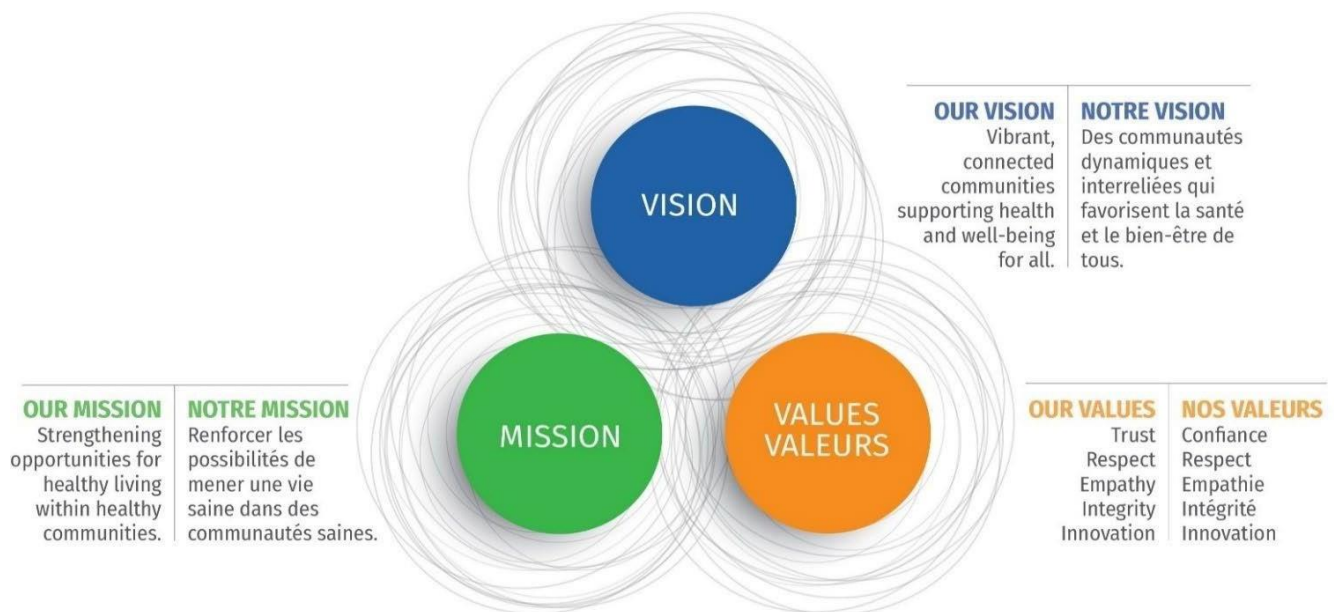


Medical Officer of Health/Chief Executive Officer Report to the Board of Health



We Are Public Health - Nous sommes la santé publique
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Prepared by Dr. Lianne Catton, MOH/CEO
September 12, 2024 BOH Meeting

General Report

1. Board of Health (BOH)

Strengthening Public Health

The Strengthening Public Health Strategy aims to optimize capacity, stability, and sustainability in the public health sector. The initiatives under the Strengthening Public Health strategy in the province continue.

Ontario Public Health Standards (OPHS) Review: Management has reviewed the Draft guidelines/protocols and feedback has been provided. The Ministry is conducting its review of the surveys and analyzing the data. A summary of the report will be forthcoming with possible reengagement at various levels and tables. The NMOH have provided additional feedback.

Supporting Voluntary Mergers: There continues to be work and discussions regarding Ministry financial support for voluntary mergers. There is ongoing engagement with other health units also moving forward with voluntary mergers. There will be further details and updates regarding the PHU-THU merger work as a separate item in the BOH agenda.

Ministry Reporting

The 2023 Annual Report and Attestation was submitted at the end of June. This annual reporting tool requires Board of Health to provide a year end summary report of program achievements and finances and identify any major changes in program planning activities due to local events and demonstrate compliance with programmatic and financial requirements from January 1, 2023 to December 31, 2023. The 2nd quarter Standards Activity Report was also submitted in early August. The purpose of this worksheet is for boards of health to report back on program budgets included in the 2024 Annual Service Plans submitted to the ministry on April 2, 2024. The Ministry has invited IPAC Hub staff to participate in a series of virtual interactive sessions designed to contribute to the refinement of the IPAC Hub model. Following each series, the ministry will provide a summary of feedback to all IPAC Hubs.

Infrastructure

Preliminary work is underway to address the HVAC and boiler system at the Timmins main office. Need for space, as well as ensuring effective and efficient space for staff and clients, remains a priority and continues to highlight the need for a new building in Timmins.

In June 2024, a total of 955 individuals visiting the main PHU building in Timmins and 127 individuals presented to reception at the Timcor site. In July 2024, a total of 713 individuals visited the main PHU building in Timmins and 136 individuals presented to reception at the Timcor site. There is expected to be a continued increase in volume of visits for harm reduction supports and services as a result of the closure of Safe Health Site Timmins.

Individuals come to the offices for various reasons such as:

- Access PHU programs and services (sexual health, immunizations, dental services, breastfeeding support, harm reduction, septic and water, etc.)
- Collect information (e.g. immunization records) or supplies (e.g. water bottles for sampling)
- Deliver and collect mail and supplies
- Pick up or return vaccines from health care providers and facilities

Knowledge and Strategic Services

1. Health Equity

Audits of the signage and posters in health unit offices were completed in the spring. Based on the results, changes will be made to ensure all signage and posters are in French and English.

2. Indigenous Engagement

The Porcupine Health Unit participated in National Indigenous Day in Timmins. Members of the management team also attended WAHA's Minomathasowin Workshop with Health Directors in June at the Hampton Inn in Timmins. Following the workshop, members of WAHA's team met with PHU managers and staff to discuss public health programming.

3. Population Health Assessment and Surveillance

The epidemiologist completed 5 epi requests for service in total during the months of May, June and July. In July, they completed the analysis and interpretation of the client survey on the active offer of French Language Services distributed from November 29, 2023, until Thursday, February 29, 2024, to clients accessing services in PHU offices across the region. The epidemiologist reports monthly on infectious diseases locally in comparison to the province.

4. Research and Evaluation

The manager of Foundational Standards participated in an in-person workshop in North Bay with other health units and municipalities as part of the "Identifying enabling supports and structures that will strengthen response to future disruption" research project. The Porcupine Health Unit has participated in the project's advisory committee since the Fall of 2022.

5. Staff Development

During the months of May, June and July, Foundations provided staff training (120 attended) on the following topics:

- Communications
 - Key messages
 - Communication plan
 - Working with the media
 - Writing for the public
- Health Equity, Social Determinants of Health and Intersectionality
- Inclusive Language

Members of the team also are available for staff consultations to support planning, implementation and evaluation of public health programs and services. In May, June and July, a total of 73 consultations occurred with members of the Foundations team which includes a communication specialist, a health communicator, a program planning specialist, Indigenous health and a health equity nurse.

6. Communications

The Porcupine Health Unit's presence on social media channels promotes health messages and health unit programs and services. From May to July, 330 Facebook posts (French and English) and 31 Instagram posts were shared on the health unit's social media channels.

The PHU issued a media release to advise of opioid toxicity events in several communities in the Porcupine Health Unit region in June and another in July to promote online booking for sexual health services and immunization clinics in Timmins, which resulted in 2 media interviews.

Three other media requests were also completed in May and June for cycling and helmet safety to prevent concussions, summer camp protocols and COVID-19 and pertussis (whooping cough) for a total of 5 completed media requests.

Corporate Services

1. Human Resources

New Manager of Human Resources has started and has met with both union Presidents to continue the positive working relationship that has been fostered previously. The HR team has now also travelled to visit the THU team to provide HR support.

Recruitment

Since the last Board of Health meeting, there have been a total of five positions that have been filled. There are two permanent full-time positions, the first being a Public Health Nurse and the other being a Manger of Human Resources. The remaining three positions are temporary full-time, one is an Administrative Assistant, another is a Public Health Nurse and the last position is a Financial Analyst. All five positions are based out of Timmins.

Staffing Summary - Vacancies

As of August 15, 2024, there were opportunities available:

- Six Public Health Nurses
- One Administrative Assistants
- One Public Health Physician
- One Public Health Inspector

2. Information Technology (IT)

For the period of May 1 to August 9th, a total of 251 IT tickets were submitted and resolved. The IT department has several projects that are currently underway and continue to be ongoing:

Active Directory Cleanup: Working on the maintenance and clean-up of Active Directory users and accounts and streamlining policies.

Complaint Database: Work has been completed and a PIA was done, final deployment and sign off required from requesting manager.

IT Dailies:

- System Updates
- Help Desk Ticket Resolution
- Security Awareness Training
- User Clean-up / Setup

- Efficiency Opportunities: Reviewing IT infrastructure as well as processes and procedure to be more efficient and cost effective.

Projects:

PHU-THU Merger items:

- Continued work on preparation for merger activities.
 - Completed site visits with Bercell Integrated Technologies, the PHU's Managed Service Provider, to review and seek professional opinion on Hardware allocations.
 - Working with THU IT Service provider to implement shared helpdesk support for THU staff.
 - Implemented Direct VPN connection with THU for Payroll Staff to access THU Accounting software.

Cell Phone Upgrades: Connected with PHU Bell representatives who introduced us Evergreen Wireless. Through Evergreen Wireless we were able to trade in unrequired hardware for a considerable credit that allowed us to update PHU Cell phones for staff and departments.

RFP Preparations: Working with the newly hired Financial Analyst, PHU will be implementing e-bidding with bids and tenders. This platform will modernize and standardize the RFP process for PHU and the newly formed NEPH entity. The first RFP to be posted will be for a hosted Phone System that is looking to modernize and find operating efficiencies from the current PHU/THU phone systems.

Front Desk Expansion: Work was completed with the Immunization and Sexual Health Team to expand PHU offering of online booking services.

EMR Hosted: Electronic Medical Record software has moved to an updated and hosted solution. Working with the EMR vendor IntraHealth, the move to a hosted version has allowed the PHU to update the software to a newer version as well as retire end of life/faulting server software (Server 2012).

Security:

- PHU Security Cameras were updated on premise to a more modern system. The update included replacing all cameras with a higher picture resolution as well as add additional cameras to areas of the facility that were not previously monitored.
- PHU Server Room has been secured with Key Card Access

Vaccine Fridge Monitoring: Vaccine fridge monitoring systems have reached their end of life and have begun failing. IT is working with Secure Systems Inc and Telus security to update all monitoring panels that will be linked to a GSM (Cell Based) system for after hour notifications of power fails and/or temperature issues.

Sage Software and Server Update: Working with MNP, the Sage Software update was completed and allowed for the retiring of an End-of-Life server (Server 2012).

Firewall Upgrades: Working with Bercell Integrated Technologies, all branch Firewalls were upgraded to provide a more stable network connection and decommission end of life hardware. With the new hardware branch offices will also be able to connect their assigned Bell Turbo Hubs as a redundancy connection in the event the main Internet Service Provider should drop connection.

Access to Information Requests

Clients who want a copy of the health unit record must submit their request in writing. The Porcupine Health Unit complies with relevant privacy legislation to complete the requests received within 30 days. These requests are reported

to the Information and Privacy Commissioner of Ontario on an annual basis. In May and June, one request for information under the Municipal Freedom of Information Privacy and Protection Act was completed in each month.

2. Ministry of Health Engagement/Leadership Roles

Continued involvement at many tables includes chair for the Council of Medical Officer of Health (COMOH) Section; most recent meeting was held on June 14, 2024; COMOH Executive meeting scheduled for September 13, the Public Health Leadership Table (PHLT) on June 5th, and Public Health Sector Coordination Table on July 11th. The Association of Local Public Health Agencies (alPHA) Board meeting was held on June 7; and the Northern MOH group continues to meet monthly as a group, as well as monthly with the northern Associate Chief Medical Officers of Health from the Office of the Chief Medical Officer of Health (OCMOH). alPHA focus group created to participate and inform considerations related to the public health funding model. The Public Health Testing Strategy Expert Panel provided feedback and recommendations on testing asymptomatic individuals for COVID-19 in outbreak management. Attended the AMO conference in August.

Vaccine Preventable Diseases and COVID-19 Response Program

1. Vaccine Preventable Diseases (VPD)

Routine Immunization

In June and July, each PHU office offered routine immunization clinics, focusing on the delivery of vaccines to the general population. PHU office offered routine immunization clinics, focusing on the delivery of vaccines to the general population. There were 310 clients served across all PHU offices in routine VPD clinics with 544 vaccines were administered in these clinics.

School Vaccine Program

In June, teams across the region offered 8 catch-up clinics for students missing vaccines.

Communication & Clinic Bookings:

In June, letters were sent to parents and caregivers of Junior Kindergarten (JK), Senior Kindergarten (SK), and Grade 1 students to notify them of any outstanding vaccines. Throughout the summer months, the nurses worked closely with these families to offer appointments, update immunization records, answer questions, and process exemptions as needed. Additionally, in June, a letter was sent to all parents of Grade 6 students informing them about the upcoming Grade 7 School-Based Vaccine Program and what to expect for the next school year.

In July, the Immunization and Sexual Health Programs launched online booking (including routine immunizations) to provide more accessible opportunities for individuals to book appointments. A media release, communications to partners and a social media post highlighted this change:



Booking appointments for some services at the Porcupine Health Unit is now easier. You can book your appointment online at your convenience, 24 hours a day, 7 days a week if you:

- Are worried about a sexual health issue or need access to services. You can see what is available at our sexual health clinics on the website at: phu.fyi/clinics. OR
- Don't have a nurse practitioner, physician or access to PAP testing and/or immunizations.

Book an appointment online at phu.fyi/appointments or call your local health unit office.

2. High-risk Older Adult RSV Vaccine Program

The Ministry has advised of the Respiratory syncytial virus (RSV) vaccine program for high-risk older adults this Fall. (RSV) is a major cause of lower respiratory illness, particularly among infants, children, and older adults.

Older adults, particularly those with existing comorbid conditions, are more susceptible to severe disease and have an increased risk of RSV-related hospitalization and mortality. In Ontario, most deaths from RSV have occurred in those aged 60 years and older. Older adults in long-term care and retirement homes also tend to have longer hospital stays than the general population due to RSV.

During peak RSV season, hospitals have seen a surge in emergency room visits and admissions of young children and older adults requiring medical care, putting a strain on hospital resources, including beds, staffing, and specialized units. The PHU will strike a balance to manage its capacity to fit the needs of local programming in order to provide targeted immunization services to the high-risk populations eligible for this publicly funded vaccine as well as the needs of other public health programs taking place this Fall such as school based programs, and high risk COVID-19/influenza programs.

3. Local COVID-19 and Influenza Activity

On August 12th PHU Staff participated in a Fall Surge Tabletop exercise with partners across the James Bay Coast/Timmins/Cochrane District. Current data indicates ongoing risk from COVID-19, as well as seasonal respiratory season risk from influenza, RSV and other viruses. Additionally, there are other ongoing risks to the health care system such as measles, pertussis and invasive group A streptococcus.

Per emergency management best practices, effective planning and preparedness can be fostered in the facilitation and participation of emergency exercises. Exercises provide a low-risk, cost-effective environment to test and validate plans, policies, procedures and capabilities; and identify resource requirements, capability gaps, strengths, areas for improvement, and potential best practices. These exercises are a useful way to maintain and strengthen coordination tables and networks that may be used during respiratory season.

As the province looks towards the 2024-25 respiratory season, there are opportunities to inform both health system and community-level readiness to seasonal respiratory pathogens through the roll-out of a respiratory exercise.

The burden of respiratory diseases disproportionately affects populations already facing health inequities – including Indigenous, low-income, and newcomer communities. Health and social inequities are exacerbated during such

outbreaks.

As of August 1, 2024, Public Health Ontario’s (PHO) COVID-19 Wastewater Surveillance in Ontario report is no longer being updated due to the wind down of the provincial Wastewater Surveillance Initiative, which provides data for this report. Below is a list of PHU’s current respiratory, including COVID-19, outbreaks. The PHU and THU teams are working together to develop a unified surveillance strategy.

Note: This chart is updated every Wednesday.

Facility Type	Type of outbreak	Agent Identified	Status	Date Declared	Date Declared over
Long Term Care	Respiratory	COVID-19	Active	August 10, 2024	
Hospital	Respiratory	COVID-19	Active	August 9, 2024	
Long Term Care Home	Respiratory	COVID-19	Resolved	July 5, 2024	August 6, 2024
Retirement Home	Respiratory	COVID-19	Resolved	July 20, 2024	August 2, 2024
Hospital	Respiratory	COVID-19	Resolved	July 20, 2024	July 24, 2024
Long Term Care Home	Respiratory	COVID-19	Resolved	July 5, 2024	July 22, 2024
Hospital	Respiratory	COVID-19	Resolved	July 3, 2024	July 15, 2024
Retirement Home	Respiratory	COVID-19	Resolved	July 3, 2024	July 10, 2024
Congregate Living	Respiratory	COVID-19	Resolved	July 2, 2024	July 8, 2024
Congregate Living	Respiratory	COVID-19	Resolved	June 28, 2024	July 8, 2024
Hospital	Respiratory	COVID-19	Resolved	June 21, 2024	July 3,2024
Long Term Care Home	Respiratory	Human Metapneumovirus	Resolved	June 19, 2024	July 4,2024

Health Promotion

1. Chronic Disease and Injury Prevention (CDIP)

Concussions

June was Brain Injury Awareness Month, during which the PHU team member working on the concussion portfolio attended and promoted concussion awareness at the Colour It Up event in Timmins. In June, the nurse participated in one Heads Together coalition meetings, with two additional meeting attended in July.

UV Exposure

In collaboration with the City of Timmins and the Save Your Skin Foundation (SYSF), a pilot project offering free sunscreen to residents was launched. The PHU is working with community partners and communities across the region to explore future opportunities to expand this project.



Did you hear? The PHU has installed a touchless, sunscreen dispenser to provide, free sunscreen to the public. This sunscreen is SPF 30, approved by Health Canada and it is available to anyone who needs it. So do your skin a favor and stop by PHU Pine Street in Timmins, to try it out! Slap on your sunscreen so you can enjoy the outdoors, while protecting your skin from the sun's rays. Don't forget your hat and sunglasses too! Thanks to The City of Timmins for including us in your partnership with Save Your Skin Foundation to make this project possible!

Physical Activity

Throughout the summer months, the team focused on the benefits of physical activity and overall well being by launching a social media campaign:



Stress is an experience that affects us all differently.

It's important to understand how stress affects your health and to take action before it takes a physical toll on your body.

Moving more can:

- *Help you let go of stress and feel calm. Boost your mood and help you think clearly.*
- *Give you more energy and stamina.*
- *Lower your blood pressure.*
- *Release tension in your muscles.*

Engaging in brisk walking is an excellent activity that can enhance your quality of life and guide you to becoming the best version of yourself inside and out.

For more information, visit: <http://www.heart.org/.../working-out-to-relieve-stress>

Healthy Eating:

In light of recent updates to food labeling regulations, the PHU enhanced messaging regarding the changes with the focus on increasing awareness and providing clear, accurate guidance on how to interpret the new labels.



A new caution identifier is starting to appear on some supplemented foods. It alerts you to read the cautions like "not recommended for those under 14 years old."

This is because some of these foods contain supplemental ingredients, such as caffeine, vitamins or minerals, that are not suitable for that age group.

Make sure to read the label to make informed food choices for your family.

For more information visit, <https://www.canada.ca/.../what-parents-caregivers-need...>

Committees and Coalitions:

In June and July, the PHU participated in several important meetings, including two local senior committees, four Stay on Your Feet Operational Committee meetings, two Stand-Up implementation meetings, one Access and Flow committee meeting, one Cycling Committee meeting, one Injury Prevention Evidence Network meeting, two sleep working group meetings, three Heads Together (local concussion coalition) meeting, one Ontario Concussion Prevention Network meeting, and one You're the Chef Working Group meeting.

Oral Seniors Dental Care Program (OSDCP)

In June and July a total of 131 claims were processed and paid.

Healthy Smiles Ontario

Throughout June and July, the dental team provided service to 92 children for preventative services and/or dental screenings in the Dental Clinic. Out of the 92 children seen, 21 children had dental decay and were enrolled on the Emergency and Essential Services Stream of Healthy Smiles Ontario (HSO).

2. Healthy Growth and Development (HGD)

Staff Training

In June, Three Public Health Nurses participated in Baby-Friendly Initiative Level 2 virtual training; deepening their knowledge and ability to support families with infant feeding.

Partnerships

On May 28th, the Healthy Families Public Health Dietitian led a session on Eating Well for Families in the community of Moosonee in partnership with the Child & Youth Milopemahtesewin Services. Four participants attended the interactive

presentation and had the opportunity to increase cooking skills while cooking a meal together. The topics covered included building a positive food environment, picky eating, the Canadian Food Guide, a healthy plate, and food budgeting.

During the months of June and July, the Healthy Families program led two educational sessions in partnership with EarlyON sites in two different communities (Timmins and Iroquois Falls). Topics were Sun Safety and Safe Sleep; in total there were 28 participants.

In June, the Healthy Families Public Health Nurse in Hearst attended the EarlyON’s “Fête champêtre 2024”. Promotion of our services including prenatal classes, postpartum contacts, infant feeding support and more information and resources were available. Twenty-eight people attended.

In June, the Healthy Families Public Health Nurse in Matheson participated in the “Safe Kids Week” event in partnership with EarlyON, Brighter Futures, Ministry of Natural Resources, library, and fire department. The booth included information on car seats, sun, and sleep safety and well as bike helmets. In total, 41 children and 29 adults attended the booth.

In July, the Healthy Families Public Health Nurse in Iroquois Falls hosted a booth at the annual “Touch a Truck” event in partnership with EarlyON. Information on sun and helmet safety was provided. Approximately 100 people attended the event.

Coalitions/Groups/Circle of Practice

In July, the Healthy Families Program Coordinator attend an in-person meeting with the Health Nexus Santé Board. Health Nexus Santé is a health promotion and knowledge mobilization organization focusing on reproductive, infant, and early years. The Porcupine Health Unit Healthy Families program has had representation on the Board for the last year. The objectives of the day included allowing the newer board members to meet one another in-person and a brainstorming session on the future direction of Health Nexus. The discussion topics included perinatal care pathway creation, informed decision-making, and increasing care access.

1:1 Services

	2022	2023	2024 – Q1	2024 – Q2
Number of infant feeding assessments completed	260	461	124	109
Number of in-person infant feeding support visits (clinic and home visits)	72	88	21	62
Number of Clients screened for Canada Prenatal Nutrition Program	67	84	28	37
Number of clients participating in 1:1 Canada Prenatal Nutrition Program program	21	31	21	24

Source: Porcupine Health Unit internal databases pulled 2024-08-07

3. Healthy Babies Healthy Children

Staff Training

Public Health Nurses delivering Healthy Babies Healthy Children home visiting program (HBHC) attended a Public Health Ontario webinar in June related to changes in the Promoting Maternal Mental Health During Pregnancy curriculum. Research has shown that a mother’s mental health and emotional state during pregnancy Nurses implement this curriculum to assist clients in improving their mental and emotional state during pregnancy, which, research demonstrates, has an immediate and direct impact on her lifelong relationship with her infant. New manuals and tools were distributed to HBHC programs throughout the province to support the updated curriculum.

Partnerships

The Porcupine Health Unit HBHC team has been working with Timmins and District Hospital (TADH) to ensure that families continue to be offered and receive the HBHC screen during significant changes to TADH’s electronic medical record system (EMR), which impacts how data is collected, stored and shared and when the HBHC public health nurses can go to the floor to see families. The transition is ongoing, and families continue to receive screening at the time of their birth. The success of this transition is related to strong partnerships with TADH, ongoing communication between TADH, Health Unit staff flexibility in adapting to the changes and remaining nimble in collecting required patient information.

Current Program Capacity

Throughout the district, as of July 31 there are 47 families receiving HBHC home visiting services. Based on need, families are supported with either weekly or bi-weekly visits by the Public Health Nurse or the Family Home Visitor. There currently is a waitlist in Cochrane for clients wishing to participate in the Healthy Babies Healthy Children home visiting program are being placed on a temporary waitlist. All wait listed clients are receiving monthly calls by a public health nurse to assess child and parent well-being and to identify needs/referrals for other community supports while they are on the waitlist.

Three new staff members have started, filling vacancies in the program: a temporary part-time Family Home Visitor in Kapuskasing, a temporary full-time administrative assistant in Timmins, and a permanent full-time Public Health Nurse in Timmins.

As of July 31, 2024, there is currently one Public Health Nurse vacancy (leave) in the Healthy Babies Healthy Children program. Recruitment efforts have been enhanced to try to fill the temporary position, with the position being reposted for 18 months to make it more desirable.

Healthy Babies Healthy Children Home Visiting Services

	2022	2023	2024 – Q1	2024 – Q2
Number of Individuals Screened (Total - Prenatal): HBHC	11	25	5	5
Number of Individuals Screened (Total - Postpartum): HBHC	502	548	144	140
Number of Individuals Screened (Total - Early Childhood): HBHC	24	27	8	8
Number of Individuals Confirmed with Risk (Total): HBHC	387	436	128	126
Number of Individuals who Received an In-Depth Assessment: HBHC	63	67	16	16
Number of Families Served (Total - with Two or More Home Visits): HBHC*	70	66	45	47

Source: ISCIS Reporting Sub-System. Monitoring Report 5.0 pulled 2024-08-16.

***Note** – This represents the number of unique families who have received two or more home visits to learn parenting skills and strategies. Due to the nature of the program, clients receive services for long periods of time. Therefore, Q1 and Q2 represents many of the same families.

Upcoming Porcupine Health Unit Healthy Families Events

1. French prenatal series – September 2024
 - In partnership with the EarlyON/ Brighter Futures across the district
 - Hybrid – speakers will be in person
 - Clients can attend in person at their local EarlyON Centre or virtually from their home
2. Baby Friendly Initiative Level 1 – September 2024
 - Timmins
 - This two-day workshop for health and community professionals explores evidence-based, best practice that protects, promotes, and supports breastfeeding.
3. English prenatal series – October 2024
 - In partnership with the EarlyON/ Brighter Futures
 - Virtual sessions

4. School Health

School Dental Screenings

Dental screenings in schools are complete for the 2023-2024 school year. During the summer months, dental staff work diligently to ensure that all screening data is accurately reported in the OHISS program and are preparing for the 2024-2025 school year.

Vision Screening

In June, the dental team visited 1 school to conduct vision screenings, where a total of 8 children were screened. Following these screenings, 3 children were referred to an optometrist for a comprehensive eye exam. To align with the updated Ontario Public Health Standards and the evidence, vision screenings will no longer be offered in schools, and promotion of a comprehensive eye exam with an optometrist will continue.

Fluoride Varnish (FV) Program

The dental team visited childcare facilities and schools to implement the Fluoride Varnish Program. In June and July, twenty-one childcare facilities were visited across the PHU region, and 217 preschool children (0-4 years of age) received a FV application. The team also visited 4 schools in June, where 51 students (JK and SK) received a FV application. The dental team visited childcare facilities and schools to implement the Fluoride Varnish Program. Fourteen childcare facilities were visited across the PHU region, and 250 preschool children (0-4 years of age) received a FV application. The team also visited 10 schools where 157 students (JK and SK) received a FV application.

Harm Reduction and Opioid Response

Harm Reduction Program Team Overview

The Porcupine Health Unit's Harm Reduction Program consists of team members working collectively to meet the increasing community needs related to essential harm reduction services. Individually bringing a unique perspective to harm reduction, each member fulfills a key role on the team.

On July 2, 2024, the Porcupine Health Unit's harm reduction team expanded with the addition of a second outreach nurse. The role of the outreach nurse includes offering outreach testing, education to both clients and health and social

professionals, and awareness on prevention strategies for sexually transmitted and blood borne infections (ST/BBI). Focusing on priority populations outlined by the HIV/Hepatitis C bureau funders, the outreach nurse will work with community members to facilitate early detection and access to timely treatment, especially in those more likely to experience negative health outcomes. Additionally, the outreach nurses will work alongside the harm reduction outreach team to address stigma, health, and social issues.

Highlight: Outreach Testing launch

Beginning in June 2024, the harm reduction and sexual health programs collaborated to develop an outreach testing strategy focusing on the launch and active offer of outreach testing services to community partners.

In July, an email was sent out to community partners, actively offering outreach services, including on site testing and education. Unfortunately, response and uptake from partners was low and so follow up emails, telephone calls, virtual, and in-person meetings were conducted to facilitate conversations with the purpose of increasing uptake. On Wednesday, July 31st, the first outreach testing clinic was held at the Safe Health Site Timmins (SHST). Client uptake at this clinic was successful, and feedback was positive.

In the month of July, much effort and time was spent building opportunities to be able to offer outreach testing services in Timmins and branch communities. At the end of August, outreach testing opportunities in Moosonee were facilitated and promoted with community partners. Although testing will be available only in the Moosonee office and not off site, planning for logistical considerations was needed as there is currently no Public Health Nurse in Moosonee.

Outreach

The health unit's harm reduction outreach team has been able to expand the team's reach in providing access to clients in locations within Timmins, Shumacher, and South Porcupine in areas where harm reduction services are limited. With additional capacity in the harm reduction team, the goal is to expand outreach services in communities outside of Timmins with gaps to accessing harm reduction services have been identified and/or to communities that are being impacted by the ever growing and evolving opioid crisis. Visits to a couple communities started over the summer.

Needle Distribution

The Porcupine Health Unit, mandated by the Ministry of Health to offer harm reduction services, is the designated core needle exchange program (NEP) in all Porcupine Health Unit areas. The core needle exchange program collaborates with agencies in becoming a satellite site that offers harm reduction services, including supply distribution. Many agencies offering access to harm reduction services span across multiple communities across the vast Porcupine Health Unit geographical areas. To be onboarded as a satellite site, agencies complete this process by following the necessary steps outlined by the Porcupine Health Unit. The onboarding process includes but is not limited to signing a memorandum of agreement, developing internal policies, active participation in virtual and/or in-person training offered by the Porcupine Health Unit, and monthly reporting.

The Ontario Harm Reduction Distribution Program (OHRDP) is a licensed distributor that coordinates supply distribution to core programs. Supplies are funded by the ministry. Harm reduction staff at the Porcupine Health Unit are responsible for ordering, storing, tracking, and supply all satellite sites with the necessary supplies to continue offering services.

Significant Change: Discontinuation of consumption and treatment services at the Safe Health Site Timmins on July 1st

On July 1st, consumption and treatment services at the Safe Health Site Timmins was discontinued due to a lack of permanent funding. On this same day, the Canadian Mental Health Association Cochrane Timiskaming, officially took over

the physical location of the Safe Health Site Timmins and continued to offer harm reduction services at this location. In the month of July, the harm reduction and harm reduction outreach team supported this transition by filling in gaps in coverage, providing resources and training as needed, and increasing outreach services to and around the site. In the month of July, coverage by a member of the harm reduction outreach team was provided at the Safe Health Site Timmins location a total of 4 times.

Additional to the supports listed above in terms of supporting the transition of no longer offering consumption services, the Porcupine Health Unit participated in weekly mitigation meetings with community partners to identify opportunities to support and facilitate health and social service delivery to clients continuing to access the site.

Needle Exchange Program

Harm Reduction Supply Distribution Sites (NEP)

- Active NEP access points across all Porcupine Health Unit areas
- 19 (includes the two new access points mentioned below)

- Onboarding:
 - One organization that was previously onboarded with Porcupine Health Unit for harm reduction supply distribution, expanded access to said services, at a third location in Timmins.

Community Needle Disposal Bins

The Porcupine Health Unit has seven active community needle disposal bins, referred to at times as needle disposal kiosks. There are five active kiosks in Timmins, one in Schumacher, and one in South Porcupine. Kiosk levels are monitored weekly and emptied as needed by a member of the harm reduction outreach team. The Porcupine Health Unit enters the totals in NEO360, a ministry database for harm reduction programs for tracking purposes. In partnership and collaboration with the City of Timmins, access to all kiosks and their upkeep is maintained all year long.

Name of Disposal Bin	Status
Timmins	
169 Pine Street South	Active
27 Cedar Street South	Active
36 Pine Street South	Active
54 Spruce St. South (front of the Timmins transit terminal building)	Active
Fifth Avenue and Tamarack Street. Parking lot beside St-Matthew's church.	Active
NEW Requested by City of Timmins. Hollinger Park (front of bathroom building)	Active as of 2024-07-18
Schumacher	
Intersection of Battochio Street and Father Costello Drive	Active
South Porcupine	
76 Main Street (post office)	Active
Total # of active community needle disposal bins	8

Community Needle Disposal Bins, Update

- New kiosk installed in the Hollinger Park, outside and in the front of the bathroom building. The Porcupine Health Unit was approached by City of Timmins employees requesting to have another kiosk installed at this location.

Outreach Services

The Porcupine Health Unit's harm reduction outreach team offers both street and mobile services daily. Services provided during outreach can include but is not limited to the following: naloxone distribution and training; opioid poisoning prevention; proactive needle sweeps and proper disposal; harm reduction supply distribution; awareness on weather and drug alerts; soft referrals to other social and health services; and education on sexually transmitted and bloodborne prevention strategies.

Highlights: Outreach services expand to branch communities

On July 19th, outreach services expanded, and members of the harm reduction Timmins team collaborated with public health nurses in the Cochrane and Iroquois Falls offices, offering street and mobile outreach services. Visits to both communities occurred on the same day, starting in Iroquois Falls and ending the day in Cochrane. It is important to note that strategic planning and collaboration amongst staff in branch offices, community partners in surrounding communities, and the harm reduction team in Timmins are ongoing. It is hopeful that engagement, support, and engagement with partners in surrounding communities, uptake for outreach services and client connections will increase.

Iroquois Falls

Outreach services were offered between 9:00am and 11:00am. The team consisted of the outreach coordinator (Timmins), outreach workers (2 - Timmins), social services student (1- Timmins) and a Public Health Nurse (1- Iroquois Falls). During outreach, the team visited locations known to be frequented by individuals who may benefit from outreach connections as well as areas where improperly discarded needles are known to be found.

Cochrane

Outreach services were offered between 1:00pm and 3:00pm. The team consisted of the outreach coordinator (1 – Timmins), outreach workers (2- Timmins), social service student (1 – Timmins), and a public health nurse (1- Cochrane). During outreach, the team visited locations known to be frequented by individuals who may benefit from outreach connections as well as areas where improperly discarded needles are known to be found. A member of the Ontario Provincial Police (OPP) in Cochrane, had suggested locations in the community, for the outreach team to visit.

Naloxone Distribution Programs

The Porcupine Health Unit continues to prioritize and lead naloxone distribution programming as well as facilitating access to naloxone across the vast geographical areas within the Porcupine Health Unit areas. This programming is part of the Ontario Harm Reduction Program Enhancement, mandating health unit's to be naloxone distribution program leads responsible for training and supporting eligible community organizations / agencies.

Naloxone Distribution by: Ontario Naloxone Program (ONP), naloxone distribution agency and sites onboarded with PHU in Q2 (2024)	
<u>Onboarded sites, access points</u> Total # of active naloxone distribution access sites in ALL PHU areas	*65

<u>Onboarded sites ONLY</u> Total # of naloxone kits distributed	412
<u>Onboarded sites ONLY</u> Total # of naloxone refill doses distributed	544
<u>Onboarded sites ONLY</u> Total # of individuals trained to administer naloxone	84
<u>New Onboarding</u> Total # of new onboarding finalized (agency sites)	*0
<u>Support provided to new & onboarded sites</u> Total # of lead and front-line staff agency trainings & general program presentations to sites	3

Data Source: NEO360, SAP report accessed on 2024-08-14

Context:

Agencies and organizations onboarded with the Porcupine Health Unit as part of the Ontario Naloxone Program (ONP) for naloxone distribution include but are not limited to the following: Aboriginal Health Access Centres, AIDS service organizations, Community Health Centres, Consumptions and treatment services, emergency departments, expanded access organizations, outreach programs, shelters, withdrawal management programs. Not all agencies / organizations chose to be publicly listed, therefore names and locations of sites are not shared in this document. Those wishing to learn more about where naloxone distribution is available can access the ministry’s locator map. All agencies / organizations must apply through the Porcupine Health Unit to become a naloxone distribution site, receive ministry approval, and follow the steps to becoming in the onboarding process.

*It is important to note that the total number of naloxone distribution sites were considered as active at the time that data was collected for data reporting. Another important consideration is that one agency /organization may have a memorandum of agreement (MOA) with Porcupine Health Unit for said “agency/organization” for naloxone distribution but may provide access in multiple locations and/or in multiple communities, creating a great total of access points in compared to onboarded agency sites. Because of this, the total number of onboarded naloxone sites represents the total number of access points and not agencies/organizations.

**The onboarding process for an agency or a new site to be finalized can take weeks to months, depending on the site’s capacity. In July, one previously onboarded organization requested to expand and offer naloxone distribution to another physical location associated with the organization. Two separate training sessions were conducted between the porcupine health unit and front-line staff from the organization. This onboarding process remains underway.

***The total number does not represent the ongoing supports provided by the Porcupine Health Unit to organizations while they complete the onboarding process.

Naloxone Distribution

(by PHU outreach Timmins, NEP Timmins clinic, and NEP branch NEP clinics)

In all the Porcupine Health Unit's internal NEP clinics and while on outreach, both naloxone kits and refill doses are available for distribution as part of the Ontario Naloxone Program. In all internal PHU NEP clinics and while on outreach, an active naloxone training is actively offered when kits / doses are distributed.

Naloxone Distribution July (2024) PHU Outreach (Timmins), PHU NEP Timmins Clinic, PHU NEP Branches	
<u>Outreach Timmins</u> # of naloxone kits & doses distributed	75
NEW <u>Outreach Cochrane</u> # of naloxone kits & doses distributed	0
New <u>Outreach Iroquois Falls</u> # of naloxone kits & doses distributed	0
<u>PHU NEP Clinic, Timmins</u> # of naloxone distributed	242
<u>PHU Branch NEP Clinics</u> # of naloxone distributed	66
<u>July (2024) PHU naloxone distributed</u> Total distribution of naloxone at all PHU NEP clinics (Timmins, branches, outreach)	383

Data source: NEO 360, SAP report accessed on 2024-08-14

Context:

Naloxone offered in all PHU NEP clinics, including branch offices (Cochrane, Hearst, Hornepayne, Iroquois Falls, Kapuskasing, Matheson, Smooth Rock Falls, Moosonee) consist of naloxone kits that contain two doses per kit of naloxone and refill doses which are individually counted. All totals listed above count both naloxone kits and refill doses and are not counted separately. The total for outreach, which is only available in Timmins, also consists of totally naloxone kits as well as refill doses.

Data Limitations:

The totals listed above are subject to documentation errors and are subject to change if corrections are required. Inputting errors when documenting may also alter the numbers listed above.

Total Naloxone Distribution for PHU for the month of July

July	2023	2024
Total # naloxone kits distributed	683	800
Total # of naloxone refills distributed	82	552
Total Distribution (naloxone kits + refills)	765	1,352
Total # of individuals trained for naloxone administration	103	134

Data source: NEO360, SAP report accessed on 2024-08-14

Context:

The totals for naloxone distribution listed in the graph above include the combination of all naloxone distribution for the Porcupine Health Unit during July 2024 for all naloxone distribution sites across all Porcupine Health Unit areas, all PHU NEP clinics in Timmins and in branch offices, as well as outreach. For the total number of individuals trained it is important to note that not all individuals who receive a naloxone kit require training as many individuals have received naloxone training previously and/or an individual that is distributed a naloxone kit may receive training on naloxone administration, however, they are distributed multiple kits and /or naloxone doses in the same interaction.

Public Education

The Porcupine Health Unit prioritizes requests for community engagement, education, and awareness from community partners / agencies and members for naloxone training, proper needle handling and disposal, and general harm reduction education which includes information on prevention strategies for sexually transmitted and bloodborne infections.

Highlights: Community Events, Harm Reduction Team

1. *Urban Park* July 3

- Harm reduction program promotion (education on harm reduction principles, increasing awareness for harm reduction services offered by public health, naloxone distribution).
 - 36 people attended the booth
 - 25 people received naloxone training
 - 25 people received naloxone
 - 31 naloxone kits distributed

2. *Urban Park* July 17

- Harm reduction program and service promotion (naloxone distribution, bloodborne infection education/awareness – HIV & HCV).
 - ✓ 27 people attended the booth
 - ✓ 8 people received naloxone training
 - ✓ 8 people received naloxone
 - ✓ 12 naloxone kits distributed

3. *Virtual Naloxone Administration Training* July 17

- Monthly training session offered to members of the public on opioid poisoning awareness / response and naloxone administration.
 - 5 people in attendance virtually
 - 8 people registered

- 4. *Urban Park* July 31
 - Harm reduction program and service promotion (naloxone distribution, bloodborne infection education/awareness – HIV / HCV).
 - 39 people attended the booth
 - 9 people received naloxone training
 - 9 people received naloxone
 - 19 naloxone kits distributed

Opioid Early Warning System

The Porcupine Health Unit coordinates the *Opioid Emergency Response Task Force* for enhanced surveillance on community trends and reports related to suspected opioid poisonings and/or suspected opioid related toxicity events in all communities within the Porcupine Health Unit’s geographical area. Weekly and stat reports are submitted to the Porcupine Health Unit from key partners. Based on the available information, task force members collectively decide on potential next steps on how to address the concerns as they present themselves.

July:

- Red Alert demobilized on July 10:
 - ✓ On 2024-06-05, a yellow to red alert was mobilized due to suspected opioid related toxicity events in multiple communities. This alert remained in effect for 15 days, spilling into the month of July when it was official demobilized by the task force on **July 10th** after the weekly surveillance reports indicated a decrease in the original concern pertaining to this specific alert.

Data Source: Internal PHU tracking spreadsheet accessed on 2024-08-15

Infectious Diseases

1. Control of Infectious Diseases (CID)

Surveillance and Epidemiological Analysis

As part of surveillance monitoring, a monthly surveillance report is compiled by the Epidemiologist at the Porcupine Health Unit (PHU). A summary of the analysis of the crude data for cases reported between January 1 to July 31, 2024, indicates that the PHU has higher rates of cases per 100,000 than the province and/or other Northern health units for the following diseases:

Disease	PHU Rate	Other Northern Health Unit Rate*	Ontario Rate
Latent Tuberculosis (LTBI)	64.0	40.7	27.8
Active Tuberculosis (TB)	10.3	2.7	3.6

Pneumococcal disease, invasive (IPD)	19.4	18.8	6.9
Chlamydia	247.8	178.2	132.6
Hepatitis C	36.5	30.5	11.3
Syphilis (all types)	34.3	37.7	19.8
Pertussis	9.1	5.7	3.2

* Algoma Public Health, Timiskaming Health Unit, Public Health Sudbury and District, North Bay Parry Sound District Health Unit, Thunder Bay Health Unit, Northwestern Health Unit

Note: All rates are crude, include data between January 1 to July 31, 2024 and are per 100,000. Because rates are not age standardized, specific rate comparisons are for internal use.

Sexually Transmitted and Bloodborne Infections (STBBI)

From January 1 to July 31, 2024, there were 297 cases of STBBI. Sexually transmitted and bloodborne infections include chlamydia, hepatitis C, syphilis, gonorrhoea, hepatitis B, and HIV/AIDS infections. . The analysis indicated that:

- 60.3% of STBBI cases were among those 20 to 34 years of age,
- 62.2% of chlamydia cases and 56.9% of all STBBI cases were among females, and
- 53.5% of cases were from Timmins and 10.8% were from Kapuskasing.

Focus on Syphilis

The Infectious Diseases (ID) Team advised health care providers of the rise of syphilis rates in Ontario and that a similar trend had been observed in the PHU area.

A recent report from Public Health Ontario highlighted that the provincial incidence of laboratory-confirmed infectious syphilis cases increased steadily between 2013 and 2019. After a slight decrease in 2020, the incidence rate increased to its highest level in 2022 at 23.6 cases per 100,000 population. The rate of syphilis in the PHU area is 34.3 cases per 100,000 population based on the preliminary data collected this year.

In response to this year’s increase in syphilis cases in the PHU region and in Ontario, the ID team sent communications to notify health care providers of the trend and provided an update and summary. The ID team also sent communications to remind health care providers that syphilis is a treatable sexually transmitted infection (STI), and early diagnosis results in better outcomes for their client. Public health continues to encourage health care providers to talk to their clients about the importance of getting tested for syphilis and other STIs as part of routine care for overall sexual health and wellness. The ID team sent communications to health care providers to share deliverables from the Public Health Agency of Canada (PHAC)’s knowledge campaign on syphilis. Links to PHAC’s algorithms for clinical staging and treatment, as well as their visual guides to help support health care providers to stage a syphilis infection were shared.

Focus on Hepatitis C

July 28th was World Hepatitis Day. Every year, World Hepatitis Day is observed to raise awareness about viral hepatitis. This year the PHU focused on raising awareness about hepatitis C as the rate of hepatitis C infections in the PHU area has been rising since 2015.

In 2015, the rate was 27.7 cases per 100,000 population and in 2022 the rate was 73.9 cases per 100,000 population. From 2013 to 2022, the rate of hepatitis C infections in the PHU region has been higher than the provincial rate in all years except 2015.

The Porcupine Health Unit sent communications to health care providers to advise them of trends and promote the “Talk, Test, Treat” campaign. The campaign promotes health care providers to talk to their clients about hepatitis C, to test clients with risk factors for hepatitis C, and to refer clients to a specialist for treatment of hepatitis C.



Measles

In light of the increase of cases of measles reported in Ontario, Public Health Ontario hosted a webinar for clinicians in May. The ID team distributed the webinar invitation to all health care providers in the PHU area. This webinar provided an overview on immunization recommendations, contact management and considerations for post exposure prophylaxis, updated IPAC recommendations for HCWs providing care for patients with suspect or confirmed measles and laboratory testing and interpretation.

The ID team created an online resource for health care providers on the PHU website. The resource provided information on diagnostic testing, infection prevention and control practices, health teaching, and immunization regarding measles.

Pertussis

With reports from the province and neighbouring health units of an increase in pertussis cases this year, the ID team closely monitored the situation in the PHU area. In July, an increase in pertussis cases was reported in the PHU area. The ID team sent communications to health care providers to advise of this trend and provide resources to aid in the diagnosis of pertussis. Signs and symptoms, laboratory testing requirements to diagnose pertussis, patient counselling, and IPAC measures were included in the communications to support health care providers. The ID team reminded health care providers of the importance of reporting suspected or confirmed cases of pertussis to public health.

Infection Prevention and Control (IPAC) Hub

The IPAC Hub team hosted one Community of Practice meeting on May 8th. These meetings are offered to all infection control practitioners (ICPs) and health care providers at congregate living settings and hospitals. The Community of Practice meetings provided the opportunity for the IPAC Hub team to share and review the new Public Health Ontario document on Personal Protective Equipment. To facilitate peer-to-peer learning, the IPAC Hub team schedules time in the meeting agenda for facilities to discuss concerns and to share knowledge.

To ensure that learning needs of the congregate living settings are met, the IPAC Hub team sent communications to all congregate living settings inquiring about their individual learning needs.

To support IPAC practices in congregate living settings, the IPAC Hub team offered Point of Care Risk Assessment (PCRA) training sessions for congregate living setting staff. The sessions were provided on five different occasions during May and a total of ten participants attended.

A request was received by the Golden Manor in Timmins for support to create an electronic poster for the entrance to their facility. The messaging for the poster focused on measles vaccination. An English and French poster was created by the IPAC Hub team for the facility. To further support the facility's initiative, the IPAC Hub team hosted a vaccine information booth at the facility to promote measles and other vaccinations.

In June, the IPAC Hub team provided an in-person presentation that focused on bloodborne infections to attendees in response to questions that were received about bloodborne infections from a congregate living setting. The IPAC Hub team offered the presentation at two different times to accommodate attendees and a total of 26 staff attended the presentation. The IPAC Hub team sent communications to all congregate living settings to share an online learning opportunity. IPAC Canada offered an eLearning program for front-line workers to increase their IPAC knowledge about routine practices. The IPAC Hub team continues to participate in outbreak management meetings with a Public Health Inspector from the Environmental Health program to provide IPAC support and offer IPAC expertise to facilities experiencing outbreaks. Following a meeting, the IPAC Hub team reaches out to the facility to offer support and identify any learning needs. In May, the IPAC Hub team attended a total of six meetings.

Sexual Health

Highlights:

- Self-Testing clinics expanded to Hornepayne, Hearst, Smooth Rock Fall and Matheson
- Pap clinics held in Cochrane in April and in Matheson in June
- Monthly walk-in clinics in Timmins
- Collaboration with Infectious Diseases Program for the implementation of a Syphilis Awareness and Testing Campaign
- Implementation of bi-weekly clinics at the Timmins Youth Wellness hub-first clinic was held on May 7
- Planning for SPRITE testing initiative started in May, first clinic planned for July.

Sexual Health Clinic Data

Number of Total Visits by Age and Gender

		<15			15-19			20-24			25-29			30-34			> 34		
	Totals	F	M	i	F	M	i	F	M	i	F	M	i	F	M	i	F	M	i
Q1	479	12	1	0	49	5	0	69	22	0	70	33	0	49	21	0	110	38	0
Q2	505	12	0	0	57	9	0	67	30	0	64	26	0	54	17	0	130	38	1

*i=indeterminate

Source: Data extracted from Profile IntraHealth Electronic Medical Record.

There was a total of 505 visits to the sexual health clinics across all offices from April to June compared to 479 in the first quarter and 433 in the same quarter in 2023. Most of the clinics were in the Timmins office, followed by Cochrane, Hearst, Kapuskasing, and Iroquois Falls. Of the total number of visits in this quarter, 288 visits occurred where clients did not have a health care provider compared to 220 visits in the same quarter in 2023. Also, from the total number of visits in this quarter, 50 visits occurred where the clients' providers were not indicated. Like 2023, a higher proportion of females were seen in clinic, with the majority being over the age of 20. As in the first quarter, there was a significant increase in the number of clients seen between 20-30 years of age in this quarter compared to 2023. The proportion of clients over 34 years of age remains larger due to the number of clients seen for cervical screening.

Number of Tests Completed (all offices)

Q1	Q2	Tests completed
65	52	Vaginal Smears (yeast, bacterial vaginosis and Trichomonas)
54	70	Cervical Screens
4	14	Chlamydia and Gonorrhoea Anal Swabs
23	13	Chlamydia and Gonorrhoea Cervical Swabs
60	45	Chlamydia and Gonorrhoea Throat Swabs
197	197	Chlamydia and Gonorrhoea Urine Tests
33	36	Chlamydia and Gonorrhoea Vaginal Swabs

13	17	Hepatitis A Serology Tests
22	18	Hepatitis B Serology Tests
51	28	Hepatitis C Serology Tests
4	15	Herpes Swabs
3	4	HIV Point-of-Care Tests (rapid tests)
81	51	HIV Serology Tests
82	58	Syphilis Serology Tests
4	4	Pregnancy Tests-Blood
19	28	Pregnancy Tests-Urine

Source: Data extracted from Profile IntraHealth Electronic Medical Record.

Chlamydia/gonorrhea urine testing, and syphilis and HIV serology testing accounted for most tests ordered followed by hepatitis C serology testing, chlamydia/gonorrhea throat swabs and vaginal swabs for chlamydia, gonorrhea, yeast, bacterial vaginosis, and trichomonas. A total of 51 HIV and 58 syphilis serology tests were ordered from April to June compared to 59 HIV and 60 syphilis serology tests in the same quarter in 2023. The number of chlamydia/gonorrhea urine tests ordered to date in 2024 is significantly higher than in 2023. There were 197 urine tests in this quarter compared to 139 in the same quarter in 2023. Similarly, the number of throat swabs for chlamydia/gonorrhea increased from 28 in the second quarter in 2023 to 45 in 2024. The increase seen in the number of throat swabs and urine tests for chlamydia/gonorrhea is partly due to the increased number of visits seen in the self-testing clinics.

Number of Tests Completed by Age and Gender (all offices)

Number of Positive STI/BBIs-SH Clinic Compared to Total Number of Community Cases (PHU area)

Disease	Q1		Q2	
	Total # of new cases (PHU area)	Total # of clinic cases	Total # of new cases (PHU area)	Total # of clinic cases
Chlamydia	84	17	100	27
Gonorrhea	4	1	8	4
Syphilis (infectious)	9	0	16	6
HIV	1	0	0	0
Hepatitis A	0	0	0	0
Hepatitis B	2	0	0	0
Hepatitis C	20	3	9	0

Source: PHU Reported Case Tracking Tool Excel Spreadsheet and Monthly ID Report created by the PHU epidemiologist.

*Numbers are reported using the Monthly ID Report created by the PHU epidemiologist. The iPHIS data undergoes updates/data cleaning as cases are being investigated and the numbers may change. For example, if diagnosing health unit changed, this would affect the monthly/total numbers. Data should be interpreted with caution due to data cleanup activities and ongoing case management.

*Numbers are reported using the Case Tracking Tool maintained by the ID team. Counts are determined by classification = case. The data undergoes updates/data cleaning as cases are being investigated and the numbers may change. For example, if diagnosing health unit changed, this would affect the monthly/total numbers. Data should be interpreted with caution due to data cleanup activities and ongoing case management.

*Hepatitis B: Acute HBV cases only. Numbers do not include cases who were previously reported and were tested for monitoring disease (carriers).

*Hepatitis C: Newly acquired HCV cases. Newly acquired HCV cases. Individuals with a previously reported hepatitis C

result and were tested for follow up/routine testing are excluded. However, if it is determined that the individual with a past result has new infection, the case is not excluded.

*HIV: Individuals with a previously reported HIV result who were tested for follow up/routine testing are excluded from the counts. However, if it is determined that the individual with a past result has new infection, the case is not excluded.

*Syphilis (infectious): Numbers do not include cases who were previously reported and were tested following treatment to monitor response of treatment. However, if it is determined that the individual with a past result has new infection, the case is not excluded.

In the second quarter of 2024, clinic cases of chlamydia accounted for approximately 27% of total cases compared to 20% in the first quarter. This is a significant increase from 15% observed in the second quarter of 2023. There was a total of 27 chlamydia cases tested in the clinic compared to 17 cases in the first quarter. Most positive chlamydia cases were seen in the 20-39 age group, while most were seen in the 20-29 age group in the same quarter last year. Also, 4 gonorrhea cases were identified in clinic this quarter. Of these positive cases, the majority were identified in male clients. It is also important to note that 4 chlamydia and 1 gonorrhea cases were identified in clients who accessed the self-testing clinics.

(34) individuals received counselling and referrals for abortions compared to thirty-six (36) in the first quarter this year and thirty-eight (38) in the second quarter in 2023. Thirty-two (32) were from Timmins, and two (2) from branch offices. There were also two (2) people referred to PCO and eight (8) to a gynecologist for prenatal care.

Self-Testing Clinics

Since September 2022, self-testing clinics have been offered every Wednesday. In the second quarter of 2024, 41 individuals attended the self-testing clinics compared to 30 in the second quarter of 2023. There were 20 females, and 21 males tested this quarter with the majority being between the ages of 20-35. As of June, all branch offices are now offering self-testing clinics although there was no uptake this quarter.

High Risk Vaccines

Free high-risk vaccines are provided in the sexual health clinic to eligible clients. Eligible groups for Hepatitis A high-risk vaccine include people who use injection drugs, have been diagnosed with Hepatitis A or C, and men who have sex with men. Household and sexual contacts of someone with Hepatitis B, chronic carriers and acute cases of Hepatitis B, people with Hepatitis C, men who have sex with men, people with a history of a sexually transmitted infection, people who use of injection drugs, and people with multiple sexual partners are all eligible for the Hepatitis B vaccine at no cost. The human papillomavirus (HPV) high risk vaccine is available to men who have sex with men who are 26 years and younger. The pneumococcal high-risk vaccine can also be offered to people with liver disease (Hepatitis B, C). Clients eligible can also receive the monkeypox vaccine, and be vaccinated against tetanus, diphtheria, and pertussis. During this reporting period four (4) Hepatitis A and five (5) Hepatitis B vaccines were provided in branch offices. There was also one (1) HPV vaccine and two (2) pneumococcal vaccines provided in branch offices. Please note that high-risk vaccines given in branch communities include totals given in sexual health and vaccine clinics due to limitations from Profile Intrahealth Electronic Medical Record to separate the numbers from each clinic. Although, there were no high-risk vaccines provided Timmins this quarter, vaccine eligibility was discussed with clients seen in the Timmins sexual health clinic and clients were referred to the vaccine clinic. Nurses in the clinic finalizing their vaccination training and authorization in June.

Health Promotion Activities

Ongoing support was provided by school and branch public health nurses to schools with teaching the healthy sexuality curriculum, such as mentorship, co-facilitating sessions, and offering resources.

French school presentations requested in April for students in Grade 7 & 8 at Nouveau-Regard in Cochrane on Sexually

Transmitted Infections, and Gender Identity and Sexual Orientation.

Request from Roland Michener teacher for sexual health resources to support curriculum.

French presentation on sexually transmitted infections completed in Smooth Rock Falls for Grade 7, 8 and some high school students.

- Sexual health question and answer session for Grade 8 students at Cochrane Public School.
- Nurses participated in Youth Wellness Fairs at Roland Michener Secondary School, Timmins High & Vocational School, École Publique Le Coeur du Nord. Information on birth control, sexually transmitted infections, safer sex, and clinic services was provided.
- Presentation at Timmins Youth Wellness hub on sexual health services, sexually transmitted infections, safer sex, and birth control.
- Booths in Timmins with the Harm Reduction Team during Urban Park and at World Indigenous Peoples Day event at the Hollinger Park.
- Ongoing distribution of condoms for at risk groups (Northern College, Ellevive, Ontario Native Women's Association, École Secondaire Thériault-youth workers, Timmins and Area Women in Crisis, Kunowanimano Child and Family Services, nurses in Family Health Teams).
- Several activities took place in support of Pride Month in June
 - Sexual Health and Harm Reduction booth in Timmins in front of the health unit
 - Window decorating in Timmins, Smooth Rock Falls and Kapuskasing
 - Pride flag raising at the health unit office in Timmins
 - Participation at Pride Flag raising event in Hearst
 - Booth and walk at Pride event at Cochrane High School
 - Pride walk at Kap High School
 - Pride booth at the health unit office in Hornepayne
 - Pride booth at community event in Cochrane

Continuous Learning for Staff

- On April 19-1 PHN attended the Active Offer of FLS webinar from Foundations.
- On May 13th staff received training for the SPRITE project.
- On May 15- 2 PHNs and coordinator attended the Orientation to Health Equity Webinar from Foundations.
- On June 17, 2 PHNs and coordinator attended a PHO Rounds webinar: Let's Talk about Syphilis: A Case-based Clinical Overview.











infections and birth control. Condoms and handouts were also distributed.



**Sexual health clinics are now available for
youth 12-25 at the
Timmins Youth Wellness Hub!**

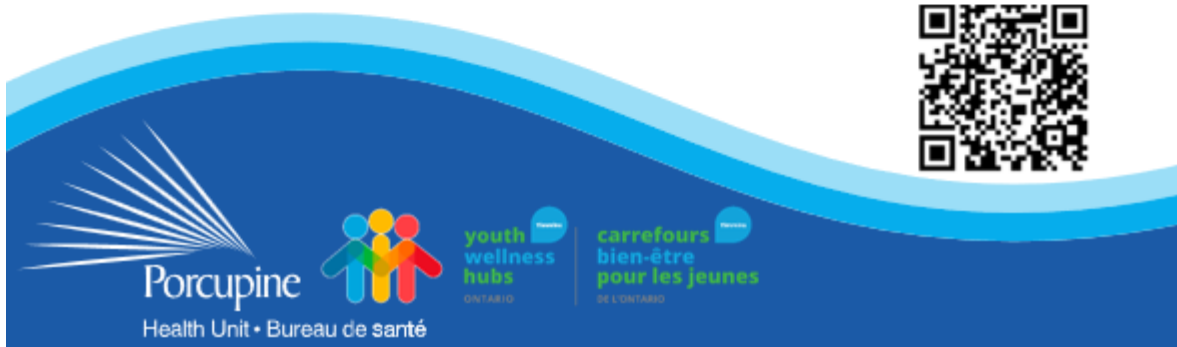
No appointments needed!

This clinic is for:

- Birth control counselling
- Low-cost birth control
- Free condoms
- Emergency contraceptive pill
- Pregnancy testing, counselling and referrals
- Testing and treatment for sexually transmitted infections
- HIV testing, counselling, and referrals

Youth do not need to be accompanied by a parent/guardian.

For more information call the clinic or visit: phu.fyi/clinics



Environmental Health

1. HPPA Compliance Inspections Update

The Environmental Health department has been working towards completing all the required compliance inspections according to the requirements set out in the Ontario Public Health Standards. The current status is below:

- High-risk food premises: 100% complete in second term (May - August)
- Moderate risk food premises: 100% complete in first term (January – June)
- Low risk food premises: 74% complete (January - December)
- Recreational water premises: 100% complete in second term (April – June)
- Remote fly-in camp premises: 100% complete in summer (3 premises)

Ongoing inspections in areas such as personal service settings, childcare centres, and low-risk food premises are also being completed.

Respectfully submitted,

Lianne Catton, MD, CCFP-EM, MPH
Medical Officer of Health/Chief Executive Officer