

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa
7 November 2022 / 7 novembre 2022**

**Submitted on October 27, 2022
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**Submitted by
Soumis par:**
Dr. / Dre Vera Etches, Medical Officer of Health / Médecin chef en santé publique

**Contact Person
Personne ressource:**
**Cameron Keyes, Director, Knowledge Exchange, Planning and Quality / Directeur,
Échange de connaissances, planification et qualité
Cameron.Keyes@Ottawa.ca**

Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE File Number: ACS2022-OPH-KPQ-0004

SUBJECT: Ontario Ministry of Health Accountability and Reporting Requirements –
Q2 2022 Standard Activity Report

OBJET: Ministère de la santé de l'Ontario - Responsabilité et exigences de
déclaration - Rapport d'activité standard t2 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. As a result of the COVID-19 pandemic response, the Ministry of Health paused all program related data requests through 2020 and 2021. This report is the first since the submission of the Q4 2019 Standard Activity Report in the Spring of 2020.

The program data provided as part of the Q2 2022 Standard Activity Report is for the reporting period of January 1 to December 31, 2020 and January 1 to December 31, 2021.

The following Program Standards are required to submit program data as part of the 2022 Q2 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)

DISCUSSION

Ottawa Public Health (OPH) submitted the Q2 2022 Standard Activity Report to the Ministry of Health on September 16, 2022. Document 1 provides an overview of the submission, showing both 2020 and 2021 data. When compared to 2019, the Ministry added the following four new program data requirements:

- The number of re-inspections of personal service settings

- The number of tickets issued under the *Provincial Offenses Act* (for personal service settings) during the reporting period
- The number of summonses issued under the *Provincial Offenses Act* (for personal service settings) during the reporting period
- The number of infection prevention and control (IPAC) lapses by setting

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; school dental screenings were paused between March 2020 and June 2022; and school immunization clinics were not held in the 2020-2021 school year. 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 the lower values.

Next steps

Ottawa Public Health (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 BOH 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 2020 and 2021

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 2020 and 2021

Table 1: Quantitative data for 2020 and 2021

Program Data Requirement – Quantitative Data	2020	2021
CHRONIC DISEASE PREVENTION AND WELL-BEING		
Menu Labelling: number of inspected premises (new and re-inspected) deemed in full compliance	12	6
Menu Labelling: number of inspected premises (new and re-inspected) deemed in partial compliance	1	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	5,261	5,424
Number of seasonal food premises	400	363
Number of high-risk food premises	903	811
Number of moderate risk food premises	2,763	2,996
Number of re-inspections for year-round food premises	600	502
Number of food safety complaints received that triggered an investigation/inspection	153	239
Number of tickets issued	23	2
Number of summons issued	0	0
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)	3	7
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	162	0
Number of doses of HBV vaccines administered to students in grades 7 to 8 for the school year reporting period	8,530	1,420

Program Data Requirement – Quantitative Data	2020	2021
Number of doses of meningococcal vaccines administered to students in grades 7 to 12 for the school year reporting period	11,181	1,342
Number of doses of HPV vaccines administered to eligible female students in grades 7 to 12 for the school year reporting period	5,776	991
Percentage of premises that store publicly funded vaccine that received their routine annual inspection as per the vaccine storage and handling requirements	97%	99%
INFECTIOUS AND COMMUNICABLE DISEASES PREVENTION AND CONTROL		
Number of Infection Prevention and Control (IPAC) lapse complaints received in reporting period	25	21
Total number of IPAC complaints received that triggered an inspection in the reporting period	15	17
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	95%	89%
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	69%	71%
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	95%	88%
Number of catch basins treated with larvicide per round	90,065	88,786
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	1,127	1,407

Program Data Requirement – Quantitative Data	2020	2021
Number of all re-inspections of personal service settings conducted between January 1 and December 31	51	23
Number of all personal services settings in operation	1,133	1,139
Number of tickets issued under the <i>Provincial Offences Act</i> in the reporting period	25	3
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	4	1
SAFE WATER		
Recreational water: number of Class A (seasonal and year-round) pools	71	72
Recreational water: number of Class B (seasonal and year-round) pools	302	311
Recreational water: number of Class C facilities	217	218
Recreational water: number of spas (seasonal and year-round)	90	91
Recreational water: number of re-inspections for Class A, B, C and spas	64	46
Recreational water: number of recreational water complaints that triggered an investigation/inspection	2	6
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	2020	2021
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])	6%	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])	10%	0%
Percentage of students screened and found to be clinically and financially eligible for HSO-PSO who were then enrolled in HSO-PSO	0.1%	0%
Percentage of students screened and found to be clinically and financially eligible for HSO-EESS who were then enrolled in HSO-EESS	4%	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	69%	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	17%	0%
Number and percentage of students suspended under the <i>Immunization of School Pupils Act</i> (ISPA)	2.5%	0%

Table 2: Qualitative data for 2020

Program Data Requirements – Narrative Data
<p>What actions were taken by the board of health to mitigate heat and cold health impacts?</p> <ul style="list-style-type: none"> • OPH issued 8 frostbite advisories that lasted a total of 15 days and no frostbite warning. • OPH shared 7 Environment and Climate Change Canada (ECCC) heat warnings and 2 extended heat warnings with the community and service providers of at-risk populations that lasted 21 days.

Actions taken:

- 1) Advise service providers of priority populations and the general public when ECCC issues heat warnings and cold warnings. In addition, based on windchill values included in ECCC weather forecasts, we issue frostbite advisories when windchill values of -25 C or colder and frostbite warnings when windchill values of -35 C or colder are forecast.
- 2) Update our City of Ottawa Interagency Extreme weather plan that sets out community actions during extreme heat and cold events.
- 3) Meet at least twice a year with our City of Ottawa Interagency Extreme Weather Committee to ensure coordinated response to extreme heat and cold events by City departments and agencies within the City of Ottawa.
- 4) Issue social media posts and public service announcement messaging over the winter and summer seasons as well as during extreme heat and cold events to inform the public of ways they can prevent injury and illness related to heat and cold and are aware of places to cool off during heat events.
- 5) Prepare and refresh fact sheets and web material for the public and service providers on ways to mitigate the impacts of extreme heat and cold events (e.g. personal protection, urban heat island mitigation, etc.).
- 6) Review syndromic surveillance information during extreme heat and cold events to determine how our community is coping during an event. We look at heat and cold related injuries from triage data from hospital emergency rooms on a daily basis during an event. Additional information is collected from City of Ottawa staff and community partners during heat and cold warnings about incidents and how their clients/staff are coping in the heat or cold.
- 7) Maintain distribution lists of service providers of priority populations who receive notifications of extreme heat and cold warnings.
- 8) Upon request, review and provide input into policies and procedures for managing heat and cold risks for service providers such as schools, daycares, outdoor parks and recreation program, and summer camps.
- 9) Advocate for changes to the built and natural environment to make it more protective of extreme heat events through input into City policies and in development

submissions (e.g. tree protection, provided input into the NCC urban forestry strategy, encouraging less car parking and more bicycle parking and connection with multi-use pathways).

10) Building awareness of the impacts of climate change on hotter weather through social media.

11) Liaised with City departments to open emergency cooling centres during heat warnings and respite centres from the cold when traditional cooling and warming spaces were closed due to pandemic restrictions and provided information about wearing masks and heat related illnesses.

12) Started work on a Climate Change Health Vulnerability Assessment (CCHVA) for the City of Ottawa that included identifying the major risks and liaising with other health units to review methodology and information sources.

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. Provided support and education to healthcare providers reporting and treating LTBI.

Table 3: Qualitative data for 2021

Program Data Requirements – Narrative Data

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

- OPH issued 6 frostbite advisories that lasted a total of 11 days and no frostbite warning.
- OPH shared 4 Environment and Climate Change Canada (ECCC) heat warnings and 3 extended heat warnings with the community and service providers of at-risk populations that lasted 16 days.

Actions taken:

1) Advise service providers of priority populations and the general public when ECCC issues heat warnings and cold warnings. In addition, based on windchill values included in ECCC weather forecasts, we issue frostbite advisories when

wind-chill values of -25 C or colder and frostbite warnings when windchill values of -35 C or colder are forecast.

2) Update our City of Ottawa Interagency Extreme weather plan that sets out community actions during extreme heat and cold events.

3) Meet at least twice a year with our City of Ottawa Interagency Extreme Weather Committee to ensure coordinated response to extreme heat and cold events by City departments and agencies within the City of Ottawa.

4) Issue social media posts and public service announcement messaging over the winter and summer seasons as well as during extreme heat and cold events to inform the public of ways they can prevent injury and illness related to heat and cold and are aware of places to cool off during heat events.

5) Prepare and refresh fact sheets and web material for the public and service providers on ways to mitigate the impacts of extreme heat and cold events (e.g. personal protection, urban heat island mitigation, etc.).

6) Review syndromic surveillance information during extreme heat and cold events to determine how our community is coping during an event. We look at heat and cold related injuries from triage data from hospital emergency rooms on a daily basis during an event. Additional information is collected from City of Ottawa staff and community partners during heat and cold warnings about incidents and how their clients/staff are coping in the heat or cold.

7) Maintain distribution lists of service providers of priority populations who receive notifications of extreme heat and cold warnings.

8) Upon request, review and provide input into policies and procedures for managing heat and cold risks for service providers such as schools, daycares, outdoor parks and recreation program, and summer camps.

9) Advocate for changes to the built and natural environment to make it more protective of extreme heat events through input into City policies (e.g. Official Plan Policies on shade requirements and tree planting, green roofs, encouraging developers to submit plans with more sustainable development applications).

10) Produced a public facing urban heat island map to raise awareness of factors that contribute to and are protective of urban heat.

11) Liaised with City departments to open emergency cooling centres during heat warnings and respite centres from the cold when traditional cooling and warming spaces were closed due to pandemic restrictions and provided information about wearing masks and heat related illnesses.

12) Continued to work on the Climate Change Health Vulnerability Assessment (CCHVA), with a focus on Extreme Heat. Completed a risk assessment and hosted a meeting of Canadian subject matter experts to review our assumptions and findings. Continued to plan next steps for our assessment.

13) Participated in a Climate Change Risk Assessment being conducted by the City of Ottawa as members of the planning committee and as participants providing input into a wide range of topics including flooding, hot weather, agriculture, emergency response, etc.

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. Provided support and education to healthcare providers reporting and treating LTBI. Began development of healthcare provider webpage regarding diagnosing and treating LTBI.