

BC Branch CIPHI Donates to BCIT Awards



Left: Jasmina Egeler, President of the BC Branch, CIPHI presenting a cheque for the Dr. John Blatherwick Award to Linda Ashton, Manager of Development and Legacy Giving with the BCIT Foundation.



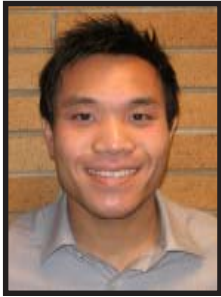
Right: Shawn Parhar, Vice President of the BC Branch, CIPHI presenting a cheque for the John A. Stringer and Bill Leith Awards to Linda Ashton.

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For the full coverage on these two awards, go to page 8.

Message from the Editor



Spring is in full swing, although it may not seem like it with this crazy weather we've been experiencing. From the cover page you probably already know that the BC Branch help kick start this season by donating to the BCIT foundation and topping up a few awards. Our Branch's generosity will be very much appreciated by the students attending the Environmental Health program at BCIT (see full write-up on page 8). Speaking of spring, this is the time when people start to talk about mosquitoes and West Nile virus again. Although for most of us last year seemed pretty quiet on the WNV front. However, the hardcore WNV enthusiasts like Randy Heilbron, have been keeping tabs on this disease that keeps showing up near our doorstep but never quite gets

in through the door. Find out the current news about WNV in British Columbia on page 12.

The BC Page is happy to announce that we have a new addition to the editorial team. Isher Deol has come on board to contribute as an Associate Editor. Isher is currently an EHO with Vancouver Coastal Health and she works at their North Shore office. With her enthusiasm and eagerness to help out, I am sure this newsletter will only get better and better. Just a reminder to all of our readers, we are always open to your comments and contributions. So let us know how we're doing and if you have news or updates that you want to share send us your submissions.



Above: Isher Deol

Alex Kwan - Editor

Update from the BC Board of Registration

After a period of hibernation the BC Branch Board of Registration is once again active and in need of volunteers to move to the next phase of involvement in ensuring professional practice. While awaiting the new BC Public Health Act, the Public Health Core Competencies project, and the eventual expectation of a national standard of continuing competencies as is being discussed between the Public Health Agency of Canada and CIPHI, the BOR did not continue to press further for recognition as a College of practicing professionals. Instead, we worked to have the issues of professional recognition included in the new BC Public Health Act, to be introduced in this legislative session. During this period, PHAC entered into discussions with CIPHI on a national basis to address the issue of standardization of professional competencies. The ideas promoted by the Core Competencies initiative parallels that of the BOR, and we have contributed some information about our experiences with the application of credentialing and maintaining of knowledge through various forms of continuing education to that group.

We foresee the need to engage in the following steps:

- Sharing experiences of our program on a national basis,
- Creating linkages between the Board of Registration and the Core Competencies group, and
- Determining the processes and timeline to merge the BOR process and the Core Competencies

Currently the BOR meets annually for its AGM, either by teleconference or face-to-face; hosts occasional teleconferences to discuss items of importance, and assesses membership by a monthly email memo requiring a few minutes time, and a prompt reply. Further information about the BOR can be found on the BC Branch website (www.ciphi.bc.ca) under the membership tab.

If you are interested in helping our profession grow towards these new initiatives, please contact David Butt (dfbutt@telus.net), Chair of BOR, Jasmina Egeler (jasmina.egeler@vch.ca), President BC Branch, or any of the members of the BOR.

BRANCH UPDATE

With the dormant season of winter behind us, it's time to wake up and spring back into action. In the spring, days begin to lengthen, the sun rises higher in the sky, and the temperatures begin to rise. For many, it is the beginning of happier times and for most government organizations, the beginning of a new fiscal year.

The BC Branch education committee is hard at work preparing for the Educational Conference to be held at the beautiful River Rock Casino in Richmond, BC on September 23rd and 24th. The conference will prove to be an excellent opportunity for colleagues to reacquaint themselves and keep informed with current topics in public health... And maybe give some the opportunity to try their luck at a game of Black Jack or slots! So don't hesitate and register for this conference soon.

Keeping with theme of conferences, the 74th Annual CIPHI National Educational Conference will be held in Newfoundland from July 20th to July 23rd. An impressive agenda of speakers and presentations has already been confirmed so make sure to mark these dates on your calendar. Also, for those who need financial assistance to attend this conference (and any conference), once again the BC Branch offers bursaries to assist members with their travels and registration.

The BC Branch Social Committee has been preparing and organizing social events for this upcoming summer so we will keep you informed as to the activities, dates and whereabouts. It is your involvement and participation that makes these events a huge success!

Finally, I would like to remind those of you who have not yet renewed their membership to please do so soon. We are always welcoming new memberships whether you are a student, current EHO, retired EHO, or just someone interested in the field and getting involved. We value your membership and always look forward to receiving your feedback and new ideas.

Respectfully,

Shawn Parhar
BC Branch Vice-President





April 9, 2008

719737

Dear Public Health Stakeholders:

This letter is to inform you that British Columbia's new *Public Health Act* has been tabled and we would like to recognize the input provided by stakeholders that has added substantial value to development of the Act. For more information we invite you to go to the website at <http://www.health.gov.bc.ca/phact/>.

The current British Columbia *Health Act* is outdated and has been amended several times such that it is a patchwork of outdated clauses and does not cover important aspects of modern public health.

The new, comprehensive and flexible *Public Health Act* replaces the outdated legislation, supports improved health and wellness of British Columbians and assists to address current public health issues including new challenges in infectious disease control like SARS or pandemic influenza, environmental toxin exposures, prevention of chronic disease, injuries, and poisonings and bioterrorism threats.

Over the past decade, the provincial government has undertaken the task of creating public health legislation that is updated, comprehensive, and responsive to emerging needs. The development of the *Public Health Act* completes the modernization of six key public health statutes in British Columbia: the *Drinking Water Protection Act* (2001), the *Food Safety Act* (2002), the *Tobacco Control Act* (amended in 2007), the *Tobacco Damages and Health Care Cost Recovery Act* (2000) and the *Community Care and Assisted Living Act* (2004). Please refer to Appendix A for background information for each of these public health statutes.

Thank you to all who provided feedback and suggestions for the development of this important new piece of legislation. Your contributions were important to improving the final product and are truly appreciated.

If you have any questions, comments or suggestions about the *Public Health Act*, please let either of us know or contact Dr. Brian Emerson at brian.emerson@gov.bc.ca or (250) 952-1701.

Yours sincerely,

P.R.W. Kendall
MBBS, MSc, FRCPC
Provincial Health Officer

Andrew Hazlewood
Assistant Deputy Minister
Population Health and Wellness Division

Ministry of Health

Office of the Assistant Deputy Minister
Office of the Provincial Health Officer

4-2, 1515 Blanshard Street
Victoria BC V8W 3C8

Appendix A

Background Information on Recently Updated Provincial Public Health Related Statutes

Food Safety Act (2002)

The *Food Safety Act*, passed in 2002, modernized and consolidated the provincial legislation governing food safety. The intent of the *Food Safety Act* is to:

- € Ensure a high standard of food safety, and to harmonize food safety standards and inspection mechanisms with other jurisdictions;
- € Clarify the legislative mandate of the Ministry of Health respecting food safety (the previous legislation lacked clarity respecting Ministerial responsibility for food safety); and
- € Enable the replacement of outdated, prescriptive regulations with outcome-based standards.

The *Food Safety Act* sets out broad food safety principles and enables the creation of sector-specific regulations to replace the variety of older statutes that currently govern food safety. The key features of the Food Safety Act include:

- € An outcome-based regulatory system which establishes industry's responsibility to produce safe food, and government's responsibility to set food safety standards and to audit industry's compliance;
- € Greater flexibility for ministers to order a recall of unsafe food, and for inspectors to stop or prohibit operations, to seize food or otherwise have it dealt with in a safe manner, and to inspect and monitor for food safety;
- € Higher fines (to a maximum \$200,000, in comparison to a maximum \$2,000 under the former Meat Inspection Act) for offence convictions; and
- € Flexibility for the BC Government to harmonize food safety standards and integrate inspection systems with other jurisdictions.

Under the *Food Safety Act*, licensing and specific regulatory requirements for individual food industry sectors are triggered when sector-specific regulations are enacted.

Drinking Water Protection Act (2001)

In a 1998 report on drinking water resources protection in BC, the Auditor General noted that BC had higher average rates of enteric (waterborne or food-borne) diseases than elsewhere in Canada. The report also highlighted the fact that a number of BC communities had well publicized water-related disease outbreaks including *Giardia* in Penticton in 1986, and *Cryptosporidium* outbreaks in Kelowna and Cranbrook in 1996¹.

Following the 1998 Auditor General's report, and the hemorrhagic *E.coli* outbreak in Walkerton, Ontario, the BC Government asked the Office of the Provincial Health Officer (PHO) to write a report examining the full spectrum of drinking water issues from source to tap. The 2001 PHO Report outlined the steps necessary "to reduce waterborne disease at each component of the water system, from source protection, to water treatment, to maintenance of the pipe infrastructure and distribution system, to the consumer's tap."²

Following these reports, the *Drinking Water Protection Act* (DWPA) was passed in 2001. This Act provides authority over drinking water from source to tap, clear accountability for drinking water officers; and an improved regulatory framework by building on the strengths of existing public health programs.

¹ Auditor General of British Columbia. Protecting drinking-water sources. Victoria, BC: Auditor General of British Columbia, 1998.

² Office of the Provincial Health Officer. Drinking water quality in British Columbia: The public health perspective. Provincial Health Officer's annual report 2000. Victoria, BC: Office of the Provincial Health Officer, October 2001.

The *Drinking Water Protection Act* sets out certain requirements for drinking water operators to ensure the provision of safe drinking water to their customers. In summary, the Act:

- € Requires the approval of water system construction proposals by Public Health Engineers;
- € Requires that water system operators manage their systems in compliance with the Act through operating permits which may contain specific conditions that are set and approved by the Health Authority Drinking Water Officer;
- € Requires minimum water treatment standards, monitoring/testing and specifies water quality standards;
- € Requires water suppliers to have microbiological samples analyzed by a Provincial Health Officer approved laboratory;
- € Requires public notification of water quality problems; and
- € Requires that operators of water systems which serve more than 500 individuals become certified as operators through the Environmental Operators Certification Program.

Tobacco Control Act (2007- updated Tobacco Sales Act 1996)

The BC Ministry of Health has remained committed to reducing tobacco use and its consequent impact on the health care system and society. Since 2004, the ministry's efforts to reduce tobacco use have been guided by its tobacco control strategy, *Targeting Our Efforts*.³

Preventing BC children and youth from starting to use tobacco is one of the key goals of the tobacco control strategy. In support of this goal, the Government of BC announced, in March 2007, changes to tobacco control legislation to ban smoking in all indoor public and work places, including a ban on tobacco use in schools and on school grounds. Specifically the amendments to the *Tobacco Control Act* bans:

- € Smoking in all indoor public and work spaces, to take effect in 2008;
- € Tobacco use in schools and on school grounds as of September 2007;
- € Smoking near most public and workplace doors, windows and air intakes to protect indoor air quality; and
- € Tobacco sales in public hospital and health facilities; public universities and colleges; public athletic and recreational facilities; and provincial buildings.

The amendments will also allow for regulations to ban:

- € The display of tobacco products in all places where tobacco is sold that are accessible to youth under 19, including products like lighters and caps with tobacco brands on them;
- € Advertisements that hang from the ceiling, countertop displays, self-serve displays; and
- € Outdoor tobacco signs.

Tobacco Damages Act and Health Care Cost Recovery Act (2000)

One of the overarching principles of the Ministry's Tobacco Control Strategy, *Targeting Our Efforts*, is to hold the tobacco industry accountable for the impacts its products have had and continue to have on the health of British Columbians and on health care costs in the province.

In 1998, British Columbia became the first jurisdiction in Canada and the Commonwealth to launch a lawsuit for the recovery of those tobacco-related health care costs that were incurred by the government of BC as a result of the past, wrongful conduct of the tobacco industry, including the deceptive promotion of their product.

In 2000, the Provincial Legislature passed the *Tobacco Damages and Health Care Costs Recovery Act*. The Act states that the Government has a direct and distinct action against a manufacturer to recover the cost of health care benefits caused, or contributed to, by a tobacco related wrong. The Act defined a "tobacco related wrong" as a tort committed in British Columbia by a manufacturer which causes or contributes to tobacco related disease.⁷

³ British Columbia Ministry of Health Services. *Targeting our efforts: BC's tobacco control strategy*. Victoria, BC: British Columbia Ministry of Health Services, 2004. Available online at http://www.tobaccofacts.org/pdf/bc_strategy.pdf (Accessed 2007 Nov 15).

In September 2005, the Supreme Court of Canada ruled that the procedures set out in the Act are fair and unanimously upheld the Province's right to sue the tobacco industry and concluded the *Tobacco Damages and Health Care Costs Recovery Act* is constitutional. The province's lawsuit asserted that the tobacco manufacturers:

- € Marketed "light" cigarettes as safer when they knew they were not;
- € Targeted children in their advertising and marketing;
- € Conspired to suppress research on the risks of smoking;
- € Conspired to invalidate the public warnings on the risks of smoking; and
- € Are responsible for health care costs associated with smoking.⁴

In September 2006, the BC Court of Appeal concluded that the BC courts have jurisdiction over the foreign defendants and rejected the appeal; in April, 2007, the Supreme Court of Canada rejected the foreign defendants' application for leave to appeal.

Community Care and Assisted Living Act (2004)

The *Community Care and Assisted Living Act* (CCALA) was proclaimed in May 2004 and replaced the *Community Care Facility Act*. The CCALA focuses on protecting the health and safety of vulnerable and dependent persons cared for in licensed settings, including child day care, child/youth residential care and adult residential care.

The majority of residential facilities are long term care facilities for seniors and persons with disabilities, group homes for persons with developmental disabilities, and group homes for persons with mental health and addictions disorders. The CCALA strengthens protections for these groups by updating licensing requirements for community care facilities.

With the CCALA, British Columbia became the first province in Canada to regulate assisted living residences. Assisted living residences provide housing and a range of support services to adults who can live independently, but require regular help with daily activities, such as meal preparation, grooming, money management or housekeeping. The CCALA provides for the development of health and safety regulations for assisted living residences. The CCALA introduced mandatory registration of all residences, whether privately or publicly funded, created the Provincial Office of the Assisted Living Registrar (OALR), and established health and safety standards for registered operators.

The Registrar has worked with service providers, health authorities, community groups and government representatives to: establish a registration process; develop health and safety standards and policies; and develop a complaint resolution process.

The Registrar conducts a risk-based assessment of applications for registration and where health and safety risks warrant, conducts inspections of the residences and has authority to:

- € Inspect residences if a resident's health or safety is at risk or an unregistered residence is being operated;
- € Suspend or cancel a registration if a relevant Act or regulation is contravened;
- € Impose fines on unregistered residences; and
- € Delegate any of the above-noted powers.

The CCALA also makes provision for private hospitals and public extended care facilities, which are currently regulated under the *Hospital Act*, to become regulated

⁴ Tobacco Control [Internet]. Victoria, BC: British Columbia Ministry of Health. Legal action [revised 2007 Jul 31; cited 2007 Nov 15]. Available from <http://www.healthservices.gov.bc.ca/tobacco/litigation/>

BC Branch CIPHI Tops Up BCIT Awards

John A. Stringer & Bill Leith Awards

Recently the dates for presentation of the John A. Stringer Award & Bill Leith Award were moved forward from the original June date to the Award Ceremony in February to coincide with the February Convocation. To ensure both these awards would be available for presentation to the Environmental Health recipients at the earlier date, the Executive of the BC Branch authorized a donation to top up both of these endowments and thus ensure their continuity in 2008. Jasmina Egeler, President of the BC Branch, stated, *“It is important that the Environmental Health students at BCIT know we in the BC Branch CIPHI are fully supportive of them and when this opportunity arose to help with these awards, we were very pleased to be able to contribute.”*

Dr. Francis John Blatherwick Award

Dr. John Blatherwick is one of Canada’s most distinguished and innovative public health leaders. His public health career began in Vancouver in 1971, and he served as Medical Health Officer in Vancouver from 1984 until his retirement in 2007. His many notable accomplishments included the establishment of municipal smoking by-laws to reduce exposure to second-hand smoke, leading the improvements to drinking water treatment in Metro Vancouver, public education campaigns for safer sex during the beginning of the HIV/AIDS epidemic, advocating for harm reduction initiatives for injection drug users including needle exchange programs and Vancouver’s supervised injection site, and introduction of new immunization programs for adults and children.

In acknowledgement of his many contributions to public health, Dr. Blatherwick was the recipient of the Order of Canada in 1994; the Queen’s Golden Jubilee Medal in 2002; the BC Medical Association Silver Medal in 2005 and the Order of British Columbia in 2007. The Pan American Health Organization named him a Canadian Health Hero in 2002. In addition to his public health accomplishments, Dr. Blatherwick served for 39 years in the Canadian Forces Reserve, represented Canada at NATO as the head of the Canadian Forces Reserve Medical Group for six years, and received the Gold Medal from the CIOMR, NATO’s Interallied Federation of Medical Reserve Officers.

Dr. Blatherwick has a particular interest in environmental health and protecting the health of the public by ensuring clean air, clean water and food safety. Among his more than 20 books were two that celebrated the work of Environmental Health Officers. As his career legacy, he requested the establishment of a fund to recognize the achievements of students pursuing studies in Environmental Health, to encourage and inspire students interested in this important public health career.

As a result, the Dr. John Blatherwick Endowment in Environmental Health was established at BCIT in 2007 to provide financial support and recognition to students entering the BCIT Environmental Health program. Recipients will have an interest in pursuing a career in environmental health or public health inspection and will have demonstrated community involvement and leadership qualities. To show their support, the BC Branch recently presented a donation to the BCIT Foundation to top up the Dr. John Blatherwick Endowment.

3700 Willingdon Ave., Burnaby, BC, Canada V5G 3H2 T: 604-432-8803 F: 604-435-9642
bcit.ca/foundation



Forging Partnerships, Changing Lives

January 23, 2008

Ms. Jasmina Egeler
President
Canadian Institute of Public Health Inspectors, BC Branch
c/o Vancouver Coastal Health
800 - 601 West Broadway
Vancouver BC V5Z 4C2

Jasmina
Dear Ms. Egeler,

On behalf of the British Columbia Institute of Technology, thank you for your gift of \$730 to top up funding for the **CIPHI, John A. Stringer Memorial Award** and **Bill Leith Award** at BCIT.

Your ongoing commitment to nurture academic excellence creates opportunities for BCIT Environmental Health students to succeed and represents crucial support. As they continue their full-time program of study, upgrading their skills and completing the necessary credentials for career advancement, this financial acknowledgement of their work is truly inspiring.

When students benefit from donor-funded awards, it is a vote of confidence in their ability to achieve. Your support helps our students commit to excellence at BCIT.

Yours truly,


Susan Walters
Awards Coordinator

cc. Laurie Clarke, Vice President, Development and
Executive Director, BCIT Foundation and Alumni Association



Introducing ... Members of the BC Branch Executive

Nigel Headley (Councilor)

Nigel graduated from BCIT with a Bachelor of Technology degree in Environmental Health in 1999. He began his career in the Vancouver office then moved to Richmond Health Department where he continues to work. As an Environmental Health Officer, Nigel has demonstrated eagerness to promote and maintain a high standard of public health and environmental safety. He continues to demonstrate leadership skills by taking on new challenges with the CIPHI BC Branch as an executive member. He currently holds a councilor position and is a valued member of the Education and Membership Committees. In his spare time he enjoys playing music and spending time in the recording studio. Occasionally, on the weekends, you may find him hiking, fishing or playing cricket in Stanley Park.



Shawna Bicknell (Councilor)

Shawna was born and raised in Oliver BC. In 2003 she completed her diploma in Integrated Environmental Planning Technology at Selkirk College. Following this, she enrolled in the Environmental Health program at BCIT and completed her B.Tech in 2005. She began her EHO career in Kamloops then decided to go rural and moved to the geographical center of BC, Vanderhoof! Shawna enjoys photography, music, reading and being outdoors. This summer she plans to get married and move to Smithers with her new husband and their dog, Goose.

7x

The number of times you should wash your hands daily to increase the likelihood of staying healthy.

Source: Professor Marilyn Lee, Occupational and Public Health, Ryerson University, Toronto.

VICTORY AGAINST TOBACCO

But is it enough?

The Supreme Court of Canada has upheld Canada's *Tobacco Act*.

That means you won't see tobacco companies sponsoring sports events, appealing to children through advertising, or using lifestyle advertising that promotes smoking as a good choice. And you will continue to see large warnings on cigarette packages.

The advertising battle goes back to 1995 when the federal government banned almost all tobacco advertising. The Supreme Court of Canada struck down that legislation, leading to a partial advertising ban in 1997 – the current *Tobacco Act*.

Three major tobacco manufacturers took the federal government to court, arguing that their constitutional rights to freedom of expression were being restricted. Tobacco companies then stopped all advertising as a litigation strategy aimed at proving the *Tobacco Act* equaled a total ban. The issue went to the Quebec Superior Court, the Quebec Court of Appeal, and finally to the Supreme Court of Canada.


After 10 years of fighting for the legislation as an official intervener in the case, the Canadian Cancer Society applauds the decision as a victory for the health of Canadians.

However, the Cancer Society is concerned about a threat to public health as tobacco companies will likely resume advertising in bars, campus magazines, and newspapers. The *Tobacco Act* does allow for ads based on information and brand preference.

Approximately 30% of cancer deaths and 85% of lung cancer deaths are caused by tobacco. Tobacco use is the leading preventable cause of disease and death in Canada.

The Society is now urging government for a bill totally banning tobacco advertising in Canada. Your support is making a difference!

Reprinted with permission from the Canadian Cancer Society newsletter "Donor Connection".




741 E. Broadway
Vancouver, BC, V5T 1X8

Jim Woolsey
Agent 9.15

Cel: (604) 250-1875
Fax: (604) 879-4184
E-mail: jwoolsey@smartrt.com

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Mark your calendars!
BC Branch Education Conference
Sept 23 & 24, 2008
River Rock Casino and Resort
Richmond BC
www.riverrock.com/hotel

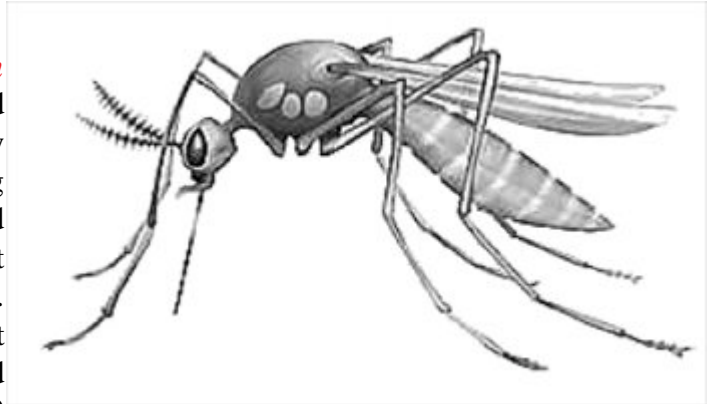
Please visit our website
www.ciphi.bc.ca for further details
including registration, sponsorship
and exhibitor forms.

WNV in British Columbia To Be or Not To Be?

A Biting Question

By Randy Heilbron

Recently, I've come to feel like the disinterested parent watching my kids and their friends play "Marco Polo" in the local pool. I'm talking metaphorically of course about West Nile virus and its enigmatic profile in Canada, and to a lesser extent the United States over the last four years. Following its identification in New York in 1999, it exploded out of obscurity in 2003 like a Todd Bertuzzi sucker punch causing almost 10,000



illnesses in the United States, and over 1,400 here in Canada. Back then, it was Fort Collins Colorado getting all the attention. Four years later, North America turned its head towards Saskatchewan in Canada, the 2007 epi-center for the disease documenting more than 1,400 illnesses. In between, it has poked its head out of the water in California, Arizona, Idaho, Montana, a few of the mid-western states, and our Prairie Provinces. Sometimes this was to scream as it did in Idaho in 2006 (996 cases), sometimes just to whisper like it did in Alberta between 2003 and 2006 (51 cases combined).

The one constant, BC, has remained relatively untouched with West Nile virus, despite the disease knocking on all its doors. I say relatively because in 2005, through a live bird testing project, three birds demonstrated positive antibodies to WNV in the Osoyoos area. These were later determined to be past infections. Why not BC? Well, if you are tired of reading, the simple answer is nobody really knows. The smart money still rests with those who believe the disease isn't finished moving and will eventually show up here. We're not safe just yet.

In Ontario, the primary mosquito vector for the disease is *Culex pipiens*, better known as the urban house mosquito. On the Prairies, and for many of the WNV hotspots in the United States, *Culex tarsalis* is the dominant mosquito vector. It is a more rural-liking mosquito, favouring smaller bodies of stagnant nutrient-enriched surface waters. Farms or areas with intensive agriculture and livestock practices can be wonderful *tarsalis* breeding grounds. Interestingly, Ontario lacks *tarsalis* mosquitoes, and the Prairies lack *pipiens*.

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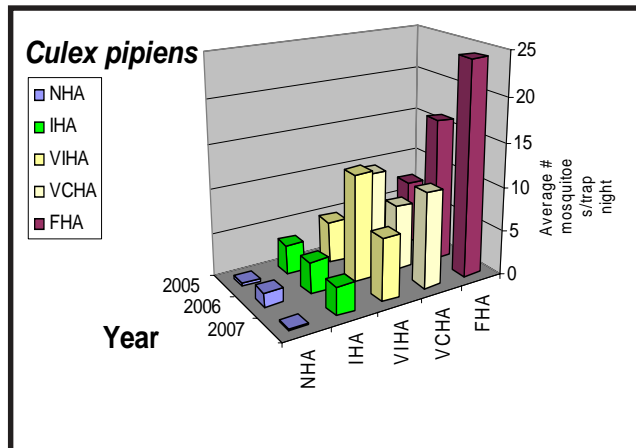
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Sick Worker Fined in Edmonton

A bakery worker has been fined \$1,000.00 in an Edmonton Court for ignoring an order to stay at home from symptoms of Salmonella poisoning. Edmonton Health Inspectors had told him to stay home until tests showed he had recovered but he failed to do this and went back to work. In addition to his fine, the bakery was also fined \$1,500.00 and the owner a further \$1,000.00.

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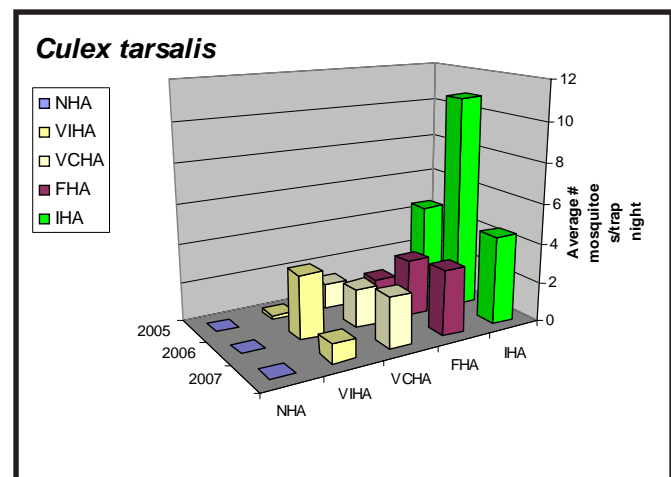


Above: Chart of the *Culex pipiens* population in BC from 2005-07

BC has both, along with a spattering of other mosquito species capable of vectoring the disease. The southern coast and Lower Mainland portion of BC possess a healthy *Culex pipiens* population and as trapping techniques improved, so have the average per trap catch counts. For example, the average *pipiens* per trap catch in 2005 was 5.1, while in 2007 it rose to 14.1. These averages are comparable to average trap catches in Ontario during their worst WNV season in 2003. Although these are Provincial statistics, the most dramatic increases were noted in the lower Mainland. The healthy *pipiens* population in the Lower Mainland reflects the urban and suburban nature of this region, and the abundance of urban catch basins, their preferred breeding grounds.

It is a different picture for *Culex tarsalis*. A rural mosquito by choice, it is most common in the Southern Interior of BC where it has demonstrated a healthy population there since the inception of Provincial WNV mosquito monitoring. Of note, the Fraser Valley also possesses a *tarsalis* population, although not like the Prairies or the Interior. Agriculture and hobby farms in these communities likely influence *tarsalis* populations.

Perhaps the most influential set of factors contributing to WNV activity is climate. To the vector mosquitoes wet and warm is generally good. Wet creates puddles and puts water in the catch basins, warm heats the water to quicken the mosquito life cycle. Warm also plays to the length of time the mosquito needs to develop the virus in its system prior to transmissibility (extrinsic incubation period). For the most part hotter equals faster and the average mosquito only lives so long. The number of sucks a mosquito gets and “suckers” it finds before dying impacts the rate the disease amplifies in an area. *Culex* mosquitoes are also multigenerational, and as such, their seasonal populations grow exponentially. Again, warmer is better, and parts of the Okanagan are as warm as anywhere in Canada. Scientists actually chart seasonal temperature trends (measured in degree days) as a risk assessment tool for WNV in a given area. The BC Centre for Disease Control charts this variable for the Regional Health Authorities to use in local risk reduction decision-making.



Above: Chart of the *Culex tarsalis* population in BC from 2005-07

So, where is it? Probably not as far away as we think and on some sub-clinical level may already be here, building, planning. Will we experience a “perfect storm” of weather, birds and timing to kick-start what is here so we notice it, or get what is close all the way? Diagnosis is surveillance dependent. In the Lower Mainland,

Continued on the next page...

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we will likely find it first in a crow because corvids experience up to 100% mortality in WNV endemic areas and we have a large crow population. We would have to be blind to miss it. In the Interior, it will show up in mosquitoes because as the saying goes “if a crow dies in the woods is it really dead?”

The problem is diagnosis is surveillance dependent. Look at it this way, the right mosquito has to bite the right bird (plus, plus) then needs to get caught in the right mosquito trap before it dies of old age. One egg raft from one fed female mosquito contains 300 or so eggs. In a good pond or large puddle, one could find 100 to 1000 rafts or more. Multiply that by....lots. Do the math. Until the mosquito populations become polluted with WNV there is a good chance we’ll miss them for a while. We have about 150 traps operating on a weekly basis in the Province. Is that a grain of sand on Kits beach, or a needle in a haystack in Merritt? You decide. I’m sure WNV will find its way into BC sooner rather than later, how much we feel it will always depend on Mother Nature and our use of good bug sprays.

*Randy Heilbron
West Nile Coordinator
Fraser Health Authority*



Mosquito charts compliments of BCCDC.

**OLD TIES TO BE
“GASIFIED” IN
ASHCROFT**

The Aboriginal Cogeneration Corp. has reached an agreement with Canadian Pacific to convert scrap wooden ties into usable energy through a gasification process. Beginning in spring 2008, the used ties will be converted into a combustible gas that will power an electrical generator. The plan will handle 250,000 ties annually.

**West Coast Rail Association
News – January 2008**



TIM ROARK
President

Tim Roark & Associates
Environmental Health Consultants

20898 Meadow Place
Maple Ridge, BC V4R 2M8
Tel/Fax 604 467 4745
Email Tim.Roark@shaw.ca

EPHW 2008 ROUND-UP

VCH - North Shore Health Unit



Park Royal Mall - North Vancouver (Jan 17/08)

Above: (L-R) Rod Schuler & Nader Massoud

Right: (L-R) Jennifer Flor & Isher Deol



FHA - Burnaby Health Unit



Metrotown Mall - Burnaby (Jan 15/08)

Left: (L-R) Dawn Ng & Kim McLennan

Above: (L-R) Stephanie Szeto, Jamie Ferguson, & Stephen Yeo

BC BRANCH UPDATES



Jonathan Choi is pictured receiving the Canadian Institute of Public Health Inspectors, **John A. Stringer Award** from Lorraine Woolsey, Program Head for Environmental Health at BCIT. The award was presented at the February 21st, 2008 Graduating Awards Ceremony. Congratulations Jonathan.

HAPPY BIRTHDAY BOB!



Bob Scott celebrated his **90th** birthday on April 26, 2008. Happy Birthday Bob!
We wish you many more to come. Editors, *BC Page*

In Memoriam

Denis Schwinghamer

Denis Peter Schwinghamer was born April 23, 1927 in Bruno, Saskatchewan and later attended school in Yorkton. His first position as a Public Health Inspector was in 1959 in Wynyard, Saskatchewan where he worked until 1963/64. Denis saw a career opportunity with the Department of National Health and Welfare and moved to Whitehorse in the Yukon where he worked until 1966. Winters were long and cold in the North and an opportunity drew Denis back to balmy Prince Albert, Saskatchewan for the next three years. In 1969 Denis moved to Chilliwack where he worked until 1972 when he was promoted to Senior EHO in the Burnaby office. Denis moved to Surrey and joined that dedicated group who commuted to work in Burnaby and subsequently Vancouver each day for the next 10 years. In 1982 Denis moved to Prince Rupert as the Zone Director for the North West Zone for the next five years. In 1987 Denis was appointed to the position of Zone Director of the South Mainland Zone for the Medical Services Branch; a position he held until his retirement in 1989.

Denis died on March 30, 2005 at the Surrey Memorial Hospital just 12 days after his dear wife, Louise, passed away. Denis is survived by his two daughters Linda Paulhas (Bob), Carol Hill (Bruce) and grandchildren, Tara Walters (Gwil), Kristy Paulhus, Nicole Hill, Michael Hill and great grandson Adam Johnson. Denis and Louise are both deeply missed by the family and many friends. A funeral mass was held at St. Mary's Catholic Church in Chilliwack.

Information and photo kindly provided by
Mrs. Linda Paulhas.

Tim Roark,
Historian,
CIPHI



In Loving Memory of
Denis Peter Schwinghamer

Born April 23, 1927
Bruno, Saskatchewan
Passed away on March 30, 2005

In Memoriam

Don Marks

Donald Carson Marks CSI (C) started as a Public Health Inspector in Peace River and for over 20 years worked with the South Central Health Unit in Kamloops. Beneath his gruff exterior and demeanor Don was a consummate professional Sanitarian and was highly regarded by co-workers and clients alike for his attention to detail and fairness. Don mentored many new and student PHIs over the years and always impressed the importance of detailed observations, follow-up and enforcement only as necessary. Since his retirement in 1987 Don had lived quietly in Kamloops and enjoyed travel with his companion Joan.

Don Died on Saturday, March 8th 2008 at the Kamloops Hospice House. Don had been in failing health all winter and was predeceased by his wife Sumi in 1993.



Information provided by
Ken Christian.
Picture provided by
Tim Roark, Historian,
CIPHI

REMEMBER WHEN AND WHO???

BCIT Environmental Health - Class of...???



Answers:

- Class of 1983
1. Lee Wong
 2. Warren Fox
 3. Corinne Ralph
 4. Kim Lee
 5. Richard Taki
 6. Vince Nickel
 7. Bob Creamer
 8. Alan Kerr
 9. Sam Sew
 10. Arnaud Zondag
 11. Wayne Lee
 12. Robin Busch
 13. Susan Davidson
 14. Keith Lee
 15. Desiree Young
 16. Ilse Zandstra
 17. Erwin Zinger
 18. John Pelton
 19. Brian Johnston
 20. Heidi Schreiner
 21. Charlie Young
 22. Mark Lam

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President	Jasmina Egeler	604-675-3810
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Board of Registration	David Butt	250-428-3605
Registrar	Debra Losito	604-543-0999
Corresponding Member B.O.C.	Gord Stewart	604-870-7932
Webmaster	David Butt	250-428-3605

BC Branch Address:

c/o Jasmina Egeler,
1200 - 601 West Broadway
Vancouver, BC V5Z 4C2
FAX: 604-736-8651

Editorial Team

Associate Editor:

Tim Roark
20889 Meadow Place
Maple Ridge, BC V4R 2M8
Tim.Roark@shaw.ca

Associate Editor

Isher Deol
Vancouver Coastal Health Authority
5th Floor - 132 W. Esplanade
N. Vancouver, BC V7M 1A2
isher.deol@vch.ca

Editor:

Alex Kwan
Fraser Health Authority
537 Carnarvon St.
New Westminster, BC V3L 1C2
alex.kwan@fraserhealth.ca

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