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## Public Health

### Five Things Clinicians and Patients Should Question

by  
Public Health Physicians of Canada  
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**1 Don't routinely do serologic testing post-immunization (i.e. Hepatitis B and Measles).**

Post-immunization titres to determine immunity following a complete vaccine series are often not necessary. For example, anti-HBs titres following completed hepatitis B virus vaccination series are unnecessary in the general population. Similarly, serologic testing for measles, mumps and rubella immunity following two doses of MMR is not necessary.

**2 Don't give rabies post-exposure prophylaxis unless indicated by a structured assessment of risk.**

Rabies post-exposure prophylaxis (including rabies vaccine and immunoglobulin) should only be offered to individuals with known or highly probable contact with the saliva of a potentially infected animal. Risk assessment should be based on type of exposure, local rabies epidemiology, symptoms of the animal, ability to test or observe the animal for rabies, prior rabies immunization of the animal and exposed person, and if necessary, consultation with local public health officials. In general, the risk of rabies from domestic animals (e.g., pets) is extremely low.

**3 Don't prescribe medications or recommend a management plan where there are financial and social barriers that might make the plan impractical for patients.**

Understanding a patient's perspective with a thorough social history will provide valuable information about their determinants of health, which is critical for nuanced diagnoses and a better adapted management plan. As barriers are identified and addressed management plans can be re-evaluated in collaboration with the patient.

**4 Don't do unnecessary screening tuberculin skin tests (TSTs).**

Pre-placement TSTs should not be a universal requirement of employees and volunteers in settings where healthcare services are not delivered. Workplace TB screening policies should only be implemented based on the findings of an organization-specific TB risk assessment. If implemented, workplace TB screening should avoid universal TST/IGRA testing by screening for individual TB risk factors first. TSTs should not be used on patients suspected of having active disease as they are unhelpful and unnecessarily delay diagnosis.

**5 Don't provide antibiotic prophylaxis to all contacts of severe invasive Group A Streptococcus (iGAS) infections.**

Antibiotic prophylaxis for iGAS is currently offered routinely for household and other close contacts of those infected with severe iGAS. However, it may not be necessary for all such contacts. Individuals in which prophylaxis should be considered are those who are immunocompromised or may be more susceptible to infection, particularly neonates. Prevention and monitoring measures should be discussed with all household and close contacts of confirmed iGAS cases.

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## How the list was created

Public Health Physicians of Canada (PHPC) member submitted recommendations from 2016 were reviewed for those relevant to CWC. Relevant previous suggestions as well as an informal brainstorm of PHPC executive with some external stakeholders was undertaken to develop a list of topic areas for consideration. Membership voted on 8 topic areas in Fall 2019. Approximately 100 votes were received and work proceeded with 6 topics in order to finalize at least 5 recommendations with experts.

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## Sources

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## About the Public Health Physicians of Canada

The Public Health Physicians of Canada is the national specialty society for Public Health and Preventive Medicine (PHPM) Specialists. Public health physicians specialize in the health of communities and populations – among others, this includes work in population health assessment, surveillance, communicable disease, environmental health, health promotion, and disease/injury prevention. Through advocacy, education, mentorship, and other mechanisms, we support and represent the interests of both PHPM Specialists and other physicians working in public health across Canada.



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## About Choosing Wisely Canada

Choosing Wisely Canada is the national voice for reducing unnecessary tests and treatments in health care. One of its important functions is to help clinicians and patients engage in conversations that lead to smart and effective care choices.

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