

**MEMO / NOTE DE SERVICE**

**Information previously distributed / Information distribué auparavant**

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

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

**FROM: Dr. Isra Levy,  
Ottawa Public Health**

**Contact :  
Sherry Nigro  
Health Promotion Disease Prevention  
Ottawa Public Health  
613-580-2424, ext. 28971  
sherry.nigro@ottawa.ca**

**EXPÉDITEUR : D<sup>r</sup> Isra Levy,  
Santé publique Ottawa**

**Personne ressource :  
Sherry Nigro  
Promotion de la santé et prévention  
des maladies  
Santé publique Ottawa  
613-580-2424, poste 28971  
sherry.nigro@ottawa.ca**

**DATE: March 4, 2015**

**4 mars 2015**

**FILE NUMBER: ACS2015-OPH-HPDP-0002-IPD**

**SUBJECT: VACCINE PREVENTABLE DISEASES STANDARD COMPLIANCE**

**OBJET : OBSERVANCE DE LA NORME EN MATIÈRE DE MALADIES ÉVITABLES  
PAR LA VACCINATION**

**PURPOSE**

The purpose of this memo is to provide the Board of Health with an update on Ottawa Public Health's (OPH) Vaccine Preventable Diseases Standard (VPDS) Compliance Report. Further to the Information Previously Distributed: Ottawa Public Health's Immunization Program ([ACS2015-OPH-HPDP-0001-IPD](#)) dated February 18, 2015 and

the Medical Officer of Health's verbal update presented at the March 2, 2015 Board of Health meeting, please find attached OPH's Vaccine Preventable Diseases Compliance Report which was submitted to the Ministry of Health and Long-Term Care (Ministry) on the Board's behalf.

## **BACKGROUND**

On February 24, 2015 OPH received a memo from the Ministry regarding VPDS Compliance. The Ministry sent this memo to all 36 Ontario Public Health Units, requesting that Boards of Health confirm their compliance with the requirements of the VPDS of the Ontario Public Health Standards (OPHS) and their immunization assessment and suspension plans under the *Immunization School Pupils Act*.

More specifically, the information requested by the Ministry includes:

1. Attestation of compliance with the OPHS and incorporated protocols related to VPDS;
2. Plans regarding assessment of immunization records and suspension of school pupils; and
3. Plans for resolution of any variances, as is typical for variance reporting requirements

## **NEXT STEPS**

OPH staff are currently preparing plans to address any variances from the Standard. We will apprise you of developments on this matter. Should you have any questions, please do not hesitate to contact me.

Thank you,

***'Original signed by'***

Dr./ D<sup>r</sup> Isra Levy

Medical Officer of Health | Médecin chef en santé publique  
Ottawa Public Health | Santé publique Ottawa

# Compliance Report

## Public Health Funding & Accountability Agreement

<b>Board of Health:</b>	Ottawa Public Health
<b>Report Date:</b>	4 March 2015
<b>Compliance Variance/Issue:</b>	<p>As per the Public Health Funding &amp; Accountability Agreement (PHFAA) OPH has met or exceeded the requirements for the Immunization program stipulated in the six current Accountability Agreement Indicators on cold chain inspections, vaccine wastage and school immunization coverage. Using a risk-based approach, OPH has been able to comply with all statutory and regulatory obligations under the Health Promotion and Protection Act, the Immunization of School Pupils Act (ISPA) and the Day Nurseries Act (DNA).</p> <p>OPH is not in compliance with all elements of the Vaccine Preventable Disease Standard of the Ontario Public Health Standards; specifically there is partial variance from the Assessment and Surveillance requirements (item 1) and Health Protection Requirements (item 13) and the associated areas in the Immunization Management Protocol (2013). At the time of reporting OPH is backlogged on full assessment of student records for vaccines administered by community vaccine providers; has not issued orders for suspension of school pupils for the 2013/14 and 2014/15 school years and is not conducting assessment of the immunization status of children in licensed day cares.</p> <p>Further, of the 74 activities required under the Vaccine Storage and Handling Protocol (2014) received at the end of December 2014 OPH has not yet started to vigorously enforce the newly amended requirement that health care providers shall carry a digital thermometer device in the insulated container used to transport vaccine.</p>

### Instructions

This report template may be used when:

1. The Ministry of Health and Long-Term Care (the "ministry") has identified a Compliance Variance\* and requests a Compliance Report (see section 5.4 of the Public Health Funding & Accountability Agreement (PHFAA)); or
2. The board of health initiates a Compliance Report (see section 5.4 of the PHFAA).

Please enter information in all the boxes below. Please submit one report per issue or as directed by the ministry. Please send the completed report to [PHUIndicators@ontario.ca](mailto:PHUIndicators@ontario.ca). If you have any questions about completing this report, please send an email to [PHUIndicators@ontario.ca](mailto:PHUIndicators@ontario.ca).

\*Compliance Variance as defined in section 1.2 (Definitions) of the PHFAA means any of: a) non-compliance with any aspect of the Act, its regulations, the Ontario Public Health Standards, or the Organizational Standards; or b) any other matter that could significantly affect the Board of Health's ability to perform its obligations under this Agreement.

# Compliance Report

## Public Health Funding & Accountability Agreement

### Section I

In the following boxes, please provide the details requested about the issue(s) contributing to the Compliance Variance:

<b>Description</b>
<p><i>Provide a brief description of the Compliance Variance/issue:</i></p> <ul style="list-style-type: none"> <li><i>Please describe the issue.</i></li> <li><i>Please provide any contextual factors that are relevant to the issue.</i></li> <li><i>How did the board of health become aware of the issue?</i></li> </ul>
<p>Ottawa Public Health (OPH) has utilized a risk based approach for its immunization program and has prioritized vaccine safety and delivery in the face of relative funding and operational constraints. Specifically, OPH has been collecting and maintaining records on school pupils as well as children attending licensed daycare in Ottawa. Records are maintained and up to date for all school based clinic vaccinations, and outbreak or case related immunization assessment is prioritised and initiated immediately whenever necessary. However, OPH is currently able to demonstrate only partial compliance with the Assessment and Surveillance requirements (item 1) and Health Protection Requirements (item 13) of the Vaccine Preventable Disease Standards. Immunization assessment, parent notification (informal and formal, individualised) and active suspensions relating to vaccinations administered by community providers has focused on specific age cohorts on a rotational basis. For example in the 2012-3 school year OPH:</p> <ul style="list-style-type: none"> <li>conducted full immunization surveillance on 52,585 high school students</li> <li>sent letters to 18,179 students to notify them that OPH was missing immunization information on them,</li> <li>suspended 2,471 students from school for 20 days.</li> <li>followed up on missing immunization information for 285 students following the suspensions so that only 156 students were outstanding at the beginning of the 2013/14 school year.</li> </ul> <p>For the school years of 2013/14 and 2014/15 OPH has continued to collect immunization records, input them into the data management system, complete immunization assessments as staff are able, and notify parents where records appeared not to be up to date. Formal questionnaires/ notification letters and suspensions were temporarily deferred. The ability to respond to potential outbreaks of vaccine preventable disease has remained a priority; OPH responded to a measles outbreak in March 2014, which involved rapid, full assessment of the immunization of school contacts of a case, and immediate exclusion of susceptible students. In addition to communicating through earned and traditional media and local events, OPH has made significant use of social media channels such as Twitter and Facebook to educate and better engage with parents and guardians about issues relating to immunization, which includes the importance of parents reporting immunizations to OPH.</p> <p>Contextual factors include:</p> <ul style="list-style-type: none"> <li>OPH has been challenged to prioritize resources across all programming. This has resulted in, not only using the risk based approach on individual programs such as immunization, but also, reallocation of resources from one Standard to another to respond to health needs. For example, OPH has historically cross subsidized 100% funded programs, notably Healthy Babies, Healthy Children, from global cost shared budgets, to address identified local needs.</li> </ul>

## Compliance Report Public Health Funding & Accountability Agreement

### Description

- Technological challenges with previous information management system (IRIS)
- Data migration challenges. For example, with the adoption of STIX there has been a delay in getting school registration data. (The largest school board in Ottawa has approximately 68,000 students, and data was not received until January 2015.)
- Data backlog from the decommissioning of IRIS
- Data backlog while Panorama is being implemented (OPH is grateful for extra support provided by MOHLTC for Panorama transition and incorporation of new ISPA antigens; Panorama transition has proceeded very satisfactorily, however there has been a need to undertake time consuming staffing initiatives, training, and establishing new business processes.)
- Data quality challenges; cleaning requirements including manual resolution of duplicate records (currently 6500 duplicate records groups are awaiting resolution).

The Vaccine Storage and Handling Protocol (2014), amended and shared with health units at the end of December 2014, changed Vaccine Transport expectations for health care providers from a recommendation that they “should” have a digital thermometer to that they “shall” carry a digital thermometer in the insulated container for vaccines. Historically the practice has been that Health Care Providers who come and pick-up vaccines at the health unit are instructed to go back to their office right away, upon leaving. Insulated containers with ice packs are always used when picking-up the vaccines. Because of the short distance between the health unit’s office and most of health care providers’ offices within the city of Ottawa, and because those containers have been tested to maintain the right temperature of between 2-8 degrees Celsius, for a minimum of 2 hrs, thermometers have been encouraged but are not being reinforced.

Quarterly reporting to the Board of Health and the public relating to variances from the PHFAA has historically focused on matters relating to accountability indicators and other required reporting. OPH has met or exceeded the provincial expectations for the six specific Public Health Funding Agreement Accountability Indicators related to vaccine wastage, cold chain inspections and school immunization coverage, as well as monitoring adverse events associated with immunization.

The Board of Health has discussed on several occasions concerns relating to being able to fully meet its mandate under the PHFAA given global funding levels, and has documented those concerns, including in correspondence to the Ministry. Members of the Board of Health were informed of the Vaccine Preventable Diseases (VPD) variance on February 18, 2015, by way of a memo providing an update on OPH’s VPD Program, including information on immunization assessments and suspensions.

## Compliance Report

### Public Health Funding & Accountability Agreement

#### Cause

*Provide a brief explanation of the cause of the issue:*

- *What factors or events have led to the issue?*

The contextual factors outlined in the previous section underpin the long term challenges and acute pressures leading to the partial variance with the Vaccine Preventable Diseases Standard. In an effort to ensure compliance with all Standards and to address emergent and evolving community needs, OPH deploys staff resources to areas of priority as needed. Historically OPH has adopted a risk-based approach which has focused on vaccine delivery and partial surveillance targeted to priority populations such as students in high school so that young adults leaving the school system would be up to date in their immunizations.

As noted, the risk-based approach has been used at OPH to retain capacity for rapid case management and outbreak associated activities, ensure delivery of school immunizations and record keeping, ensure safe and timely vaccine distribution and monitor adverse events. However, the consequence has been the limited capacity to undertake surveillance on all school and daycare settings. This pressure has been documented in previous program reviews. In light of resource constraints and the transition to the Panorama information system with the requisite training and data cleaning activities, capacity to run reliable vaccine coverage reports for school-age students has been further reduced, and OPH has fallen further behind in assessments. In the context, and recognising that ISPA and DNA allow the Medical Officer of Health discretion on this point, school suspensions have been deferred for the school years 2013/144 and 2014/15, and work with daycares has focused on maintaining immunization records, with the contingency of being able to rapidly initiate targeted assessments of records and exclusions from the facility, in the event of any cases of a relevant vaccine preventable disease in a school or daycare setting.

## Compliance Report Public Health Funding & Accountability Agreement

### Impact

*Provide a brief explanation of the impact or anticipated impact of the issue:*

- *Has the issue affected program or service delivery? If so, how?*
- *Has or will the issue have an impact on the board of health's ability to meet its obligations under the PHFAA? If so, how?*

OPH has protected capacity to deliver on Accountability Agreement Indicators, including administration of school based immunizations, ensuring optimum storage and handling of vaccines and minimizing vaccine wastage. In addition OPH has concentrated resources on the effective distribution of vaccines to an increasing number of vaccine providers and on the health unit's capacity to respond to cases and outbreaks of vaccine preventable diseases. Further OPH has assessed and been conscious to assure that any variation from full compliance with the Vaccine Preventable Diseases Standard and its related protocols is not likely to be associated with increased risk to the health of residents of the community. Specifically OPH has maintained activities towards assuring:

- vaccinations against vaccine preventable diseases are delivered according to the Ontario publicly funded vaccination schedule, both in school-based, OPH-delivered settings and by alternate vaccine providers in the community.
- health care provider knowledge of immunization.
- public knowledge of immunization.
- robust reporting and follow up of adverse events following immunization.
- low vaccine wastage.

The Board of Health continues to:

- seek to identify priority populations facing barriers to immunization and help overcome these barriers.
- use epidemiology to reduce or eliminate the burden of vaccine preventable diseases.
- raise public awareness of the importance of immunization across the lifespan.
- promote that health care providers report adverse events following immunization.
- provide information to providers regarding proper vaccine management, including storage and handling.
- strive to achieve target coverage rates for provincially funded immunizations.
- effectively respond to vaccine preventable disease outbreaks.
- provide information to the public as to the availability of travel health services, including immunizations for travellers.
- assess that health care providers are adhering to proper vaccine management, including storage and handling practices and inventory management.
- distribute vaccines in an equitable and timely manner, that adheres to proper vaccine management, including storage and handling practices.
- achieve timely and effective detection and identification of adverse events following immunization.
- strive to create the conditions for children to have up-to-date immunizations according to the current Publicly Funded Immunization Schedules for Ontario and in accordance with the Immunization of School Pupils Act and the Day Nurseries Act.

OPH recognises that partial surveillance results in reported immunization coverage rates that OPH believes do not accurately reflect actual, current immunization rates.



## Compliance Report

### Public Health Funding & Accountability Agreement

#### Impact

Using a risk-based approach, OPH has been able to comply with statutory and regulatory obligations under the Health Promotion and Protection Act, the Immunization of School Pupils Act and the Day Nurseries Act. The variance from full compliance with the specifics of the Standards has temporarily compromised our ability to ensure that all children have up-to-date immunization records according to the current Publicly Funded Immunization Schedules for Ontario and hence to proactively detect and identify all children susceptible to vaccine preventable diseases and their associated risk factors.

OPH has positive working relationships with community immunization providers, provides ongoing education and reinforcement of safe vaccine handling and transportation. Discussion and situational assessments at time of vaccine pick up ensure cold chain is maintained during storage and transport.

#### Plans for Resolution

*Provide a brief explanation of the board of health's plans to resolve the issue:*

- *What steps has the board of health **taken** or **is taking** to address the issue and any related negative impacts?*
- *Please describe any organizational changes, planning changes, and/or monitoring changes that the board of health is **planning** to implement to resolve the issue.*

OPH recognizes that while the risk based approach assisted with rationalization of resources, it was a temporary measure. OPH welcomes the transition to Panorama. Once fully implemented it will facilitate and increase the efficiency of assessment and surveillance activities for both school and daycare settings. In anticipation of Panorama and to identify opportunities for operational improvements, new management of the program was instituted during 2014, and planning for future years, including for appropriate budget realignments and budget enhancement requests has been initiated. OPH has also been working to increase capacity of the immunization program through structural changes and operational integration with other OPH teams. For example, Public Health Nurses on the phone line have been trained on Panorama, to respond to telephone inquiries and vaccine reporting as well as immunization counselling. A realignment of the program with the School Health Program has set the stage for leveraging internal resources to support school clinics and assist with immunization assessments.

Planning has also been initiated to consider a process of internal resource redistribution to assure adequate staffing levels to allow for addressing backlogs in record entry and immunization assessment after transition to new record keeping systems are completed.

OPH is reviewing all immunization program operations to identify potential opportunities for efficiencies and quality improvement initiatives such as streamlining the consent process.

OPH is seeking mechanisms to improve reporting of childhood vaccines at a system level:

- Pilot project with immunize.ca app to transmit immunization records to OPH, obviating the need for parents to make special efforts to contact OPH to update their children's records
- Text messages for parents as reminders for immunization



## Compliance Report

### Public Health Funding & Accountability Agreement

#### Plans for Resolution

- Targeted messages to parents to report immunization to OPH through the schools
- Leveraging a new Parenting in Ottawa Facebook and Parenting Portal to increase proactive reporting of immunizations.

OPH has taken stock of realistic budgetary needs to successfully and consistently achieve the expectations set out for the Immunization Program. Beginning immediately, OPH will be commencing the planning for redeployment of resources that are currently allocated to other operational areas to assist with the elimination of backlog of immunization assessment and follow up with parents. Further, OPH has finalised and submitted a one-time funding request, as part of the Ministry's Program Based Grant application process, for assistance in fully addressing the backlog in assessments on all children in licensed day cares and in schools. This funding would support the catch up of data entry and immunization assessments, so that the process of parent notification and suspensions can be fully implemented in the 2015-16 school year.

Related to the requirement for health care providers to have a digital thermometer in the container used to transport vaccine OPH is undertaking education of immunization providers on changes to the Vaccine Storage and Handling Protocol (2014): they will receive notice in the next vaccine order that future pick-ups will not be permitted without the thermometer for the following vaccine pick up. A small supply of digital thermometers will be maintained by the health unit for health care providers for purchase or loan in case of urgent situations where health risk or other circumstances warrant.

The Medical Officer of Health will recommend immunization as a strategic priority during the current term of Board, focusing on school surveillance on every child every year, reducing health inequalities and optimising the use of Panorama and improving data quality through efficient business processes.

OPH has undertaken efforts to strengthen its ability to deliver evidence based programming that delivers on all Standards and associated legislation. In the last term of the Board of Health a Quality Plan was implemented that included internal policy and practice development and seeking third party accreditation of our programming. OPH actively participates in local and provincial working groups and committees to seek improvements in public health service. For example OPH contributed to the recent Report of the Advisory Committee for Ontario's Immunization System Review and the 2014 Annual Report from the Office of the Auditor General of Ontario that featured an audit on provincial immunization programming. OPH also participates in provincially organized teleconferences, such as the Vaccine Preventable Disease Managers Group and the monthly Provincial/Public Health Unit Conference Call where issues such as changing requirements, resource challenges and innovations for practise are shared regularly.

As part of the organizational commitment to quality and compliance, OPH has recently undertaken plans to develop enhanced mechanisms to monitor all Standard requirements. For example, OPH plans to establish the position of Compliance Monitor, to specifically focus on monitoring compliance with all Standards and Protocols, rapidly identify emerging variances, and ensure timely reporting and remediation of variances.

## Compliance Report

### Public Health Funding & Accountability Agreement

#### Timeline

*Provide the timeline within which the board of health plans to resolve the issue:*

- *Please outline the expected completion dates of the steps the board of health is taking to resolve the issue as identified in the plans for resolution above.*
- *What is the expected date that all steps will be completed?*
- *Please describe the monitoring schedule to ensure that planned changes are having the intended results.*

If funding is granted, it is expected that all 150,000 student immunization records, as well as records for children in the City's 260 licensed daycares will be assessed by end of September 2015, allowing for full compliance with OPHS and protocols for the 2015/16 school year. If funding is not provided OPH intends to remediate on this timeline (end of September 2015) through the establishment of an enhanced response team; however this may lead to temporary service disruptions in other program areas as staff are deployed from other teams to immunization surveillance activities.

Key milestones are being established and performance targets will be tracked routinely.

#### Ministry Support

*Please identify any provincial level supports which you feel would help the board of health to resolve the issue.*

*Please note that the purpose of this section is not to identify the need for additional funding. Funding approval is based on the annual Program-Based Grants approval process.*

Assistance from the Ministry in the following areas would be appreciated:

- Ensure reliability and functionality of Panorama with support to the field
  - Provide reliable coverage reports
  - Develop tools for parent notifications that ensure key messaging is readily available in English and French, as well as Chinese, Arabic and Somali as a minimum
- Additional support for Panorama implementation, specifically data entry/data verification and immunization assessment
- Facilitate knowledge exchange for sharing lessons learned and undertaking collaborative problem solving
- Advance work to find mechanisms for OHIP or EMR to electronically transfer immunization data in Panorama from providers; thereby removing the burden of parent reporting
- Advance the work of the Funding Review Working Group to establish a future public health funding model that is needs-based and demonstrates value for money

**Compliance Report**  
**Public Health Funding & Accountability Agreement**

**Contact Information for Ministry Follow-Up**

*Please provide contact information for someone that the ministry can follow-up with for any questions about the Compliance Report.*

**Contact:**

Name: Sherry Nigro

Title: Manager, Health Promotion and Disease Prevention

Telephone: 613-580-6744x28971

E-mail: sherry.nigro@ottawa.ca

The Medical Officer of Health is required to review and approve the completed Compliance Report.

Approved by: Isra Levy

Signature:

  
Medical Officer of Health

Date: 4/3/2015

# Compliance Checklist for the Vaccine Preventable Diseases Program Standard and Suspensions Plan

Board of Health:

Ottawa Public Health

## INSTRUCTIONS

Complete this checklist to indicate your board of health's current compliance with the Vaccine Preventable Diseases Standard and incorporated protocol.

Where "no" is selected, you must indicate a date by which you will submit a Compliance Report. In the third column, indicate whether your board of health is planning to conduct the assessment process of immunization records in the current school year (2014/15), including consideration of suspension, as appropriate under the ISPA.

Copies of the Compliance Report template are available on the *Public Health Performance Management Data Sharing Network* team site on the ministry's DoN website, within the Key Documents folder.

Submit completed and approved checklist to [PHUIndicators@ontario.ca](mailto:PHUIndicators@ontario.ca) by Wednesday, March 4, 2015.

OPHS STANDARD and PROTOCOL	Currently meeting all board of health requirements (yes/no)	If no, indicate date by which you will submit a Compliance Report	Planning to conduct the assessment process of immunization records in 2014/15, including consideration of suspension (yes/no)
Vaccine Preventable Diseases Standard	no	Wednesday, March 04, 2015	yes
Immunization Management Protocol	no	Wednesday, March 04, 2015	

### APPROVED BY MEDICAL OFFICER OF HEALTH:

NAME:

Isra Levy

DATE:

04 Mar-15

SUBMIT TO:

[PHUIndicators@ontario.ca](mailto:PHUIndicators@ontario.ca) by Wednesday, March 4, 2015.