

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa
15 April 2024 / 15 avril 2024**

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**Submitted by
Soumis par:**

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Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE

File Number: ACS2024-OPH-QES-0001

SUBJECT: Ontario Ministry of Health Accountability and Reporting Requirements –
Q3 and Q4 2023 Standard Activity Report

OBJET: Ministère de la Santé de l'Ontario - Responsabilité et exigences de
déclaration - Rapport d'activité standard t3 et t4 2023

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.

In compliance with the requirements set by the Ontario Ministry of Health, Ottawa Public Health (OPH) submitted the Q3 2023 Standard Activity Report on October 31, 2023, and the Q4 2023 Standard Activity Report on February 9, 2024. 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 2023 Q3 Standard Activity Report:

- Immunization (related to schools)
- School Health

The following Program Standards were required to submit program data as part of the 2023 Q4 Standard Activity Report:

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

Document 1 provides an overview of program indicators, showing both 2022 and 2023 data, where applicable, for comparison.

The Ministry continues to add, remove, and modify program data requirements. For example, the Ministry has added or modified the following for 2023 Q3/Q4 reporting:

- Percentage of year-round high-risk food premises inspected once every four months while in operation
- Percentage of year-round moderate-risk food premises inspected once every six months while in operation
- Rabies post-exposure prophylaxis

- Recreational water: number and percentage of class A (seasonal and year-round) pools inspected while in operation
- Recreational water: number and percentage of class B (seasonal and year-round) pools inspected while in operation
- Recreational water: number and percentage of spas (seasonal and year-round) inspected while in operation
- Most requested and/or supported topics of consideration in schools

The Ministry can also extract data for certain indicators directly from existing surveillance systems, eliminating the need for Public Health Units to submit those specific data elements through quarterly or annual reports.

Locally Developed Indicators

Public Health Units were asked to provide results associated with the locally developed indicators described in the 2023 Annual Service Plan. These indicators were proposed to monitor the success of Chronic Disease Prevention and Well-being Programs, Healthy Environment Programs, Healthy Growth and Development Programs, the School Health Program and Substance Use and Injury Prevention Programs.

Where possible, OPH described the results associated with each of these locally developed indicators. In 2024, targets will be set for locally developed indicators, where feasible and appropriate, so that OPH can report on whether the board of health met the outcome measures associated with each indicator as intended, and to explain any variances.

Effects of COVID-19 on Program Delivery

In Q3 and Q4 of 2023, there was an ongoing need to continue to support some COVID-19 related activities such as COVID-19 immunizations, as well as COVID-19 outbreaks in congregate settings, such as long-term care and retirement homes and acute care settings. Supporting these efforts required OPH to continue to prioritize OPH resources and resulted in the full suspension or limited delivery of some OPH programs and services. Some activities, such as menu labelling inspections, were not resumed due to the ongoing allocation of resources to ongoing COVID-19 efforts. Details of these approaches are further described in the Board of Health report entitled the *Adapted Inspection Program Approach*.

As such, some program data elements were reported as null or data may be 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 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

Risk and mitigation measures are outlined in the Discussion section of 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 aligns with our commitment to being Impactful by helping to demonstrate progress towards achieving or contributing to board of health outcomes.

SUPPORTING DOCUMENTATION

Document 1 – Standard Activity Report – Program Data Requirements for 2023

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 2023

Table 1: Quantitative data for 2023

Program Data Requirement – Quantitative Data	2022	2023
CHRONIC DISEASE PREVENTION AND WELL-BEING¹		
Menu labelling ² : number of complaints that resulted in an inspection in reporting period	0	0
FOOD SAFETY		
Number of fixed year-round food premises	5,598	5,648
Number of fixed seasonal food premises	440	445
Number of year-round high-risk food premises	787	738
Percentage of year-round high-risk food premises inspected once every four months while in operation	N/A ³	21.1% ⁴
Number of year-round moderate-risk food premises	3,067	3,057
Percentage of year-round moderate-risk food premises inspected once every six months while in operation	N/A	19.4% ⁵
Number of re-inspections for fixed year-round food premises	1,067	1,835
Number of food safety complaints received that triggered an investigation/inspection ⁵	1,249 ⁶	442 (998) ⁷⁷
Number of tickets issued	3	13
Number of summons issued	3	0
Number of written section 13 orders issued under the <i>Health Protection and Promotion Act</i> (HPPA)	16	24
Number of locally acquired Salmonella and E. Coli foodborne outbreaks investigated for which a probable source was identified	N/A	0

¹ OPH has not resumed menu labelling inspections due to allocation of limited resources to COVID and highest risk inspections and investigations.

² The Chief Medical Officer of Health (CMOH) has reduced expectations in this area to be complaint-based inspections only, starting in 2024.

³ Not available (N/A) denotes any indicator that is new or was significantly modified from 2022 or that was not reported on to the Ministry as part of 2022 Standard Activity Reporting.

⁴ Ottawa employs a local approach on top of the Ministry's protocols which sees OPH prioritize facilities that serve the most vulnerable and those with a history of critical violations. As per our local approach the facilities completed in line with the ministry includes 100% of the settings that serve the most vulnerable such as retirement homes and long-term care facilities. Due to the e-coli outbreak in Alberta, OPH altered its risk-based approach to ensure that all childcare facilities (whether receiving food from a centralized off-site kitchen or not), received 3 inspections in 2023. This meant that some inspections were completed outside of the Ministry mandated inspection schedule. 73% of high-risk food premises were inspected a minimum of three times in 2023. All high-risk premises active in 2023 were inspected at least once. OPH completed 97.5% of inspections when compared to OPH's internal inspection targets in this category and the 2.5% remaining facilities were immediately prioritized for completion in Q1 of 2024.

⁵ Keeping with Ottawa's local approach meant that some inspections were completed outside of the Ministry mandated inspection schedule. OPH completed 94% of OPH's internal inspection targets based on Ottawa's local risk-based approach. The 6% remaining facilities were immediately prioritized for completion in Q1 of 2024.

⁶ In 2022, OPH observed a marked increase in the number of food safety and foodborne illness complaints as compared to pre-pandemic levels (14% of total inspections in 2022 vs 5% of total inspection in 2019).

⁷ The number, 442, reported to the Ministry for 2023 was incomplete and should have been reported as 998. This correction will be noted when reporting to the Ministry of Health in 2024.

Percentage of Salmonella and E. Coli food-borne outbreaks investigated for which a probable source was identified	N/A	0
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IMMUNIZATION⁸		
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	349	196
Number and type of catch-up clinical services held by the board of health for students in grades 8 to 12 for HBV, meningococcal and HPV vaccinations – Catch-up clinic at a school (no routine school-based provided)	0	0
Number and type of catch-up clinical services held by the board of health for students in grades 8 to 12 for HBV, meningococcal and HPV vaccinations – Routine school-based clinic (catch-up vaccinations are also provided)	20	90
Number and type of catch-up clinical services held by the board of health for students in grades 8 to 12 for HBV, meningococcal and HPV vaccinations – Catch-up clinic at BoH office location (specific clinic for school-based program)	230	25 (1,919) ⁹
Number of doses of HBV vaccines administered to students in grades 7 to 8 for the school year reporting period	20,481	16,005
Number of doses of HBV vaccines administered to students in grades 9 to 12 for the school year reporting period	N/A	1,848
Number of doses of meningococcal vaccines administered to students in grades 7 to 12 for the school year reporting period	15,145	12,323
Number of doses of HPV vaccines administered to eligible students in grades 7 to 12 for the school year reporting period	25,197	22,783
Number of refrigerators in operation in the public health unit jurisdiction as of Dec 31st with completed routine cold chain inspection.	733	738
Percentage of refrigerators that store publicly funded vaccine with completed cold chain inspection.	97.6%	99.2%

⁸ Reporting for school and student immunization covers data for the September 1 to August 31 school year. Following an interruption in the preceding school year due to COVID-19, school-based immunization program was undertaken for a double cohort of grade 7 and 8 students in the 2021-22 school year (2022). In the 2022-23 school year (2023), OPH resumed regular school-based immunization programming for grade 7 students.

⁹ 25 clinic locations were reported to the Ministry for 2023, however, to compare with 2022 SAR data, the number of clinic dates are provided in brackets. 1,919 clinic dates were held during this reporting period in 2023 and this was noted in comments to the Ministry in the Q3 Standard Activity Report.

INFECTIOUS AND COMMUNICABLE DISEASES PREVENTION AND CONTROL		
Number of Infection Prevention and Control (IPAC) lapse complaints received in reporting period	45	123
Number of IPAC complaints received that triggered an inspection in the reporting period	23	29
Number of verbal and written infection prevention and control (IPAC) related section 13 orders issued under the <i>Health Protection and Promotion Act (HPPA)</i>	0	2
Percentage of reported confirmed sexually transmitted and blood-borne infection (STBBI) cases where treatment and follow-up were conducted according to the <i>Infectious Diseases Protocol, 2018</i> (or as current), for Hepatitis C	69.2%	78.1%
Percentage of reported confirmed sexually transmitted and blood-borne infection (STBBI) cases where treatment and follow-up were conducted according to the <i>Infectious Diseases Protocol, 2018</i> (or as current), for Gonorrhea	77.3%	76.6%
Percentage of reported confirmed sexually transmitted and blood-borne infection (STBBI) cases where treatment and follow-up were conducted according to the <i>Infectious Diseases Protocol, 2018</i> (or as current), for Syphilis	79.8%	76.7%
Number of catch basins treated with larvicide per round	88,503	96,000
Number of mosquito traps set per week	33	35
Number of cases of acquired drug-resistance among active tuberculosis (TB) cases	0	0
Number of rabies exposures investigated	1,475	1,678
Rabies vaccination status data for all dogs, cats, ferrets, horses, cattle, and sheep investigated following reported human exposures, vaccinated (as per O. Reg. 567)	548	608
Rabies vaccination status data for all dogs, cats, ferrets, horses, cattle, and sheep investigated following reported human exposures, vaccinated non-compliant	0	0
Rabies vaccination status data for all dogs, cats, ferrets, horses, cattle, and sheep investigated following reported human exposures, unvaccinated	292	332
Rabies vaccination status data for all dogs, cats, ferrets, horses, cattle, and sheep investigated following reported human exposures, exempt	0	0
Rabies vaccination status data for all dogs, cats, ferrets, horses, cattle, and sheep investigated following reported human exposures, unknown status	403	387
Rabies post-exposure prophylaxis, number of individuals suspected of rabies exposure for whom rabies PEP was not indicated	N/A	1,529
Rabies post-exposure prophylaxis, number of individuals suspected of rabies exposure whom started rabies PEP but discontinued given rabies testing results	N/A	2

Rabies post-exposure prophylaxis, number of individuals suspected of rabies exposure whom were prescribed PEP and were not previously vaccinated	N/A	147
Rabies post-exposure prophylaxis, number of individuals suspected of rabies exposure whom received a shortened course of PEP due to previous PrEP	N/A	7
Number of all IPAC lapses in reporting period	3	4
SAFE WATER		
Recreational water: number of Class A (seasonal and year-round) pools	73	70
Recreational water: Total number of year-round Class A pools inspected once every three months and seasonal Class A pools receiving all required inspections	N/A	21
Recreational water: percentage of year-round Class A pools inspected once every three months + seasonal Class A pools receiving all required inspections while in operation	N/A	30%
Recreational water: number of Class B (seasonal and year-round) pools	310	311
Recreational water: Total number of year-round Class B pools inspected once every three months and seasonal Class B pools receiving all required inspections	N/A	107
Recreational water: percentage of class B (seasonal and year-round) pools inspected while in operation	N/A	34.4%
Recreational water: number of Class C facilities	227	230
Recreational water: number of spas (seasonal and year-round)	88	61
Recreational water: number of spas (seasonal and year-round) receiving all required inspections	N/A	7
Recreational water: percentage spas (seasonal and year-round) inspected while in operation	N/A	11.5%
Recreational water: number of re-inspections for Class A, B, C facilities and spas	101	198
Recreational water: number of water facility complaints that triggered an investigation/inspection	12	92
Recreational water: percentage of recreational water complaints that triggered an investigation	N/A	57.9%
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 board of health 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 Healthy Smiles Ontario (HSO) clients as per the HSO Schedule of Services and Fees (i.e., service schedule)	4	4
Number of portable equipment sets	0	0
Number of students screened by the board of health in the reporting school year excluding the number of children who were absent, excluded from screening by their parents/legal guardians or who refuse to be screened	0	34,542
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%	6.7%
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%	9.2%
Percentage of students screened and found to be clinically and financially eligible for Healthy Smiles Ontario-Preventative Services (HSO- PSO), who were then enrolled in HSO-PSO	0%	0.1%
Number of students screened by the board of health as clinically and financially eligible for Healthy Smiles Ontario-Emergency and Essential Services (HSO-EESS) in the most recent completed school year and subsequently enrolled in HSO-EESS.	0	515
Percentage of children screened and enrolled by the board of health in the HSO-EESS who have initiated treatment within 16 weeks of enrolment	0%	15.5%
Number of students whose parents/guardians received at least one Request for Information notice under the <i>Immunization of School Pupils Act</i> (ISPA) assessment process by the board of health in the reporting period	0	12,341
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%	53.8%
Number of students suspended under the ISPA	0	0
Percentage of students suspended under the <i>Immunization of School Pupils Act</i> (ISPA)	0%	0%

Table 2: Qualitative data for 2023 only

Program Data Requirements – Narrative Data

Healthy environments - What actions were taken by the board of health to mitigate the health impacts of heat and cold?

OPH continued to work on a climate change health impact and vulnerability assessment related to extreme heat to review existing activities to prevent heat related illness and to engage partners to identify adaptation and prevention measures to pursue to reduce the impacts of heat related illness. OPH completed a report on this topic in November 2023 identifying recommendations for priority actions and activities to be pursued with partners starting in 2024, including improving awareness of effective cooling strategies among priority populations and exploring ways to improve access to shade, cool spaces, and misting stations.

OPH reviewed and updated its communication strategy around extreme heat and extreme cold and made improvements to clarify and amplify messaging to elected officials, service providers to priority populations, and to the public.

OPH chairs an interagency Extreme Heat, Cold and Smog Planning Committee that meets quarterly. The Committee consists of internal City of Ottawa department representatives and external community partners who provide services to priority populations. The purpose of the committee is to coordinate City of Ottawa and community partner responses to extreme heat, extreme cold and air quality events. In 2023, OPH recruited additional partners to join the committee to improve coordination of services to priority populations.

Board of health activities related to latent TB infections - What actions did the board of health undertake to initiate and complete Latent Tuberculosis Infection (LTBI) treatment in the reporting year?

Actioned LTBI prescriptions received from community healthcare providers and provided the medications at no cost to the client via the healthcare provider. Supported all contacts of active TB disease cases that tested positive on a tuberculin skin test (TST) to receive medical assessment and if appropriate LTBI treatment. Supported and provided education to healthcare providers reporting and treating LTBI. Continued to provide Directly Observed Preventive Therapy (DOPT) for clients taking 3HP LTBI treatment, in collaboration with The Ottawa Hospital General Campus, to increase health equity and support standard of care LTBI treatment. Began discussions and scoping of expanding current 3HP LTBI treatment in the community.

School Health – Top 3 most requested and/or supported topics of consideration in schools

- 1. Mental health
- 2. Substance use health
- 3. Growth and development/healthy sexuality