



THE RAW FACTS

By Ken Diplock, Hons. B.A., B.A.Sc., CPHI (C)

The scientific legitimacy of evidence-based Public Health practices in food safety has been called into question by some political leaders and a strong vocal minority of farmers and consumers. The claims that the consumption of raw milk and raw meat to benefit one's health has re-emerged despite existing Public Health rationale that debunks these myths. The public looks to Public Health for assistance with decisions aiming to protect and promote their personal and family's health; it is time to meet this challenge head on.

Pasteurization of raw milk has been legislated in Ontario since 1938. It has been almost seventy years since we have experienced the devastating effects of preventable diseases associated with raw milk. The lack of direct experience and understanding of the increased risk of illness allows today's proponents to gain a sympathetic ear.

Advocates for raw milk and raw meat propose the consumption of pasteurized milk and cooked meat is slowly killing us. According to them, both pasteurization and cooking destroys nutrients and vital animal and plant enzymes. These enzymes and nutrients are all said to have health benefits, including increased nutrient absorption, fewer allergies, reduced arthritic pain, and higher energy levels. The consumption of raw meat has been touted to have the potential to reverse the effects of heart disease and cure diabetes. Nevertheless, scientific research to date has not shown a connection between the consumption of raw milk, raw meat and disease prevention.

Public Health professionals play a critical role in educating the public on the risks associated with the consumption of these products. It is through education that we can positively affect the morbidity and mortality rates associated with these risky behaviours.



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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



Taking their cue from nature in this season of growth, businesses shift their focus from maintaining the status quo to a vision focused on growth. The result is healthy competition. And it only makes sense; in order to survive, all systems grow. As a system, all businesses rely on growth in one way, shape or form. They are constantly expanding to meet new demands whether it be in small increments or in large leaps of faith.

Recently, I have heard a lot of talk about the business of Public Health and at first it seemed a bit confounding. How does a Public Health agency incorporate themes such as desired growth, perceived needs for resources and gap reduction rate when it is in the business of prevention, a system that is difficult to quantify? In time, I came to the realization that increasing the exposure and effectiveness of Public Health messages, being fresh and cutting edge are not only necessary, but key to its growth as a profession.

Once this growth takes place, what will it look like? What will be its nature? The answer may well hinge upon the commitment and exciting changes taking place behind the scenes, among Public Health stakeholders, building a firm foundation that will support growth in the long term.

There have been some major inroads, continue to stay tuned and we'll keep you informed.

*We are also making inroads here at the OBN. Expanding and growing from new experiences, we are tirelessly committed to tackling new challenges, starting with **Elizabeth MacDougall's** steamy food safety inspection saga, see page 6. **Ken Diplock** got the ball rolling with his piece on the raw food debate revisiting the importance of the basic principles of food safety surrounding milk and meat products. The debate started on the cover page and continues on page 5. On page 10, **Jim Chan** tells us of a scromboid poisoning outbreak experienced in his health unit, read on for all the details. And finally, Tuberculosis infection continues to plague communities in Ontario and challenge the Public Health agencies investigating them. Read about Middlesex-London's account in the Ties that Bind by **Aaron Aitchison**.*

We're growing, we're learning, one challenge and one season at a time.

*Heather Richards,
Editor OBN*

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Letters to the Editor...

Through various forms of communication (telephone calls, emails and quick chats face to face) OBN readers have been asking about the format of the articles in the OBN. The OBN Editorial team has been asked why there are no references in the body of the text and why the research of each piece is not listed/referenced for each article.

In response to these queries we would like to take a moment to explain that the Ontario Branch News was designed to be an information sharing tool among Public Health professionals with regards to the events in Public Health (mainly, but not limited to, the work of Public Health Inspectors (PHIs) and Environmental Health Officers (EHOs) that take place in Ontario.

As with the majority of newsletters, the articles are not peer reviewed but are edited for publication by the OBN Editorial team and the rest of the rules to newsletter publishing apply: the exclusion of footnotes, endnotes and citation lists; there are no references to acknowledgement; however, there would be an acknowledgement of a grantor who financially supported any research that formed the basis of an article.

We sincerely hope that this clarifies the issue with respect to citations, footnotes and references.

Thanks for asking!

To submit comments, questions and any other letter to the editor, please email communications@ciphi.on.ca or post mail to Heather Richards 235 Danforth Ave., 3rd Floor, Toronto, ON M4K 1N2

The Raw Facts (...continued from page 1)

Drinking raw milk is a risky behaviour. It can adversely affect one's health. Un-pasteurized cow's milk has the potential to spread a long list of human diseases including scarlet fever, typhoid fever, tuberculosis, brucellosis, listeriosis, salmonellosis, yersiniosis, campylobacteriosis and E.coli, staphylococcal and streptococcal infections.

Microbial cross contamination can occur at all stages of the milk production process: milking the cow, handling and storage. Even the simple act of a cow lying down can lead to the contamination of the udders. Contrary to the claims of farmers, no amount of clean animal husbandry can prevent the contamination of raw milk. Simply put, cattle are not raised or milked in sterile environments.

Pasteurization has little effect on the quality of milk and the loss of nutrients. Nutrients for which milk is a key source: calcium, protein, riboflavin, niacin, folic acid, vitamin B6, pantothenic acid and vitamin A are not significantly affected. Vitamin D, which aids in the absorption of calcium, is added to pasteurized milk; it is not present in significant amounts in raw milk.

It is true that pasteurization destroys many of the enzymes present in raw milk. However, our bodies do not use enzymes of animal or plant origin to metabolize calcium and other nutrients. Humans rely on key naturally present enzymes to digest and metabolize food. The animal and plant enzymes are simply broken down in the gastrointestinal tract.

So, what about raw meat? Similarly, advocates claim that cooking meat destroys vital enzymes present in the raw product. The truth is, these enzymes are not utilized by the human body for digestion. The principal benefits from meat, protein and the minerals zinc and iron, are still present in cooked meat without the risks associated with consuming the raw product. Supporters have also claimed that eating raw meat has the potential to reverse heart disease and cure diabetes.

In reality, the battle over lifestyle diseases like heart disease and diabetes is a matter of healthy eating and active living, not raw versus cooked meat. It is not the cooking of the meat that causes the problem but how it is cooked and the large portion sizes that are exacerbating these health conditions.

It is a flawed and scientifically unfounded argument to draw a correlation between lifestyle illnesses and the consumption of pasteurized milk and cooked meats.

Important facts often omitted by the advocates of raw milk and raw meat are the tremendous social and economical impact that foodborne illnesses (FBIs) can have on individuals and society as a whole. FBIs can result in high costs for the individual, including lost wages, chronic health conditions and even death. Society is burdened by FBIs from an increasing number of sick days equalling decreased work production, increased medical costs to treat the illness, mounting medical costs associated with caring for and treating chronic conditions and the emotional and economic costs associated with the death of a family member, colleague or close friend from FBIs.

Government agencies play a critical role in protecting the vulnerable populations, particularly the children who may not have a choice in the food they eat. Mandatory pasteurization and legislated cooking temperatures are important tools to be implemented to reduce the burden on the population from FBIs.

As the debate over raw milk, raw meat and choice continues, Public Health professionals must remain vigilant in their efforts. Although at times the public seem to take our actions and efforts for granted, Public Health can take solace in our role in helping to increase life expectancy, reduce morbidity and decrease infant mortality rates.

In Public Health, one of our duties is to protect the public from the burden of FBIs through a balance of education and enforcement.

Full Steam Ahead

By Elizabeth MacDougall BAsC, CPHI(C), EMCA, COHS

During a routine food premises inspection a Public Health Inspector (PHI) can easily walk right past a large steamer box and not give it a second thought. After all, the food service industry has been using steam in food processing for decades.

In late April of 2006 the Toronto Public Health (TPH) was notified of a potential food safety concern by a contractor completing a kitchen renovation. Steam, produced by district power plants to heat and humidify buildings, was being used in direct contact to cook food. The concern was the anti-corrosive chemicals added to water used to produce the steam that was then fed directly into steamer boxes to cook and reheat a variety of foods.

The investigation revealed an anti-corrosive chemical mixture that consisted of three volatile amines, namely Cyclohexylamine (pronounced: syklo hek silla min), Ethanolamine (pronounced: ètha nolla min) and Methoxypropylamine (pronounced: mètho oksi pro pilla min).

Cyclohexylamine is a alkaline, colourless liquid used as a solvent or as an ingredient in the manufacturing of plastics. Ethanolamine is a colourless viscous liquid used to manufacture antibiotics, cosmetics, detergents, herbicides. Lastly, Methoxypropylamine also a colourless liquid, is used as a pharmaceutical intermediate, a dye intermediate and in the anticorrosion of petroleum and detergents.

A literature review was conducted to assess the toxicity of the above mentioned chemicals and any applicable guidelines and regulations. An investigation was also conducted to determine the prevalence of food premises using a non-potable steam connection to their equipment.

Toronto Public Health's findings determined that Cyclohexylamine is prohibited from contacting dairy products since this interaction produces nitrosamines, a known carcinogen. Methoxypropylamine is not an

approved chemical for contact with food. Also, various metals detected within the steam lines (cadmium, chromium, lead, iron, and aluminum) did not meet Provincial and Federal Drinking Water Standards.

TPH determined that the non-potable steam in direct contact with food constituted a potential health hazard. The rationale for the decision was clear under Ontario Regulation 562/90 (Food Premises) section 31 (2), "Steam that contacts food during processing or preparation shall be from a potable supply and free of toxic substances." and the definition of a health hazard as expressed in the Health Protection and Promotion Act (HPPA).

The addition of chemicals and metals are not appropriate for contact with food, this steam was intended only for the heating and humidification of the building and only potable water should be in contact with food.

Follow up inspections included educating the operators on the Public Health significance of the findings, as well as advising the owner of the premises to discontinue the use of non-potable steam in any food processing. A letter was drafted for the steam supplier to alert all of their customers and to advise them of the Public Health risk factors involved.

Many buildings (for example, hospitals, universities, government buildings and large institutions) often have their own internal power plant. Therefore, they could potentially produce steam for heat/humidity of their buildings and tap into this source for use in direct steam cooking/heating of food.

Subsequent to this investigation, several TPH Inspectors have located food premises that are using steam intended for heating and humidifying buildings in direct contact with food in steamer boxes. TPH has gained compliance through education and letters of direction. If an operator is not in compliance after receiving a letter of direction from Public Health, a Section 13 Order under the HPPA may be served to gain compliance.

An unacceptable "direct steam" box for heating and cooking foods. This steam box can be modified to become an acceptable means of food processing.



An acceptable modified non direct steam box . Note the heat exchanger underneath.



An acceptable non direct steam jacketed kettle. Usually an indicator a steam box may also be in use.



Ties that Bind

By Aaron Aitchison, B.Sc.N., Hons. B.Sc.

A fresh start in a new country had begun: a sixty-two year old immigrant, the patriarch of his family, had arrived in Canada with his thirteen family members in tow. This large family unit had managed to stay together, fleeing two civil wars, before finally arriving in London, Ontario.

As a condition of his immigration, the father was obligated to report to Public Health within thirty days of his arrival. He had been flagged for *Immigration Medical Surveillance for Inactive Tuberculosis Infection*.

Tuberculosis infection is caused by a bacterium called *Mycobacterium tuberculosis* (*M. tb*). A person who has tuberculosis (TB) disease in their lungs or larynx can release tiny *M.tb* containing droplet nuclei into the air when he/she coughs, sneezes, sings, shouts, or talks. These droplet nuclei are invisible to the naked eye at approximately 1 to 5 microns in size and can remain suspended in the air for a significantly long period of time.

Tuberculosis manifests infection in the body in one of two ways, symptomatically or asymptotically. In the asymptomatic case, the infected person's immune system fights the infection but the bacterium survives in an inactive state, encapsulated in tiny tubercles or lesions in the body. This stage of infection is called either primary or latent tuberculosis. The bacteria are alive but inactive in the body.

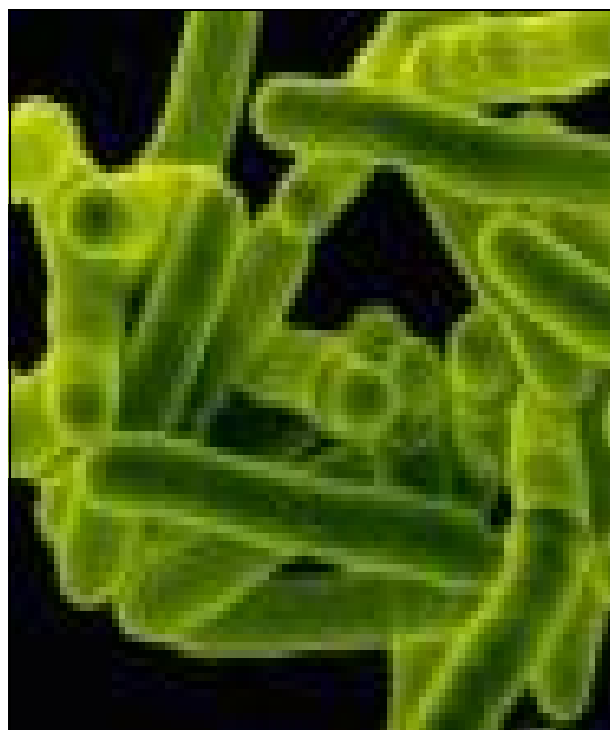
People with a primary TB infection lack any signs of sickness and they cannot spread TB to others. They may, however, develop active TB disease later in life if they do not receive preventive therapy. A tuberculin skin test is used to diagnose TB infection and a positive result indicates that TB infection is present, even if symptoms are not.

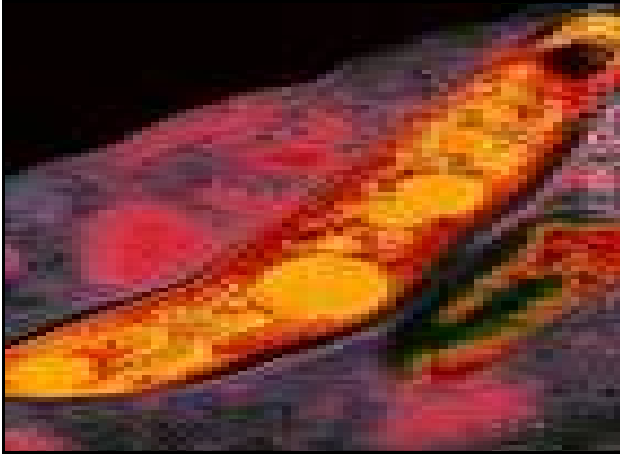
The Middlesex-London Health Unit receives approximately seventy cases of *Immigration Medical Surveillance for Inactive Tuberculosis Infection*

a year. Regrettably, language barriers and other logistics often prevent newly immigrated people from reporting to their local health unit promptly. Fortunately, settlement counsellors can assist in making the Public Health connection. Once the father of the family noted above connected with Public Health, his positive TB skin test was followed up with a chest x-ray.

The chest x-ray revealed a massive cavitory lesion in his lung. The Public Health significance switched from inactive TB concerns to active TB disease concerns. The shift in gears entailed finding, isolating and treating this man, no easy task due to language barriers, his constant mobility and regular contact with community members.

With help from interpreters, counsellors and one of his sons, the father was found, isolated and treated. He was not happy with the Public Health intervention and the subsequent separation from his family. Sputum tests confirmed *M.tb* and the microscopy results indicated the highest level of infectivity. Therefore, his family and other contacts needed to be tested for the infection.





The family was clearly distressed by the removal of the patriarch from the home and stress levels rose even more when it was determined that all thirteen members of the family were TB skin test positive. One of the sons was the main contact with the health unit at this point and it was clear that the family's fear was running rampant.

The father had to be relocated to a specialized facility due to his antibiotic sensitivity and one of the children's test results confirmed active pulmonary TB and he had to be placed in acute care for treatment. The other twelve family members began post-exposure prophylaxis.

The health unit began to connect with the people in the settlement house, in the ESL classes and in the local high school as part of a contact tracing initiative. The local media picked up the story and the family began to experience a backlash from their community. The community started shunning and ignoring them. In one instance, death threats were uttered against the family if anyone else was to become ill. Sadly, this kind of reaction from the community is not uncommon as TB disease still generates stigma and discrimination against those infected.

Eventually, the son who was liaising with Public Health became uncomfortable with his role. In his culture, it was not appropriate to try and influence elders. When that connection broke down, the family began to miss medical appointments and soon the family moved en masse to a city closer to the father, hoping for yet another fresh start.

The father rejoined his family after 197 days away for treatment. TB infection caused a very distressing experience for this family, but once again they managed to remain together.

FACTS ABOUT TB

What are the signs and symptoms of TB disease?

Symptoms of TB disease depend on where in the body the TB bacteria are multiplying. TB bacteria usually multiply in the lungs. TB in the lungs can cause:

- A bad cough that lasts longer than 2 weeks
- Chest pain
- Coughing up blood or sputum (phlegm from deep inside the lungs)
- Other symptoms are: weakness or tiredness, weight loss, chills, fever, and night sweats.

How soon after exposure do tuberculosis symptoms appear?

Most persons infected with TB bacteria never develop TB disease. If TB disease does develop, it can occur 2 to 3 months after infection or years later. The chances of TB infection developing into TB disease lessen as time passes.

Who is at risk for TB infection?

Anyone can get TB infection, but some groups are more likely than others to be exposed and thus get TB infection:

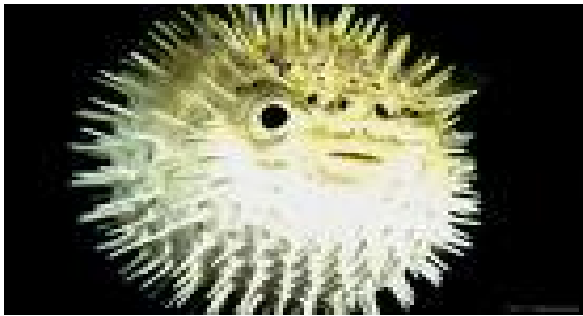
- Persons with HIV infection or other diseases that weaken the immune system
- Persons in close contact with someone who has TB disease
- Homeless persons
- Persons from countries where TB is common
- Persons in nursing homes
- Persons in prisons
- Persons who inject drugs
- Persons with medical conditions (ex. diabetes)

(TB Facts compiled by the OBN Editorial team)

Outbreak

Scombroid Fish Poisoning

By Jim Chan, B.Sc., CPHI (C)



On December 16, 2005, Toronto Public Health (TPH) received a complaint that 8 people (2 customers and 6 staff) became ill after eating baked escolar fish for lunch at a local restaurant (Restaurant A). A total of 10-12 orders of escolar fish had been served during the lunch hour that day. The reported symptoms included redness in the face, tingling in the mouth, shortness of breath and diarrhea approximately one hour after consumption. One customer required hospitalization. The same hospital reported to TPH that a second suspect scombroid poisoning case had been admitted for treatment on December 19, 2005. This second person had consumed escolar fish from a different local restaurant (Restaurant B). Both cases were diagnosed as scombroid poisoning.

A Public Health Inspector (PHI) initiated the suspect food poisoning investigation and inspected Restaurant A on December 17, 2005. Two samples of the escolar fish fillet (1 raw and 1 cooked) were collected and sent for laboratory analysis. The fish came from a local supplier on December 12 and was served to customers on December 16, 2005. Knowing that scombroid poisoning is an allergic reaction to high levels of histamine in fish and that histamine is formed during de-

composition which can be slowed by reducing storage temperatures, the PHI verified that the fish fillets were kept in the refrigerator at proper temperature (4 degrees Celsius) on the day of inspection.

An inspection of the fish supplier's premises took place the same day and the remaining escolar fish was placed on hold. It was confirmed that fish from the same batch had already been distributed to five other restaurants in Toronto. The Canadian Food Inspection Agency (CFIA) was notified of the outbreak on December 18, 2005 and samples were forwarded to their laboratory for analysis. On December 19 & 20, 2005, PHIs visited all five restaurants and confirmed that the fish fillets had not been served. On December 20, 2005, a PHI inspected Restaurant B and collected three samples of raw fillets and submitted them to the for laboratory analysis.

Results of Escolar Fish Samples –CFIA Lab

Type of Samples	Results
Restaurant A - Raw Sample	193 mg/100 gm
Restaurant A - Cooked Sample	255 mg/100 gm
Restaurant B - Raw Sample #1	437 mg/100 gm
Restaurant B - Raw Sample #2	541 mg/100 gm
Restaurant B - Raw Sample #3	176 mg/ 100 gm
Supplier - Raw Sample	26 mg/ 100 gm

The Laboratory results confirmed that the histamine level in the samples collected from both restaurants ranged from 176 to 541 mg/100gm and the sample collected from the supplier was 26 mg/100gm (CFIA Standard is 10 mg/100gm). These results indicate that elevated temperatures during storage or transportation likely contributed to the increased histamine levels in the fish tissue.

Additional information from the CFIA investigation of the fish's origin confirmed that the escolar fish came from Ecuador. The fish was then imported to Miami, Florida and an import/export company received the fish on December 11 and distributed it to the Toronto supplier the same day. The supplier delivered the fish to the restaurants on December 12, 2005.

Proper storage temperatures at or below 4 degrees Celsius is a crucial step in food safety. In order to prevent such outbreaks, temperature control checks at every stage (transportation, delivery, storage, service) are required to prevent histamine production in the fish and illness in the consumer.



Lessons learned...

When a suspected case of scombroid poisoning is received, PHIs should take the following steps:

- Advise the person to seek medical attention
- Collect personal data and food history such as information on the types and amount of food eaten, when and where the food was eaten, and when the symptoms began
- Inspect the food premises, supplier and/or distributor
- Try to obtain portions of the meal, particularly raw and cooked samples of the suspected fish and submit for laboratory analysis
- Keep the samples frozen to prevent additional deterioration
- Document the species and size of the suspect fish
- Document the flow of the food from source to service by confirming where the fish came from (supplier or distributor), the date and time the restaurant received the fish, the time of preparation, storage and handling prior to cooking, and finally the service
- Document the steps processing, cooking and handling
- Notify Canadian Food Inspection Agency (CFIA) as the samples can be tested at the CFIA laboratory. CFIA can also conduct trace back to determine the origin of the fish. Additional information can be obtained from CFIA Website (www.inspection.gc.ca)
- Once received, review the laboratory results with the food handlers/restaurant operators highlighting the evidence of temperature abuse (elevated histamine levels)
- Educate the food handlers by providing information (fact sheet from CFIA website) on scombroid poisoning and how to prevent histamine production in scombroid (tuna, mackerels) and/or scombroid-like (blue-fish, dolphin, mahi-mahi, amberjack, escolar) marine fish with temperature control.

The Past President Asks...

We are all aware that Public Health agencies in Ontario operate their public outreach on a continuum spanning from education to enforcement. Where an agency sits on this continuum, I believe, relates to the philosophy of its leaders, the structure of the organization and the support of the staff.

Over the years, media outlets in several communities in Canada have accessed Public Health department records and criticized the agencies for their limited use of enforcement tools (charges laid, closure of premises). Agencies which have implemented food safety disclosure programs seem to possess accountability mechanisms which utilize enforcement outcomes more often and more consistently.

When I recently attended an enforcement officer's training course in Ontario, an instructor made light of his perception that Public Health agencies generally do very little enforcement.

Over the years the annual audit reports from the Ontario Ministry of Health and Long-Term Care has shown great variability among health units in Ontario regarding the use of enforcement tools.

Considering the above, why do so few Public Health departments utilize enforcement tools as a component of their overall premises compliance strategy?

Would a more consistent application of food safety disclosure initiatives in Ontario provide for increased use of enforcement tools by Public Health agencies?

So, what do you think about this? Drop a line to your **Past President Michael Duncan** at pastpresident@ciphi.on.ca



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Look for our Next Issue..... Summer 2007

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



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