

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa
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**Submitted by :
Soumis par:
Dr./D^r Isra Levy, Medical Officer of Health/Médecin chef en santé publique**

**Contact Person
Personne ressource:
Dr./D^{re} Carolyn Pim, Associate Medical Officer of Health/ Médecin adjoint en santé
publique
*613-580-2424, ext/poste 23684, Carolyn.Pim@ottawa.ca***

Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE File Number: ACS2016-OPH-PHMU-0001

**SUBJECT: REDUCING PREVENTABLE INFECTIOUS DISEASES STRATEGIC
DIRECTION**

**OBJET: ORIENTATION STRATÉGIQUE SUR LA RÉDUCTION DES MALADIES
INFECTIEUSES ÉVITABLES**

REPORT RECOMMENDATION

That the Board of Health approve Ottawa Public Health's four-pronged approach to enhancing the community's collective capacity to reduce preventable infectious diseases, as outlined in this report.

RECOMMANDATION DU RAPPORT

Que le Conseil de santé de la circonscription sanitaire de la ville d'Ottawa approuve l'approche à quatre volets de Santé publique Ottawa dans l'amélioration de la capacité collective à réduire les maladies infectieuses évitables, comme il est décrit dans le présent rapport.

EXECUTIVE SUMMARY

Ottawa Public Health's (OPH's) [Strategic Plan for 2015 – 2018 \(ACS2015–OPH-SSB – 0006\)](#) identifies a series of strategic directions to advance health for people who live, learn, work and play in the communities of Ottawa. Strategic Direction #3 - Enhance Collective Capacity to Reduce Preventable Infectious Diseases, builds on OPH's work to prevent, treat and control the spread of infectious disease in Ottawa.

Despite historic advances in prevention and treatment, infectious diseases still pose a substantial threat both globally and locally. New infectious diseases (e.g. Middle East Respiratory Syndrome Coronavirus) and diseases not previously seen in Canada (e.g. Zika virus) are emerging. Other diseases are becoming more prevalent (e.g. Lyme disease) and challenges remain in the control of some long-established infectious diseases (e.g. pertussis, syphilis and tuberculosis) despite earlier advances in the form of antibiotics and/or vaccines.

Prevention and control of communicable diseases is core public health work that requires continued focus. OPH is working to advance this strategic direction through a four-pronged approach, which focuses on:

- increasing immunization coverage rates
- enhancing preparedness to respond to infectious diseases
- reducing the negative impacts of outbreaks; and
- enhancing partnerships

Due to the unpredictability of infectious disease threats and impacts on the population and on OPH resources, OPH is ensuring that its workforce is nimble and adaptable to enable effective response. Throughout 2015-2018, OPH will continue to leverage resources towards this strategic direction and respond to opportunities as they arise in the community.

RÉSUMÉ

Le [Plan stratégique](#) de Santé publique Ottawa (SPO) pour la période 2015-2018 ([ACS2015–OPH–SSB –0006](#)) propose une série d'orientations stratégiques destinées à promouvoir la santé chez les personnes qui habitent, étudient, travaillent et se divertissent dans les divers quartiers d'Ottawa. L'orientation stratégique n° 3, c'est-à-dire la capacité collective à réduire les maladies infectieuses évitables, s'appuie sur les efforts déployés par SPO pour éviter et traiter les maladies infectieuses, et lutter contre leur propagation à Ottawa.

Malgré des progrès historiques en matière de prévention et de traitement, les maladies infectieuses constituent toujours une menace importante, tant à l'échelle mondiale que locale. De nouvelles maladies infectieuses (p. ex. : syndrome respiratoire du Moyen-Orient) et certaines affections auparavant inconnues au Canada (p. ex. : virus Zika) apparaissent. D'autres maladies se répandent (p. ex. : maladie de Lyme) et des défis restent à surmonter dans la lutte contre certaines maladies infectieuses de longue date (p. ex. : coqueluche, syphilis et tuberculose), malgré les avancées plus anciennes qu'ont été les antibiotiques et les vaccins.

La lutte contre les maladies transmissibles et leur prévention sont au cœur des efforts de santé publique et nécessitent une attention continue; SPO œuvre à promouvoir cette orientation stratégique grâce à une approche à quatre volets, axée sur les éléments suivants :

- augmentation des taux de couverture vaccinale
- amélioration de la capacité de réaction face aux maladies infectieuses
- réduction des incidences négatives des flambées épidémiques
- amélioration des partenariats

Compte tenu de l'imprévisibilité des maladies infectieuses et de leurs répercussions sur la population et sur les ressources de SPO, Santé publique Ottawa veille à ce que sa main-d'œuvre soit souple et polyvalente afin de réagir plus efficacement. Pendant la période 2015-2018, SPO continuera de mobiliser ses ressources en fonction de cette orientation stratégique et de saisir les occasions qui se présentent dans la collectivité.

BACKGROUND

In the nineteenth and twentieth centuries, major advances were made in the control of infectious diseases through environmental interventions such as basic sanitation,

preventive strategies such as the development of vaccines, and effective treatment in the form of antibiotics. However, microorganisms have a significant ability to adapt and change, including developing resistance to antibiotics or expanding their range due to environmental or climate change. Human behaviour (e.g. personal hygiene, sexual behaviour, drug use, needle and equipment sharing), globalization (e.g. travel, globalization of food supply) and social determinants of health (e.g. poverty, homelessness) are also important contributors to the spread of infectious diseases. As a result, new infectious diseases are emerging and others are expanding to new areas of the world. In addition, challenges remain in the control of some long-established infectious diseases despite earlier advances in prevention and treatment.

Ottawa Public Health's (OPH's) [Strategic Plan for 2015 – 2018](#) (ACS2015-OPH-SSB-0006) identifies a series of strategic directions to advance health for people who live, learn, work and play in Ottawa's communities. One of the Board's 2015 -2018 strategic directions is to Enhance Collective Capacity to Reduce Preventable Infectious Diseases. This report describes a four pronged approach, which will advance this strategic direction by focusing on enhancing preparedness to respond to infectious diseases in our community, reducing outbreaks, increasing immunization coverage and enhancing partnerships to better leverage public health resources.

OPH has further substantial programming to prevent the development and transmission of infectious diseases, such as inspection and education programs for food and water safety; dental health promotion; and infection prevention and control measures in personal services settings and other community facilities (e.g. institutions, schools and child care facilities). These programs are beyond the scope of this report.

Public health strategies for prevention and control of infectious diseases

The key public health strategies for infectious disease control include surveillance, preventive strategies such as immunization and promotion of hand hygiene, case and contact management, and prevention and management of outbreaks.

Health promotion and prevention

OPH provides public education on the prevention of infectious diseases through *Ottawa's Health is in Your Hands*, an ongoing campaign to promote hand hygiene, 'cough etiquette', staying home when ill, and immunization. In addition, traditional and social media, the OPH website and the OPH information line convey prevention messages for specific diseases. For example, residents are advised at appropriate times of the year about how to avoid tick and mosquito bites to prevent Lyme and West

Nile Virus diseases, respectively. At OPH's sexual health clinics and the Site Needle & Syringe Program, prevention strategies such as condom distribution, the provision of harm reduction materials and education encouraging individuals to '*Get tested. Why not*' contributes the prevention of sexually-transmitted and blood-borne infections.

OPH also provides infectious disease information and consultation to professionals, through our communications with physicians, guidance to schools and daycares, support to long-term care facilities and retirement homes, and partnerships with hospitals and community agencies.

Immunization is one of the most important and cost-effective strategies to prevent infectious diseases. Some previously common diseases such as diphtheria and measles have been virtually eliminated in Canada through effective immunization programs. However, there are many areas of the world where vaccine-preventable diseases continue to be endemic; they therefore can be re-introduced to the Ottawa population through international travel and local spread to unimmunized and under-immunized individuals.

OPH plays a role in ensuring high immunization rates in the Ottawa population through promotion of immunization, distribution and stewardship of publicly funded vaccines, administration of vaccines in schools and the community and monitoring of immunization rates in schools and daycares.

Surveillance

Under the *Health Protection and Promotion Act* (HPPA), health practitioners, laboratories, administrators of hospitals and other institutions and school principals are required to report over 70 infectious diseases of public health importance to the local Medical Officer of Health (Document 1). This requirement enables public health to respond in a timely fashion and to implement measures to prevent or limit the spread of disease to others. However, an equally important purpose is to ensure that OPH can conduct effective surveillance. OPH teams monitor trends in order to detect emerging infectious disease issues, identify affected and/or higher risk sub-populations so as to target health promotion and other preventive strategies, and evaluate the effectiveness of our programs. Highlights of the current epidemiology of reportable diseases in Ottawa are found in Document 2.

Many of the reportable diseases listed in Document 1 are very rare in Canada due to effective control through immunization (e.g. polio, rubella) or because they are not

endemic in Canada (e.g. Ebola virus disease). However, even one case of a disease may signal a significant threat of disease transmission to others in the population.

In addition to using reportable disease case reports to detect trends in infectious diseases, OPH epidemiologists use syndromic surveillance to monitor emergency room visits for unusual patterns or excess of illness. Additional information is provided directly by schools reporting unusual excesses of illness among students. These provide OPH with better awareness of illness in the community and can provide an early warning for new or re-emerging disease.

OPH also responds to directives from Public Health Ontario for enhanced surveillance of particular conditions. For example, if an increase in an uncommon disease such as syphilis is seen across the province, or if there is evidence of a link between cases from multiple jurisdictions (e.g. *Salmonellosis* potentially linked to a contaminated food source), health units may be directed to conduct more intensive investigation of cases or to notify community health care providers to increase vigilance. Enhanced surveillance directives represent additional workload for OPH staff over and above routine investigations. In 2015, OPH responded to 18 enhanced surveillance directives related to potential clusters of salmonellosis, *E. coli* infections, cyclosporiasis and measles, as well as a vaccine recall, and enhanced surveillance in Syrian refugees.

Investigation of cases and protection of contacts

When OPH is notified of a case of any reportable disease, the nature of the public health response is specific to the particular disease. The response ranges from limited (e.g. counselling of the client to prevent spread) to extensive (large scale immunization and/or prophylactic antibiotic treatment of contacts, exclusion of cases and/or contacts from school or work, etc.). Consequently, the number of reported cases does not reflect the amount of public health involvement or the organizational resource burden. For example, measles and hepatitis A are both highly infectious; a report of a single case prompts very intensive public health efforts to identify the source and to ensure contacts are immunized or excluded from schools or other high risk environments.

Some reportable infectious diseases such as hepatitis C and HIV are chronic in nature and for these OPH interventions are longer term, with the aim of supporting the client and preventing transmission of their infection to others.

Trends in some reportable diseases require interventions targeted at specific high risk populations. For example, in recent years there has been a resurgence of syphilis, particularly in gay, bisexual and other men who have sex with men.

Tuberculosis (TB) is the disease that currently requires the most intensive public health intervention. Although there are only approximately 50 new cases of active tuberculosis disease reported annually, each case requires intensive public health action. Antibiotic treatment of TB is complex, requiring the individual to take multiple drugs for six months to two years. The standard public health approach to TB in Canada includes Directly Observed Treatment (DOT) whereby the client is observed by OPH while they take each dose of medication, often daily in the initial phases of treatment. DOT is the treatment approach employed worldwide, and is required in order to ensure cure, to prevent the development of antibiotic resistance, and to help prevent spread to others.

In addition to management of active cases of TB disease, OPH monitors cases of latent TB infection (LTBI). LTBI is a condition in which an individual is infected by the TB bacteria, but does not have active disease. People with LTBI are not infectious, but can develop active disease later in their life. Preventive treatment for LTBI is effective in virtually eliminating the risk of progression to TB disease, thus protecting both the individual and the community. OPH conducts follow-up of individuals with LTBI who begin treatment in order to monitor treatment outcomes. In 2015, 676 cases of LTBI were reported to OPH.

While the majority of infectious disease case and contact management relies on voluntary compliance of individuals, occasionally OPH must use its legislative authority under the *HPPA* or the *Immunization of School Pupils Act (ISPA)* to prevent the spread of disease. Potential actions include exclusion of infectious cases or unimmunized contacts from school, daycare, workplaces or institutions or mandating isolation and/or treatment in certain situations.

Outbreak prevention and management

An outbreak is declared when there is an increase in occurrence of a disease in a particular time frame, population and/or geographical location. It may affect a small or localized group or impact many people across a larger setting. OPH investigates and supports the management of outbreaks in institutions and in the community.

Community outbreaks most frequently involve gastrointestinal disease, often from a food-borne source. They may occur at social gatherings like weddings or be more diffuse, such as an outbreak due to a widely distributed commercial food item. For large-scale outbreaks, or to prepare for potential outbreaks and infectious disease threats, OPH adopts an incident management system approach, similar to responding to health emergencies. Such activation occurs on average about once or twice a year.

The annual number of outbreaks in institutions, including hospitals, long-term care homes (LTCH) and retirement homes (RH) in Ottawa, and their duration is highly dependent on the viruses and bacteria circulating in the community each year (Document 2).

OPH aims to reduce the number of outbreaks of infectious diseases in LTCH and RH as well as the burden and negative impacts they may have on residents, staff and visiting family and friends. One of the ways OPH achieves this is by enhancing the capacity of facilities to prevent, identify and effectively manage outbreaks. For example, each facility is assigned one public health nurse and one public health inspector to facilitate easy access to OPH resources and consistent messaging; additionally, a facility profile is created for each institution to identify infection prevention and control challenges unique to that facility. These approaches facilitate the development of site-specific solutions to prevent and manage outbreaks. OPH also provides group education sessions, such as “Outbreak 101” workshops, to ensure facility staff have the knowledge and resources to implement infection prevention and control best practices both in their everyday work and during outbreaks, ultimately reducing the number and burden of outbreaks in their facility.

Once an outbreak is identified, OPH works with the facility to ensure appropriate infection prevention and control measures are undertaken to control the outbreak and limit its duration and effects on residents, staff and family members.

OPH also works collaboratively with hospital infection control teams when outbreaks occur on inpatient units, including those associated with *Clostridium difficile* infections (CDI), which can cause very serious illness and can be very difficult to control in the hospital environment. Since 2008, all hospitals in Ontario are required to report nosocomial CDI rates to the province, as part of the Ministry of Health and Long-Term Care *Patient Safety Initiative*, and public health units are mandated to support hospitals in the identification, reporting and management of CDI outbreaks. OPH regularly participates in Infection Prevention and Control Committees at each acute care hospital in Ottawa, monitors CDI surveillance data by hospital, attends SWOT (strengths, weaknesses, opportunities, threats) meetings on units experiencing a CDI outbreak, and provides infection prevention and control best practice recommendations as necessary.

DISCUSSION

As an Ontario public health unit, OPH’s activities in infectious disease prevention and control are governed by the HPPA, the Public Health Funding and Accountability

Agreement (PHFAA) and the Ontario Public Health Standards; the latter include detailed standards, protocols and guidelines that public health units are required to follow. Through the PHFAA the Ministry of Health and Long-Term Care (MOHLTC) monitors OPH performance for provincially mandated performance indicators. The suite of provincial indicators varies from year to year. The 2016 accountability agreement indicators related to the Infectious Diseases strategic direction are listed in Document 3. In addition, OPH has implemented a compliance management system to stay abreast of changes in provincial requirements; to monitor on-going fulfillment of requirements; to implement quality improvement; and to fulfil reporting requirements in cases where requirements have not been met.

OPH has been working to advance this strategic direction through a four-pronged approach which focuses on:

- increasing immunization coverage rates
- enhancing preparedness to respond to infectious diseases
- reducing the negative impacts of outbreaks and
- enhancing partnerships.

1. Increasing immunization coverage rates

In 2015, OPH adopted a new Immunization Strategy ([ACS2015-OPH-HPDP-0003](#)) that focuses on improving monitoring of children's immunization status; reducing inequities by identifying undervaccinated subpopulations and increasing their access to immunization; and expanding the promotion of immunization.

As reported in October 2015 ([ACS2015-OPH-HPDP-0004](#)) and June 2016 ([ACS2016-OPH-HPDP-0001-IPD](#)) OPH reviewed and assessed the immunization records of all Ottawa students from kindergarten to grade 12 to ensure that they meet requirements of the ISPA. For the 2015/2016 school year, the overall proportion of students in Ottawa who met the requirements of the ISPA was 95%.

In 2015, OPH expanded the services at its Immunization Centre at the Mary Pitt Centre by beginning to offer routine childhood vaccines for those who do not meet the requirements of the ISPA and who do not have access to a primary care provider. In fall of 2016, OPH increased access to vaccination to all residents through extended hours and services of its Immunization Centre. The clinic is now open five days a week.

OPH also continues to work on increasing access to influenza immunization throughout the community, by promoting expanded access through physicians and pharmacists, offering clinics to specific populations facing barriers (such as residents of group homes and shelters) and by focusing OPH community influenza immunization clinics in populations that have limited access to immunization from other providers.

Through the monitoring of immunization status of Ottawa students, OPH has gathered valuable information on the population and the barriers to immunization access. Ongoing monitoring will make additional analyses of local immunization data possible. This information will be used to further develop targeted interventions aimed at reducing inequities in access to immunization for Ottawa residents. It will also lay the groundwork for efforts to expand promotion of immunization throughout the lifespan. Interventions include partnership development with key stakeholders such as health care providers and schools, immunization education through innovative channels and expansion of OPH immunization delivery.

2. Enhancing preparedness to respond to infectious diseases

OPH is enhancing preparedness by building employee skills, capitalizing on opportunities to develop new ways of providing infectious disease prevention services, and collaborating with partners to respond to emerging infectious diseases of public health importance.

In June 2016, the Board of Health approved strategic initiatives outlined in the report [*Developing an Adaptive Workforce for the Future*](#), The Adaptive Workforce report highlighted that OPH is working to develop interconnected, flexible teams in its case management programs for routine follow up of infectious diseases.

In order to increase OPH's capacity to manage significant events such as a case of a highly infectious disease (e.g. measles), an outbreak involving a large number of cases, or numerous simultaneous outbreaks of infectious disease, in spring 2016, the OPH Outbreak Management Program began training public health nurses and public health inspectors from other OPH programs. The intent of the Rapid Response Team is to create a pool of trained employees who can be rapidly deployed to support a program that is experiencing added workload pressures due to unusual events such as a large outbreak. This initial training, which occurred full time over a six week period, involved an orientation to investigation and management of infectious disease cases and to protocols for outbreak investigation and control. In August 2016, Rapid Response Team members were deployed for the first time to support routine infectious disease

operations while the regular teams were involved in an intensive response to several cases of measles.

In the fall of 2015, the Board of Health approved [Ottawa Public Health's Enhanced Strategy to Address Sexually Transmitted and Blood-Borne Infections \(STBBIs\) in Ottawa](#). The strategy aims to increase OPH focus on populations disproportionately affected by sexually transmitted and blood-borne infections (STBBIs), who currently experience barriers in accessing care, including the African, Caribbean and Black, and Aboriginal communities. Work has commenced to raise OPH employees' awareness about the needs of and appropriate responses to promote health within these communities.

Also in fall 2015, the federal government announced its intentions to resettle 25,000 Syrian refugees to Canada within a several month period. Refugees began to arrive in Canada in mid-December 2015, but arrivals increased dramatically from late December 2015 to February 2016 as the federal government chartered planes for transport. The rapid influx and the unanticipated predominance of government-assisted refugees (GARS) resulted in the majority of Ottawa-destined GARS being housed in hotels, often for several months. This posed challenges with infection prevention and control within the hotel environment.

In early January 2016, OPH conducted a risk assessment of the facilities housing the newcomers to assess the facilities' IPAC capacity and challenges. A number of interventions were implemented to help mitigate public health risks associated with refugees lodging at these sites. These included surveillance for infectious diseases and immunization against specific vaccine preventable diseases that have the potential to cause outbreaks (such as influenza, measles, meningococcal disease and chickenpox). In addition, OPH provided IPAC education resources and support to hotel and settlement agency staff.

The Syrian refugee response required OPH to adapt its programs to a new environment (hotels) and work more closely with immigrant-serving organizations and community health centres to prevent and manage infections and vaccine preventable diseases. OPH immunized 943 refugees in these non-traditional sites between January and mid-March 2016 and managed a cluster of chickenpox cases in one of the facilities.

The recent outbreaks of Ebola virus disease (EVD) in West Africa and Zika virus disease in the Americas, as well as the ongoing threat of new infections such as Middle East Respiratory Syndrome (MERS-CoV) and avian influenza have created opportunities for collaboration with health system partners to ensure a resilient

community-wide approach to the investigation and management of returning travelers. From October 2014 to February 2016, OPH monitored 258 returning travelers as part of Canada's heightened response to the international EVD outbreak. No cases of EVD were identified.

In addition to threats from infections occurring largely elsewhere in the world, OPH must prepare for infectious diseases that are emerging in Ontario and in our own community, such as Lyme disease. In recent years OPH has seen an increase in Lyme disease cases transmitted from locally-acquired ticks, most likely due to changes in climate and the environment that allow the ticks to survive in new areas. OPH has partnered with several local veterinary clinics to sample ticks from animals in order to improve the quantity and quality of our surveillance data and better understand the level of risk to our population. In addition, OPH is collaborating with the University of Ottawa on a research project to create localized risk maps for Lyme disease which will help OPH to better communicate with residents and health care providers regarding risks and preventive measures.

Another emerging issue that will necessitate enhanced collaboration within and beyond the health sector in the coming years is the increasing resistance of microorganisms to antibiotics. Bacteria, viruses and parasites all have the ability to evolve and render previously effective treatments ineffective. Combating this trend requires coordinated action by governments, industry, the agricultural sector, clinicians, public health, and individuals in the community. In the Canadian public health context increasing antibiotic resistance creates current challenges for the control of tuberculosis and gonorrhea, but additional challenges are expected to emerge.

3. Reducing outbreaks in our community

OPH has developed a three year (2016-2019) outbreak management strategy, which aims to enhance internal and external capacity to reduce the impact of infectious diseases in institutions, including long-term care homes (LTCH) retirement homes (RHs) and hospitals in Ottawa. The strategy will focus on:

- enhancing the capacity in LTCHs and RHs that have previously demonstrated challenges to efficiently and effectively manage outbreaks in their facilities
- increasing awareness amongst staff and visitors in institutional settings on how to prevent the spread of infectious diseases

- enhancing the capacity of the Outbreak Management team through continuous quality improvement activities.

OPH works closely with institutions to ensure that resources and support strategies that are developed are relevant and useful in the prevention and control of outbreaks in these settings.

As a continuous quality improvement activity, OPH is currently developing outbreak summary reports to be provided within 10 business days to each facility that experiences an outbreak during the 2016-2017 season. These reports will provide comparator information on the number and duration of outbreaks in the facility in previous seasons and in similar institutions in Ottawa, and will identify measures that the facility can implement to improve their own outbreak preparedness and control over time.

OPH is developing and refining resources to assist institutions in the management of outbreaks including a more user-friendly outbreak tracking tool, sample infection prevention and control (IPAC) policies and procedures, and a tool to assess IPAC and environmental practices in an institution, in order to identify gaps that require additional support by OPH.

In 2016-17 OPH Outbreak Management staff will attend training at the Learning Centre to enable them to develop interactive and targeted training sessions for staff of LTCHs and RHs to increase the latter's knowledge of and adherence to infection prevention and control best practices. Additionally, OPH will be conducting surveys of staff of LTCHs and RHs to evaluate the effectiveness of the new or revised resources and educational sessions.

OPH will continue to promote key infection prevention and control messages as part of the ongoing *Ottawa's Health is in Your Hands* campaign through the dissemination of a variety of print-based resources, including posters, visitor fact sheets and hand hygiene resources, and use of various traditional and social media platforms, including radio and television, the OPH website, Facebook, Twitter, and electronic information boards at hospitals, LTCHs and RHs.

4. Enhancing partnerships

In the investigation and response to all reportable diseases OPH works closely with partners, including community physicians, schools, daycares, and/or workplaces to

ensure protection of contacts. In all situations, OPH takes appropriate steps to protect client confidentiality.

In order to focus attention on priority populations who are disproportionately affected by STBBIs, OPH has been redirecting those with access to services to community primary care providers. To ensure that primary care providers are aware of public health promotion, treatment recommendations and testing methods, OPH engages primary care providers – specifically physicians. OPH works closely with infectious disease physicians to ensure coordinated investigation and management of cases and contacts of tuberculosis (TB) and Human Immunodeficiency Virus (HIV). The close collaboration with the Tuberculosis Clinic at The Ottawa Hospital (TOH), General Campus results in continuity of care between the attending physicians and public health, ensuring optimal support and management for affected individuals and protection of the public. In 2016-2017 OPH will be partnering with TOH in a pilot study of a new treatment regime for latent TB infection.

In conclusion, reducing the incidence and transmission of infectious disease is a core public health function and an ongoing priority for Ottawa Public Health. The strategic plan is enabling OPH to enhance activities to increase immunization coverage rates, increase preparedness to respond to infectious diseases, reduce outbreaks and enhance partnerships to leverage resources for maximum input. As we take initiative to enhance capacity in these areas, OPH seeks to create an environment where all Ottawa's communities and people are healthy, safe and actively engaged in their well-being.

RURAL IMPLICATIONS

There are no rural implications associated with this report.

CONSULTATION

The purpose of this report is administrative in nature therefore no public consultation is required.

LEGAL IMPLICATIONS

There are no legal impediments to implementing the recommendation in this report.

RISK MANAGEMENT IMPLICATIONS

Risks have been considered in the writing of this report and are being managed by OPH through appropriate mitigation strategies.

FINANCIAL IMPLICATIONS

There are no financial implications associated with this report.

ACCESSIBILITY IMPACTS

Accessibility impacts were considered in the writing of this report.

SUPPORTING DOCUMENTATION

Document 1 – Ottawa Public Health Reportable Diseases and Events

Document 2 – Infectious Disease Surveillance

Document 3 – Public Health Funding and Accountability Agreement Indicators related to the Infectious Diseases Strategic Direction Report

DISPOSITION

Ottawa Public Health will implement the four-pronged approach to enhance our community's collective capacity to reduce preventable infectious diseases as outlined in the report.