



BUG DAY Abstracts

Tuesday, October 20th, 2009

Frederic Gaspard Theatre, Theatres B & C, University of Manitoba
Basic Medical Sciences Building, 730 William Ave., Winnipeg, MB or by Manitoba Telehealth

Bug Day Agenda

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| <p>0700-0750 Coffee, Juice, Muffins</p> <p>0750-0800 Opening Remarks
Fred Aoki, MD
Section of Infectious Diseases,
Department of Medicine
University of Manitoba</p> <p>0800-0855 Medical Grand Rounds
Infection Control: Staying In Control!
John Embil, MD
Infection Prevention and Control Unit Health
Sciences Centre</p> <p>0855-0900 Announcements
Moderator: Molly Blake</p> <p>0900-0930 Planning for the Influenza Pandemic:
Do We Know What to Do?
Joel Kettner, MD
Office of the Chief Medical Officer
Manitoba Health</p> <p>0930-1000 Exhibits / Nutrition break provided</p> <p>1000-1030 Prions: Rare, "Virtual", Deadly!
Michael Coulthart, PhD
National Microbiology Laboratory
Public Health Agency of Canada</p> <p>1030-1100 Update: The Latest on Herpes Zoster
Virus Vaccines
Fred Aoki, MD
Section of Infectious Diseases, Department of
Medicine
University of Manitoba</p> | <p>1100-1130 Healthy Aging:
Preventing Infections in the Elderly
Lindsay Nicolle, MD
Section of Infectious Diseases,
Department of Medicine
University of Manitoba</p> <p>1130-1200 What To Do When Things Get Hot...Climate Change
and Infectious Diseases
Tim Hilderman, MD
Manitoba Health</p> <p>1200-1300 Exhibits / Lunch on your own</p> <p>1300-1315 Announcements</p> <p>1315-1345 The Immunocompromised Host: Understanding and
Preventing the Risks for Infection
Matthew Seftel, MD
Bone Marrow Transplant Program
CancerCare Manitoba</p> <p>1345-1415 Growing Up Healthy:
Preventing Infections in Children Sergio Fanella, MD
Section of Infectious Diseases,
Department of Pediatrics
University of Manitoba</p> <p>1415-1445 Exhibits / Nutrition break provided</p> <p>1445-1515 In the Limelight: Lyme Disease
Robbin Lindsay, PhD
National Microbiology Laboratory
Public Health Agency of Canada</p> <p>1515-1545 Intoxications and Envenomations: The Kiss of Death!
Pierre Plourde, MD
Winnipeg Regional Health Authority</p> <p>1545-1600 Closing Remarks
Moderator: Molly Blake</p> |
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Infection Control: Staying in Control!

John Embil, MD,
Infection Prevention and Control Unit
Health Sciences Centre

Abstract

There are many different types of healthcare associated infections. Any procedure which violates the patient's protective barriers such as the skin, respiratory and urogenital tract, may lead to an infection. Both healthcare workers and patients come in contact with infectious agents and material in hospital. The "super bacteria" which are frequently encountered in the community and in hospitals are methicillin resistant *Staphylococcus aureus* (MRSA) and vancomycin resistant enterococcus (VRE). The incidence of *Clostridium difficile* associated disease has been rising dramatically over the past few years.

An overview of hospital acquired infections and the situation in Winnipeg with the "super bacteria" will be reviewed.

Objectives

By attending this session the attendee will be able to:

1. Describe the current situation in Winnipeg with methicillin resistant *Staphylococcus aureus*, vancomycin resistant enterococcus, and *Clostridium difficile*.
2. Be able, as a healthcare worker, to protect oneself and your patients from acquiring the "super bacteria".
3. Be able to describe what we mean by "What you can't see may hurt you!"

Multiple Choice Questions (Select the best answer)

1. The best method for preventing the spread of healthcare associated infection is to:
 - a. Use potent antibiotics
 - b. Keep every hospitalized person in a private room
 - c. Wash hands or use a waterless antiseptic handrub before and after touching patients
 - d. Give chronic antibiotic therapy to persons with in dwelling devices
2. Which of the following is true about methicillin-resistant *Staphylococcus aureus*?
 - a. It does not routinely spread easily through healthcare facilities
 - b. It has legs and can walk from room to room
 - c. It's spread in a facility can be minimized if not stopped by adhering to established infection control precautions
 - d. It is easily killed by cloxacillin
3. When entering/exiting the room of a patient in isolation, which of the following is correct?
 - a. Upon entering, read the sign on the door and do exactly as suggested
 - b. Upon entering, read the sign, and interpret according to your needs
 - c. Upon exiting, immediately wash your hands, if you have time
 - d. When in the room, take off your gloves and mask to better communicate with the patient

Planning for the Influenza Pandemic: Do We Know What to Do?

Joel Kettner, MD
Office of the Chief Medical Officer
Manitoba Health

Abstract

Influenza is a respiratory infection caused by the influenza virus, which can be transmitted through infectious droplets that have been coughed or sneezed into the air. The influenza virus mutates quickly and regularly and thus the reason that a new vaccine is created every year to help prevent influenza. When new strains of influenza virus circulate, they can spread quickly as there is little or no immunity to this virus. Concern has existed for decades about the possibility of an influenza pandemic. A pandemic is an epidemic of worldwide proportions. The goal of influenza pandemic preparedness is to minimize serious illness and overall death and to minimize societal disruption amongst the population. To achieve these goals, a coordinated effort at all levels of government is necessary.

Objectives

By attending this session the attendee will be able to:

- State the complexity of pandemic planning.
- Describe the key elements for pandemic planning.
- Explain why pandemic planning is important.

Multiple Choice Questions (Select the best answer)

1. Which of the following are key steps for pandemic preparedness and response?
 - a. Prevention
 - b. Preparedness
 - c. Mitigation/response
 - d. Recovery
 - e. All of the above
2. Which of the following are objectives of influenza surveillance?
 - a. Provide data on currently circulating strains and facilitate comparison with vaccine composition and vaccine recommendations.
 - b. Describing the affected population thus identifying high risk groups
 - c. Detecting unusual events including unique or new strains of influenza virus, unusual outcomes and/or syndromes or unusual distribution of severity of disease in the population.
 - d. Inform the pandemic response through early detection and tracking of the emergence, spread and impact of novel influenza viruses in the population.
 - e. All of the above.
3. Which of the following are the objectives of a pandemic vaccine program?
 - a. Provide a safe and effective vaccine program to all Canadians as quickly as possible.
 - b. Allocate, distribute and administer vaccine as rapidly as possible to appropriate groups of people
 - c. Monitor the safety and effectiveness of vaccination programs.
 - d. All of the above.

Prions: Rare, “Virtual”, Deadly!

Michael Coulthart, PhD
National Microbiology Laboratory
Public Health Agency of Canada

Abstract

Prion diseases are rare, lethal, untreatable degenerative brain disorders that primarily affect humans and ruminants. Examples include: scrapie in sheep and goats; Bovine Spongiform Encephalopathy (BSE) in cattle; Chronic Wasting Disease (CWD) in deer and elk; and Creutzfeldt-Jakob Disease (CJD) in humans. Human prion diseases resemble other, more common brain diseases (e.g., Alzheimer’s disease) in that they occur both sporadically and genetically, and involve pathological behavior of specific proteins. However, unique public health issues arise with prion diseases, because they are also transmissible (infectious), and are caused not by a virus or bacterium but by a novel subcellular agent (*prion*) consisting largely or entirely of a misfolded host protein. With no effective prophylaxis or treatment, precautionary approaches, detailed case-by-case surveillance and timely diagnosis are critical tools for prion disease prevention and control.

Objectives:

By attending this session the attendee will be able to:

1. State the basic biological and epidemiological features of prion agents and prion diseases.
2. State how surveillance and diagnosis of human prion diseases are approached.
3. Define relevant public health issues with prion diseases.

Multiple Choice Questions (Select the best answer)

1. Human prion diseases are known to be caused by:
 - a. Genetic mutations
 - b. Protein misfoldng
 - c. Transfusion of contaminated blood
 - d. Zoonotic infection
 - e. All of the above
2. Which of the following statements is incorrect?
 - a. The annual *per capita* incidence of human prion diseases is $1-2 \times 10^{-6}$ worldwide.
 - b. Most human prion diseases have no specific known cause.
 - c. Human prion disease can be confirmed by brain biopsy.
 - d. vCJD can be distinguished from classical CJD by a biochemical test.
 - e. Canada is, so far, unaffected by vCJD
3. Which of the following statement(s) is incorrect?
 - a. Canada is in the midst of an epidemic of Bovine Spongiform Encephalopathy (BSE).
 - b. Variant Creutzfeldt-Jakob disease (vCJD) is known to no longer be a public health issue.
 - c. Chronic Wasting Disease is known to be incapable of infecting humans.
 - d. Genetic data indicate that humans are variably susceptible to vCJD.
 - e. All of the above
 - f. b and c

Update: The Latest on Herpes Zoster Virus Vaccines

Fred Aoki, MD
Section of Infectious Diseases, Department of Medicine
University of Manitoba

Abstract

Herpes zoster or shingles, is a vesicular dermatomal eruption caused by reactivation of a latent ganglionic varicella zoster virus (VZV) infection. The incidence of shingles increases with age from approximately 2 per 1000 persons per year at age 50 years, to 10 per 1000 in those 80 years of age. The clinical problems posed by shingles relate to ocular complications associated with zoster ophthalmicus and post-herpetic neuralgia (PHN). PHN complicates 5-15% of cases and can be severe and very difficult to treat.

A live, attenuated herpes zoster vaccine reduced the incidence of both herpes zoster and PHN by 67% and 51%, respectively, in non-immunocompromised adults more than 60 years of age. Vaccine caused local reactions at the immunization site in more recipients (48%) than did placebo (17%) and more serious adverse events (1.9% and 1.3%, respectively; $p=0.03$). The value of this vaccine for non-immunocompromised individuals more than 60 years is beyond question. Its value in those less than 50 years of age as a publicly funded vaccine remains to be determined.

Objectives

By attending this session, the attendee will be able to:

1. Discuss how humans develop herpes zoster.
2. Describe the long and short term effects of infection with the VZV.
3. Describe how herpes zoster may be prevented.

Multiple Choice Questions (Select the best answer)

1. Which of the following is true about herpes zoster?
 - a. It occurs only in persons who have had chickenpox.
 - b. Although it can occur at any age, the majority of cases are observed in persons greater than 50 years of age.
 - c. The disease results from the virus reactivating in a single sensory ganglion.
 - d. All of the above.
2. Which of the following is true about post herpetic neuralgia?
 - a. Post-herpetic neuralgia occurs after every episode of herpes zoster.
 - b. Antiviral drug reduces the incidence of post-herpetic neuralgia.
 - c. Administering gabapentin in conjunction with antiviral drugs will prevent post-herpetic neuralgia.
 - d. Tricyclic antidepressants are efficacious for the management of post-herpetic neuralgia.
3. Which of the following is correct about the herpes zoster vaccine?
 - a. It is a live vaccine.
 - b. In studies of older adults, it has prevented half the cases of herpes zoster.
 - c. In studies, it has reduced the cases of post herpetic neuralgia by 2/3.
 - d. All of the above.

Healthy Aging: Preventing Infections in the Elderly

Lindsay Nicolle, MD
Section of Infectious Diseases, Department of Medicine
University of Manitoba

Abstract

Elderly populations are at increased risk of infection. Some of this is attributable to aging associated modifications in the immune system, particularly reactivation of latent infections including tuberculosis, and varicella zoster virus (shingles). Optimal management of comorbid illnesses will prevent some infections, for instance poorly controlled congestive heart failure is associated with an increased risk of pneumonia or leg cellulitis because of edema. In institutionalized populations, avoidance of invasive devices such as feeding tubes and chronic indwelling urethral catheters may also limit infection. Influenza vaccination and pneumococcal vaccination are recommended for all older individuals. However, the benefit of these vaccinations has recently been questioned in elderly populations. The use of the varicella zoster vaccine remains controversial because of the very high cost. Prevention of infection for older individuals in the community includes appropriate vaccinations, optimal management of comorbid illnesses (e.g. COPD, congestive heart failure, diabetes), and effective management of open skin lesions. Early identification and prompt institution of appropriate therapy will decrease morbidity of infections when they do occur. For long term care facilities, infection can be minimized by maintaining an effective infection control program.

Objectives

By attending this session, the attendee will be able to:

1. State the alterations in older populations which increase the risk of infection.
2. Discuss current approaches to prevent infections in elderly individuals.
3. List current recommendations for immunizations relevant to elderly populations.

Multiple Choice Questions (Select the best answer)

1. Current vaccinations recommended for all individuals > 65 years include:
 - a. *Bordetella pertussis*
 - b. Pneumococcal 7-valent conjugate vaccine
 - c. Influenza virus
 - d. Varicella zoster virus
2. Which of the following comorbid conditions is associated with an increased risk for lower respiratory tract infection in older subjects?
 - a. Poorly controlled congestive heart failure
 - b. Chronic obstructive pulmonary disease
 - c. Swallowing abnormalities following cerebral vascular accident
 - d. Residence in a long term care facility
 - e. All of the above
3. Antimicrobial therapy for urinary infection is indicated when:
 - a. Patient has a fever, no localizing findings and no chronic indwelling catheter
 - b. The patient has a fever, no localizing findings and an indwelling foley catheter
 - c. A urine culture is positive
 - d. Pyuria is present

What To Do When Things Get Hot...Climate Change and Infectious Diseases

Tim Hilderman, MD
Medical Officer of Health
Manitoba Health

Abstract

Concern about our environment has been increasing over the past few decades. In particular, there is scientific consensus that greenhouse gas emission resulting from human activity will change the earth's climate. It is speculated that this climate change will adversely affect human health. It has been suggested that North America will experience significant changes in weather patterns, which will include warmer temperatures, increasing rainfall, droughts in the summer and extreme weather consisting of tornados and hurricanes. These events may lead to direct human trauma, however, it has been suggested that they will likely also cause significant changes in the incidents and distribution of infectious diseases. These changes will occur with a changing epidemiology in vector borne and animal related diseases, water and food-borne pathogens and conditions which are related to environmental reservoirs such as endemic mycoses. Although it is difficult to predict the future, the global mean temperature has been increasing over time and will continue to increase. This observation serves as a serious warning of what may lay ahead for us as humans as we interact with our environment and potentially infectious agents in that environment.

Objectives

By attending this session, the attendee will be able to:

1. Describe the evidence for environmental change and the future of human disease.
2. List adverse affects from increasing global temperatures.
3. State the best defense against infectious diseases related to climate changes.

Multiple Choice Questions (Select the best answer)

1. Transmission of infectious diseases is determined by which of the following factors:
 - a. Social environment
 - b. Economic climate
 - c. Ecological conditions
 - d. Intrinsic human immunity
 - e. All of the above
2. Climate change may affect zoonoses (human infections of animal origin that may be transmitted to humans) in which of the following ways:
 - a. Increase the range or abundance of animal reservoirs or insect vectors
 - b. Prolong transmission cycles
 - c. Increase the importation of vectors or animal reservoirs to new regions
 - d. All of the above.
3. To address potential changes in infectious disease burden due to climate change, which of the following measures may be of benefit to lessen this burden?
 - a. Enhancement of public health infrastructure
 - b. Provision of safe food and water
 - c. Vector control
 - d. All of the above.

The Immunocompromised Host: Understanding and Preventing the Risks for Infection

Matthew Seftel, MBChB
Bone Marrow Transplant Program
CancerCare Manitoba

Abstract

The term “immunocompromised host” refers to a person whose immune mechanisms are impaired either because of a primary or acquired immunodeficiency disorder, or as a result of the administration of immunosuppressive medication or radiation. The number of immunocompromised hosts has increased dramatically over the past decade with advances in immunosuppressive therapy for the management of persons with blood and marrow and other organ transplants, as well as persons requiring immunosuppressive therapy for conditions such as rheumatoid arthritis or cancer.

The immunocompromised host is at risk of developing infections caused by viruses, bacteria, and fungi. Frequently the cause of the infections can be rare pathogens which may not routinely cause problems in persons who are immunocompetent. Different immunosuppressive agents will affect different components of the host defenses and it is through understanding how different agents affect different parts of the hosts’ natural defenses that we can adequately plan for and prevent infection in these individuals.

Objectives:

By attending this session, the attendee will be able to:

1. Describe the key components of the immune system responsible for protecting the host.
2. State the different types of immunosuppressive therapy and which parts of the immune system they affect.
3. Discuss evidence-based measures to prevent infection in the immunocompromised host.

Multiple Choice Questions (Select the best answer)

1. In a severely immunocompromised host, such as a patient who has undergone bone marrow transplantation (BMT), which of the following may serve as a source for infection:
 - a. Vascular access device
 - b. Gastrointestinal tract
 - c. Respiratory tract
 - d. Urinary tract
 - e. All of the above
2. In an immunocompromised host, fever may be due to which of the following:
 - a. Viruses
 - b. Bacteria
 - c. Fungi
 - d. Medication
 - e. All of the above.
3. In a host who has undergone BMT, the risk of infection after the procedure is similar to that of a normal host by which time period?
 - a. One month
 - b. Three months
 - c. Six months
 - d. One year
 - e. Never

Growing Up Healthy: Preventing Infections in Children

Sergio Fanella, MD
Section of Infectious Diseases, Department of Pediatrics
University of Manitoba

Abstract

Optimal health care for children involves a trusting relationship between children, parents, health professionals, and the community at large. In addition to variations of normal childhood development, children can present to their health professional with a wide variety of metabolic, allergic, traumatic, neurologic, inflammatory, and infectious diseases. Anticipatory guidance and the prevention of diseases are cornerstones of pediatric medicine.

Children are exposed to infectious diseases in many ways during their daily activities, including exposure to sick contacts at home, day care or school, while exploring their environment, or while traveling with their family. Preventing infections in children can be accomplished at a variety of different levels. Breast-feeding has long been known to lower rates of respiratory and gastrointestinal infections in infants. Immunizations, beginning early on in childhood, have prevented millions of new cases of and deaths from some infectious diseases over the last century. Future research will explore the areas of new vaccines and their use in certain target populations, and how the immune system of children differs from that of adults.

Objectives

By attending this session, the attendee will be able to:

1. Discuss various approaches to preventing infectious diseases in children, including nutrition, hygiene, and immunizations.
2. List some of the major vaccines available in Canada for pediatric patients.
3. Discuss future areas of research to understand the immune system in young children.

Multiple Choice Questions (Select the best answer)

1. Which of the following are absolute reasons not to breast feed an infant?
 - a. Maternal HIV infection
 - b. Active herpes simplex of the breast
 - c. Galactosemia
 - d. All of the above
2. Human breast milk contains which compounds felt to have antimicrobial properties?
 - a. IgA
 - b. Lactoferrin
 - c. Lysozyme
 - d. White blood cells
 - e. All of the above
3. In Canada which immunizations can be given before 2 months of age?
 - a. BCG
 - b. Palivizumab
 - c. Hepatitis B vaccine
 - d. Influenza vaccine
 - e. a,b,c

In the Limelight: Lyme Disease

Robbin Lindsay, PhD
Public Health Agency of Canada
National Microbiology Laboratory

Abstract

Lyme disease is a tick-transmitted infection. Although there are over 40 different types of ticks in Canada, only a small number of these are effective at transmitting Lyme disease to humans. The transmission cycle of Lyme disease in nature is complex and involves the interaction between vector ticks, mammal and bird reservoirs, and the environment (e.g., temperature and habitat type). The distribution of the important tick vectors of Lyme disease has historically been quite limited; however, in recent years, vector populations have become established in several new localities in Canada including Manitoba. In addition, because birds can transport ticks across much of Canada, the geographic localities where people can potentially be exposed to Lyme disease are large. Fortunately, there are a number of simple preventive measures that can be employed to minimize the risk of exposure to ticks and the disease-causing agents they carry.

Objectives

By attending this session the attendee will be able to:

1. Describe the tick vectors that transmit Lyme disease to people.
2. Define the changing dynamics of Lyme disease risk in Canada.
3. State the basic methods for prevention of Lyme disease and other tick-borne infections.

Multiple Choice Questions (Select the best answer)

1. Which of the following types of ticks is the most common vector of the agent of Lyme disease in Canada?
 - a. The American dog tick (commonly known as the wood tick)
 - b. The blacklegged tick
 - c. The western blacklegged tick
 - d. The rabbit tick
2. Which of the following factors is most likely responsible for the changing patterns of Lyme disease risk in Canada?
 - a. Climate change
 - b. Expanding distribution of vector populations
 - c. Increased physician and public awareness
 - d. All of the above
3. Of the activities listed below, which one is the most effective for preventing Lyme disease?
 - a. Regular use of contraceptives
 - b. Avoiding outdoor activities in tick-infested habitats
 - c. Visual inspection and prompt removal of attached ticks
 - d. All of the above

Intoxications and Envenomations: The Kiss of Death!

Pierre Plourde, MD
Medical Officer of Health
Winnipeg Regional Health Authority

Abstract

Travelers to tropical destinations are faced with many risks and challenges. Although (fortunately) uncommon, intoxications and envenomations can present travelers with very distressing experiences. Shellfish, ciguatera, and puffer fish intoxications are difficult to prevent, as the toxins/poisons have no odor or taste and are not destroyed by the heat of cooking. Fortunately, supportive treatment usually suffices and deaths are uncommon. Spider bites are often over diagnosed by physicians. The most common spider envenomations in North America are caused by the black widow and brown recluse spiders. In both instances, supportive treatment usually suffices and deaths are rare. Snakebites are generally uncommon in North America; most venomous snakes are found on other continents. Snake venoms are among the most toxic biological substances known; minute dose being able to cause severe damage. Snake venom effects vary from anticoagulation, to paralysis, to severe tissue destruction mimicking necrotizing fasciitis. Snakebite management includes basic first aid measures followed by prompt medical care including antivenom therapy. Deaths from snakebites are surprisingly uncommon.

Objectives:

By attending this session, the attendee will be able to:

1. Define toxins, poisons, and venoms.
2. Describe the clinical toxicology, symptoms, management, and prevention of shellfish, ciguatera, and puffer fish poisoning.
3. Describe the clinical toxicology, symptoms, management, and prevention of spider and snake bites.

Multiple Choice Questions (Select the best answer)

1. A venom is:
 - a. A chemically pure substance
 - b. A toxic substance produced by non-specialized glands
 - c. A substance that causes toxic effects after being swallowed
 - d. A complex toxic substance produced in specialized glands
2. The most common fish poisoning syndrome seen in a Tropical Medicine clinic is:
 - a. PEI mussels (domoic acid) poisoning
 - b. Ciguatera fish poisoning
 - c. Japanese puffer fish poisoning
 - d. Shellfish poisoning
3. A person who owns a venomous snake, presenting to the emergency department with severe swelling, lymphangitis, blisters, and necrosis of his arm (resembling "flesh eating disease") where the bite took place was most likely bitten by what kind of snake:
 - a. Cobra (Elapid)
 - b. Boomslang (Colubrid)
 - c. Gaboon viper (Viper)
 - d. Diamondback rattlesnake (Crotalid)
 - e. Green mamba (Elapid)

Answers to Multiple Choice Questions

1. Infection Control: Staying in Control!
 1. c
 2. c
 3. a

2. Planning for the Influenza Pandemic: Do We Know What to Do?
 1. e
 2. e
 3. e

3. Prions: Rare, "Virtual", Deadly!
 1. e
 2. e
 3. f

4. Update: The Latest on Herpes Zoster Virus Vaccines
 1. d
 2. b
 3. d

5. Healthy Aging: Preventing Infections in the Elderly
 1. c
 2. e
 3. b

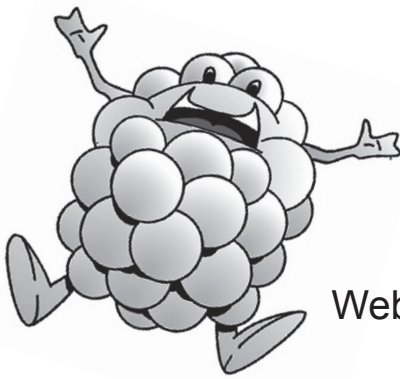
6. What To Do When Things Get Hot...Climate Change and Infectious Diseases
 1. e
 2. d
 3. d

7. The Immunocompromised Host: Understanding and Preventing the Risks for Infection
 1. e
 2. e
 3. e

8. Growing Up Healthy: Preventing Infections in Children
 1. d
 2. e
 3. e

9. In the Limelight: Lyme Disease
 1. b
 2. d
 3. c

10. Intoxications and Envenomations: The Kiss of Death!
 1. d
 2. b
 3. c



Bug Day 2009

Websites/Links for Specific Presentations

Infection Control: Staying in Control

1. Centres for Disease Control and Prevention. Cover your Cough. Stop the Spread of Germs that Make You and Others Sick! Available at <http://cdc.gov/flu/protect/covercough.htm>
2. Disease Prevention and Control Guidelines – Public Health Agency of Canada. Available at: <http://www.phac-aspc.gc.ca/dpg-eng.php>
3. Health Canada. Infection Control Guidelines: Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare. CCDR 1999; 25S4; 1-142. Available at: <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/99vol25/25s4/index.html>
4. Health Canada. Infection Control Guidelines: Handwashing, Cleaning, Disinfection and Sterilization in Healthcare. CCDR 1998; 24S8:1-55. Available at <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/98pdf/cdr24s8e.pdf>
5. Boyce JM, Pittet D: Healthcare Infection Control Practices Advisory Committee: HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. Guidelines for Hand Hygiene in Health-Care Settings: Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. Society for Healthcare Epidemiology of America/Association of Professionals in Infection Control/Infectious Diseases Society of America. MMWR Recomm Rep 2002; 25: 51; 51(RR-16): 1-45. Available at: <http://www.cdc.gov/mmwr/pre-view/mmwrhtml/rr5116A1.htm>

Planning for the Influenza Pandemic: Do We Know What to Do?

1. Public Health Agency of Canada. Pandemic Preparedness. Available at: <http://www.phac-aspc.gc.ca/influenza/pandemic-eng.php>
2. Manitoba Health. Preparing for Pandemic Influenza. Available at: <http://www.gov.mb.ca/health/publichealth/pandemic.html>

Prions: Rare, “Virtual”, Deadly!

1. Public Health Agency of Canada. Creutzfeldt-Jakob Disease. Available at: <http://www.phac-aspc.gc.ca/hcai-iamss/cjd-mcj/index-eng.php>

Update: The Latest on Herpes Zoster Virus Vaccines

1. Public Health Agency of Canada. Vaccine Preventable Diseases-Varicella. Available at: <http://www.phac-aspc.gc.ca/im/vpd-mev/varicella-eng.php>

Healthy Aging: Preventing Infections in the Elderly

1. Public Health Agency of Canada. Vaccination Schedules: Recommendations from the National Advisory Committee on Immunization (NACI) Available at: <http://www.phac-aspc.gc.ca/im/is-cv/index-eng.php>



What to Do When Things Get Hot...Climate Change and Infectious Diseases

1. World Health Organization. Climate Change and Human Health.
Available at: <http://www.who.int/globalchange/climate/en/>

The Immunocompromised Host: Understanding and Preventing the Risks for Infection

1. Centers for Disease Control and Prevention. Guidelines for preventing opportunistic infections among hematopoietic stem cell transplant recipients: recommendations of CDC, the Infectious Disease Society of America, and the American Society of Blood and Marrow Transplantation. MMWR 2000;49(No. RR-10): 1-128. Available at: <http://www.cdc.gov/mmwr/PDF/rr/rr4910.pdf>
2. Public Health Agency of Canada. Canadian Immunization Guide Seventh Edition – 2006. Part 3 Recommended Immunization. Immunization of Immunocompromised Persons.
Available at: <http://www.phac-aspc.gc.ca/publicat/cig-gci/p03-07-eng.php>

Growing Up Healthy: Preventing Infections in Children

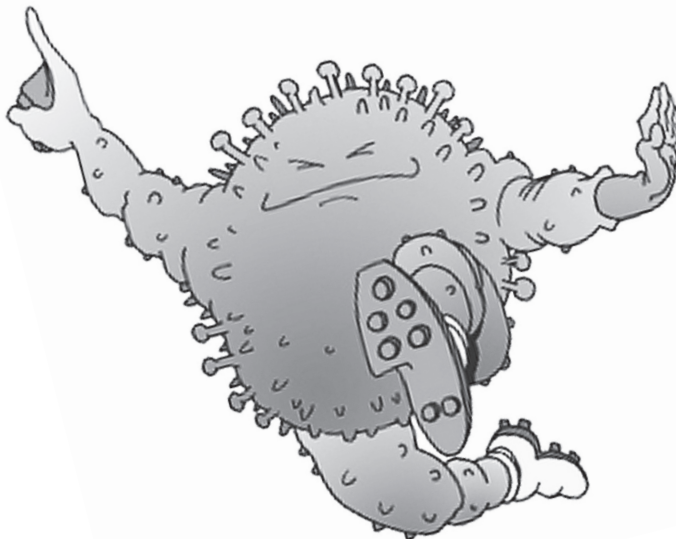
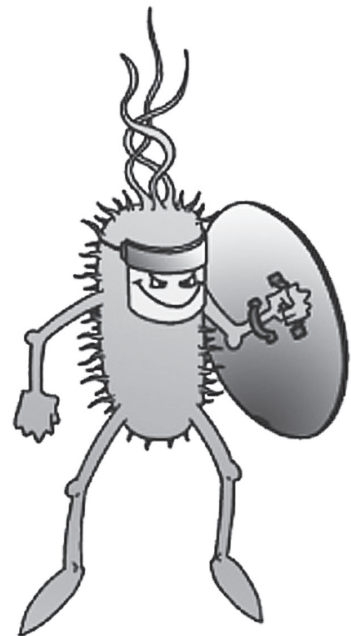
1. Public Health Agency of Canada. Vaccination Schedules: Recommendations from the National Advisory Committee on Immunization (NACI).
Available at: <http://www.phac-aspc.gc.ca/im/is-cv/index-eng.php>

In the Limelight: Lyme Disease

1. Public Health Agency of Canada. Lyme Disease.
Available at: <http://www.phac-aspc.gc.ca/id-mi/lyme-eng.php>
2. Manitoba Health. Lyme Disease.
Available at: <http://www.gov.mb.ca/health/lyme/>

Intoxications and Envenomations: The Kiss of Death!

1. Public Health Agency of Canada. Travel Health.
Available at: <http://www.phac-aspc.gc.ca/tmp-pmv/index-eng.php>





Health Sciences Centre
Winnipeg

Certificate of Attendance

is hereby granted to

To certify attendance at the annual HSC Bug Day on Oct. 20, 2009

See reverse for specific approved contact hours as deemed by professional associations

Joan Porteous

Joan Porteous, RN
Chair, Bug Day Planning Committee

John M. Embil

John Embil, MD
Co-chair, Bug Day Planning Committee

Certificate of Attendance

HSC 13th ANNUAL BUG DAY, October 20th, 2009

Theatre A (Frederic Gaspard), B, and C, Basic Medical Sciences Building
 University of Manitoba, Bannatyne Campus, 730 William Avenue
 Winnipeg, Manitoba R3A 1R9

Participant Name (print): _____ **Signature:** _____

License Number: _____

Time	Presenter	Topic	Contact Hours	Hours Attended
0800-0855	John Embil, MD	<i>Medical Grand Rounds</i> Infection Control: Staying in Control!	1.0	
0900-0930	Joel Kettner, MD	Planning for the Influenza Pandemic: Do We Know What to Do?	0.5	
1000-1030	Michael Coulthart, PhD	Prions: Rare, "Virtual", Deadly!	0.5	
1030-1100	Fred Aoki, MD	Update: The Latest on Herpes Zoster Virus Vaccines	0.5	
1100-1130	Lindsay Nicolle, MD	Healthy Aging: Preventing Infections in the Elderly	0.5	
1130-1200	Tim Hilderman, MD	What To Do When Things Get Hot...Climate Change and Infectious Diseases	0.5	
1315-1345	Matthew Seftel, MD	The Immunocompromised Host: Understanding and Preventing the Risks for Infection	0.5	
1345-1415	Sergio Fanella, MD	Growing Up Healthy: Preventing Infections in Children	0.5	
1445-1515	Robbin Lindsay, PhD	In the Limelight: Lyme Disease	0.5	
1515-1545	Pierre Plourde, MD	Intoxications and Envenomations: The Kiss of Death!	0.5	
	Exhibits		0.5	
Total Credit Hours Possible			6.0	
Total Hours Attended				

This event is an Accredited Group Learning Activity (Section 1) as defined by The Maintenance of Certification Program of The Royal College of Physicians and Surgeons of Canada, approved by the Office of Continuing Medical Education, University of Manitoba.

This program meets the accreditation criteria of the College of Family Physicians of Canada and has been accredited for up to 6 MAINPRO-M1 credits.

The Manitoba Pharmaceutical Association (MPhA) has accredited this program for **6.0 CEUs** (MPhA File No. 29041M) for pharmacists in Manitoba.

Continuing competency credit for Canadian Nurses Association (CNA), College of Registered Nurses of Manitoba (CRNM), College of Licensed Practical Nurses of Manitoba (CLPNM), and College of Registered Psychiatric Nurses of Manitoba (CRPNM).

13th ANNUAL BUG DAY 2009 EVALUATION FORM

Let us know how you rate Bug Day!

Did anything “Bug” you? What are your suggestions for future Bug Day topics?

COMPLETE THIS FORM FOR A CHANCE TO WIN A GREAT PRIZE!

You must have attended the WHOLE DAY, ON-SITE to be eligible for one of two CANADIAN FOOTWEAR GIFT CERTIFICATES (\$180.00 value each)

Deposit your completed form into one of the ‘EVALUATION BOXES’ located in the Theatres or on the Concourse, and you may become eligible to win one of the gift certificates. The draw will occur the day after Bug Day. Winners will be contacted to arrange receipt of their prize.

PLEASE ENTER YOUR RATING FOR EACH TOPIC ATTENDED AS: Poor (1) Fair (2) Good (3) Excellent (4)

Time	Presenter	Topic	Rating
0800-0900	John Embil, MD	Medical Grand Rounds: Infection Control: Staying in Control	
0900-0930	Joel Kettner, MD	Planning for the Influenza Pandemic: Do We Know What to Do?	
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1445-1515	Robbin Lindsay, PhD	In the Limelight: Lyme Disease	
1515-1545	Pierre Plourde, MD	Intoxications and Envenomations: The Kiss of Death!	

MY SUGGESTIONS FOR FUTURE TOPICS AND SPEAKERS:

ADDITIONAL COMMENTS: (use reverse side)

NAME (please print): _____
Facility of employment: _____
Telephone/Email: _____