

# Inside

# *the life of a*

## **Nurse in Communicable Disease Control**

When James arrived at his desk on Thursday morning to find that a woman had been reported with mumps, he picked up the phone and gave her a call. He introduced himself as a Public Health nurse, asked her how she was feeling (“Not so great, actually”), and wondered whether he might ask her a few questions (“Sure”).

His first step was to confirm the likelihood that she really had mumps. On more than one occasion mumps cases had been reported to James, but had turned out to be an inflammation of the gums or an abscess. But this woman, Linda, had just come home for reading week from a university in New Brunswick, where a mumps outbreak had been going on for a number of weeks. She had felt fine on the way home, but then developed a fever and swollen glands the next day. James advised



Linda to stay home while she was sick to minimize the risk of infecting others, and asked whom else she had driven back with. (“Just Becky.”) James phoned Becky right away, who assured him that she had already had the mumps as a kid. He cautioned her nonetheless to be on the lookout for symptoms, left her his number just in case, and moved on to the rest of his day.

As a nurse specializing in the control of communicable diseases, James never knew what his day might bring. He had long ago learned to pack a lunch, because he didn’t always have the opportunity to buy one. At any time he might be advised of an outbreak that required an immediate follow-up. His main responsibility was disease and infection control in long-term care facilities, day



nurseries and hospitals. He also inspected personal service businesses such as tattoo parlours, barbers, spas, acupuncturists or nail salons – in fact, any service at risk for spreading disease. Another team of nurses specialized in the reduction of sexually transmitted infection, or TB cases.

Once he had finished some paperwork, James set off for a meeting with health care workers from one of the facilities. It was an information session that covered a range of subjects. He updated the group on some of the current viruses that were going around, and stressed the importance of getting the flu vaccine – not just for their own protection, but for the health of the residents of the facility, whose immune systems were often compromised. He also emphasized the importance of understanding that when they moved about the facility they were potentially carrying germs among a vulnerable population. Not only is it important for the staff to wear gloves for their own protection, but the gloves need to be changed between patients.

When the meeting was over, James checked his phone messages. One was urgent, about an outbreak in a long-term care facility: twenty-two people were coughing and had runny noses. James knew the facility well – it had only 50 residents, which meant almost half of them were sick. He got in his car and headed over.

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The staff were ready for him when he arrived. He provided them with kits for collecting samples from patients – specifically from the nasopharynx, which is the place where the throat connects to the nose. Each kit had a small swab to collect a sample. As they collected samples, James reviewed the signs and symptoms of the illness with the administration, and then notified the lab to request some rapid tests to find out what they were dealing with. The lab was the best friend his team had – the results it delivered could simplify their course of action immensely.

While James was at the lab, his cell phone rang. A case of Hepatitis A had been reported by a hospital, and another nurse on James’ team hadn’t been able to reach the patient. Would James be able to follow up?

The patient’s phone wasn’t working, and he had no cell phone, so James got back in his car and headed for the home address. The man who answered the door had a telltale jaundiced hue. James’ biggest concerns were put to rest once he found that the man had recently traveled to a developing country. Otherwise, they would have had to retrace the fellow’s steps over the 50 day incubation period to determine how he had picked it up. James informed the man that his wife was eligible for a free vaccine, and explained how to avoid infecting others over the next 5 days.

When James got back into his car it was 4:30, and on the way back to the office he started thinking about the reports he would have to catch up on tomorrow. That is, if his cell phone didn’t ring.

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