



## THE THREAT OF WEST NILE VIRUS

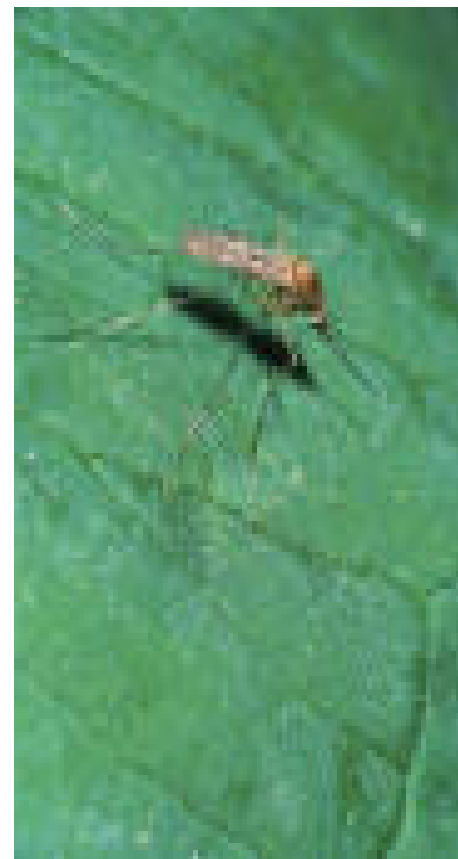
By Tom Marjanovich, B.Sc. (Hons.), DEH (Hons.), CPHI(C)

**M**osquitoes are a major public health issue. They are carriers of so many infectious diseases such as malaria, dengue fever, yellow fever, St. Louis Encephalitis (SLE), Eastern Equine Encephalitis (EEE), and the most significant in Ontario, West Nile Virus (WNV).

WNV first appeared in 1937 in the West Nile region of Uganda. It was primarily a disease in Africa, West Asia, and the Middle East. In 1999 it reached the New York City area in an outbreak. No one really knows how WNV got from Israel to the United States. (Bird migration? Mosquito trapped in airplane?). Although, it has been widely reported that the strain of WNV in the United States was most closely related to a WNV strain isolated from an Israeli Goose in 1998.

WNV is now worldwide and in 2001 it reached Southern Ontario in mosquito and bird populations. The cycle of infection begins with mosquitoes feeding on infected birds and then feeding on humans, transmitting the disease.

At the end of the summer 2006 there were 11 probable and confirmed cases of WNV in Ontario. For comparison, previous years totals include: 101 cases (2005), 14 cases (2004), 89 cases (2003), and 394 cases (2002). The first case in 2006 was in Dryden, Ontario with other cases in North Bay, Sudbury, and other parts of Southern Ontario. However, keep in mind that some of these cases may be travel related.



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**Submissions Criteria:**

- All topics must be relevant to the Public Health Inspection Field
- Articles must be submitted either on computer disk or by e-mail in MS Word (written articles will not be accepted).
- Articles submitted should be approximately 150 words (feature articles a maximum of 500 words).
- Feature articles will be determined by the OBN editorial team.
- Graphics or pictures included with the submission must be a resolution of 150—300 dpi.
- Articles must be submitted by the deadlines outlined below

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## *Message from the Editor*

*Hey, have you heard the one about the person who was too smart to be a PHI? It is not very funny. In fact, it is quite depressing, especially when paired with the one about the know-it-all PHI. Although the jokes were told in the spirit of sarcasm they are still as tasteless as they are confounding.*

*Could you imagine in one of our many roles where we are called for our expertise and the PHI is unprepared, not knowledgeable? That would be career suicide, and an embarrassment to the profession. A significant amount of people depend on us for our specialized knowledge base including the public and other agencies that we are partnered with. With this issue of the Ontario Branch News dedicated to the notion of PHI pride, pride in the profession, it makes one think of all the reasons to be proud; and there are many.*

*It is not hard to admit: sometimes work sucks. It is unlikely that there is more than a small percentage of people on this planet that wake up every morning and exclaim, "Woo-hoo, off to work today!" No matter how content a person is at work, no one is consistently happy. However, no matter what, pride and respect usually go hand in hand. If you have more pride in what you do, no matter what your position, usually you are afforded more respect. And it is inevitable; if you are given more respect, you invariably have more pride in what you do.*

*Fresh from the CIPHI Ontario Branch conference in Niagara, one could not help but feel a sense of pride when, as a member of the audience, listening not to the other experts but to fellow PHIs. They spoke of their roles in Public Health work through lectures or part of an expert panel. There were many proud moments. One could not help but be amazed at the scope of the work that we are involved in and the level of expertise and professionalism on display.*

*On display in the Fall issue of the OBN is an interesting mix of articles. Our contributing writers have a lot to be proud of. **Regina Szava** writes first about the proposed PHI temp agency and then teams with **Deb Wharton** on mentoring PHI students. With a MSc. in hand, **Tino Serapiglia** ponders pursuing a post-grad degree. Our cover story by **Tom Marjanovich** no doubt has you hooked and continues on page 4. In another gripping piece, on Balyisascaris infection, by **Jim Chan** and **Dr. Alan Grill** flows from page 8 through to 9. In her last article for the OBN, your past president **Suzanne Lychowyd-Shaw** waxes on PHI pride, then and now.*

*Nothing encompasses pride more than a lifetime of work that even strangers marvel at. Reading **Christian Lapensee's** tribute to Joe McNamee, a dear friend and colleague...well, there really are no words. Start on page 11 and you, too will be moved.*

*It is guaranteed, work always feels better when you are armed with a sense of pride.*

*As always,*

*Heather Richards*

## The Threat of West Nile Virus

(...continued from page 1)



Autumn is peak WNV season. The majority of humans infected with WNV are asymptomatic. A small percentage may develop mild symptoms including fever, headache, malaise, skin rash and swollen lymph nodes. There are also those rare cases that develop a more severe illness with meningitis or encephalitis. The risk of severe illness and death is highest for people over 50 years of age and those with weakened immunity, although people of all ages can become ill. The incubation period is 3 to 12 days and there is no human vaccine or specific treatment for infection. Treatment for severe cases involves hospitalization with intensive supportive therapy and intravenous fluids.

For Public Health Inspectors, it is the bite of the *infected* mosquito that concerns us in our responsibilities for preventing and controlling the spread of the virus. Even though WNV is not spread through direct contact from person-to-person, there is international research linking the transmission of WNV through blood transfusion. Canadian Blood Services has been testing for WNV in donated blood since July 2003. Further study is required to ascertain whether the virus can be passed from a mother to her unborn child by crossing the placental barrier, or from mother to infant through breast milk.

The mosquito life cycle can be completed within 10 days provided environmental conditions are warm and wet. The female mosquitoes needs a blood meal for the protein to lay their eggs in stagnant water and then the larvae will hatch in 1 to 3 days.

Public health measures include monitoring, larviciding, and providing public information. The first WNV re-

ports of infection from the United States prompted Ontario to establish a surveillance protocol to monitor for the possible spread throughout the province.

Initial surveillance components included the evaluation of certain dead birds, sentinel chickens, mosquito pools and human disease. As part of monitoring, Ontario Health Units record reports of dead birds (crows, ravens, blue jays, black-billed magpies) found by residents in their communities. Mosquito traps are also set-up in order to determine the presence of positive mosquito pools in the region. Since 2002, widespread evidence of WNV has been found in birds and mosquitoes throughout Ontario.

Larviciding is conducted to eliminate mosquito larvae, which can otherwise develop into adult mosquitoes capable of acquiring the virus. This is a preventive measure, usually involving the treatment of catch-basins with a chemical designed to kill the larvae.

Public information is provided, usually via media outlets, so that the community is aware of the presence of this virus, and that they are empowered to be proactive in preventing mosquito bites and subsequent infections.

Epidemiologists study the determinants of disease and are involved in identifying which cases of WNV illness are probable, confirmed, or not linked to WNV. They also have a role in collecting relevant data so as to establish information on the facets of WNV infection for the season.

In North America, the prevalence of WNV has become a more serious Public Health issue over the years due to a number of factors. These factors include continued expansion of worldwide economic markets; global travel, trade, and shipping (including black-markets); the deterioration of inner cities; and global warming. These factors may have ultimately led to an increase in the mosquitoes abundance, range and transmission.

WNV has established itself in North America and it is highly likely that it will continue to persist. In Ontario, there is continued virus maintenance over the winter and if one is to look at other established North American mosquito linked diseases (for example, EEE and SLE), there is no reason as to why WNV would not continue over-winter as well.

## Have Probe, Will Travel

### Proposed PHI Staffing Agency

By Regina Szava, B.A., CPHI ( C )

Ever wonder what it would be like to work in a different health unit in a different part of the country? You may get your chance very soon. Three retired Public Health Inspectors have a winning business idea to help health units cope with staff shortages while also benefiting retired and non-retired Public Health professionals interested in short term work assignments with a health unit needing extra help.

The proposed agency is the collective brain child of Peter Wilmott, former director of Health Protection Services Halton Region Department; Brian Hatton, former director Environmental Health Waterloo Region Health Department; and Mike Gianfrancesco, former manager in Environmental Health, also from the Waterloo Region.

As retired health unit administrators, the three staffing agency principles are well aware of the difficulties in budgeting and staffing when the typical workforce of today is unpredictable. In this era of extended maternity leaves, generous vacation leaves and sick leaves, health units are often left with unanticipated gaps in staffing.

Drawing on the CIPHI membership, this staffing agency will create a pool of qualified practitioners who can fill short term staff shortages and who can provide assistance with special projects and/or emergencies such as communicable disease outbreaks.

The concept is modeled after a similar agency that has been successfully operating in the United Kingdom for the past ten years. Registration with the Canadian agency will be free to both the employee and the employer.

The health unit pays the agency's fee only if a suitable match is found. The agency's fee structure is

flexible and allows for options based on hourly rates, per inspection rates or per project rates.

While the response from directors in health units across Canada has been very positive, feedback is now being sought from CIPHI members. Please take a moment to answer the following questions and send your responses to Peter Wilmott at

[willmottp@sympatico.ca](mailto:willmottp@sympatico.ca) :

- **Do you believe that there is need for such an agency?**
- **Would you be prepared to register with the Agency once it is established?**

Peter Willmott also wants to know if you are a retired or non-retired institute (CIPHI) member.

If all goes according to plan, the agency will be set to launch in the spring of 2007.



## Pursuing a Postgraduate Degree

By Tino Serapiglia, MHSc, BAsC, BA, CPHI(C)



*Why are so many Public Health Inspectors returning to school?*

The greatest value in pursuing a Masters degree is clearly related to professional development and employability. Studying a subject at a postgraduate level means that you understand it in greater depth. This increased level of expertise can make you more valuable to your employer and to the clients you serve.

Postgraduate studies provide an opportunity to further develop skills such as team building, project management and research skills. A postgraduate degree can give you more options when it comes to changing careers. It can provide you with a distinct advantage, particularly when competition for a position is strong. To determine whether a postgraduate degree would be necessary or advantageous for you, it is necessary to research the area of study that most interests you.

In a competitive and challenging world, a postgraduate degree distinguishes you as being committed to academic advancement and its associated benefits such as prestige. The degrees are respected and recognized by both professional and personal peer groups.

Postgraduate studies can enhance your mental processing skills. The additional discipline develops your ability to think in a structured manner and your ability to undertake rigorous analysis and effectively communicate complex issues. While it is a good idea to

select an area of study directly linked to the type of work you wish to pursue, a postgraduate degree, whatever the discipline, can help you develop your mind. The additional skills that you acquire during the course of a Masters programme are transferable. Postgraduates not only gain increased knowledge of a subject, but also gain cognitive skills and experiences that can generally be applied to all aspects of life.

It is important to note that a Masters degree is not a one-way ticket into a better profession or to a higher salary. Neither will it necessarily get you the job of your dreams on its own. Be clear about what your motivation is. Is it academic enthusiasm or will it enhance your career? If it is strictly about employability, be clear to yourself about the added value, skills, credentials and professional qualifications you need and research whether or not your prospective programme will deliver this. Find out what former students are doing, talk to academic advisors and potential employers on how they view the benefits of the programme you are considering.

The right programme can certainly enhance your professional, academic, and practical knowledge. It can make your qualifications stand out and offer evidence of your motivation and commitment.



Whatever programme you choose, do it for the right reasons and make sure you get plenty of advice and support. The decision to pursue postgraduate study is important and requires careful attention. For those of you who already have or are seriously considering doing so, I encourage you and wish you well in your academic endeavours.

## Each One, Teach One

### Mentorship: A Time Honoured Tradition

By Deb Wharton, B.A.Sc., M.Ed., CPHI( C )  
and Regina Szava, B.A., CPHI( C )

It is probably safe to say that all Public Health Inspectors (PHIs), regardless of age or experience, learned how to be an inspector by shadowing other inspectors.

The long standing requirement for PHI students to complete a field training practicum has resulted in the tradition and responsibility of experienced PHIs helping newcomers enter the field. Whether the process was formal or informal, PHIs have always been introduced to their chosen field through a process of mentorship.

Mentoring students plays an important role in bridging the gap between the classroom and the field. It is also an essential component to the growth and the continuity of Public Health Inspection. Large and small health units alike often hire their students once they are certified.

Without quality mentorship, fewer students are likely to meet the tough certification requirements in Canada. Arguably, mentorship is an investment in the future of the profession. As such, adopting a more formal or structured program, may lead to greater results for the mentor, the “mentee” (student) and the profession itself.

The benefits of mentorship for the student are clear. Simply knowing that they can always turn to their mentor for help and advice allows students to gain confidence while gaining experience.

On the down side, mentoring is time and energy



intensive. However, the benefits of mentoring are often overlooked and underestimated.

Any PHI who has ever done it knows that mentors play a combo-role of teaching, coaching, supervising and sometimes even counselling as well. As such, mentors hone their teaching and listening skills and often re-learn skills forgotten over time. It also provides valuable insight into playing a supervisory role. The resulting feelings of personal and professional satisfaction are one of the most important payoffs noted by mentors.

Receiving public recognition from the director or MOH for a mentor’s hard work would further enhance the sense of gratification and needs to be done more often.

It is not all sweetness and light of course. There are serious pitfalls to watch out for. For example, mismatching a mentor and a student can be disastrous and may unfairly doom the student’s future job prospects with the health unit.

Mentor training workshops may help avoid the problems that arise when conflicting personalities meet and clash. For the most part, PHIs have a soft spot for the trials of student PHIs because we have all been there.

## Baylisascaris Infection Caused By Raccoon Roundworm

Allan Grill, M.D., C.C.F.P., M.P.H., and Jim Chan, B.Sc., C.P.H.I.(C)

*Baylisascaris procyonis* (Bp) is an intestinal roundworm found in raccoon feces and can infect humans and a variety of animals when ingested. This parasite is of public health significance because it can cause severe human neurological disease and carries a high risk of mortality<sup>1</sup>.

The symptoms of infection depend on the amount of eggs that are ingested, and where in the body the infective larvae migrate. Ingesting a few eggs may cause few or no clinical symptoms, while ingesting a large number of eggs may lead to serious illness<sup>1</sup>. Infants, young children, and developmentally challenged individuals are at increased risk of infection due their high prevalence of PICA (an appetite that craves what is unfit for food<sup>3</sup>). Although human infection in North America is diagnosed infrequently, it is likely an under-recognized condition given the widespread distribution of raccoons living in close proximity to residential populations<sup>3,4</sup>.

Adult raccoons can acquire the infection by eating animals infected with Bp such as rodents, rabbits and birds. Young raccoons can become infected by ingesting eggs during feeding, foraging and grooming with infected adults<sup>2</sup>. Once the parasite develops, raccoons can shed thousands of eggs daily through their feces. The eggs are very resistant to environmental degradation and can survive in the soil for several years<sup>1</sup>. Any animal or individual exposed to the eggs is potentially at risk.

Bp infection in humans, also referred to as Larva Migrans, was first documented in North America in 1984<sup>4</sup>. As its name suggests, larvae, produced after ingestion of BP eggs, migrate through their host and cause severe organ damage. Patients able to survive the infection experience a high degree of mor-

bidity and often require lifelong assistive care<sup>3</sup>.

Bp is a reportable communicable disease, and physicians are required to inform any suspected cases to their local Medical Officer of Health. In turn, local Public Health Inspectors can assist by performing environmental field studies at the victim's residence and collecting soil samples for confirmatory testing of Bp<sup>4</sup>.

Prevention is the key weapon against Bp infection<sup>3,4</sup>. Public health education campaigns around the potential health hazards associated with raccoons remains paramount. Simple steps such as avoiding areas containing raccoon feces, especially while supervising susceptible populations such as children, and proper hygiene techniques after outdoor play, particularly hand washing, are excellent ways to avoid infection<sup>3</sup>. Proper removal of potential Bp containing feces on private property using personal protective equipment such as gloves and respiratory masks should also be encouraged. Finally, sources of food, such as garbage bags, should be secured and not left accessible to attract unwanted raccoons.





In the summer of 2005 an environmental investigation took place in Toronto when a young child ingested Bp eggs from raccoon feces. This was the first human case of Bp diagnosed in Canada.

On August 28, 2005, an onsite investigation was conducted by Toronto Public Health, Animal Services and Wildlife Control. The officers observed that a significant amount of raccoon feces had accumulated on the roof of the home, in the garage, on the patio deck and in the sandbox. The child's toys were also observed to be in contact with raccoon feces on the deck. A large hole in the garage roof was identified as a likely entry point for the raccoons to the garage and the deck.

Environmental samples of sand, soil, debris, and feces from the deck, garage and rooftop were collected and sent for laboratory analysis. The sample results confirmed the presence of Bp eggs on the deck above the garage, in the sandbox, and in the deck corner above the garage.

The homeowner was advised to remove all visible raccoon feces and materials contaminated with feces from the property to prevent further exposure to Bp. It was also recommended that the homeowner take various steps to prevent raccoons from gaining access to the property. The Wildlife Control serviceman provided assistance with many of the repairs and recommendations required.

While Bp infection is rare, the clinical outcome can be associated with a high degree of morbidity and mortality. It is therefore crucial for Public Health Physicians and Inspectors to continue educating the public in order to minimize this public health threat.

Bp infection can be prevented by avoiding direct contact with raccoons, especially their feces. Discouraging raccoons in the neighbourhood by limiting their access to food; closing off access to the garage, attics and other parts of the house, and keeping sandboxes covered.

If raccoons have inhabited private property, licensed wildlife agencies can be hired to trap and relocate raccoons to their natural habitat. Removing raccoon feces regularly and eliminating material contaminated with raccoon feces are the best methods of reducing risk of infection. The feces should be sent to a landfill, burned, or buried at a distant site.

Regular washing of decks, patios and other exposed surfaces with boiling water will also reduce the risk of exposure and infection. And of course, hand washing and good hygiene, especially for children, should always be encouraged following outdoor activities.

#### *References:*

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## PHI Pride, Then and Now

By Suzanne Lychowyd-Shaw B.A.Sc., CPHI (C) with Larry Lychowyd CPHI (C)

My father, Past President Larry Lychowyd, was a PHI in the early 70s. I asked him to help me with my final article for the OBN on PHI pride. While many things have changed, many things have also stayed the same. I believe the most significant difference between then and now is the loss of the 'family' atmosphere among PHIs.

PHIs have always been a very tight-knit group due to our relatively small numbers. This closeness still exists with veteran PHIs. The recent trend however, seems to be a more focused 'me' attitude with rookie PHIs. This trend in time, will only weaken our profession.

To evoke pride, PHIs need to take a step back and look at the bigger picture – our profession and the sustainability of it.

Within a group of PHIs you will always find those who are dedicated to the profession, work hard and long hours, going above and beyond their call of duty. Others simply punch the clock with the goal of just getting through the day. This has not changed. What has changed perhaps, is there were more believers in the profession a few decades ago. For example, examine the level of competition for CIPHI Ontario Branch Executive positions. Voting for a councillor or President was not uncommon. Now, it is difficult at times to even find someone with a remote interest in participating and volunteering their time. Per capita the percentage of membership of CIPHI was more active then than now. Even then, encouraging certified PHIs to become members was a challenge. The attitude of *what does the Institute do for me?* has not changed. PHIs can be complacent. Many are guilty of waiting for others to do the grunt work for them.

Today you can more readily see the 'silver platter' mentality. It is very disturbing. But all is not lost. In comparison to other professions our numbers may be small Canada-wide, but PHIs can step up and recognize that we can have a much stronger voice. We can create change in public health.

As PHIs, let us renew our energy and enthusiasm for our profession by building new, strong relationships and renewing old bonds. Step up and do something for CIPHI, you will not regret it. Be inspired!

My father inspired me many years ago. I followed in his foot steps and we became the first father/daughter Ontario Branch Presidents. I am proud of my father, I am proud of our accomplishments and I am proud of being a PHI!



**Keep our profession alive. It is up to you! Be PROUD!**



## Joe McNamee Remembered

By Christian Lapensee B.A.Sc., CPHI(C)

Ottawa Public Health has lost a dear friend, great worker and leader.

Joe McNamee suddenly passed away of a heart attack on Wednesday September 6th, 2006. Joe worked in the Region of Ottawa-Carleton, Ottawa Public Health for over thirty years. In 1972 he began his career as a trainee and graduated from Ryerson in 1975. In 2005 Joe received a PHI commemorative plaque for 30 years service. His significant contributions and experience over the years made him a great representative for public health.

Joe was supportive to the community he served and that showed in his passion for his work. He was very loyal, highly respected and became a mentor to all staff. His good nature and positive demeanour were his hallmarks and his sense of humour always kept everyone laughing and brightened any room he was in.

Joe had many friends in many health units and was loved by everyone who knew him. It is in times like this that it is clear how close knit a group PHIs across Ontario are. The sense of family shows in the condolences we have received from many health units and Medical Officers of Health across the province.

As a manager Joe headed up the CBRNE Task Force Program, the needle drop box program, developed the Health and Social Crisis Team and represented Ottawa Public Health on multiple Police task forces. He also worked with the Ministry of Natural Resources on the Raccoon Rabies Contingency Plan.

Joe fought hard to get PHIs the authority to work alongside police, fire HAZMAT and paramedics in emergency response. In Ottawa's police chief's words: "to say Joe was passionate about Public Health [Inspectors] and their role is a gross understatement. He praised his co-workers ... and wanted to provide them with ... knowledge, skills and abilities ...." To demonstrate their level of respect for Joe, Ottawa police arranged a police escort for Joe's funeral.

Our deepest sympathies go out to his wife Terry Clancy and his three daughters Kelly, Katie and Mary Shea. Predeceased by his parents Gerald and Rita and his father-in-law Mike Clancy. Dear brother of Patrick (Ann), Donald (Patti), John (Barbara), Larry (Marie) and Richard (Patsy). Joe will be greatly missed by his mother-in-law and friend Vera "Nanny" Clancy and his brother-in-law Mike (Tina) Clancy. His loss will also be greatly felt by his many nieces, nephews, cousins, co-workers and dear friends.

Farewell to our good friend Joe. His presence will be sorely missed.

**In Memoriam donations may be made to Joe's wife, Terry for their three daughters, Kelly, Katie and Mary Shea at:**

**Theresa McNamee In Trust  
c/o Scotiabank  
1271 Stittsville Main Street  
Stittsville, ON K2S 2E3**

I hereby make application for Membership (see list below) in the Canadian Institute of Public Health Inspectors. This application implies that membership is to continue until resignation is tendered, or until membership is discontinued under the conditions contained in the By-laws of the Institute. **(Complete sections with a "\*" only, unless information has changed.)**

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**Code of Ethics** - As a Member of the Canadian Institute of Public Health Inspectors, I acknowledge:

That I have an obligation to the sciences and arts for the advancement of public health. I will uphold the standards of my profession, continually search for truths, and disseminate my findings; and I will strive to keep myself fully informed of the developments in the field of Public Health.

That I have an obligation to the public whose trust I hold and I will endeavour, to the best of my ability, to guard their interests honestly and wisely. I will be loyal to the government division or industry by which I am retained.

That the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

That being loyal to my profession, I will uphold the constitution and By-laws of the Canadian Institute of Public Health Inspectors and will, at all times, conduct myself in a manner worthy of my profession.

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\* Payment is made by:

Cheque      Credit Card: .. Visa .. MasterCard .. American Express

Money Order      Number on Card: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Employer (cheque attached)      Expiry Date: \_\_\_\_ / \_\_\_\_

Payroll Deduction      Name on Card: \_\_\_\_\_

Spousal (2 PHIs/home)      Signature: \_\_\_\_\_

-send forms together & deduct \$30 for one person, only one E.H.R. subscription will be received.





**RESOURCES ORDER FORM**

<b>Agency:</b>	<b>Name:</b>	<b>Telephone:</b>
<b>Address:</b>	<b>City:</b>	<b>Postal Code:</b>
<b>Date:</b>	<b>Courier/Account Number:</b>	

<b>Resource</b>	<b>Price</b>	<b>Quantity</b>	<b>Cost</b>
COMMUNICABLE DISEASE			
Communicable Disease Fact Sheets are available on our website at <a href="http://www.ciphi.on.ca">www.ciphi.on.ca</a>	FREE	Unlimited	\$0.00
Rabies Poster 11 X 17	\$0.75		
INFECTION CONTROL			
HANDWASH SIGN (GENERIC)	\$0.75		
Tattooing and Body Piercing Inspection Guide	\$25.00		
FOOD SAFETY			
SAFE FOOD HANDLING BROCHURE	\$0.75		
PUBLIC HEALTH INSPECTOR PROMOTIONAL MATERIALS			
PUBLIC HEALTH INSPECTOR BROCHURE	\$1.15		
PUBLIC HEALTH INSPECTOR DISPLAY	FREE	CALL TO RESERVE	
	TOTAL:	\$	

**Please send orders to:**                      **Region of Waterloo Public Health**  
 c/o Peter Heywood 150 Main Street, 3<sup>rd</sup> Floor, Cambridge, Ontario, N1R 6P9  
 treasurer@ciphi.on.ca Phone: (519) 883-2008 Extension 3484 Fax: (519) 622-1235

<b>Agency:</b>	<b>Name:</b>	<b>Telephone:</b>
<b>Address:</b>	<b>City:</b>	<b>Postal Code:</b>
<b>Date:</b>	<b>Courier/Account Number:</b>	



## Ontario Branch News

*Please Visit  
the Ontario Branch  
website. Find out about  
the latest branch news  
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# Look for our Next Issue..... Winter 2006-07

**You will be introduced to your new CIPHI Ontario Branch Council members! And so much more!**

If there is anything that you would like to see in the OBN let us know. Contact the OBN editor at: [communications@ciphi.on.ca](mailto:communications@ciphi.on.ca)



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