

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 STRATEGY: UPDATE ON EVERY CHILD, EVERY YEAR

OBJET : STRATÉGIE D'IMMUNISATION DE SANTÉ PUBLIQUE OTTAWA : MISE À JOUR SUR TOUS LES ENFANTS, TOUS LES ANS

PURPOSE

The purpose of this memo is to provide the Board of Health with an update on Ottawa Public Health's Immunization Strategy: Every Child, Every Year.

BACKGROUND

In 2015, OPH adopted a new Immunization Strategy (ACS2015-OPH-HPDP-0003) that includes a priority area “Every Child Every Year” which aims to improve surveillance of immunization status by reviewing the immunization records of all children attending school and licensed daycare centres.

The Every Child Every Year 2015/2016 plan includes 3 areas of focus:

1. **Communication:** OPH works with partners to communicate the importance of vaccination, the responsibility of parents to report new immunizations to OPH and OPH’s planned surveillance activities.
2. **Surveillance:** The surveillance process includes the collection of immunization records, assessment of immunization status, notification to parents if records are not up-to-date and ultimately suspension from school if records remain incomplete.
3. **Immunization:** In an effort to make vaccines more accessible to all families, OPH offers catch-up clinics for students who are missing required vaccines and who are unable to access other immunization providers.

WORK TO DATE

During the 2015/2016 school year, OPH staff reviewed and assessed the immunization records of all Ottawa students, from kindergarten to grade 12, to ensure that they meet the requirements of the *Immunization of School Pupils Act* (ISPA) for school attendance. ISPA requires that children under the age of 18 show proof of immunization against measles, mumps, rubella, diphtheria, pertussis, polio, tetanus, varicella (for children born in 2010 or after) and meningococcal disease, or a valid exemption.

The record review and assessment process occurs in three steps. Firstly, OPH reviews the immunization records for all students and determines which students have incomplete records. Secondly, for students with incomplete records, OPH sends a first notice of incomplete immunization to parents, giving them 30 days to update their child’s immunization information with OPH. If they fail to do so, OPH sends a second notice with an Order of Suspension from School Attendance, as required by ISPA, indicating that parents have another week to provide the information. If the immunization record is still not updated, the child is suspended from school for a period of up to 20 school days.

From October 27 to May 17, 2016, OPH has

- Reviewed 135,832 immunization records
- Mailed 58,740 first notices of incomplete immunization
- Mailed 28,167 Order of Suspension from School Attendance notices
- Suspended 8508 students for at least one school day. Subsequently worked with parents and schools to ensure lifting of these suspensions as rapidly as possible
- Gave 1634 immunizations in the 16 catch-up clinics for students who are missing required vaccines, who were unable to access other immunization providers

DISCUSSION

The percentage of students who meet the requirements of the ISPA show that Ottawa students are well protected against vaccine preventable diseases:

Table 1: Percentage of students who meet the requirements of the ISPA by disease, birth cohorts 1999 to 2011, Public Schools, Ottawa, as of June 3, 2016

Disease	Percentage of students who meet the requirements of the ISPA
Rubella	100%
Measles	99%
Mumps	99%
Polio	97%
Pertussis	95%
Tetanus	95%
Diphtheria	95%
Overall	95%

Data source: Panorama, MOHLTC, extracted by Ottawa Public Health, June 3, 2016

Overall percentage of students whose parents choose to exempt them from vaccinations for medical, religious or philosophical reasons is 1.6%.

Meningococcal disease and Varicella were not included in the immunization assessments during the 2015/16 school year and will be assessed in the second stage, with coming school year.

It is important to note that in May 2016, the provincial government announced its intention to introduce legislation requiring physicians to report vaccinations directly to local public health units, as part of the Immunization 2020 strategy.

Quality Improvements

During the 2015/16 surveillance process, several quality improvement initiatives were undertaken based on feedback and comments from clients:

- Enhanced the online immunization reporting portal to make it easier and more efficient for parents to report immunization to OPH
- Partnered with the Canadian Public Health Association and ImmunizeCA app development team to enable parents to report immunization information to OPH directly from the app
- Introduced automated phone calls and emails to parents who reported immunization information to OPH to confirm their child's immunization status
- Set-up a phone line for school staff to access OPH staff easily
- Implemented an east end catch-up clinic location to increase access to vaccines

Budget

The implementation of Every Child, Every Year required the redeployment of 4 FTE staff. In addition, compensation costs were \$585,000, overtime costs were \$95,000 and non-compensation costs were \$119,000. Provincial funding was used to offset these extraordinary costs.

NEXT STEPS

OPH will:

- Assess all students for protection against varicella (students born in 2010 and after) and meningococcal disease and, during the summer of 2016, notify parents if their child's immunization status is not up to date
- Assess the immunization records of children who attend licensed child care centres, beginning with those attending municipal child care centres.
- Continue the Every Child Every Year plan to annually review and assess immunization records of all children who attend a school in Ottawa, to ensure compliance with ISPA.

A full report on next steps of the immunization strategy will be presented in Fall 2016.

'Original signed by'

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