercise, Nutrition, Do it!) is a free, fun program for families with children 7-13 years of age who are above a healthy weight.



For more information, contact: [mend@usask.ca](mailto:mend@usask.ca) or call **966-1106**  
[www.kinesiology.usask.ca/MEND-program.pdf](http://www.kinesiology.usask.ca/MEND-program.pdf)