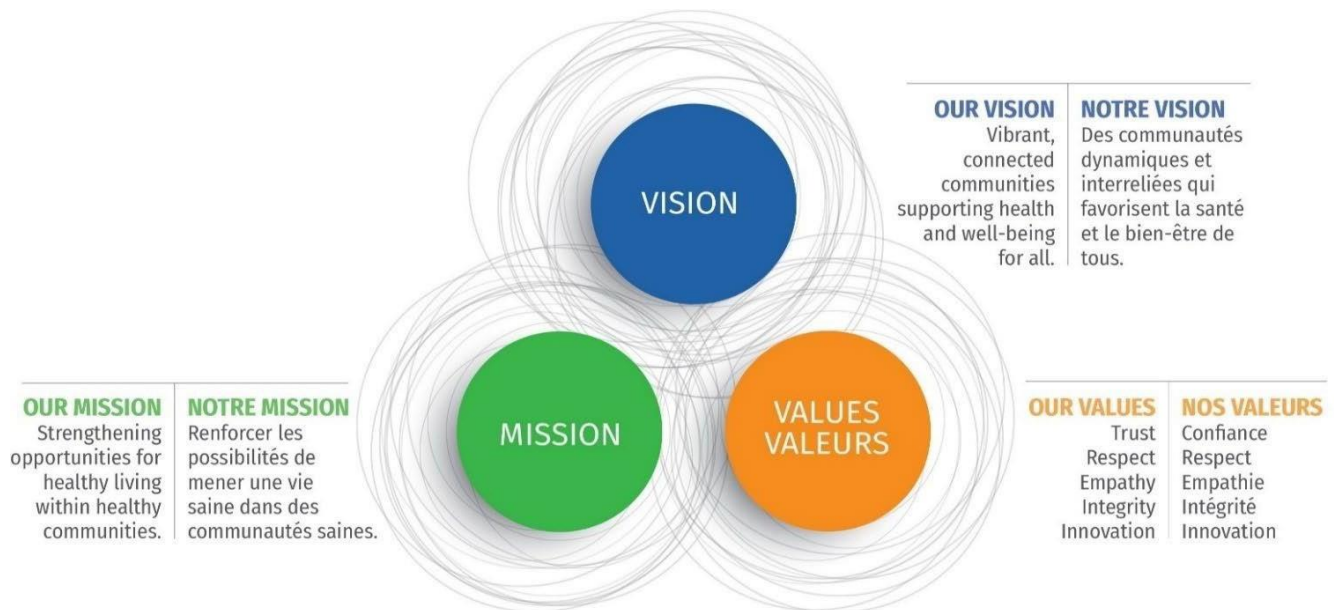


Medical Officer of Health/Chief Executive Officer Report to the Board of Health



We Are Public Health - Nous sommes la santé publique
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Prepared by Dr. Lianne Catton, MOH/CEO
April 25, 2024 BOH Meeting

General Report

1. Board of Health (BOH)

Strengthening Public Health

The initiatives under the Strengthening Public Health strategy in the province continue.

Ontario Public Health Standards (OPHS) Review: Feedback has been provided from the field at various tables and has included several PHU team members. Draft guidelines/protocols are to be shared shortly, likely early May; with a survey for each health unit to complete to share feedback with the Ministry. At several tables, and with some drafts shared it has been noted that there has not been a notable decrease in the expectations of the standards, which may create challenges.

Supporting Voluntary Mergers: There continues to be work and discussions regarding Ministry financial support for voluntary mergers, with three sets of health units who submitted the merger application to the Ministry April 2nd. Boards of Health for Kingston, Frontenac, Lennox and Addington health unit; Hastings Prince Edward Public Health and Leeds Grenville and Lanark District Health Unit have shared the name South East Health Unit; Peterborough Public Health, and Kawartha Pine Ridge District Health Unit have all shared their intent to move forward with the merging. Each context is different; and it is important to recognize the reasons for not moving forward is individual to each health unit and cannot be transferred to signal concerns for other mergers moving ahead.

The PHU-THU merger has been recommended in several reports, including one in 2006 that included some leadership from the PHU. It is important to note this merger has been discussed and reviewed for many years as a necessary step in strengthening public health and building capacity across the entire combined region, long before the funding support was announced. The BOH has passed several resolutions to move forward with a merger (March 2020, August 2023 prior to AMO announcement, Fall 2023, and last month). For local public health units who are not merging the only provincial grant increase will be 1% until 2027. There will be further details and updates regarding the PHU-THU merger work later in the BOH agenda.

Public Health Funding Review: While details have not been shared the north continues to be optimistic for the opportunity to review the funding strategy for public health, particularly for large geographic regions with low population density facing unique health inequities, historical trauma, significant gaps in opportunities and services to achieve optimal health outcomes, and an already poorer health status compared to the rest of Ontario in many indicators.

Infrastructure

As shared in the last MOH/CEO report, there are several infrastructure needs to stay in current buildings while the process to secure capital funding continues through the merger application. Mechanical upgrades are required to the chiller, boiler and control panel at the Pine St. office in Timmins. There are also security, IT, staffing area, and phone system upgrades to be further detailed in the financial update from the Finance Committee. There are vaccine fridge replacement needs, EMR system updates underway, and a generator to be replaced. Again, the merger provides the opportunity to fund this necessary work which is not included in the current budget.

Capital needs were also included in the merger application, and again merging is the only opportunity to access capital dollars and additional funding from the Ministry for the next three years. The team has implemented a reporting system from visits to PHU offices in Timmins. It is important to recognize that a new facility built for public health programs and services the BOH is accountable for now is different and would enable an expanded breadth of opportunities for programs and services for the public. For the first quarter of 2024, there were over 460 visits (264 Pine St; 200 Timcor) in January; 529 (342 Pine; 187 Timcor) in February; and 715 (552 Pine; 163 Timcor) in March. Some of the most common visits include sexual health (468), dental services (158), harm reduction (402), and also includes healthy families, environmental health,

infectious diseases and others.

2. Measles Preparedness

The team continues to prepare for potential cases, to offer vaccine clinics and share recommendations widely with the public as well as health care providers.

3. Public Health Ontario Lab

As shared in the March MOH/CEO report, there is a proposal to close six of eleven public health labs across Ontario (Hamilton, Kingston, Orillia, Peterborough, Sault Ste. Marie and Timmins), while maintaining coverage across the province through five geographic areas; and changing the types of tests offered at the Public Health Ontario laboratory with potential impacts on private drinking water testing.

Concerns about the potential impacts of the Timmins lab closure has been shared with PHO leadership and others at various tables, including the Council of Medical Officer of Health (COMOH), the Public Health Leadership Table (PHLT), as at the alPHa Board. The PHO lab in Timmins has been an invaluable partner to the PHU in monitoring, identifying and responding to infectious diseases, and to health care across the PHU, and has often gone above and beyond to support the unique needs of the region, as well as playing a key role in emergencies and outbreaks. It has been shared that provincial metrics do not always represent the realities of the north. As an example, lab turnaround times are calculated from the time of arrival at the lab. Already with a lab in Timmins the delay from specimen sample to the lab can be hours to days. There are fewer lab partners across the region. As such, between the geography, system partner gaps and capacity concerns; and challenges to transportation with weather and frequent highway closures due to accidents all need to be given careful consideration if the closure is approved. Solutions in the north and opportunities to strengthen the lab system overall require a unique lens and likely a different approach to south and central Ontario. At this time no decision has been shared and northern Medical Officers of Health have been advised we will have opportunities to engage regarding any future plans.

Corporate Services

1. Human Resources

Professional Development & Health and Safety

PHU teams continue with N95 mask fit testing, as well as CPR and First Aid training, reinforcing our commitment to a safe and prepared work environment. We are in the process of coordinating dates with the CPI Trainer to offer the training to our branch staff.

Staffing Summary - Vacancies

As of April 12, 2024, there were opportunities available for individuals looking to join the team, after careful assessment of program needs and risks as per the 2024 budget briefing note. The PHU is currently seeking four Public Health Nurses, three Administrative Assistants, a Temporary Family Home Visitor and one summer student for the Harm Reduction program.

2. Information Technology (IT)

For the period of March 15th to April 17th, a total of 62 IT tickets were submitted and resolved.

IT has completed the deployment of the Microsoft Windows 11 updates to all employees' computers providing active security and optimal system performance on the units. The IT team has also started the work on the Timcor Internet circuit that will allow for the updated redundancy connection between the Pine Street and Timcor Offices. The team has also started the work to move our current EMR to the cloud-based solution and continues to work on an IT Disaster Recovery and Incident Response Policy and Documentation.

The Q1 Cyber Risk Assessment Report from Watsec has been received. The team is pleased to report that at the end of Q1 the scorecard now indicates that we have successfully moved to the low-risk category for the benchmark standards. The IT team has worked extremely hard towards this initiative and will continue to work with Watsec to implement changes as required to remain in the low-risk category.

IT has moved to centralize all toner cartridge inventory within the PHU. This will assist in controlling the costs associated with the quantity of inventory on hand. Departments requiring replacement toner cartridges will now request them from the IT department.

Vaccine Preventable Diseases and COVID-19 Response Program

1. Vaccine Preventable Diseases (VPD)

School Vaccine Program

Twelve catch-up immunization clinics were hosted at high school across the PHU region, aiming to provide students with an accessible opportunity to receive any outstanding vaccines required for school attendance in Ontario.

Immunization of School Pupils Act

The PHU Immunization Team continues to focus on raising awareness and attention towards the Immunization of School Pupils Act (ISPA). The PHU launched a campaign, which includes social media posts and dissemination of information to parents, guardians, and students through school e-blasts as well as a media release announcing the enforcement of the act for the 2023-2024 academic school year. The enforcement of ISPA was temporarily paused in March 2020 due to the COVID-19 pandemic. As per ISPA, R.S.O.1990, it is mandatory for all Ontario students to be up to date with their vaccinations or have a valid exemption on file to attend in-person classes.

The immunization team has been actively reviewing immunization records and reaching out to all families of students with incomplete vaccine records, via mailed letters and with three phone call attempts per family. It is significant to note, that one of the phone calls is completed after business hours, to accommodate working families. The PHU is prepared to enforce ISPA legislation and will begin the suspension process in April 2024. The team continues to offer vaccines at school-based clinics and in-office appointments. While some areas of the province enforced suspensions last year, the PHU provided families in the region with an extra year to get their student's vaccine records up to date. During this time, many catch-up clinics were hosted throughout the region on evenings and weekends, as well as throughout the summer. In January 2024, the PHU mailed out over 2000 Suspension Prevention Packages to the families of students with outstanding requirements of the Immunization of School Pupils Act (ISPA). The goal of the Suspension Prevention Package is to obtain parental consent to immunize and to inform, support and facilitate the necessary steps for families to comply with ISPA prior to the suspension date.

Since the distribution of these packages, the immunization nurses across the PHU region have been collaborating with schools, parents/guardians, and students to promote ISPA compliance and to support families in meeting the requirements. The PHU team provides support to families with booking immunization appointments, updating vaccine records, answering questions about vaccines, and guiding families through the exemption process if needed. Despite these efforts, as of April 1, 2024, just over 320 students remain on the potential suspension list. These students have not yet been immunized for the designated diseases in ISPA, have not provided proof of immunization, or have not

submitted a valid exemption. On April 12th, 2024, a final notice letter was sent to the parents/guardians of these students. Suspension notices will be sent to parents/guardians across the region via Purolator on April 26th, 2024, with the first official day of suspension set for April 30th, 2024. The PHU has been in communication with the Directors of Education from the 9 school boards in the region and with school principals throughout this process. The successful implementation of ISPA, requires ongoing collaboration from the school community and its leadership.

Of note, since September 2023, the PHU has processed 65 valid exemptions.

The PHU immunization team remains dedicated to working with families to resolve outstanding requirements of the legislation.

Sample ISPA Facebook Posts:



Parents and Guardians!

Did you know about the Immunization of Schools Pupils Act (ISPA)?

ISPA is a law in Ontario that says all school-aged kids need vaccines against diphtheria, tetanus, polio, measles, mumps, rubella, meningococcal disease, pertussis (whooping cough), and varicella for children born in 2010 or later (chickenpox). If your child isn't vaccinated or doesn't have a valid exemption with the PHU, they could face school suspension.

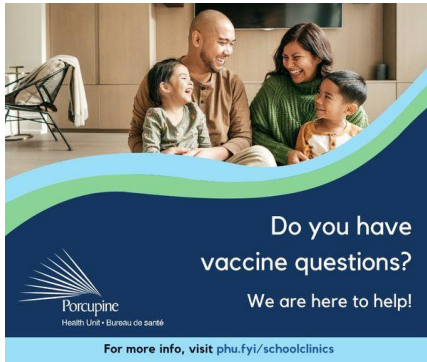
Call your family doctors office, your nurse practitioner, or the PHU today to schedule an appointment if your child is missing vaccines.



We have gone through all the student immunization records, and we have not heard from some parents or guardians. If you got a letter from us, it means your child may need some vaccines or we don't have their records. Please give us a call so we can make plans to vaccinate your child and avoid potential suspension.

Suspensions from school will start on April 30th, 2024.

For more information, visit phu.fyi/schoolclinics or call your local health unit office.



To keep our kids safe, we all need to work together.

Parents and guardians, we know you have questions: What are the risks? What are the benefits? Why should I vaccinate my child?

Our goal is to keep your kids healthy and happy in school!

Check out 'A Parent's Decision to Immunize' on Immunize.ca for answers to your vaccine questions.

Connect with your local health unit office and chat with a nurse. We are here to help!

Facebook ISPA Media Release:



2. COVID-19 and Influenza Vaccine Programs

In March, fall respiratory clinics were offered in all PHU health unit offices across the region on an as needed basis. Demand for fall respiratory vaccines has decreased significantly. The fall Covid-19 vaccine program officially ended at the end of March. The team is working through plans for the Spring Covid-19 Vaccine Program.

A total of 57 covid vaccines were administered across the PHU region, and total of 13 influenza vaccines were administered across the PHU region.

Throughout the 2023-2024 Fall Respiratory Season, the PHU remained the primary organization delivering flu and COVID-19 vaccine throughout the region. In many branch communities, the PHU remains the sole provider of these vaccination services.

3. Local COVID-19 and Influenza Activity

Integrated Respiratory Surveillance Report (IRSR) - Week 15 (April 7-13, 2024)

Local COVID-19 Activity

Overall assessment:



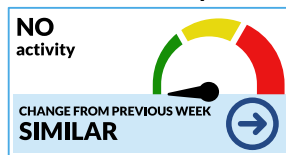
New Cases, past 7 days: 7 cases



7-day % Positivity: 8.9%



New Outbreaks, past 7 days: 0



Local Influenza Activity

Overall Assessment:



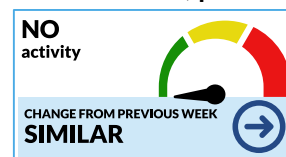
New Cases, past 7 days: 1 case



7-day % Positivity: 3.3%



New Outbreaks, past 7 days:



COVID-19

In week 15, there were 7 new cases, indicating a low level of activity, trending higher than the previous week. The 7-day % positivity was 8.9%, indicating a low level of activity and trending higher than the previous week. There were 0 new outbreaks, indicating no activity and similar from the previous week.

Nationally, COVID-19 activity has been stable or decreasing, four provinces and territories reported moderate activity levels.

Influenza

In week 15, there was 1 new case, indicating a low level of activity, trending lower than the previous week. The 7-day % positivity was 3.3%, indicating a low level of activity, trending lower than the previous week. There were no new outbreaks, similar to the previous week.

Nationally, influenza activity has remained similar compared to the previous week.

Federal COVID-19 summary (updated April 9, 2024)

General trends

- Nationally, COVID-19 indicators continue to slowly decrease or remain at low levels.
- In the latest reporting week, seven reporting provinces and territories reported no Activity to low COVID-19 Activity Levels, while one reported moderate Activity Levels. Activity Level trajectories varied by jurisdiction, with most reporting decreasing or stable trends.

- National SARS-CoV-2 percent positivity has been decreasing since mid-December 2023.
- Following an increase in mid-November, overall outbreak incidence has been decreasing since early January, with more recent weeks showing a slower decline.

Hospitalizations and deaths

- Among reporting provinces, trends in COVID-19 patients in hospital decreased between March 19, 2024, and March 26, 2024.
- Weekly COVID-19 deaths remain low.
- The weekly rates of COVID-19 cases hospitalized and admitted to ICU remained highest among the oldest age groups.

Variants

- Nationally, the JN.1* group continues to be the dominant lineage group in Canada. The JN.1.11.1* sub-lineage group is showing the most growth in Canada, followed by JN.1.4* and JN.1.7*.
- There is a plateau in overall JN.1* proportion growth. JN.1* is projected to have remained at a similar proportion, at 94% of all detections on March 30, 2024.

Interpretation of COVID-19 Summaries

- Local COVID-19 case counts and rates increased in week 15. Case counts and rates also increased provincially in week 14. In the North in week 14, case counts and rates increased for Northwestern and Sudbury.
- Locally, % positivity increased while outbreaks remained at zero in week 15. In week 14, % positivity and outbreaks increased provincially. In the North, % positivity increased for TBDHU while outbreaks increased for Sudbury.
- The Wastewater signals for SARS-CoV-2 in Timmins and Kapuskasing have been low and stable. The signals in Ontario and the North East are low and stable while the signal in the North West seems to be decreasing.
- Nationally, COVID-19 activity is decreasing with most provinces and territories reporting no or low activity.
- Hospitalization trends nationally decreased, while weekly deaths remained low.

Health Promotion

1. Chronic Disease and Injury Prevention (CDIP)

Solar Eclipse

In preparation for the eclipse on April 8th, 2024, the Injury Prevention team collaborated internally with the Environment Health team, to raise public awareness about the risks associated with viewing the eclipse. Emphasis was placed on not looking directly at the sun with the naked eye, and the necessity of using certified eclipse glasses. Multiple social media posts were shared across social media platforms to ensure that PHU communities were well-informed of the risks of the eclipse and to reduce the risk of injury for those choosing to view the event.



Get ready! A total eclipse is coming our way, April 8, 2024, and will be partially visible in our area on this day! But did you know viewing the solar eclipse can cause serious eye damage? It only takes a quick glance.

We'll be sharing sun safety tips throughout the week so you can plan to enjoy the view safely!
Visit, <https://science.nasa.gov/eclipses> to learn more.

Falls in Older Adults

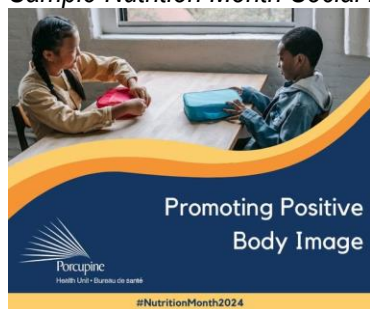
The Stay on Your Feet (SOYF) program has had challenges in recruiting qualified individuals for training and certification of the free exercise classes (i.e., Stand Up!). In response, the PHU SOYF lead took an innovative approach and engaged Northern College's Health Promotion program, which resulted in expressed interest from several students. In March, training was conducted in Timmins by local public health nurses in partnership with two physiotherapists from the Northeastern Specialized Geriatric Centre (NESG) in Sudbury, and 11 post-secondary students became certified in Stand Up!

Healthy Eating:

In collaboration with the internal environmental health team, a dietician and inspector conducted a canning workshop at the Youth Wellness Hub. The workshop focused on the skills of canning a variety of fruits and vegetables and emphasized safe food handling practices.

In celebration of Nutrition Month, a social media campaign featuring a series of posts covering topics such as the introduction to Nutrition Month, the impact of the food environment, nurturing healthy eaters, the importance of body diversity and neutral language, was launched throughout the month on Facebook and Instagram.

Sample Nutrition Month Social Media Post:



Body weight is a result of many different factors. A person's body weight, shape or size doesn't tell us anything about their overall health. Promoting a positive body image is key to nurturing healthy eaters.

- Be mindful of what you say and avoid sharing personal views about food, dieting and body weight around others.
- Teach to respect, accept, and celebrate natural body diversity.

For more information, visit <https://obesitycanada.ca/weight-bias/>

Ontario Seniors Dental Care Program (OSDCP)

For 2024, service level agreements have been renewed with 24 dentists and 4 denturists, to collaborate with the PHU in delivering the Ontario Seniors Dental Care Program (OSDCP). Providers from communities including Timmins, South Porcupine, Cochrane, Iroquois Falls, Kapuskasing, and Hearst are participating, ensuring widespread access to dental care for seniors across the PHU region.

In March, a total of 57 claims were processed and paid.

Healthy Smiles Ontario

Throughout the month, the dental team provided service to 63 children for preventative services and/or dental screenings in the Porcupine Health Unit Dental Clinic. Out of the 63 children seen, 16 children had dental decay and were enrolled on the Emergency and Essential Services Stream of Healthy Smiles Ontario (HSO).

Health Promotion

A Registered Dental Hygienist (RDH) represented the PHU at the career fair day held at Timmins High and Vocational School. This event provided an opportunity to highlight the dental program and inspire students about the opportunities in dental careers within the public health sector.

The dental team participated at the O’Gorman High School Health and Wellness Fair where they promoted the dental programs available at the PHU and offered voluntary on-site screenings for the students, with prior approval from the school board. During this event, the dental staff had the opportunity to highlight and promote careers in dental services within public health, and to provide dental screenings to 3 students who presented for the voluntary assessment. Of the 3 students who presented for the voluntary dental screening, no decay was noted.

2. Healthy Growth and Development

Staff Training

In March, one member of staff from the Healthy Families Team attended the More Milk Sooner webinar on Antenatal Hand Expression. This webinar provided valuable information that will be utilized in an upcoming initiative - hand expression kits.

Community Events/Sessions

During the month of March, the Healthy Families program led four educational sessions in partnership with EarlyON sites in four different communities (Hearst – French, Iroquois Falls, Kapuskasing, and Matheson). Topics included: Introduction to Solids; Safe Sleep, and Child Poisoning Prevention. In total there were 32 participants.

Networks/Coalitions/Groups

In March, the Healthy Growth and Development Coordinator participated in the Health Nexus Board of Directors quarterly meeting. Planning occurred around the addition of a new working group to address marginalized populations.

Services

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

Source: PHU internal databases pulled 2024-04-10.

Staff Training

In March, 2 Public Health Nurses attended training for the Nursing Child Assessment Satellite Testing (NCAST) Parent-Child Interaction (PCI) scales. Both nurses successfully completed reliability in the NCAST PCI teaching scale. This testing is a requirement of all Healthy Babies, Healthy Children nursing staff to ensure competency in administration of the scales. The NCAST PCI scales are valid and reliable assessment methods for measuring parent-child interactions which inform areas to guide interventions.

Partnerships

A fourth-year nursing student from Northern College successfully completed a 360-hour placement in the Healthy Babies,

Healthy Children program.

Two third-year nursing students from Northern College spent time in the department to shadow a public health nurse. These opportunities expose students to the role of the public health nurse in the Healthy Babies, Healthy Children program and support recruitment.

Wait List

As of April 11, 2024, in Timmins, the Healthy Babies, Healthy Children home visiting program is currently at capacity and in a wait list period. Clients placed on the waitlist are being screened using the Healthy Babies, Healthy Children screening tool to ensure eligibility for services and to gather information about risk factors for triage. All waitlisted clients are receiving monthly “check-in” calls by a public health nurse to assess child and parent well-being and to identify needs for other community supports while they are on the waitlist. At this time, the approximate wait time for initiation of services is 4-8 weeks. Initiation of services for wait listed clients is prioritized based on the following considerations: time spent on the wait list, number and type of risk factors which would impact the child’s optimal growth and development, and the presence of health inequities for the family. Factors contributing to the need for a wait list in Timmins include the volume of clients being referred for services and current public health nurse vacancies (position is posted).

Healthy Babies Healthy Children Home Visiting Services

	2022	2023	2024 – Q1
number of Individuals Screened (Total - Prenatal)	11	25	5
number of Individuals Screened (Total - Postpartum)	502	548	144
number of Individuals Screened (Total - Early Childhood)	24	27	8
number of Individuals Confirmed with Risk (Total)	387	436	128
number of Individuals who Received an In-Depth Assessment: HBHC	70	66	16
number of Families who received ongoing (weekly/biweekly) home visits (Total - with Two or More Home Visits): HBHC	63	67	45

Source: ISCIS Reporting Sub-System. Monitoring Report 5.0 pulled 2024-04-10.

3. School Health

Concussion and Injury Prevention

Brain Waves was offered in the following branch community schools: École catholique Georges-Vanier in Smooth Rock Falls, École publique Passeport Jeunesse in Hearst and École catholique Saints-Martyrs-Canadiens in Iroquois Falls. The interactive presentation was led by public health nurses from each community and provided grade 5 students with hands-on education highlighting the prevention and risks associated with concussions and an overall understanding of brain health.

Accidental Poisonings in Children

As shared earlier this year, the cannabis lockbox initiative was officially launched in January 2024. This pilot study, approved by the Public Health Ontario (PHO) ethics board, focuses on evaluating the effectiveness of using lockboxes to safely store cannabis products away from children. During the month of March, two families who are enrolled in the

Healthy Babies Healthy Children program onboarded to the lockbox pilot study and were provided a cannabis lockbox. A presentation on child accidental poisonings was offered at the EarlyOn in Iroquois Falls by a local public health nurse. To increase awareness about childhood accidental poisonings, a weekly social media campaign on Facebook and Instagram was launched. Each post is designed to educate parents and caregivers on preventive measures and safety tips to protect children from common household hazards including cannabis. One of the posts:



Cannabis edibles can be especially dangerous for children as they “pack a bigger punch” than other forms of cannabis. They can even look and taste like “yummy treats.”

Kids can't tell the difference and can eat a lot of it at once!

Ontario Poison Centre : 1-844-POISON-X (1-844-764-7669).

School Dental Screenings

The dental team completed dental screenings in schools, visiting 4 schools across the PHU region. During these visits, 263 students were screened, and 22 students were identified with dental decay. Out of these, 7 cases were deemed urgent, requiring immediate attention.

Vision Screening

The dental team visited 5 schools to conduct vision screenings, during which a total of 76 children were screened. Following these screenings, 35 children were referred to an optometrist for a comprehensive eye exam.

Fluoride Varnish Program

The dental team visited childcare facilities and schools to implement the Fluoride Varnish (FV) Program. A total of 4 childcare facilities were visited across the PHU region, and 42 preschool children (0-4 years of age) received a FV application. The team also visited 9 schools where 114 students (JK and SK) received an FV application.

Harm Reduction and Opioid Response

Harm Reduction Program

Harm Reduction 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. Team members include one clerical, one outreach nurse, 3 outreach workers, one outreach coordinator, one harm reduction program coordinator, and a program manager.

Outreach (Street and Mobile)

Outreach Hours, available in Timmins ONLY*				
	2023 – Q1		2024 – Q1	
	number of times on outreach	number of hours	number of times on outreach	number of hours
January	33	33	60	55
February	45	43	60	55
March	46	36	42	48
Totals	124	112	162	158

*Actively planning expansion of outreach across the region

Naloxone Distribution – February 2024

The Porcupine Health Unit continues to act as an administration site for Naloxone Distribution Programs across the large geographical area. As of March 8th, there is a total of 39 active sites distributing naloxone, with some sites offering distribution at multiple locations.

Totals:

- 1875 Naloxone kits distributed.
- 520 refill doses distributed.
- 287 individuals trained to administer naloxone by distribution sites.

Onboarding:

- One new site onboarded this quarter.
- One onboarding presentation completed by coordinator.
- One naloxone distribution program training completed by coordinator.
- One general naloxone distribution program presentation completed by coordinator.
- 611 nasal spray naloxone kits distributed.
- 91 single naloxone nasal spray doses distributed.

Public Education – Awareness

The Porcupine Health Unit recently released a brief report discussing substance use disorder in the Timmins community. This report was presented to the Board of Health Members and was shared on social media.

Community Events

Two community events attended by members of the harm reduction team.

Proper Needle Handling Training

There was 1 training session lead by the Infectious Diseases Program, however, harm reduction team was present during the training session to be able to answer any harm reduction questions.

Opioid Emergency Response Surveillance

The Porcupine Health Unit coordinates the Opioid Emergency Response Task Force for enhanced surveillance for suspected opioid related community trends and reports. 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 potential concerns circulating in communities across the Porcupine Health Unit geographical area.

ALERT System (Q1 – January to March 2024)

- At the beginning of 2024, the new year was already in a YELLOW ALERT. This was demobilized on January 5th, 2024.
- In the first quarter of 2024, the Porcupine Health Unit mobilized 2 Yellow ALERTS. During the second ALERT, the task force collectively decided to transition the YELLOW to a RED ALERT.
- Porcupine Health Unit area spent a total of 43 days in an ALERT period in this first quarter.
- Task force has met 4 times.
- 314 emails on the ALERT Membership distribution list (not counting the distribution faxes and additional emails sent to pharmacies and emergency departments)

Sexual Health/Sexually Transmitted Infections (STI), including HIV and other Blood Borne Infections (BBI)

Sexually Transmitted and Bloodborne Infections (STBBI)

From January 1 to March 31, 2024, there were 120 cases of STBBI. Cases included chlamydia, hepatitis C, syphilis, and gonorrhoea infections. The analysis also indicates that 64.2% of cases are among those 20 to 34 years of age, and 61.9% of chlamydia cases and 57.5% of all STBBI cases were amongst females. During this time, 52.5% of cases were from Timmins and 10.8% were from Kapuskasing.

Sexual Health Clinic

This report contains data about the sexual health clinic and highlights important program activities for the first quarter of 2024. Often the Porcupine Health Unit (PHU) is the only agency that provides access to cervical screening, sexually transmitted and blood-borne infection (STBBI) testing, and pregnancy options, including abortion support and referrals. Some offices only have one public health nurse that works in multiple programs in the community. These offices have fewer clinic days or offer half-day clinics. In contrast, the Timmins office offers a sexual health clinic two (2) full days a week and has staff capacity on non-clinic days to accommodate. In January 2024, like January 2023, there was one (1) nurse vacancy in the program. However, the program was at full capacity with three (3) nurses in February and March compared to two (2) nurses during those months in 2023. It is important to note that despite the reduced capacity, initiatives that were planned have been implemented by the team. Some examples include self-testing in branch offices, continued monthly walk-in clinics, presence at community events, branch Pap clinics, and planning for a Syphilis campaign.

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
PHU TOTAL	479	12	1	0	49	5	0	69	22	0	70	33	0	49	21	0	110	38	0

*i=indeterminate

Source: Data extracted from Profile IntraHealth Electronic Medical Record.

There was a total of 479 visits to the sexual health clinics across all offices from January to March compared to 436 visits in the same quarter in 2023. Most of the clinics were in the Timmins office, followed by Cochrane, Kapuskasing, and Hearst. Of the total number of visits in this quarter, 294 visits occurred where clients did not have a health care provider compared to 214 visits in 2023. Also, from the total number of visits in this quarter, 28 visits occurred where the clients' providers were not indicated. Similar to 2023, a higher proportion of females were seen in clinic, with the majority being over the age of 20. 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)

Total	Tests completed
65	Vaginal Smears (yeast, bacterial vaginosis, and Trichomonas)
54	Cervical Screens
4	Chlamydia and Gonorrhea Anal Swabs
23	Chlamydia and Gonorrhea Cervical Swabs
60	Chlamydia and Gonorrhea Throat Swabs
197	Chlamydia and Gonorrhea Urine Tests
33	Chlamydia and Gonorrhea Vaginal Swabs
13	Hepatitis A Serology Tests
22	Hepatitis B Serology Tests
51	Hepatitis C Serology Tests
4	Herpes Swabs
3	HIV Point-of-Care Tests (rapid tests)
81	HIV Serology Tests
82	Syphilis Serology Tests
4	Pregnancy Tests-Blood
19	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 81 HIV and 82 syphilis serology tests were ordered from January to March compared to 45 HIV and 42 syphilis serology tests in the same quarter in 2023. There was also a significant increase in the number of chlamydia/gonorrhea urine tests ordered in 2024. There were 197 urine tests in 2024 compared to 132 in

2023. Similarly, the number of throat swabs for chlamydia/gonorrhea increased from 28 in 2023 to 60 in 2024. The increase in throat swabs and urine tests for chlamydia/gonorrhea is partly due to the increased number of visits during self-testing clinics.

From January to March, most HIV and syphilis tests were ordered for individuals over the age of 25 while most chlamydia and gonorrhea tests were ordered for people over the age of 20. This was consistent with the data from the first quarter in 2023. As mentioned above, the number of tests ordered for blood-borne infections such as hepatitis A, B, C, syphilis, and HIV almost doubled in the first quarter of 2024 compared to last year.

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

Disease	January to March	
	Total number of new cases (PHU area)	Total number of clinic cases
Chlamydia	84	17
Gonorrhea	4	1
Syphilis (infectious)	9	0
HIV	1	0
Hepatitis A	0	0
Hepatitis B	2	0
Hepatitis C	20	3

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 first quarter of 2024, clinic cases of chlamydia accounted for approximately 20% of total cases. The same trend was observed in the first quarter of 2023. There was a total of 17 chlamydia cases tested in the clinic. Most positive chlamydia cases were seen in the 20-29 age group, which is consistent with provincial trends and as seen in the same quarter last year.

Number of Chlamydia Cases Tested in Clinic by Gender

Gender	January	February	March	Total
Female	1	8	0	9
Male	0	6	2	8
Total	1	14	2	17

Source: PHU Reported Case Tracking Tool Excel Spreadsheet.

Number of Chlamydia Cases Tested in Clinic by Age

Age	January	February	March	Total
<20	0	1	0	1
20-29	0	8	2	10

30-39	1	3	0	4
40-49	0	2	0	2
50-60	0	0	0	0
Total	1	14	2	17

Source: PHU Reported Case Tracking Tool Excel Spreadsheet.

Number of Cervical Screenings Completed during Pap Clinics

Office	Number of Cervical Screenings
Timmins	41
Cochrane	5
Matheson	0
Total	46

Source: Data extracted from Profile IntraHealth Electronic Medical Record.

In the first quarter of 2024, four (4) Pap screening clinics were offered with three (3) in Timmins, and one (1) in Cochrane. A total of 46 clients were seen with almost half (20 clients) not currently rostered to a primary health care provider. An additional 8 cervical screenings were completed during regular sexual health clinics in Timmins. There was a significant decrease in the number of cervical screenings in this quarter compared to 2023 as the demand for testing decreased in Cochrane and Matheson. This may be signals that the COVID backlog is starting to level off.

Pregnancy Counselling and Referrals

Public health nurses in the Sexual Health program offer counselling for pregnancy options in person and via telephone consultations to individuals who are pregnant and seeking services. All options including parenting, abortion, and adoption are discussed with clients during an unplanned pregnancy. Clients who do not have a primary care provider and wish to continue with their pregnancy are referred either to a gynecologist or to the Primary Care Obstetrics Program (PCO). Between January to March, a total of thirty-two (35) individuals received counselling and referrals for abortions compared to 20 individuals in 2023. There were also three (3) people referred to PCO and five (5) to a gynecologist for prenatal care.

Number of Pregnancy Tests Completed (all offices)

Q1	Type of pregnancy test
4	Pregnancy Tests-Blood
19	Pregnancy Tests-Urine

Source: Data extracted from Profile IntraHealth Electronic Medical Record.

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

Age			<15			15-19			20-24			25-29			30-34			> 34		
Gender		Total	F	M	i	F	M	i	F	M	i	F	M	i	F	M	i	F	M	i
Pregnancy Tests-Blood	Q1	4	0	0	0	1	0	0	1	0	0	1	0	0	0	0	0	1	0	0
Pregnancy Tests- Urine	Q1	19	1	0	0	4	0	0	9	0	0	2	0	0	1	0	0	2	0	0

Source: Data extracted from Profile IntraHealth Electronic Medical Record.

Emergency Contraception

Access to emergency contraception without a prescription is available in most pharmacies and at the Porcupine Health Unit. There are two (2) approved medications, Plan B and Ella, each with specific eligibility criteria. From January to March, there were six (6) visits for emergency contraception compared to four (4) visits in 2023.

Self-Testing Clinics

Since September 2022, self-testing clinics have been offered every Wednesday. In the first quarter of 2024, 64 individuals attended the self-testing clinics compared to 28 in the first quarter of 2023. There were 37 females, and 27 males tested this quarter with the majority being between the ages of 20-35. It is important to note that three (3) clients were under the age of 19. Cochrane, Iroquois Falls and Kapuskasing offices began offering bi-weekly self-testing clinics in mid-February and to date there have been 2 visits in Cochrane and 1 in Kapuskasing.

Hepatitis A/B and Human Papillomavirus (HPV) 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, men who have sex with men, people with a history of a sexually transmitted infection, people who use of infection 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. During the reporting period four (4) Hepatitis A and fifteen (15) Hepatitis B were provided in branch offices. There were three (3) high risk vaccines provided in the Sexual Health clinic in Timmins during this quarter, however some clients may have also been referred to the vaccine clinics. 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.

Continuous Learning for Staff

- On January 11, one public health nurse attended CPR/First Aid training.
- On January 30, three staff in the sexual health program attended the Orientation to Health Equity Training by Foundations.
- On January 31, one public health nurse attended the Hands-on Communication Planning Workshop by Foundations.
- On February 6, two public health nurses attended a webinar from CATIE: An HIV self-testing project: African, Caribbean, Black Community Approaches.
- On February 6, one public health nurse attended the Active offer of FLS by Foundations.
- On February 7, three public health nurses attended the Orientation to Indigenous Health Workshop by Foundations.
- On February 13, all sexual health staff in Timmins attended a full day workshop from CAPSA: Stigma Ends with Me.
- On February 14, two public health nurses attended the By-Names-List training from CDSSAB.
- On February 22, two public health nurses attended a webinar from CATIE and the GBMSHA: Doxy PEP and PrEP: Pills to Prevent Syphilis.
- On February 27, two public health nurses attended the Proportionate Universalism Workshop by Foundations.
- On February 28, two public health nurses attended the workshop from Foundations on Writing for the Public.
- In February and March, one public health nurse completed self-directed learning modules on Hepatitis C from CATIE.
- On March 7, one admin staff in sexual health attended the Word Template Training by Foundations.
- On March 13, one public health nurse attended a webinar from CATIE: Patterns in Substance Use Care Among People Who Died from Drug Toxicities in Ontario.
- On March 20, two public health nurses attended the Inclusive Language Workshop by Foundations.

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 March 31, 2024, indicates that the Porcupine Health Unit 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)	35.4	16.6	9.5
Active Tuberculosis (TB)	8.0	0.5	1.3
Pneumococcal disease, invasive (IPD)	10.3	7.6	3.1
Chlamydia	95.9	74.9	54.7
Hepatitis C	22.8	14.6	4.8
Syphilis (all types)	10.3	15.9	7.4

* 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 and February 29, 2024, and are per 100,000. Because rates are not age standardized, specific rate comparisons are for internal use.

Tuberculosis and Latent Tuberculosis Infections

From January 1 to March 31, 2024, 31 cases of LTBI and 7 cases of active TB have been reported so far this year. The analysis indicates that 71.4% of active TB cases were amongst males and ranged in age from less than 1 year to 66 years. During this time, 85.7% of active TB cases were from First Nations communities. The majority of LTBI cases were from First Nations communities (71.0%) and 19.4% were from Timmins.

March 24th was World Tuberculosis (TB) Day. The Porcupine Health Unit joined the Stop TB Partnership initiative and the global movement to recognize World TB Day by lighting up Timmins landmarks in red and posting a Facebook message. The Porcupine Health Unit also hosted an educational event for health professionals in the area. Dr Song, a physician at West Park Healthcare Center, provided the presentation “Latent Tuberculosis: A High Hanging Fruit” to 40 healthcare providers across the region



Safe Needle Handling and Disposal Training

The Infectious Disease (ID) team at the Porcupine Health Unit offered Safe Needle Handling and Disposal training to the Cochrane District Social Services Administration Board. The training was provided with the Harm Reduction team. Two participants attended the virtual training. During the training, the ID team provided training on how to safely pick up needles, how to minimize the risk of needle stick injuries, and how to properly dispose of needles. To coincide with spring clean up activities, additional training has been scheduled to be offered throughout the months of April and May.

Infection Prevention and Control (IPAC) Hub

In 2024, it is the goal of the IPAC Hub to offer in-person training opportunities to facilities and engage with infection control practitioners or managers at congregate living settings to support them to prevent and manage outbreaks within their facility.

In February, the IPAC Hub team planned a road show to visit congregate living facilities in different communities within the Porcupine Health Unit area. The team reached out to 31 facilities to offer a visit to the facility. Facilities could choose for the team to provide a booth, a presentation, an audit, resources, and/or to participate in a tour of their facility. In March, members from the IPAC Hub team visited four long-term care homes, one retirement home, one assisted living home, one adult and mental health and addiction centre, and one Indigenous Healing and Wellness centre. During the road show team members travelled to Hearst, Kapuskasing, Moonbeam, and Smooth Rock Falls. Members from the IPAC Hub team provided IPAC education to 51 staff members and three residents. The facilities voiced appreciation of the in-person support that was provided by the team.

The IPAC Hub team hosted one Community of Practice meeting on March 13th and one on March 27th. These meetings are offered to all infection control practitioners (ICPs) and health care providers at congregate living settings and hospitals. Community of Practice meetings provide the opportunity for the IPAC Hub team to share new updated guidance from Public Health Ontario as well as any updates or information the IPAC Hub team has shared with congregate living settings. To facilitate peer-to-peer learning, time is scheduled in the meeting agenda for facilities to share knowledge. In March, the meetings included presentations that focused on tuberculosis and measles.

In March, the team offered auditing education and training to congregate living setting staff three times. Six participants from various communities attended the virtual presentations.

The IPAC Hub team adapted resources from Public Health Ontario. The 4 Moments of Hand Hygiene posters for acute care settings were adapted with their permission for use at congregate living settings. The Ministry of Health reached out to our IPAC Hub team to request a copy of the resources. The resources were shared with the Ministry of Health as requested.

The IPAC Hub team also shared ministry guidance with long-term care homes and retirements homes from the Ministry of Health and Long-Term Care and from the Ministry for Seniors and Accessibility regarding changes to their masking guidelines.

The IPAC Hub team continues to attend outbreak management meetings with a Public Health Inspector from the Environmental Health program to provide IPAC support and offer IPAC services to the facilities that are experiencing outbreaks. In March, team members attended two outbreak meetings and followed up the meetings with e-mail messages offering support and education.

Developing Personal Skills

In response to the increase in measles cases in Ontario this year, the Porcupine Health Unit is collaborating with local health care providers to ensure that their patients are up to date with their measles vaccinations. The COVID-19 pandemic impacted all vaccine preventable disease vaccination coverage rates across the lifespan, including measles. Communications were sent to health care providers to strongly recommend supporting their patients in remaining up to date with all routine vaccinations, including measles, especially in advance of any upcoming travel during March Break. A follow-up communication was sent reminding health care providers that measles is a disease of public health significance and suspect and confirmed cases are reportable to public health under the Health Protection and Promotion Act (HPPA). To support health care providers during this increase in measles cases in Ontario, the PHU continues to provide updates, best practices documents, and emerging trends.

The ID, Vaccine Preventable Diseases, and Communications team worked together to create and post Facebook messaging for the public. The messaging reminded individuals to review their immunization records for measles vaccination and get vaccinated.

Environmental Health

1. Small Sensor Project – Air Quality during Wildfire Events

Since November 2023, the Environmental Health team has been reaching out to our community emergency management coordinators (CEMCs) to assist with the installation of PurpleAir monitors prior to the next wildfire season. While a formal air quality monitoring station within the PHU region, this will support communities with air quality messaging and response to wildfire events. With a monitor in these locations, it will supply a more accurate response to adverse air quality events moving forward and assist in giving more targeted messages to the residents in the affected communities. As of April 10, 2024, the team has been successful in recruiting the following communities into this Small Sensor Project:

- Town of Cochrane,
- Town of Kapuskasing,
- Town of Hearst,
- Township of Hornepayne,
- Municipality of Mattice-Val Côté,
- Township of Fauquier-Strikland,
- City of Timmins (second site),
- Weeneebayko Area Health Authority – Attawapiskat,
- Weeneebayko Area Health Authority – Moose Factory, and
- Weeneebayko Area Health Authority – Fort Albany.

A meeting will be held for all identified leads in the project at the end of April in preparation for the upcoming wildfire season.

HPPA Compliance Inspections

The Environmental Health team has been working diligently to meet the required timelines for compliance inspections as outlined in the Ontario Public Health Standards. As of April 10, 2024, the following compliance rates are available:

- High Risk Food Safety Inspections – 98% complete this term (three more inspections left with a due date of April 30, 2024)
- Recreational Water Inspections – 100% complete in the first quarter (January to March)

Knowledge and Strategic Service

1. Indigenous Engagement

The Porcupine Health Unit was invited by the Indigenous Primary Health Care Council to attend the session “*Wholistic Health and Integrated Care Gathering: Exploring the Power of Culture as Healing*” in Toronto on March 7th, 2024. The Manager of the Moosonee office and the Indigenous Engagement Liaison attended the one-day session that focused on supporting relationships and partnerships between Indigenous Primary Care Organizations and Public Health Units. Dr. Kieran Moore, the Chief Medical Officer of Health of Ontario, provided opening remarks from the Ministry of Health to start-off the day of collaboration and relationship building.

Dr. Catton was invited to speak about measles preparedness and response, with Indigenous Services Canada at Mushkegowuk Tribal Council’s Healing Together Health Forum on March 27.

2. Population Health Assessment and Surveillance

The epidemiologist completed 4 epi requests for service in February and 1 in March. The epidemiologist continues to provide weekly Integrated Respiratory Surveillance Report and monthly reports on infectious diseases locally and in comparison, to the province.

3. Staff Development

Foundations provided staff training:

February

- Indigenous Health Lead
- Working with the Media
- Proportionate Universalism
- Writing for the Public

March

- Word Templates
- Introduction to Public Health (new staff)
- Inclusive Language
- Program Planning and Evaluation

A total of 42 staff attended the sessions in February and 37 in March.

The Foundations team supported program coordinators and managers with their objectives and indicators for Annual Service Plans 2024 that were submitted on April 2, 2024. Members of the team are also available for staff consultations to support planning, implementation and evaluation of public health programs and services. In February 2024, 5 consultations occurred with the communication staff, 5 with the program planning specialist, 1 with the health equity nurse, 5 with the Indigenous Engagement Specialist and 1 with the Foundations program coordinator. A total of 14 consultations were provided by the Foundations Team in March – 3 with communications, 4 with the program planning specialist, 3 with the health equity nurse, 2 with the Indigenous Engagement Specialist and 2 with the Foundations program coordinator.

4. Communications

The Porcupine Health Unit's presence on social media channels promotes health messages and health unit programs and services.

February 2024

A total of 60 Facebook posts (French and English) and 13 Instagram posts were shared on the health unit's social media channels.

The PHU completed 4 media requests. Three interviews were completed about the Heads Up event at the Timmins Rock Game and 1 about the fall immunization clinics.

March 2024

A total of 114 Facebook posts (French and English) and 14 Instagram posts were shared on the health unit's social media channels.

The PHU issued 2 media releases for World TB Day 2024 and Tainted Substances Circulating in the PHU area. Three media requests were also completed. Two requests were related to opioids and the other was about the measles and vaccination.

Respectfully submitted,

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