

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,

Firstly, picking up on the Chair's comments regarding our recent efforts with partners and alcohol moderation messaging for Halloween... We have been looking at the epidemiology closely in the last few years, and the pressure on emergency rooms with an increased number of cases of unintentional drug and alcohol poisoning related to summertime festivals and special holidays has been a concern to us, and to our emergency room physician, paramedic and Coroner partners. I am pleased to be able to say that the public awareness effort that we all made this Halloween may have had some impact - certainly it appears that the numbers of people presenting to emergency

rooms with signs of overdose was no greater than an average Saturday. However, visits related to intoxication were at a yearly high, so the promising work with our multiagency working group will need to continue.

There have been a few other issues that have been taking my attention in the past few weeks.

Firstly, we are now into the season that we typically see outbreaks in institutions such as long-term care centres, Retirement Homes and child care facilities. In the last two months we have investigated more than 20 confirmed outbreaks affecting almost 300 people. To date, most have been in long-term care centres, and have been caused by common viruses. This is fairly typical for Ottawa at this time of year. Of note, we have now had our first outbreak of the season known to be caused by influenza, and this highlights the importance of all of our community doing what we can to prevent the spread of flu.

As I mentioned at our last meeting, the Ministry of Health and Long-Term Care has introduced nasal spray vaccine for children as an alternative to an injection. Although there have been some challenges across the province matching supply with demand, in Ottawa we have received the nasal spray formulation and have been offering it to those aged two to 17. In the eight flu clinics we have run so far, about 60 per cent of eligible children and youth opted for the nasal spray, and this seems to be a popular and well-liked addition to our offerings.

So far this season, we have distributed close to a quarter million flu vaccines, mostly to community providers such as pharmacists and physicians. There are three OPH clinics remaining. Our last clinic, scheduled for November 16, is taking place at City Hall and I encourage anyone who has not been vaccinated to come to the clinic, or to ask your primary care physician or nearby pharmacist for the vaccine.

Still on immunizations, we have started our cycle of written communications to parents of students whose immunization records suggest that their immunization status is not up to date. More than 10,000 parents have received what I refer to as "first warning of suspension letters" in the last two weeks, and so far we are getting a good response with almost half contacting us to update the record, and, as far as I know, no complaints.

Now, just briefly to touch on the release of the Infant Feeding in Ottawa report, which is included as Information Previously Distributed in the evening's agenda package:

This report helps OPH ensure our staff and community partners have adequate, relevant, local information to inform program planning and policy development for Ottawa families.

The report also contributes to data collection and monitoring requirements of the World Health Organization (WHO) Baby-Friendly Initiative designation, which OPH received in May 2013, and which is still one of your accountability indicators under the Public Health Funding and Accountability Agreement. We aim that reports like this one provide information and increase awareness about breastfeeding. We have had a positive response to the novel applications of the video and the infographics resource as knowledge transfer mechanisms.

Finally, I want to draw your attention to ongoing signals from the provincial Ministry of Health and Long-Term Care. We continue to hear from senior ministry officials that 2016 will bring a substantial exercise to review and revise the Ontario Public Health Standards. Further, we continue to hear talk about health system transformation emanating from the Ministry. There have, of course, been many system transformation initiatives in recent years, notably with regard to primary care models of practice and development of new funding models for acute care institutions. Few of these have had significant direct impact on the work we do in local public health, with municipal, social service, school board and community partners. Signals coming from the ministry now suggest that the next phase of health system transformation may have more of a direct impact on the work we do. Yesterday I circulated a copy of the speech delivered by Minister Hoskins to the HealthAchieve conference in Toronto last week, and I think that speech is noteworthy for this Board for three reasons:

Firstly, it suggests imminent structural change to the health system, including home and community care elements.

Secondly, it places health equity, a fundamental principle on which our strategic plan and our work rests, at the heart of transformation objectives.

And lastly, it specifically references Public Health as part of the spectrum of services that will be subject to transformation.

We will continue to monitor developments in this regard, and advise of developments that will be relevant to our work.

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

Merci pour votre attention.