

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa
17 April 2023 / 17 avril 2023**

**Submitted on April 4, 2023
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**Submitted by
Soumis par:**

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Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE File Number: ACS2023-OPH-KPQ-0001

SUBJECT: Ontario Ministry of Health Accountability and Reporting Requirements –
Q4 2022 Standard Activity Report

OBJET: Ministère de la Santé de l'Ontario - Responsabilité et exigences de
déclaration - Rapport d'activité standard t4 2022

REPORT RECOMMENDATION

That the Board of Health for the City of Ottawa Health Unit receive this report for information.

RECOMMANDATION DU RAPPORT

Que le Conseil de santé de la circonscription sanitaire de la ville d'Ottawa prenne connaissance de ce rapport à titre d'information.

BACKGROUND

Ottawa Public Health (OPH) is responsible for providing accountability and performance reports to the Ontario Ministry of Health, as outlined in the *Public Health Accountability Framework* (refer to [April 2019 BOH report](#)). One of the reporting requirements is the submission of quarterly Standard Activity Reports, which includes detailed information on public health program activities, broken down by Program Standard, in select quarters of each year.

The program data provided as part of the Q4 2022 Standard Activity Report is for the reporting period of January 1 to December 31, 2022, except for school health data, which is for the September 2021 to June 2022 school year.

As required by the Ontario Ministry of Health, OPH submitted the Q4 2022 Standard Activity Report to the Ministry on February 27, 2023. The purpose of this report is to provide an update to the Board of Health for information.

DISCUSSION

The following Program Standards were required to submit program data as part of the 2022 Q4 Standard Activity Report:

- Chronic Disease Prevention & Well-Being (Menu-Labeling)
- Food Safety
- Healthy Environments
- Immunization
- Infectious and Communicable Disease Prevention and Control
- Safe Water
- School Health (Oral Health and Immunization)

Document 1 provides an overview of the submission, showing both 2021 and 2022 data for comparison.

Affects of COVID-19 on Program Delivery

The COVID-19 pandemic response resulted in the diversion of scarce resources and either the full suspension or limited delivery of several OPH programs and services. For example, inspections were limited to complaints or request based only and school dental screenings were paused between March 2020 and June 2022 and re-started in fall 2022. Similarly, the Immunization record assessment process was paused from March 2020 to June 2022 and re-started in fall 2022. Activity reporting will be captured in the next report. As such, some program data elements are being reported as null or

data may be significantly lower than previous reporting periods. Comments were provided to the Ministry of Health explaining the reason for the absence of data and/or the lower values.

Next steps

OPH staff will continue to respond to Ministry reporting requirements and provide information to the Board of Health accordingly.

RURAL IMPLICATIONS

There are no rural implications associated with this report.

CONSULTATION

This report is administrative in nature and therefore no public consultation is required.

LEGAL IMPLICATIONS

There are no legal impediments to receiving this report for information.

RISK MANAGEMENT IMPLICATIONS

There are no risk management implications associated with this report.

FINANCIAL IMPLICATIONS

There are no financial implications associated with this report.

ACCESSIBILITY IMPACTS

Accessibility was considered in the writing of this report.

ALIGNMENT WITH OTTAWA PUBLIC HEALTH STRATEGIC PRIORITIES

This report provides information on a Ministry reporting requirement and is not directly aligned to the Strategic Plan.

SUPPORTING DOCUMENTATION

Document 1 – Standard Activity Report – Program Data Requirements for 2022

DISPOSITION

This report is for information. OPH will continue to respond to Ministry of Health reporting requirements as they arise.

Document 1 - Standard Activity Report – Program Data Requirements for 2022

Table 1: Quantitative data for 2022

| Program Data Requirement – Quantitative Data | 2021 | 2022 |
|---|-------|--------|
| CHRONIC DISEASE PREVENTION AND WELL-BEING | | |
| Menu Labelling: number of inspected premises (new and re-inspected) deemed in full compliance | 6 | 0 |
| Menu Labelling: number of inspected premises (new and re-inspected) deemed in partial compliance | 0 | 0 |
| Menu Labelling: number of inspected premises (new and re-inspected) deemed not in compliance | 0 | 0 |
| Menu labelling: number of complaints that resulted in an inspection in reporting period | 0 | 0 |
| FOOD SAFETY | | |
| Number of year-round food premises | 5,424 | 5,598 |
| Number of seasonal food premises | 363 | 440 |
| Number of high-risk food premises | 811 | 787 |
| Number of moderate risk food premises | 2,996 | 3,067 |
| Number of re-inspections for year-round food premises | 502 | 1,067 |
| Number of food safety complaints received that triggered an investigation/inspection | 992 | 1,249 |
| Number of tickets issued | 2 | 3 |
| Number of summons issued | 0 | 3 |
| Number of written section 13 orders issued under the <i>Health Protection and Promotion Act</i> (HPPA) (e.g. closures, sanitization required, no potable water, and pest control) | 7 | 16 |
| IMMUNIZATION | | |
| Number of school immunization clinics held by the board of health for the grade 7 school-based program including hepatitis B (HBV), meningococcal and human papillomavirus (HPV) vaccines | 0 | 349 |
| Number of doses of HBV vaccines administered to students in grades 7 to 8 for the school year reporting period | 1,420 | 20,481 |

| Program Data Requirement – Quantitative Data | 2021 | 2022 |
|---|-----------------------|--------|
| Number of doses of meningococcal vaccines administered to students in grades 7 to 12 for the school year reporting period | 1,342 | 15,145 |
| Number of doses of HPV vaccines administered to eligible students in grades 7 to 12 for the school year reporting period | 991 (females only) | 25,197 |
| Percentage of premises that store publicly funded vaccine that received their routine annual inspection as per the vaccine storage and handling requirements | 99% | 97.6% |
| INFECTIOUS AND COMMUNICABLE DISEASES PREVENTION AND CONTROL | | |
| Number of Infection Prevention and Control (IPAC) lapse complaints received in reporting period | 21 | 45 |
| Total number of IPAC complaints received that triggered an inspection in the reporting period | 17 | 23 |
| Number of verbal and written infection prevention and control (IPAC) related section 13 orders issued under the <i>Health Protection and Promotion Act</i> (HPPA) | 0 | 0 |
| Percentage of reported confirmed sexually transmitted and blood-borne infection (STBBI) cases where treatment and follow-up were conducted according to the Infectious Diseases Protocol, 2018 (or as current), for Hepatitis C | 89% | 69% |
| Percentage of reported confirmed sexually transmitted and blood-borne infection (STBBI) cases where treatment and follow-up were conducted according to the Infectious Diseases Protocol, 2018 (or as current), for Gonorrhea | 71% | 77% |
| Percentage of reported confirmed sexually transmitted and blood-borne infection (STBBI) cases where treatment and follow-up were conducted according to the Infectious Diseases Protocol, 2018 (or as current), for Syphilis | 89% | 80% |
| Number of catch basins treated with larvicide per round | 88,786 | 88,503 |
| Number of mosquito traps set per week | 33 | 33 |
| Number of cases of acquired drug-resistance among active tuberculosis (TB) cases | 0 | 0 |
| Number of rabies exposures investigated | 1,407 | 1,475 |

| Program Data Requirement – Quantitative Data | 2021 | 2022 |
|---|-------|-------|
| Number of all re-inspections of personal service settings conducted between January 1 and December 31 | 23 | 38 |
| Number of all personal services settings in operation | 1,139 | 1,101 |
| Number of tickets issued under the <i>Provincial Offences Act</i> in the reporting period | 3 | 0 |
| Number of summonses issued under the <i>Provincial Offences Act</i> in the reporting period | 0 | 0 |
| Number of all IPAC lapses in reporting period | 1 | 3 |
| SAFE WATER | | |
| Recreational water: number of Class A (seasonal and year-round) pools | 72 | 73 |
| Recreational water: number of Class B (seasonal and year-round) pools | 311 | 310 |
| Recreational water: number of Class C facilities | 218 | 227 |
| Recreational water: number of spas (seasonal and year-round) | 91 | 88 |
| Recreational water: number of re-inspections for Class A, B, C and spas | 46 | 101 |
| Recreational water: number of recreational water complaints that triggered an investigation/inspection | 6 | 12 |
| Recreational water: number of tickets issued | 0 | 0 |
| Recreational Water: Number of summons | 0 | 0 |
| Drinking water: percentage of adverse water quality incidents (AWQIs) that had an initial response by the public health unit within 24 hours | 100% | 100% |
| Drinking water: number of written section 13 orders under the <i>Health Protection and Promotion Act (HPPA)</i> | 0 | 0 |
| SCHOOL HEALTH (ORAL HEALTH AND IMMUNIZATION) | | |
| Number of clinics used for the provision of clinical service delivery to HSO clients as per the HSO Schedule of Services and Fees (i.e. service schedule) | 4 | 4 |
| Number of portable equipment sets | 0 | 0 |

| Program Data Requirement – Quantitative Data | 2021 | 2022 |
|--|------|------|
| Percentage of students screened who were found to have clinical need for preventative services (i.e. clinically eligible for Healthy Smiles Ontario-Preventative Services Only [HSO-PSO]) | 0% | 0% |
| Percentage of students screened who were found to have emergency and/or essential needs requiring immediate clinical treatment (i.e. clinically eligible for Healthy Smiles Ontario-Emergency and Essential Services [HSO-EESS]) | 0% | 0% |
| Percentage of students screened and found to be clinically and financially eligible for HSO-PSO who were then enrolled in HSO-PSO | 0% | 0% |
| Percentage of students screened and found to be clinically and financially eligible for HSO-EESS who were then enrolled in HSO-EESS | 0% | 0% |
| Percentage of students screened and enrolled by the board of health in the HSO-EESS who have initiated treatment within 16 weeks of enrolment | 0% | 0% |
| Number and percentage of students whose parent/guardian received at least one notice/request for immunization information under the <i>Immunization of School Pupils Act</i> (ISPA) assessment process | 0% | 0% |
| Number and percentage of students suspended under the <i>Immunization of School Pupils Act</i> (ISPA) | 0% | 0% |

Table 2: Qualitative data for 2022 only

| Program Data Requirements – Narrative Data |
|---|
| <p>What actions were taken by the board of health to mitigate heat and cold health</p> <p>In light of the launch of the Harmonized Heat Warning and Information System for Ontario in 2018 resulting in Environment and Climate Change Canada (ECCC) and OPH issuing heat warnings simultaneously, OPH ceased issuing its own heat warnings in summer 2022. OPH shared fact sheets and instructions to community agencies and service providers that provide services to at-risk populations on how to sign up for ECCC heat warnings. ECCC issued 2 heat warnings lasting 4 days. OPH began work on a climate change health and vulnerability assessment related to</p> |

extreme heat to review existing activities to prevent heat related illness and to begin identifying opportunities to improve services.

OPH issued 11 frostbite advisories lasting 14 days and 7 frostbite warnings lasting 12 days.

OPH chairs an interagency Extreme Heat, Cold and Smog Planning Committee that meets twice annually. The Committee consists of internal City of Ottawa department representatives and external community partners who provide services to at risk populations. The purpose of the committee is to review coordinated City of Ottawa and community responses to extreme heat and cold events and conduct surveillance of health impacts.

What actions is the board of health undertaking to initiate and complete Latent Tuberculosis Infection (LTBI) treatment?

Reviewed LTBI prescriptions received from community healthcare providers and provided the medications at no cost to the client via the healthcare provider. All contacts of TB cases testing positive on TST supported to receive medical assessment and if appropriate LTBI treatment. Provided support and education to healthcare providers reporting and treating LTBI. Introduced healthcare provider webpage regarding diagnosing and treating LTBI. In an effort to increase health equity and support standard of care LTBI treatment, began providing Directly Observed Preventive Therapy (DOPT) for clients taking 3HP LTBI treatment, in collaboration with The Ottawa Hospital General Campus (Project to be re-evaluated annually as cost of DOPT is not currently supported in base budget).