

MEMO / NOTE DE SERVICE

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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: **OTTAWA PUBLIC HEALTH'S IMMUNIZATION PROGRAM**

OBJET : **PROGRAMME D'IMMUNISATION DE SANTÉ PUBLIQUE OTTAWA**

PURPOSE

The purpose of this memo is to provide the Board of Health with an update on Ottawa Public Health's (OPH) Immunization Program.

BACKGROUND

The primary goal of the Immunization Program is to prevent infectious diseases through high rates of immunization in our community. Ontario's publicly funded vaccine program undergoes continual review by the province, and currently provides for free vaccinations against 16 vaccine preventable diseases. Recommended immunization scheduling varies by disease specific vaccine, age category, previous vaccination coverage and a variety of other relevant context specific elements. Local public health units are responsible for:

- Distributing all publicly funded vaccines to vaccine providers
- Providing direct administration of some vaccines
- Maintaining a repository of available information regarding reported immunization rates and vaccine exemptions
- Educating the public and health care professionals
- Responding to outbreaks of vaccine preventable diseases

In the last three years, OPH has provided the Board of Health with information on elements of the Immunization Program (i.e. [School Immunization Program](#), [Influenza Immunization Program](#), the implementation of new Information Technology, [Panorama](#), and an [oral update on Panorama Programme](#)). During that period a number of developments have emerged that have impacted the delivery of the program. A report detailing OPH's Immunization Strategy will be presented to the Board in 2015.

New elements affecting OPH's Immunization Program include:

- The release of provincial reports, including those from the [Ministry of Health and Long-Term Care](#) (MOHTLC), from the [Auditor General of Ontario's office](#) and from [Public Health Ontario](#), which identify province-wide challenges and opportunities to improve immunization in Ontario. Associated provincial response and action plans are pending;
- An internal review of the immunization program resulting in a structural reorganization and increased collaboration across OPH teams;
- The opening of a new OPH Immunization Centre to increase access and ease of distribution of an increasing number of vaccines to the community;
- A shift to focus on the gap in influenza immunization of children under five through specialized "OPH under five clinics";
- A new provincial immunization information management system, Panorama, which requires major infrastructure, training and business process changes, including significant data entry and cleaning with migration of information from the previous vaccine information system, and;

- Amendments to the *Immunization of School Pupils Act*, implemented in July 2014, which increased the number of mandatory vaccines from six to nine (diphtheria, tetanus, polio, measles, mumps, rubella and now pertussis, varicella and meningococcus). As with the previous vaccines, parents must provide proof of immunization against these diseases or provide an exemption statement (religious/conscientious or medical). Non compliance risks exclusion in the event of an outbreak, or school suspension.

PROVINCIAL CONTEXT

The MOHLTC sets out requirements for immunization programs of local public health agencies through the [Ontario Public Health Standards](#) and associated protocols.

Regular reporting to the MOHLTC is required for six specific Public Health Funding Agreement Accountability Indicators related to vaccine wastage, cold chain inspections and school immunization coverage, as well as any adverse events associated with immunization. OPH has met or exceeded these reporting agreements and targets (see: [Q3 2014 Update: Ottawa Board of Health Public Health Funding and Accountability Agreement – Indicators](#)). Regular teleconference communication with the MOHLTC and immunization program managers have highlighted resource constraints that are limiting full compliance with the Ontario Public Health Standards in Ottawa and across the province.

DISCUSSION

The recent interest in vaccine preventable diseases in the media is welcome, as an increased number of voices promoting immunization helps to raise awareness, increase immunization rates, and ultimately prevent disease outbreaks.

At the same time, the discussion has highlighted several challenges faced by OPH. For example, there is currently no mechanism for health units to systematically obtain the records except through proactive reporting by parent. As a result a discrepancy exists between immunizations given and immunizations reported and recorded by OPH.

Similar to other Ontario local health units, OPH has limited capacity to run reliable coverage reports until Panorama is fully implemented and the data quality verified. This process requires significant time and resources given the 150,000 school children in over 300 schools plus 260 licensed daycares in Ottawa. The transition from the antiquated provincial immunization database to Panorama has been lengthy, resource-intensive, and complex. As a result, it has not been feasible to implement all aspects of assessment and monitoring of immunization of school pupils in recent years.

As outlined in the Board of Health 2015 Draft Operating Budget, OPH faces significant funding challenges due to a number of factors including: funding which is not keeping up with growth in population and service demands; and the requirement to fund the replacement of obsolete information technology (IT) applications. OPH's Immunization Program has been affected by these pressures and has historically been in deficit. In order to meet community need, OPH has reallocated resources from other programs and pursued one-time provincial investments, including funding for the implementation of Panorama and renovation of the new OPH Immunization Centre. OPH has been successful in some of these one-time funding applications, but not all. In 2014, OPH applied for provincial one-time funding to assist with surveillance activities; however that funding request was not approved. While successful provincial funding opportunities have helped OPH address some program pressures, the ad-hoc nature of one-time funding does not address anticipated long-term funding gaps.

Nonetheless, OPH has continued to collect records, assess immunization coverage of individuals and inform parents when their children's immunization record is not up-to-date. In the event of an outbreak, OPH is able to identify students with incomplete immunization histories and take appropriate action to exclude students from school when necessary to limit the spread of vaccine preventable diseases.

Given the overall goal of high immunization rates, OPH has prioritized resources for vaccine delivery to ensure that all eligible students are getting the publicly funded vaccines that are currently delivered through school settings (hepatitis B, meningococcal and human papillomavirus vaccines), as well as influenza immunization of the wider population. Almost all public health nurses at OPH are now involved in the efforts to ensure the population is appropriately vaccinated.

NEXT STEPS

OPH is actively exploring ways to maximize local vaccine uptake across the lifespan. The Immunization Program is in a time of transition. In order to further strengthen capacity to maximize efficiencies, additional reallocation of internal resources, in the context of budgetary challenges, may be required.

Examples of innovative approaches include the promotion of a new immunization mobile app, which aims to make it easier for people to track their own and their children's immunizations. OPH is also partnering with the mobile app developers to pilot new ways of making the reporting of immunizations easier for parents. In addition, further efforts are being made to improve geographic availability of school age catch-up clinics and otherwise assist families to keep their immunization records and reporting up-to-date. As noted, a report to the Board outlining an Ottawa-specific Immunization

Strategy will be tabled in 2015.

Should you have any questions, please do not hesitate to contact me.

Thank you,

‘Original signed by’

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