

Board of Health Meeting  
Dr. Vera Etches – Verbal report  
September 19, 2022

Good afternoon, Kwey, Unusakut (oo-nah-sa-coot), Taanishi, Ahnii, Bonjour,

Tonight, I'll begin by welcoming Dr. Laura Bourns, who officially joined OPH as an Associate Medical Officer of Health, pending Minister appointment, at the end of August.

Dr. Bourns was a Public Health and Preventive Medicine resident with OPH some years ago and we are fortunate to have her back with our team. She brings with her experience working at another Ontario Public Health Unit and Public Health Ontario.

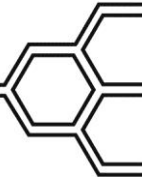
I'd also like to welcome Pauline Tam, Director of Stakeholder Relations and Community Engagement and Jo-Anne Henderson-White, Program Manager of Health Equity, Diversity and Inclusion, who both joined OPH in July. Jo-Anne has additionally taken on the role of Acting Manager, Performance and Corporate Services for a year, to best advance supportive organizational policies and practices.

I would like to take a moment to highlight the Reconcili-Action Plan Update report on tonight's agenda and to thank community members and partners for their significant contributions, particularly in sharing and discussing with us the various priorities and concerns outlined in the report relating to health and wellness.

I also want to take this opportunity to thank Dr. Paul Gully for his work in reviewing OPH's pandemic response. There have been many lessons learned from the pandemic that are being shared in different reports, such as in a Lancet article with an international assessment last week. There are global lessons, lessons for health and public health systems, and beyond. Understanding of the full impact of the pandemic and guidance for future responses will grow over time. The review Dr. Gully completed was to help inform our immediate operations at the local level, to account for what we did and to identify areas to adjust into the future.

### **Update on COVID-19**

An ongoing role for OPH is to provide Ottawa residents with the information they need to protect themselves and their loved ones as we head into fall. OPH's weekly COVID-



19 snapshot and COVID-19 vaccination updates continue to be shared on social media and with key stakeholders.

Our monitoring indicators are showing a levelling-off of the decreases seen in previous weeks and levels of COVID-19 remain high in our community. A new local tool that predicts the percent of tests in some hospital staff being positive is indicating there may be a rise in percent positive again. <https://613covid.ca/#>

With the return to school and cooler weather, it's important that people continue using layers of protection against COVID-19. These measures, such as staying home when sick, wearing a mask indoors or in crowded spaces, and good hand hygiene, will also help protect against other seasonal respiratory viruses like colds, flu and RSV.

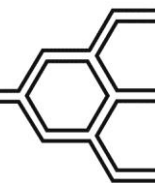
In the months ahead, we expect to see several respiratory illnesses circulating concurrently in our community, which will once again present challenges in terms of serious illness and disruption of school, work and leisure activities.

That is why we are pleased that on September 12, 2022, the Province [\*\*announced\*\*](#) that the new bivalent booster for COVID-19 is available to Ontarians aged 18 and over. This is another layer we can use to increase protection against the most recently circulating COVID-19 variants in Ontario.

Ottawa Public Health welcomed this announcement and is working to make the bivalent booster vaccine available to older adults in long-term care homes, retirement homes and other congregate care settings. These residents may receive their bivalent booster dose directly through the congregate home where they reside. We are also prioritizing First Nations, Inuit and Métis individuals and health care workers by working directly with community partners and hospitals to make the bivalent COVID-19 booster available and support with targeted clinics.

In order to optimize immune response and duration of protection, an interval of at least 6 months (168 days) is recommended between your last dose of COVID-19 vaccine and your fall booster dose, though individuals may choose to receive the bivalent booster as early as three months (84 days) after their last dose with informed consent. The bivalent booster will be offered to anyone with a booster appointment already booked.

People who meet the eligibility criteria can book their bivalent booster dose through the Provincial [\*\*COVID-19 vaccination portal\*\*](#) or by calling the Provincial Vaccine Contact



Centre. Those wishing to receive their bivalent booster at a shortened interval must book by phone through the Provincial Vaccine Contact Centre.

As vaccine protection and immunity from previous infection decrease over time, I strongly encourage all residents of Ottawa to get all booster doses they are eligible for ahead of what may be an active flu and respiratory illness season in our community.

Being up to date on your COVID-19 vaccine continues to be our strongest protection against COVID-19. It helps protect people of all ages from symptomatic illness and reduce transmission to others, booster doses build on and restore the protection of the first two doses to lower risk of severe illness and death from COVID-19 over time. The risk of longer-term COVID-19 symptoms also appear to be reduced when people are vaccinated.

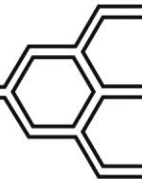
I want to thank the people of Ottawa as we continue to work together to mitigate the impacts of COVID-19 on our community and as the pandemic evolves.

I want to also encourage people to get the flu vaccine when it becomes available to them, as preventing as many respiratory illnesses as possible will help individuals, the broader population and our health system's capacity. The influenza immunization program will be rolled out to residents and staff in hospitals and long-term care and retirement homes at the end of September and into October, with access starting for higher risk populations first in October, and then the general population in November, including through pharmacies and primary care offices. As last year, Ottawa Public Health's direct delivery of Influenza vaccines will focus on populations with barriers and the youngest members of the community who may not be served by other channels.

### **OPH Work to Support the Return to School**

Students and education workers returned to school earlier this month, and this is a good thing for the well-being and development of children and youth. It is also good to be aware of the level of COVID-19 in our community and to be prepared for guidance to change if things worsen with COVID-19 and other viruses circulating concurrently.

To prepare for the 2022-2023 "Back to School" season, the School Health Team spent the summer preparing an improved list of available comprehensive school health interventions for Ottawa schools. The team also provided immediate supports to our school board stakeholders by engaging in planning meetings to obtain consensus on the implementation of provincial health and safety measures and messaging regarding



COVID-19. To support dissemination, the team developed a “Letter to Parents” outlining levels of protection and reinforcing key messages of respiratory etiquette. The team also worked closely with the OPH Mental Health Team and the School Boards’ Mental Health leads to ensure alignment of youth needs, community services available and OPH school team interventions to ensure the focus on mental health remains a top priority as students return to school.

Using a health equity framework and leveraging internal and external stakeholders, the School Health Team will continue to work to address the impacts of the pandemic in the school setting, and strategically promote the health and wellbeing of the school aged population and their families, starting with a focus on immunization catch-up clinics, and dental screening. Programming, services, and resources on other health topics will grow as capacity allows.

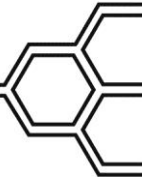
As the school year progresses, the School Health Team will monitor and evaluate how they are improving, promoting, and protecting the health and well-being of students.

### **Monkeypox**

With regards to Monkeypox, we currently have approximately 40 confirmed cases in Ottawa, and have administered over 4,000 doses of the Imvamune vaccine. An initial observed peak of cases in Ottawa and Ontario seems to have passed.

We continue to apply a health equity lens to our Monkeypox Vaccination roll-out, with a focus on gay and bisexual men who have sex with men. Over the past few months, we were able to host pop-up clinics at health care partner sites, bathhouses, bars, sports leagues, major queer events such as the Bingham Cup International Inclusive Rugby tournament and Capital Pride, as well as on-site of post secondary institutions. We have engaged Indigenous partners and shelter partners to ensure access. We have adapted to respond to barriers expressed from the community by offering more evening and weekend appointments, piloting outdoor clinics, and have diversified our pop-up clinic options to ensure we reach eligible community members. We are now offering the Monkeypox vaccine at several of our COVID-19 clinics as well as OPH’s Sexual Health Clinic to ensure broader geographic access. We also distributed educational and promotion materials, including posters and digital social media assets, to businesses and community organizations who serve the gay and bisexual community.

OPH’s promotional efforts have focussed on meeting the community in digital spaces as well, including dating and social apps such as Grindr, Squirt and Scruff, as well as



through traditional social media channels such as Facebook and Instagram. Thursday evening, we hosted an Instagram live event with a queer vaccine PHD, Dr. Swanda, who answered common myths and misinformation about the vaccine. We have collaborated with drag queens on promotion opportunities and are continuing our outreach to sub-communities including those who identify with the Bear, Kink, and Leather communities. We are working to identify any outstanding gaps in our reach and conduct a hot debrief of the Incident Management Response.

I would like to thank some of our partners that have helped to further our work in this area, including MAX Ottawa, the Gay Men's Sexual Health Alliance, Centertown Community Health Centre, Wabano, the Aids Committee of Ottawa, the prep clinic, Club Ottawa Bathhouse, T's bar, Gay Ottawa Volleyball, the Rainbow Rockers Curling league, the organizing committee of the Bingham Cup, our partners at Capital Pride, as well as the University of Ottawa, Carleton University, Algonquin College, and La Cité.

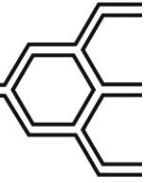
I would also like to thank our staff at Ottawa Public Health for their continued work and commitment to our community. Especially during our ongoing work with COVID-19, and transitioning back to more core programming work, we know this has been a challenging time, and we appreciate your service to the residents of the City of Ottawa.

### **New Drinking Guidelines**

The Canadian Centre on Substance Use and Addiction (CCSA) received funding from Health Canada to lead an initiative to update *Canada's Low-Risk Alcohol Drinking Guidelines* (LRDG). The [Canadian Low-Risk Alcohol Drinking Guidelines: Final Report](#) was released for [consultation](#) as of August 29, 2022. CCSA expects to release the new guidelines in fall 2022.

A range of inputs was considered in updating the LRDGs. Focused consultations were held with Indigenous people serving on the LRDG Executive Committee and Scientific Expert Panels.

The report is designed to provide Canadians with accurate and current evidence-based advice on alcohol to support them in making informed decisions about its use. It is also intended to form the evidence base for future alcohol policy and prevention resources. A fundamental idea underlying this project is that people living in Canada have "a right to know".



There are significant changes in the [Canadian Low-Risk Alcohol Drinking Guidelines: Final Report](#). The most significant change is in the recommended level of consumption.

The 2011 LRDG's recommend no more than 10 drinks per week for women and no more than 15 drinks per week for men. In the recommended 2022 LRDG's there is no differentiation for women and men and a continuum of risk for alcohol-related harms is:

- Negligible to **low** for individuals who consume **2 standard drinks** or less per week;
- **Moderate** for those who consume between **3 and 6 standard drinks** per week; and
- Increasingly **high** for those who consume **more than 6 standard drinks** per week.

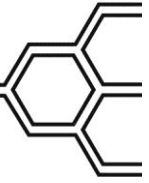
Resulting from the CCSA project is a recommendation for Health Canada to require, through regulation, the mandatory labelling of all alcoholic beverages to list the number of standard drinks in a container, the Guidance on Alcohol and Health, health warnings and nutrition information. This CCSA recommendation aligns with Ottawa Public Health's previous Board of Health reports. Most recently, in the 2021 BOH submission, OPH added a recommendation to apply the policies that exist for tobacco and cannabis marketing to alcohol regulations. Thus we are pleased to see this recommendation put forth by CCSA.

OPH's Addictions and Substance Use Health staff have been actively involved in the CCSA consultations and are working with staff from CCSA on this work, and OPH will continue to stay actively involved in order to inform our programming, policies, interventions and community outreach.

### **Childhood Immunization**

The COVID-19 pandemic has caused unprecedented disruption for both routine vaccines given to children in primary care practices, and school-based vaccination delivered by public health units in schools, due to decreased access to in-person visits to health care providers and school closures/online learning since March 2020.

All routine childhood vaccines for Provincial vaccine programs in Ottawa pass through OPH's vaccine distribution centre on their way to providers in the community and some vaccine delivery volumes continue to be lower than pre-pandemic. This is an early signal that there is a substantial backlog of children who were under 5 during the



pandemic who are not fully protected against important diseases such as measles and polio.

These diseases have the potential to cause outbreaks that could, in themselves, cause disruption and emergencies in school, work and recreational settings in the years to come – something that we have avoided due to high routine vaccine coverage in Ottawa.

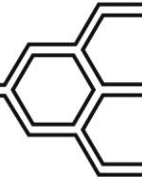
Our surveillance and monitoring of vaccine coverage in children is highly dependent on school as parents report vaccines to public health for compliance with the *Immunization of School Pupils Act*. Now that children are back in school, this work must restart along with dedicated efforts by OPH to reach those who missed the vaccines that OPH delivers in schools against meningitis, Hepatitis B and human papillomavirus – the cause of cervical cancer. The Province has made changes to expand eligibility for these vaccines to include high school students who missed the vaccines normally given in Gr. 7. OPH has now started catching-up vaccines for these adolescents this school year.

The challenge of routine vaccination needs a long-term effort with partners such as primary care leaders, Ontario Health, Ontario Health Teams and the Ministry of Health to ensure we sustain levels that protect the community from highly preventable deaths and severe disease that carries lifelong impacts.

### **Budget Update**

As mentioned by Chair Egli, in the address by the Minister of Health to delegates at the Association of Municipalities of Ontario conference in August, she recognized that the COVID-19 response is ongoing and therefore required ongoing investment in public health units. She confirmed that the Ministry is continuing increased investment to support the public health sector's response to COVID-19.

The Minister also committed to continuing the “mitigation funding” through 2023. Members will recall that this funding off-sets the decrease in provincial funding otherwise anticipated with implementation of a 70% provincial contribution to cost-shared programs, compared to a 75% contribution. This is welcome news and represents a \$3.1 million dollar contribution from the province for OPH. Through our quarterly reporting to the Ministry of Health, we continue to show that the City of Ottawa's contribution is already greater than 30% to the cost-shared programs.



With respect to COVID-19 expenditures, though we have been working to reduce COVID-19 related work, we anticipate ongoing need for resources to deliver vaccination. Our revised projected total expenditures are \$38M for the COVID-19 General Program and \$40M for the COVID-19 Vaccine Program.

In May, the Province confirmed one-time funding of \$22.2M for the on-going COVID-19 response, including \$13.8M for the vaccine campaign. We have provided the Province with updated expenditure projections and discussed the changed budget assumptions with Ministry finance leads. Given the Ministry's commitment, it is anticipated that Provincial funding will fully offset all pandemic related costs, thereby balancing the budget.

### **Health Equity, Diversity and Inclusion**

Tonight, Board Members will hear Dr. Ariff Kachra of Strat-Ology present on the diversity audit he conducted of OPH and Jo-Anne Henderson-White will present on the strategy going forward.

I am very supportive of this work and committed to making the structural and systemic changes needed to improve diversity, equity and inclusion at OPH.

I appreciate the need to create strong mechanisms for accountability for advancing this work and look forward to regular reporting to the Board and community on actions being taken.

This concludes my verbal report. I would be happy to take any questions.