

Nexus



with the Health Care Community

Breastfeeding Education Sessions

The Leeds, Grenville, Lanark District Health Unit has received funding from the Ontario Government through The Best Start Resource Centre to provide educational opportunities for community partners to enhance their knowledge, skill, and attitude to support breastfeeding families with consistent, evidence-based messaging.

Two educational sessions for health care and other community providers facilitated by Kathy Venter, RN, IBCLC will be provided on June 11th and 12th 2015 in Brockville, ON, and Oct. 1st and 2nd 2015 in Perth, ON. The purpose of the sessions is to engage health care providers to increase skin to skin care immediately post-birth, increase breastfeeding exclusivity and duration rates and decrease supplementation rates in the early postpartum period.

Registration is through Eventbrite. Here are the links to sign up for each session:

Brockville: <http://breastfeeding-level1.eventbrite.com>

Perth: <http://breastfeeding-level1-perth.eventbrite.com>

The World Health Organization (WHO) (2002) recommends that all infants should be exclusively breastfed until six months of age. The term exclusively implies that infants should receive no other food or drink, besides breastmilk. Breastfeeding provides infants with optimal nutrition that is unique to each baby's specific growth and developmental needs (World Health Organization, 2002). The nutrients identified in breastmilk include anti-infective immunoglobulins and elements that stimulate and promote the maturation of the small intestine to assist with the digestion and the absorption of nutrients.

Infants who are breastfed are associated with enhanced cognitive development, protection against; gastrointestinal infections, acute otitis media, respiratory tract infection, sudden infant death

syndrome and obesity in adulthood (Health Canada, 2012). Despite the vast amount of evidence of the immediate and long term benefits of breastfeeding for the baby, breastfeeding is discontinued earlier than the WHO's recommendation. In August 2012, the WHO advocated for individual nations to invest in strategies to raise national exclusivity rates to 50% by the year 2025. Currently the global rate of exclusive breastfeeding is 37% (World Health Organization, 2012).

According to BORN in 2012-2013, 91.8% of Ontario women initiate breastfeeding, and only 61% were breastfeeding exclusively at hospital discharge. BORN indicates that 30.3% of women are supplementing prior to discharge (2012-2013) (Best Start, 2014).

The problem of low exclusive breastfeeding rates at hospital discharge is linked to timely and qualified breastfeeding supportive care (Renfrew, McCormick, Wade, Quinn & Downswell, 2012). The two most frequently cited barriers are breastfeeding pain and perceived inadequate milk production (Strong, 2011). A woman faced with breastfeeding challenges and who do not receive support from health providers is less likely to continue breastfeeding (Strong, 2011). Williamson, Leeming, Lyttle and Johnson's (2011) article highlighted the need for breastfeeding support at all levels (individual, community and societal) to minimize the isolation, self-doubt and distress that breastfeeding difficulties can exacerbate. For a mother to successfully breastfeed she needs to feel supported from multiple sources and be provided with consistent messages (World Alliance for Breastfeeding Action, 2011).

For more information see <http://www.healthunit.org/children/feeding/feedingbreast.htm>



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nexus ('nek-sus) noun,
Latin: bond, tie; from
nectere - to bind : a
connection or link between
things, persons, or events esp. that
is or is part of a chain of causation

Source: Merriam-Webster's
Dictionary of Law, © 1996
Merriam-Webster, Inc.



Nature for Life!

The Health Unit and other community partners will be working with health, community and social service providers to incorporate nature into practice, programs and services on a regular basis to help children and families connect with nature for improved health and wellbeing.

A growing body of research points to the health benefits of getting outdoors in nature for all ages. A thorough review is being presented at the *Healthy Spaces meeting in Ottawa on June 11, 12*. To register, visit <http://hchs.nationbuilder.com/>

- Children benefit from nearby green space in which to be physically active, and those who spend time outdoors are more likely to attain and maintain a healthy body.
- For adults, walkable neighbourhoods are positively correlated with moderate physical activity.
- Time spent outdoors in nature is associated with greater physical activity levels. As little as 20 minutes of daily exposure to green space is associated with greater physical activity levels in children than those exposed to nearly zero green space.
- Individuals who move to communities with more green space experience less anxiety and depression than individuals who move to communities with less green space. This effect is sustained for at least three years after moving to a greener community.
- Income is a major determinant of health where the most deprived are at greatest risk for issues such as chronic disease and early mortality. Exposure to green environments has been found to blunt the effect of low income on health outcomes.



We are hoping that service providers will discuss the health benefits of being in nature. No equipment required! Nature is free and its health benefits can be enjoyed by everyone. Visit http://www.healthyllg.org/outdoor_recreation.html for a list of resources and activities to get outside.

Selected References:

1. Alcock I, White M, Wheeler B, Fleming L, Depledge M. Longitudinal Effects on Mental Health of Moving to Greener and Less Green Urban Areas. *Environmental Science & Technology*. 2014;48(2):1247-1255.
2. Almanza E, Jerrett M, Dunton G, Seto E, Ann Pentz M. A study of community design, greenness, and physical activity in children using satellite, GPS and accelerometer data. *Health & Place*. 2012;18(1):46-54.
3. Bell J, Wilson J, Liu G. Neighborhood Greenness and 2-Year Changes in Body Mass Index of Children and Youth. *American Journal of Preventive Medicine*. 2008;35(6):547-553.
4. Mitchell R, Popham F. Effect of exposure to natural environment on health inequalities: an observational population study. *The Lancet*. 2008;372(9650):1655-1660.

Immunization News

Children/youth attending primary and secondary school in Ontario must have either proof of immunization or exemptions against the following diseases for the 2014/15 school year:

- diphtheria
- tetanus
- polio
- measles
- mumps
- rubella
- meningococcal disease -- on or after 1 yr of age & again in grade 7
- pertussis (whooping cough)
- varicella (chicken pox) - for children born 2010 or later (*the last three are new for the 2014/15 school year*)

Any student in grades 8-12, who did not receive Menactra (meningococcal vaccine) at the Health Unit school clinic in grade 7, is required to be immunized for school attendance. The vaccine can be received at the Health Unit by appointment.

VACCINE TIMING:

- If vaccines are given outside of recommended intervals, parents may receive notice from HU requesting re-immunization
- The first dose of MMR must be on or after 1st birthday. An MMR given for e the first birthday will not count as one of the two required doses.
- The 4-6 yr DTap-IPV booster must be given on or after 4th birthday.

For more immunization information, go to: <http://www.healthunit.org/immunization/>

Immunization App:

An app is now available from Immunize Canada that permits people to record their immunizations, and receive information about immunization schedules and vaccines. <http://www.immunize.ca/en/app.aspx>



Join the Food Movement in Lanark, Leeds & Grenville

foodcoreLGL is a partnership of people and organizations from the food, farming and community sectors in Leeds, Grenville and Lanark that includes growers, producers, local governments, as well as those working in poverty reduction, health, and emergency food supply (e.g., food banks).

The group formed after a meeting in March 2013 that attracted 48 community members interested in food security, farming and community sustainability. There was strong interest in developing a Food Charter for the tricounties and a smaller subgroup (*foodcoreLGL*) was tasked with creating a charter and taking it out for community consultation.

After extensive community consultation, a Food Charter for the United Counties of Leeds and Grenville and Lanark was launched in March 2014.

Since the launch of the Food Charter, *foodcoreLGL* has been working on a strategic plan that addresses the priority areas of the charter:

- Everyone has enough healthy food to eat,
- Our farmers, growers, producers, processors and retailers are supported,
- Everyone has the food skills and knowledge they need,
- Our environment is healthy,
- Our communities are healthy, economically diverse and resilient, and
- Food and farming are celebrated

The Steering Committee would like to involve as many partners and residents of Leeds, Grenville and Lanark as possible to become involved in *foodcoreLGL*. The hope is that people will engage in the charter to make it a living document that will be used to guide decisions about food related initiatives. Visit <http://www.foodcorelgl.ca/> to view the Food Charter.

To become a part of *foodcoreLGL*, please email foodcoreLGL@gmail.com or call 613-283-2740 ext. 4273 for more information.

foodcore
Leeds . Grenville . Lanark

Ticks and Lyme Disease

Lyme disease is a bacterial infection caused by the spirochete *Borrelia burgdorferi*. The bacterium that causes Lyme disease has been in North America for over a century and has more recently been identified in Eastern Ontario.

The black-legged tick is the vehicle for transmitting the bacteria that can cause Lyme disease. In order to mature, the tick needs one blood feed of 4 to 5 days in each of the larva, nymph stage, and in the adult phase. During the larva stage it feeds on white footed mice and sometimes birds. During the nymph (May- July) and adult phase (October - April) the tick usually feeds on deer but may feed on other mammals including humans. It is during this feeding that the bacteria, if it is present, can be transmitted to humans.

- **IN LAST FEW YEARS, THE OVERALL PREVALENCE OF TICKS CARRYING THE BACTERIA IN LEEDS, GRENVILLE AND LANARK, HAS BEEN CONSISTENTLY OVER 20%** - Most positive ticks have come from the Thousand Islands area and, more recently, have been identified further north up to the Rideau Lakes and Tay Valley.
 - **PREVENTION IS KEY.** Advise people to take measures to avoid being bitten by a tick when walking in wooded or natural areas e.g. tuck pants in socks, use insect repellent (Icaridin or DEET no more than 30% for adults and 10% for children), do a “full body tick check” for children and adults after being in wooded or natural areas, shower or bathe to wash off unattached ticks, put clothes into a hot dryer to kill any ticks, and check and remove ticks from pets.
 - **TICK TESTING NOT HELPFUL CLINICALLY.** It takes about three months to get the results back from tick testing, and, even if it is positive, it does not indicate that the bacteria were transmitted to the individual. It is also not necessary to submit ticks to the Public Health Lab or to the Health Unit for testing. We are developing other surveillance methods that will help us identify new areas where the bacteria are present in the tick population.
 - **THE TICK NEEDS TO BE ATTACHED FOR ABOUT 24 TO 36 HOURS BEFORE IT CAN TRANSMIT THE BACTERIA IF IT IS PRESENT.** The blood meal changes the RNA of the bacteria so it is not killed by the tick’s saliva as it travels from the tick to the human. Ticks should be removed immediately to reduce the risk of infection.
 - **AN ENGORGED TICK IS SWOLLEN AND VERY DIFFERENT FROM A NON-ENGORGED ONE.** The adult tick swells to more than double its size once it has fed for at least 24 hours (0.3 to 0.6 cm partially fed to 1 cm when fully fed). The ticks in the nymph stage are much smaller than the adults and may be difficult to see, but once engorged they expand from 0.15 cm to about 0.3 cm when fully engorged which makes them easier to detect.
- The image shows four black-legged ticks in a row, from left to right, showing their progression from a small, unfed larva to a large, fully engorged adult. The first tick is very small and dark. The second is slightly larger. The third is significantly larger and more rounded. The fourth is the largest, appearing almost spherical and very dark, demonstrating how much they swell after feeding.
- **CONSIDER ANTIBIOTIC PROPHYLAXIS WITHIN 72 HOURS OF A TICK BITE IN THE LEEDS, GRENVILLE, LANARK AREA WHERE THE TICK HAS FED FOR AT LEAST 24 HOURS (ENGORGED TICK).** From a population perspective the benefits of prophylactic medication outweighs the risk of the use of antibiotics if the prevalence of the bacteria in the tick population is above 20%.
 - **SUSPECT AND CONFIRMED CASES OF LYME BORRELIOSIS MUST BE REPORTED AS SOON AS POSSIBLE ON THE APPROPRIATE FORM WHICH CAN BE FAXED TO LGL PUBLIC HEALTH.** See the notification form on the Reportable Disease Toolkit at http://www.healthunit.org/professionals/rd_toolkit/Reportable_Diseases.pdf
 - **LYME DISEASE IS GENERALLY DIVIDED INTO THREE STAGES** in which infected persons may experience any of the following symptoms:
 - Diagnosis of early localized disease (less than 30 days from exposure) - Erythema migrans (EM) greater/equal to 5 cm in diameter, fever, Malaise, Headache, Myalgia, Neck stiffness, Fatigue, Arthralgia
 - Diagnosis of early disseminated disease (weeks to months after exposure) - Multiple EM, cranial nerve palsies, Lymphocytic meningitis, Conjunctivitis, arthralgia, myalgia, headache, fatigue, carditis (heart block)
 - Diagnosis of late disease (weeks to years after exposure) - Arrhythmias, heart block, myopericarditis, peripheral neuropathy, meningitis, encephalopathy (i.e., behavior changes, sleep disturbance, headaches), recurrent arthritis affecting large joints (i.e., knees), fatigue
 - **RELY ON SYMPTOMS TO MAKE THE DIAGNOSIS OF EARLY LYME DISEASE** - Laboratory testing in the early localized stages of the disease may produce false negatives because it takes a while for antibodies to develop. It is also important to differentiate a small area of erythema at a tick bite, which may appear within a few hours and last up to 48 hours of a bite and is a sign of irritation rather than Lyme Disease, from erythema migrans (EM) the classical sign of early Lyme Disease, which is a larger bulls-eye lesion, usually at least 5 cm in diameter, which usually occurs one to two weeks (range 3 to 30 days) after a tick bite (see pictures <http://healthycanadians.gc.ca/diseases-conditions-maladies-affections/disease-maladie/lyme/surveillance-eng.php>). The Elisa test followed up by a Western Blot test is more useful in the disseminated stages, particularly if arthritis is present. Note that children with Lyme disease may first present with arthritis.

See additional resources on Lyme disease at: http://www.healthunit.org/professionals/rd_toolkit/Reportable_Diseases.pdf