

MEMO / NOTE DE SERVICE

TO: Board of Health for the City of Ottawa Health Unit

DESTINATAIRE : Conseil de santé de la circonscription sanitaire de la ville d'Ottawa

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SUBJECT: **MEDICAL OFFICER OF HEALTH VERBAL REPORT**

OBJET : **RAPPORT VERBAL DU MÉDECIN CHEF EN SANTÉ PUBLIQUE**

Check upon delivery

Good evening, Bon soir,

I wish you all a happy new year, and welcome our new Councillors to the Board. Councillors McKenney, Qaqish and Taylor-the team at Ottawa Public Health looks forward to working with you in the coming term.

It's been a busy winter for us. Councillor Qadri mentioned the work we do to mitigate the impacts of extreme weather events, and that we have already issued several frostbite advisories and warnings this winter. Fortunately we have had no reports of serious injuries or deaths in this regard, and I thank our city and community partners for their

efforts in ensuring that vulnerable people have extra help when the extreme cold weather hits.

Here in the Northern Hemisphere, December brings with it the beginning of the season where we see upper respiratory tract infections. As you know, the virus we worry about most, because of its ability to cause serious illness, and – especially in the medically vulnerable and the elderly – to kill, is influenza. We've seen an unusually high level of influenza activity in Ottawa. Already, there are hundreds of laboratory confirmed cases, and the vast majority of people who contract influenza are not even tested for it, so the real number of affected people is in fact much higher.

This year, the predominant circulating flu virus (an H3N2 strain) is a more aggressive strain which is causing more severe illness, and a significant number of institutional outbreaks. The situation is not being helped by the fact that the flu vaccine is less effective than usual, though still helpful in warding off severe illness.

As often happens, this year in Ottawa we've seen influenza impacting our elderly population the most. Since early December about 100 people have been hospitalised in Ottawa, and 11 people have died in the context of influenza outbreaks. Our long-term care homes and retirement residences have been particularly hard hit, with almost 60 outbreaks of influenza, affecting about 950 people. Other viruses have also caused problems for these facilities and their residents, with 26 non influenza respiratory outbreaks affecting almost 250 people.

As you know, we assist institutions in managing these events by advising on control measures. Our staff resources are very stretched during periods like this, and I do want to acknowledge the efforts of our team including the inspectors, nurses and doctors who have been putting long, long hours towards addressing these challenges over the last few weeks. You will recall, also, that our outbreak management strategy for long-term care and retirement homes has been revamped, and we have increased educational efforts, training staff who work in these facilities on infection prevention and control measures.

Now, before moving to the agenda, and our tabling of the proposed budget for 2015, I want to update you briefly on another issue. You will recall the large scale infection control lapse at a community physician's clinic which necessitated an extraordinary investigation in 2011, and other challenging situations including the illegal practices in a local personal services business last year. As we have previously discussed, one of the obstacles I perceived to timely and efficient management of those situations was the inability of the College of Physicians and Surgeons of Ontario to share, in a timely manner, some confidential information pertaining to their investigations that we needed to adequately fulfill our duties under the *Health Protection and Promotion Act*. This has

now been fixed. Last month, Bill 21, the *Safeguarding Health Care Integrity Act, 2014* received royal assent. Amongst other things, the bill amends the Province's *Regulated Health Professions Act* to allow the College of Physicians and Surgeons to disclose relevant information to local Medical Officers of Health in order to assist in meeting our mandate. I am optimistic that when the amendments come into force this will lead to improved communications between our organisations, for the benefit of our residents, and is a result, in part of the advocacy that you did in conveying your views to the province after the 2011 investigation.

That concludes my report. As always, I am happy to answer any questions.