

**Report to  
Rapport au:**

**Ottawa Board of Health  
Conseil de santé d'Ottawa  
20 April 2020 / 20 avril 2020**

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**Submitted by  
Soumis par:**

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**Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE      File Number: ACS2020-OPH-KPQ-0002**

**SUBJECT: ONTARIO MINISTRY OF HEALTH ACCOUNTABILITY AND  
REPORTING REQUIREMENTS - Q4 2019 STANDARD ACTIVITY  
REPORT**

**OBJET: MINISTÈRE DE LA SANTÉ DE L'ONTARIO - RESPONSABILITÉ ET  
EXIGENCES DE DÉCLARATION - RAPPORT D'ACTIVITÉ STANDARD  
T4 2019**

#### **REPORT RECOMMENDATION**

**That the Board of Health for the City of Ottawa Health Unit receive this report for information.**

#### **RECOMMANDATION DU RAPPORT**

**Que le Conseil de santé de la circonscription sanitaire de la ville d'Ottawa prenne connaissance de ce rapport à titre d'information.**

## BACKGROUND

Ottawa Public Health is responsible for providing accountability and performance reports to the Ontario Ministry of Health, as outlined in the *Public Health Accountability Framework* (refer to [April 2019 BOH report](#)). One of the reporting requirements is the submission of quarterly Standard Activity Reports in the 4<sup>th</sup> quarter of each year. These reports include detailed information on public health program activities, broken down by Program Standard. The program data provided as part of the Q4 Standard Activity Report is for the reporting period of January 1 to December 31, 2019. This will be the second-year program data is submitted to the Ministry. The Ministry has not set targets for any of the program data requirements.

The following Program Standards are required to submit program data as part of the 2019 Q4 Standard Activity Report:

- Chronic Disease Prevention & Well-Being (Menu-Labeling)
- Food Safety
- Healthy Environments
- Immunization
- Infectious and Communicable Disease Prevention and Control
- Safe Water
- School Health (Oral Health)

## DISCUSSION

OPH will be submitting the Q4 Standard Activity Report to the Ministry of Health. Document 1 provides an overview of the submission, showing both 2019 and 2018 figures where possible. When compared to 2018, the Ministry amended the program data requirements by removing the following:

- The number of education and awareness activities to health care providers, veterinarians, and the public;
- The number of larval mosquito surveillance activities conducted;
- The number of ticks for all species submitted and found;

- The number of individuals for whom rabies post-exposure prophylaxis (PEP) was recommended;
- For each confirmed animal with rabies, the number of exposed that received PEP;
- What actions is the BOH undertaking to engage priority populations to prevent and control sexually transmitted and blood-borne infections (STBBIs); and
- If applicable, report any drowning events and a narrative summary of the event and identified public health unit response.

The Ministry also added the following seven new program data requirements for 2019:

- The percentage of students whose parent/guardian received at least one notice/request for immunization information under the *Immunization of School Pupils Act* (ISPA) assessment process;
- The percentage of students suspended under the *Immunization of School Pupils Act* (ISPA);
- The percentage of students screened who were found to have clinical need for preventative services (i.e. clinically eligible for Healthy Smiles Ontario-Preventative Services Only [HSO-PSO]);
- The percentage of students screened who were found to have emergency and/or essential needs requiring immediate clinical treatment (i.e. clinically eligible for Healthy Smiles Ontario-Emergency and Essential Services [HSO-EESS]);
- The percentage of students screened and found to be clinically and financially eligible for HSO-PSO who were then enrolled in HSO-PSO;
- The percentage of students screened and found to be clinically and financially eligible for HSO-EESS who were then enrolled in HSO-EESS; and
- The percentage of students screened and enrolled by the board of health in the HSO-EESS who have initiated treatment within 16 weeks of enrolment

The Ministry did not provide a rationale for the changes made to the 2019 Q4 Standard Activity Report requirements.

### **Next steps**

OPH staff will continue to respond to Ministry reporting requirements and provide information to the Board of Health accordingly.

### **RURAL IMPLICATIONS**

There are no rural implications associated with this report.

### **CONSULTATION**

This report is administrative in nature and therefore no public consultation is required.

### **LEGAL IMPLICATIONS**

There are no legal impediments to receiving this report for information.

### **RISK MANAGEMENT IMPLICATIONS**

There are no risk management implications associated with this report.

### **FINANCIAL IMPLICATIONS**

There are no financial implications associated with this report.

### **ACCESSIBILITY IMPACTS**

Accessibility was considered in the writing of this report.

### **ALIGNMENT WITH OTTAWA PUBLIC HEALTH STRATEGIC PRIORITIES**

This BOH report provides information on a Ministry reporting requirement and is not directly aligned to the Strategic Plan.

### **SUPPORTING DOCUMENTATION**

Document 1 – Standard Activity Report – Program Data Requirements for 2018 and 2019

### **DISPOSITION**

This report is for information. OPH will continue to respond to Ministry of Health reporting requirements as they arise.

**Document 1 - Standard Activity Report – Program Data Requirements for 2018 and 2019**

**Table 1: Quantitative data for 2018 and 2019**

<b>Program Data Requirement – Quantitative Data</b>	<b>2019</b>	<b>2018</b>
<b>CHRONIC DISEASE PREVENTION AND WELL-BEING</b>		
Menu Labelling: number of inspected premises (new and re-inspected) deemed in full compliance	10	176*
Menu Labelling: number of inspected premises (new and re-inspected) deemed in partial compliance	7	113*
Menu Labelling: number of inspected premises (new and re-inspected) deemed not in compliance	0	0
Menu labelling: number of complaints that resulted in an inspection in 2018	0	0
<b>FOOD SAFETY</b>		
Number of year-round food premises	4,921	4,914
Number of seasonal food premises	259	268
Number of high-risk food premises	915	876
Number of moderate risk food premises	2,512	2,540
Number of re-inspections for year-round food premises	1,790	1,855
Number of food safety complaints received that triggered an investigation/inspection	402	415

Program Data Requirement – Quantitative Data	2019	2018
Number of tickets issued	46	74
Number of summons issued	1	0
Number of written section 13 orders issued under the <i>Health Protection and Promotion Act</i> (HPPA) (e.g. closures, sanitization required, no potable water, and pest control)	22	25
<b>IMMUNIZATION</b>		
Number of school immunization clinics held by the board of health for the grade 7 school-based program including hepatitis B (HBV), meningococcal and human papillomavirus (HPV) vaccines	305	297
Number of doses of HBV vaccines administered to students in grades 7 to 8 for the school year reporting period	13,680	12,466
Number of doses of meningococcal vaccines administered to students in grades 7 to 12 for the school year reporting period	10,954	10,368
Number of doses of HPV vaccines administered to eligible female students in grades 7 to 12 for the school year reporting period	18,166 (males and females)	8,435
Number of doses of HPV vaccines administered to eligible male students in grades 7 to 9 for the school year reporting period		7,738

Program Data Requirement – Quantitative Data	2019	2018
Percentage of premises that store publicly funded vaccine that received their routine annual inspection as per the vaccine storage and handling requirements	100%	100%
Number and percentage of students whose parent/guardian received at least one notice/request for immunization information under the <i>Immunization of School Pupils Act</i> (ISPA) assessment process	25,781 17.2%	N/A
Number and percentage of students suspended under the <i>Immunization of School Pupils Act</i> (ISPA)	3,035 (2.0%)	N/A
<b>INFECTIOUS AND COMMUNICABLE DISEASES PREVENTION AND CONTROL</b>		
Percentage of Infection Prevention and Control (IPAC) complaints investigated that resulted in a lapse	8.8%	10.5%
Number of verbal and written infection prevention and control (IPAC) related section 13 orders issued under the <i>Health Protection and Promotion Act</i> (HPPA)	0	0
Number of catch basins treated with larvicide per round	117,178	112,208
Number of mosquito traps set per week	32	31
Number of cases of acquired drug-resistance among active tuberculosis (TB) cases	0	0
<b>SAFE WATER</b>		
Recreational water: number of Class A (seasonal and year-round) pools	68	69

Program Data Requirement – Quantitative Data	2019	2018
Recreational water: number of Class B (seasonal and year-round) pools	281	268
Recreational water: number of Class C facilities	203	205
Recreational water: number of spas (seasonal and year-round)	80	80
Recreational water: number of re-inspections for Class A, B, C and spas	146	172
Recreational water: number of recreational water complaints that triggered an investigation/inspection	8	10
Recreational water: number of tickets issued	0	0
Recreational Water: Number of summons	0	0
Drinking water: percentage of adverse water quality incidents (AWQIs) that had an initial response by the public health unit within 24 hours	100%	100%
Drinking water: number of written section 13 orders under the <i>Health Protection and Promotion Act (HPPA)</i>	0	1
<b>SCHOOL HEALTH – DENTAL</b>		
Number of clinics used for the provision of clinical service delivery to HSO clients as per the HSO Schedule of Services and Fees (i.e. service schedule)	18	18
Number of portable equipment sets	0	0



Program Data Requirement – Quantitative Data	2019	2018
Percentage of students screened who were found to have clinical need for preventative services (i.e. clinically eligible for Healthy Smiles Ontario-Preventative Services Only [HSO-PSO])	5.5%	N/A
Percentage of students screened who were found to have emergency and/or essential needs requiring immediate clinical treatment (i.e. clinically eligible for Healthy Smiles Ontario-Emergency and Essential Services [HSO-EESS])	8.4%	N/A
Percentage of students screened and found to be clinically and financially eligible for HSO-PSO who were then enrolled in HSO-PSO	0.1%	N/A
Percentage of students screened and found to be clinically and financially eligible for HSO-EESS who were then enrolled in HSO-EESS	1.8%	N/A
Percentage of students screened and enrolled by the board of health in the HSO-EESS who have initiated treatment within 16 weeks of enrolment	80.1%	N/A

\* Menu-labelling inspections came into effect in 2017-18. At that time, all eligible premises required an inspection hence the high number of inspections in that year.

**Table 2: Qualitative data for 2019 only**

Program Data Requirements – Narrative Data
<p><b>What actions were taken by the board of health to mitigate heat and cold health impacts?</b></p> <p>In 2019, OPH issued 15 frostbite advisories, 1 frostbite warning, 3 heat warnings and 1 extended heat warning.</p> <p>Actions taken:</p> <ol style="list-style-type: none"> <li>1) Advise service providers of vulnerable people and the general public when Environment and Climate Change Canada issues heat warnings and cold warnings. In addition, we issue frostbite advisories based on weather forecasts of wind-chill values of -25 C or colder.</li> <li>2) Update our City of Ottawa Interagency Extreme weather plan that sets out community actions during extreme heat and cold events.</li> <li>3) Meet twice a year with our City of Ottawa Interagency Extreme Weather Committee to ensure coordinated response to extreme heat and cold events by City departments and agencies within the City of Ottawa.</li> <li>4) Issue social media posts and public service announcement messaging over the winter and summer seasons as well as during extreme heat and cold events to inform the public of ways they can prevent injury and illness related to heat and cold and are aware of places to cool off during heat events.</li> <li>5) Prepare and refresh fact sheets, web material and videos for the public and service providers on ways to mitigate the impacts of extreme heat and cold events (e.g. personal protection, urban heat island mitigation, etc.).</li> <li>6) Review syndromic surveillance during extreme heat and cold events to determine how our community is coping during an event. We look at heat and cold related injuries from triage data from hospital emergency rooms on a daily basis during an event.</li> <li>7) Maintain distribution lists of service providers who receive notifications of extreme heat and cold warnings.</li> </ol>

8) Review and provide input into policies and procedures for managing heat and cold risks for service providers such as schools, daycares, outdoor parks and recreation program, summer camps.

9) Advocate for changes to the built and natural environment to make it more protective of extreme heat events through input into City policies (e.g. Urban Forestry Management Plan, Air Quality and Climate Change Management Plan, community design plans).

**What actions is the board of health undertaking to initiate and complete Latent Tuberculosis Infection (LTBI) treatment?**

Review LTBI prescriptions received from community healthcare providers and provide the medications, at no cost to the client, via the healthcare provider.

Provide support and education to healthcare providers reporting and treating LTBI. Exploring the feasibility of implementing 3HP (once-weekly isoniazid-rifapentine for 12 weeks) with high-risk populations.