Environmental Public Health Services In First Nations communities Services de santé environnementale et publique dans les communautés des Premières Nations



Environmental Public Health Services – Enteric Follow-Up Process & Updates to the Animal Exposure Form

Presented by: Kyle Wonsiak, Senior EPHO & Geraldine Sawyer, Senior EPHO





Agenda

- Environmental Public Health Services
 - Core Program Areas
- Notifiable Enteric Illnesses Update to Follow-Up Process
 - Background
 - Notification
 - Information Gathering
 - Investigation
 - Reporting

• Animal Exposure Follow-up

- Review and updates to Animal Exposure Report
- Animal Exposure Data
 - Client Demographics
 - Date/Time and Geographical Location of the Exposure
 - Animal Information
 - Incident Information & 10 Day Observation Period
 - Initial Medical Treatment and Immunization
 - Initial/Final Form Completion
- Zoonotic/Animals and Human Health Program
- Resources
- Questions

Environmental Public Health Services In First Nations communities



Environmental Public Health Services (EPHS)

- EPHS works to identify and prevent or mitigate environmental public health risks that could adversely impact the health of the community.
- Programming includes public health inspections, monitoring environmental conditions such as drinking water, delivering training and raising awareness about potential environmental public health risks, and the steps people can take to protect themselves and their families.
- Services are carried out by Environmental Public Health Officers (EPHOs)
- **Prevention** is a key principle of environmental public health.



EPHS - Core Program Areas





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Communicable Disease Control

- Our activities (e.g. monitoring drinking water supplies and providing food handler training) aim to prevent illness and the spread of communicable diseases. Other activities that address issues associated with prevention or control include:
 - Surveillance activities as required to prevent and address cases of communicable disease.
 - Addressing suspected or confirmed cases of communicable disease together with community health staff.
 - May include collaborating with community and regional staff (e.g. the Regional MOH, CHNs, provincial authorities) to investigate foodborne and waterborne (e.g. *E. coli*) and vectorborne (e.g. West Nile Virus) disease.



Communicable Disease Control

- EPHOs may also:
 - Aid in investigation, source identification, sampling, providing advice and monitoring.
 - Provide public education to community leadership and residents to create awareness of the link between human health and the environment to reduce the risk of illness.



Communicable Disease Control

• Animal bite exposure follow up





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• Enteric illness follow-up





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Enteric Disease Follow-Up & Investigation Process

Presented by: Geraldine Sawyer, Senior EPHO

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Background

Past:

 Regional CDC nurses were overseeing the follow-up process for enteric illnesses, with Environmental Public Health (EPH) becoming more involved during outbreak situations.

Current:

- EPH will now oversee all enteric notifiable illnesses, including coordinating the investigation with the Community Health Nurses (CHNs).
- We continue to work out the processes/reporting for taking this task over in its entirety from the CDC program.

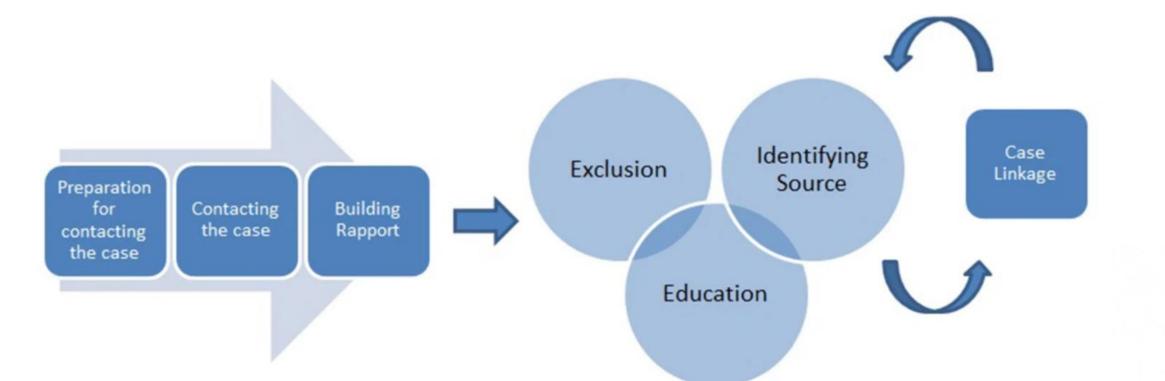


Goals

- To prevent further transmission of the disease.
- To determine the source of the infection.
- To ensure that required reporting is completed in an accurate and timely manner.



Enteric Case Investigation



Source: A focus group study of enteric disease case investigation: successful techniques utilized and barriers experienced from the perspective of expert disease investigators

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Notification

- EPH will receive reports for all enteric notifiable diseases.
 - These reports may come from various sources: Provlab, AHS CDC/EPH, CHN, AB Health, Health Link, etc
- The report will be distributed to your community Environmental Public Health Officer (EPHO).
- The EPHO will be in contact by email & phone with the applicable CHN to initiate follow-up with the case.



Information Gathering

- If the pathogen is known, review the applicable <u>Alberta</u> <u>Disease Management Guidelines</u>.
 - This document will guide and aide in the investigation.
 - Case definitions
 - Epidemiology
 - Public Health Management



Follow-Up & Investigation

- The community EPHO will email the CHN with the applicable documents and information to aide in the follow-up. This will include the following:
 - Enteric Disease Investigation Form (EDIF), applicable disease management guidelines, blank line list, EI#, educational resources, any other relevant info
- CHN should return the completed EDIF to the community EPHO for review and continued follow up as necessary.
- The community EPHO will also work with the CHN to start a line list as needed.



Follow-Up & Investigation

- Items to note and discuss with the EPHO include the following:
 - Is the case or close contacts in a sensitive situation or occupation (SSO)?
 - This will guide in determining if exclusions are required. The disease management guideline will outline what constitutes an SSO.
 - Does the food history, water source or living conditions indicate need for further investigation?
 - Have any close contacts been reported as symptomatic?
 - Is a susceptible population at risk?
 - Are any other jurisdictions/communities potentially affected?
 - notification to AHS/other as needed



Example – SSO - Salmonellosis

Table 1: Sensitive Situations or Occupations (SSO)

SSO	Activities
Food handler	 Touches unwrapped food to be consumed, <u>and/or</u> Handles equipment or utensils that touch unwrapped food to be consumed.*
Health care, child care or other staff	 Has contact through serving food to <u>highly susceptible</u> patients or persons in whom an intestinal infection would have particularly serious consequences. Provides direct patient care and is involved in the care of young children, elderly or dependent persons.
Child attending a child care facility or similar facilities	 Is diapered or unable to implement good standards of personal hygiene.
Any individual (older child or adult)	 Is unable to implement good standards of personal hygiene (e.g., with disabilities/challenges that may impact ability to perform good hand hygiene and is involved in an activity that may promote disease transmission.

* NOTE: Generally, food handlers who do not touch food, equipment or utensils in this way are not considered to pose a transmission risk; however, circumstances for each case should be assessed on an individual basis.

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Follow-Up & Investigation

• The community EPHO can consult the MOH as needed. Be sure to have basic information available if possible, such as:

Summary statement (ex. 28 year old man from [Community Name] with VTEC infection. Unknown source of infection. Case is a health care worker.)

Nation	Pathogen	Admission (hospital, admission date, if in ICU)	Other relevant history (eg. co- infections, other relevant medical conditions, if immunocompromised)	
Name	Date of specimen collection	Date of death		
DOB	Symptom onset	Enteric history (eg. if SSO, potential sources, any implicated off-reserve facilities, travel history)		
PHN	Symptoms	Information on close contacts (eg. if contacts are symptomatic, SSO's, etc)		



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Coordination Calls

- If needed, the Senior EPHO will organize a coordination call with the community EPHO, MOH, CHN, CDC nurse, etc.
 - Examples of when coordination calls might be needed include: multiple cases/potential outbreak, need for exclusions, facility implicated, susceptible population is at risk, disease is unusual or highly pathogenic, etc



NDR Form

- The community EPHO will advise the CHN to complete a **Report of Notifiable Disease (NDR) form** for all cases – confirmed/probable/suspect/etc.
- Detailed guidance on completing the form can be found in the Notifiable Disease Report Manual.
- The form can be completed and submitted in CHIP (Community Health & Immunization Program) or faxed to Environmental Public Health at 780-495-2796.
 - Note: Do not use a photocopy of the form as each form has a unique ID number.

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Report of Notifiable Disease (NDR)



Environmental Public Health Services In First Nations communities

NDR Form - Submission

- The community EPHO will review the form and will follow-up with the CHN as needed.
- Once the form is accurate and complete, EPH will forward the form to Alberta Health.
- Timelines for submitting initial and final forms can be found in the Notifiable Disease Report Manual under Reporter's Responsibilities.
 - The timeliness of reporting notifiable diseases is critical to ensure the health and safety of all Albertans.



NDR Form – Reporting Timelines

General NDR Reporti	ng Timelines:	
Fastest Means Possible (FMP) Diseases Definition: Notifiable diseases that are to be reported to the Chief Medical Officer of Health (CMOH) or designate by the fastest means possible (FMP), i.e., by direct voice communication.	 For FMP reporting Monday to Friday during regular business hours (0815- 1630), call the <u>CMOH</u> <u>Designate (Nurse Pager)</u> through pager number 780- 969-0888. For reporting after hours, over a weekend or stat holiday, contact the <u>CMOH</u> <u>(or designate)</u> through pager number 780-638-3630. 	 The initial NDR form must be forwarded to Alberta Health within 7 days and the final within 14 days.
Non-FMP Diseases <u>Definition</u> : Notifiable diseases that do not require FMP notification to the CMOH (or designate), usually 48 hours or longer.		 The initial NDR form must be forwarded to Alberta Health within 2 weeks and the final within 4 weeks. Exception: Hepatitis B and C initial NDRs should be reported within 4 weeks and the final within 10 weeks.



Environmental Public Health Services In First Nations communities

Outbreak Reporting

 In the event that an outbreak was declared by the MOH(s), an <u>Alberta</u> <u>Outbreak Report Form (AORF)</u> and outbreak summary will be completed by EPH and submitted to Alberta Health.

AORF Report Submission Timeline	S
Section 1 – Initial Notification	For all outbreaks send AORF within 24 hours after opening the investigation
Section 2 – Laboratory Confirmed Organism Identification	As soon as the causative organism has been confirmed on a laboratory report.
Section 3 – Final Report	Within 2 days of closing the investigation. The final report may include additional corrections or changes in Sections 1 and 2.
Outbreak Summary	As soon as it is available (if applicable). In complex outbreaks it is expected this may take some time, however, the summary should be submitted no later than 30 days after closing the outbreak investigation.



Environmental Public Health Services In First Nations communities **Services de santé environnementale et publique** dans les communautés des Premières Nations



Updates to the Animal Exposure Form

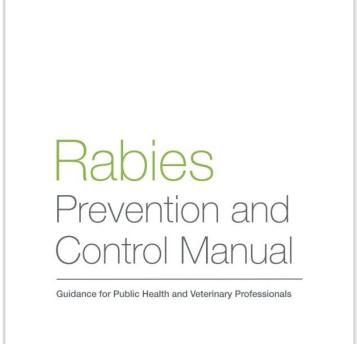
Presented by: Kyle Wonsiak, Senior EPHO



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Animal Exposure Follow Up

- April, 2019, EPHS took over Animal Exposure follow-up from Regional CDC team.
- Follow-up activities include:
 - Conducting rabies risk assessment; working with the Medical Officer of Health (MOH)
 - Coordinating sharing of information with MOH and external agencies as needed (AHS, CFIA)
 - Communicating the decision of the MOH with the community
 - Reporting on animal exposure data



Alberta

Animal Exposure Follow Up – Animal Exposure Report

			Animal Exposu	re Re	port_			Initial Report
	Environmental Public Health Services Fa EPHS On Call Phone Number: 7						0-495-2796	3
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		rmation						
		ing Expos	ure: Other Owned Animal:			Ownership Stat		mal:
			Other Wild Carnivore*:			Wild Anima Stray Anima		
			Example: wolf, mink, weasel, badger, o imall Mammal:	ougar, lynx,	or bear)	Domestic (, etc.)
	kunk*	(1	Example: rabbit, gopher, mouse)			Owner Informa	ation 🗆 N/A	
	acoon*		Other wild non-carnivore: Example: deer, porcupine)			Name:		
		D B	lird:			House #/Addre	55:	
			sure is a bat, skunk, racoon, fox, or ot at the bottom of page 3.	her wild car	nivore refer to	Phone #:		
-			imal(s) (Colour, Breed, Sex, Age,	Name, Ind	oor/Outdoor A	nimal, Sleep Arra	ngements, Beh	avioural Tendencies etc.
Dome Yes	stic An	imal [⊐ N/A					
		Has the	animal received a rabies vaccir	nation?	If yes, date of	most recent: (m	YY/MMM/DD}	
					Veterinarian I	Phone #:		
			animal obtained outside of Al			n:		
		Has the	animal traveled outside of Alb			n(s):		
					Date(s):			
				Page 1	of 4			April 2025

Environmental Public Health Services In First Nations communities



Animal Exposure Follow Up – Animal Exposure Report: Client Demographics Data:

Client's Demographics:			
Name (Last, First):	ULI:		
Guardian/Parent Name (if applicable):	Birthdate:		(yyyy/mmm/dd)
Phone Number:	Age:		
□ Client lives in a First Nation □ Client does not live in a First Nation	Sex:	Female	□ Male
Unable to contact client	Weight:		
House #/Address:			
Community/City:			

 Section reorganized and designed to put emphasis on house address/identifier and not necessarily a Box Number



Animal Exposure Follow Up – Animal Exposure Report: Date Time and Geographical Location of Animal Exposure:

Date, Time and Geog	raphical Location of Animal Exposure	
Date of Animal Exposure	e (YYYY/MMM/DD):	Time of Animal Exposure (24 hour clock):
The Animal Exposure	Occurred in a First Nation (identify log	cation):
(choose one):	Did not occur in a First Nation (identif	y location):

 Section reorganized and added free text fields to identify the community the animal exposure occurred in.



Animal Exposure Follow Up – Animal Exposure Report: Animal Information:

An	imal Info	rmation:	
Spe	ecies Caus	ing Exposure:	Ownership Status of the Animal:
	Dog Cat Ferret Bat*	 Other Owned Animal: Other Wild Carnivore*: (Example: wolf, mink, weasel, badger, cougar, lynx, o Small Mammal: 	Stray Animal
	Skunk* Racoon* Fox*	(Example: rabbit, gopher, mouse) Other wild non-carnivore: (Example: deer, porcupine) Bird:	Owner Information N/A Name:
hig	h risk incide	If the exposure is a bat, skunk, racoon, fox, or other wild carn nts section at the bottom of page 3. If the Animal(s) (Colour, Breed, Sex, Age, Name, Indo	
Doi	mestic An	imal 🗆 N/A	
Yes □	s No □		f yes, date of most recent: (үүүү/ммм/dd) /eterinarian Phone #:
			f yes, location:
			f yes, location(s):
		ſ	Date(s):

Environmental Public Health Services In First Nations communities

- Asterisk continues to note higher risk (refers to page 3 for further instructions).
- Additional prompts for animal description.
- New fields for domestic animals only.



Animal Exposure Follow Up – Animal Exposure Report: Information About Incident & 10 Day Observation Period:

Yes*		lth Status – us							0.5						
		Did the animal appearance?	have an	unhea		of rabies ma	ay inclu	de letharg	ours include: a y, fever, vomit	ng, ano	exia, col	ic, lamen	ess, ch	anges ir	1
		Did the animal I	have abr	norma					cessive salivat						
		behaviours or s prior to the inci		ns of ra					eared unhealth on at the botton			haviours	or had :	signs of r	ables
		0e (select all that a	apply):	Loca	ation of I	Exposure (select a	ill that app	dy):	D	escripti	on of th	ne Incio	dent:	
Yes	No				Head*			Neck*							
	🗆 Bite				Torso/C	hest/Back		Arm							
	with	saliva?			Hand			Thigh							
	with	a break in skin?			Calf			Ankle							
	□ Scrate	ch			Foot			Other:							
	with	a break in skin?		*HIG	HER RISK:	If the exposi	ure is on	the head a	nd/or neck, Refe	rto					
	Other					nts section a									
_		-													
Prov	vocation -	- used to deter	rmine t	he ne	ed for ra	bies vacci	ne or i	mmune g	lobulin						
The	e incident	was:	D P	rovoł	ked		🗆 Ur	nprovoked	4•						
A nn	ovoked att	ack is one where	e the hur	man d	id someth	ing to prov	oke the	animal (es	en if the actio						
		ack is one where nal) and the atta													
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- No changes to page 2 of the form.
 - 10 Day observation period section cleaned up to provide clearer direction.



Environmental Public Health Services In First Nations communities

Animal Exposure Follow Up – Animal Exposure Report: Initial Medical Treatment & Immunizations:

- Additional fields to identify facility/facility location and care provider during initial treatment.
- EPHS does not assess the need for tetanus nor track
 administration of the vaccine.
 - Any questions regarding tetanus requirements or procedures, please continue to contact the regional CDC team.

Initial M	ledical Treatment of the Client:	
Yes No	Did the client receive initial medical treatment? Facility: City/Community: Date (vvv/MMM/DD): Contact Name: Phone Number:	Type of Treatment Provided (select all that apply): N/A Yes No Wound thoroughly flushed and cleaned Stitches Antibiotics Tetanus-containing vaccine provided Tetanus Immune Globulin (TIG) Rabies Immune Globulin (RIG) or Rabies vaccine
Yes No TETANUS If the clie vaccine b Program Note: If t vaccine v history of	ation Status of Client – used to determine the client's a Prior to the animal exposure, did the client have a histo If yes, list dates:	ry of rabies vaccination? OR if the client did not receive 3 doses of tetanus-containing Immune Globulin (TIG). Review the Tetanus Immune Globulin to discuss the need for TIG. vaccine but has not received a booster of tetanus-containing taining vaccine dose appropriate to their age. If the client has a
tetanus-o	f 3 doses of tetanus-containing vaccine and has received containing vaccine dose is not required unless client is a	· · · · · · · · · · · · · · · · · · ·



Animal Exposure Follow Up – Animal Exposure Report: Completing the Initial Form and Exposure Follow Up:

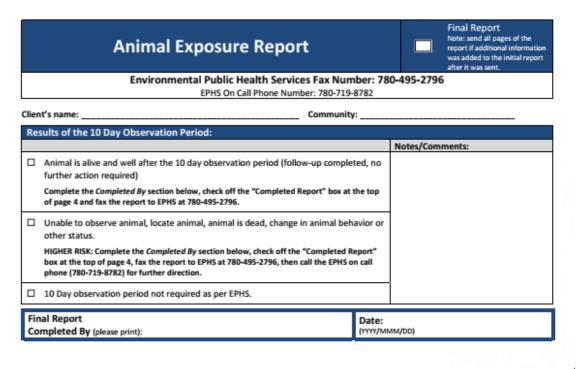
Higher Risk Incidents:	Lower Risk Incidents:
 If the incident is determined to be at a higher risk: Complete the Animal Exposure Report up to the bottom of page 3. Check off the "Initial Report" box at the top of page 1. Fax the Animal Exposure Report immediately to EPHS at 780-495-2796 and call the EPHS on call phone (780-719-8782) to receive direction. 	 If the incident was <u>not</u> identified as high risk: Complete the Animal Exposure Report up to the bottom of page 3. Check off the "Initial Report" box at the top of page 1. Fax the first 3 pages of the Animal Exposure Report to EPHS at 780-495-2796. Determine the need for tetanus-containing vaccine or tetanus immune globulin – review program summaries. Wait 10 days, until the observation period has been completed. Note: If any sign of illness occurs in the animal during the observation period, FNIHB EPHS must be notified immediately by calling the EPHS on call phone (780-719-8782). Once the observation period has been completed by sections on page 4. Check off the "Final Report" box on the top of page 4. Fax page 4 of the Animal Exposure Report to EPHS at 780-495-2796.
Initial Report	Date:
Completed By: (please print):	(YYYY/MMM/DD):

- No changes to reporting procedure or process.
- Notify EPHS immediately of any high-risk incidents (anything marked with an asterisk).
 - EPHO on call 24-7 if area EPHO not available.



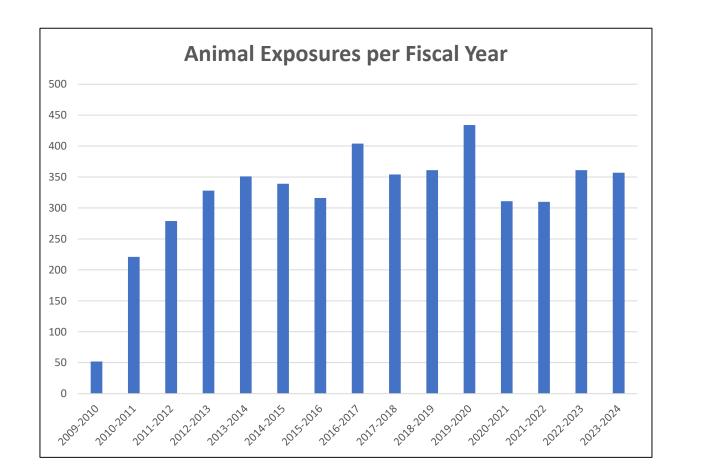
Animal Exposure Follow Up – Animal Exposure Report: Completing the Final Form:

- Reorganized section to provide clearer direction.
 - Higher risk if the animal cannot be located or if there is a change in animal behaviour/status.
- Removed majority of the "Regional Use Only" section.





Animal Exposure: Data



2009-2010	52
2010-2011	221
2011-2012	279
2012-2013	328
2013-2014	351
2014-2015	339
2015-2016	316
2016-2017	404
2017-2018	354
2018-2019	361
2019-2020	434
2020-2021	311
2021-2022	310
2022-2023	361
2023-2024	357



Zoonotic/Animals and Human Health Program

- Another major component of the CDC Program Area is the Zoonotic Disease and Animals and Human Health Program.
- Data has been valuable in demonstrating ongoing issues with animal exposure incidents.
- In 2023, additional funding was received in the region to be allocated to the zoonotic and animal human health program.
 - Funding went to further support spay and neuter clinics, and re-establish the drastically scaled back education/awareness component of the program.



Resources

Animal Exposures

What should I do if I've been bitten or scratched by an animal?

- Wash the area with scap and water in order to clean the wound and remove as much of the animal's saliva as possible. Avoid splashing wash water into your eyes, nose or mouth.
- · Get the name, address and phone number of the animal owner (if possible).
- See your doctor or visit your local health centre or hospital emergency room to have the wound cared for.

All reported animal exposures are sent to Environmental Public Health Services for follow up to determine if the person involved may have been exposed to **rabies**.

What is rabies and why should I be concerned?

Although extremely rare in Alberta, rabies is a fatal yet preventable viral disease that affects the nervous system of warm-blooded animals, including humans. If a person does not receive the appropriate medical care after a potential rabies exposure, the virus can cause disease in the brain, ultimately resulting in death. The need for rabies treatment will depend on:

- the type of animal involved
- where the exposure occurred
- the reason for the exposure (e.g. provoked or unprovoked incident)
- whether the animal is a pet whose health and rabies vaccination status can be determined.

What happens to the animal Involved in a biting or scratching incident?

- A Public Health Nurse (PHN) or Environmental Public Health Officer (EPHO) will contact the owner (if possible) to gather more information about the animal, including the date of the last rabies vaccination, to help determine the risk of rabies in the animal.
- Domestic animals (i.e. pets) involved in a bite or scratch incident are confined and observed at their home for a period of 10 days. They are not to be euthanized (put down).
- If they are alive and well after this 10-day period, it confirms that they did not have rabies at the time of the incident and therefore the person involved will not require treatment for rabies.
- If the animal involved was a wild animal or stray, the risk of rabies is more difficult to assess. The EPHO will consult with the Medical Officer of Health (MOH) to determine if treatment for rabies is recommended.



What is the role of the Public Health Nurse or Environmental Public Health Officer when reports of animal exposures are received?

PHNs and EPHOs work to determine if the person involved may have been exposed to rabies. To determine the risk, they will:

1) Contact the individual(s) involved and ask the following questions:

- · When and where did the incident occur?
- · Can you describe what happened?
- Where did the animal bite or scratch you?
- Where do you live?
- · Was the animal a pet, stray, or wild animal? Can you describe it?
- If you know the animal, who do they belong to?
- · Did the animal appear unhealthy?
- · Was the animal acting strangely?
- · Do you know the vaccination status of the animal?
- · Can the animal be confined and observed for 10 days?

 Require that the domestic animal be confined to the owner's property for a 10day observation period. During this period, it is important that the owner:

- · Keep the animal away from other animals and people.
- Keep the animal indoors at night, where possible.
- Immediately call the local health centre or the EPHO On-Call (see contact number below) if the animal appears unwell, escapes, dies or if the animal's behavior changes.

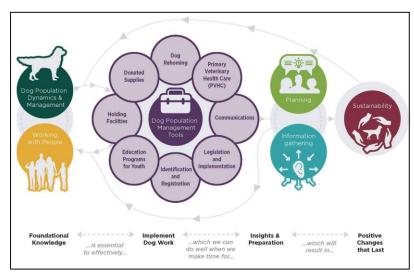
 Follow up with the animal owner to ensure the animal is alive and well after the 10-day observation period to rule out rabies.

 Arrange for rabies treatment for clients that may have been exposed to rabies when requested by the MOH.

For further information, contact your local Environmental Public Health Officer.

After regular business hours, the EPHO On-Call can be reached at 780-719-8782.

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Dog Care and Management Program | Canadian Animal Task Force (cataskforce.org)





Environmental Public Health Services In First Nations communities

QUESTIONS/FEEDBACK?

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Environmental Public Health Services In First Nations communities



