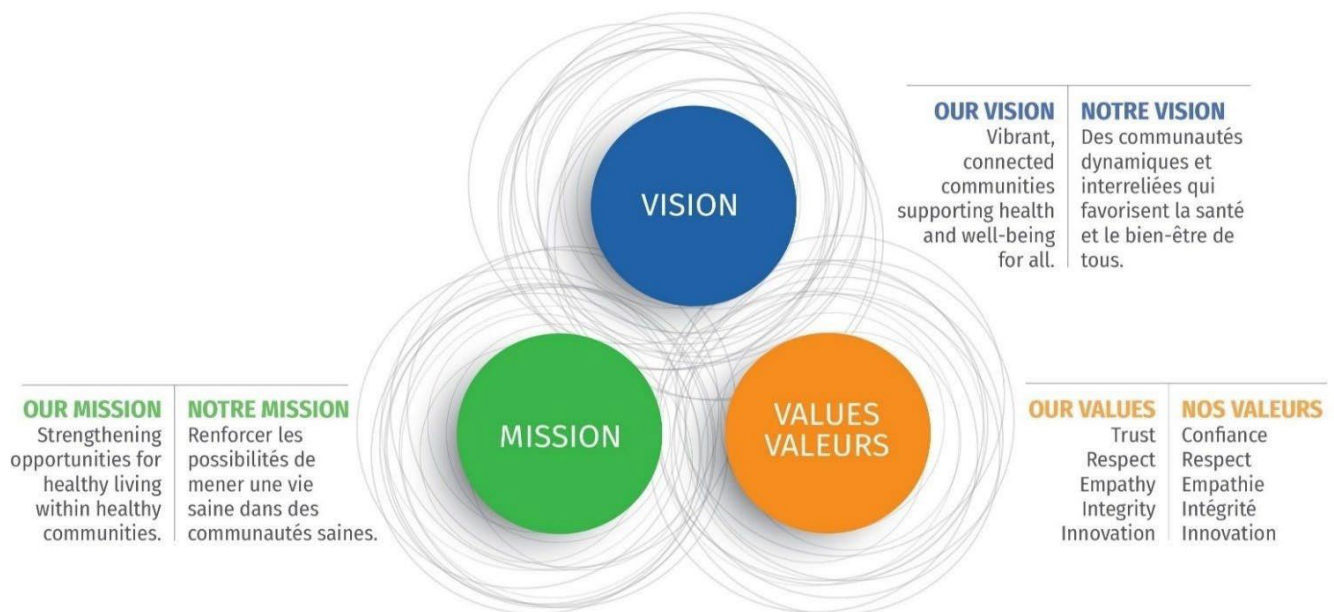


Medical Officer of Health/Chief Executive Officer Report to the Board of Health



We Are Public Health - Nous sommes la santé publique
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Prepared by Dr. Lianne Catton, MOH/CEO
March 26, 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: Several draft guidelines and protocols have been shared with different levels and groups of local public health agencies and thus far there does not appear to be any significant reduction in public health accountabilities. In some areas such as emergency management and harm reduction / opioid response there appear to be increased expectations. The PHU has several team members engaged in different Ministry groups reviewing the standards and it is expected that drafts will be shared with the entire field for feedback around April.

Supporting Voluntary Mergers: There continues to be Ministry discussions around the financial support available for voluntary merger work, and a few groups including PHU-THU continue to move forward. 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. 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

Although the need for, and application for a new building in Timmins continues, it will take time even if approved this year. Unfortunately, in Timmins and other offices, there are significant infrastructure needs, and all are urgent in nature. To date in Q1, PHU has had some equipment that has failed resulting in the need for replacements. Each of these units were not items that had been budgeted for in the 2024 General Program budget, and all are items that are necessary to fulfill the accountabilities in the Ontario Public Health Standards (OPHS).

- Generator Failure in Hearst – Estimated Replacement Cost \$10,396.00
- Vaccine Fridge Failure in Kapuskasing – Estimated Replacement Cost \$12,579.92
- Vaccine Fridge Failure in Timmins – Estimated Replacement Cost \$11,305.65
- Electronic Medical Record (EMR) Server Failure
- HVAC and boiler system at Pine St.
- Phone systems at Timcor

2. Measles Preparedness

In Ontario, measles cases have been rare due to high immunization coverage both provincially and across the country. As a result, measles cases are usually associated with travel. Due to an increase in measles activity globally, Ontario has begun to see more cases, and the PHU team has implemented a modified Incident Management System (IMS) with meetings twice weekly to prepare for potential cases.

The PHU continues to share guidance and updates with Health Care Practitioners, partners and the public advising of increased global measles activity due to travel and low vaccination rates and to prepare for the potential importation of cases and potential outbreaks. Facebook posts issued about immunization continue to be shared.

3. Ontario Laboratory Medicine Program Announcement

There has been information shared about the establishment of the Ontario Laboratory Medicine Program (OLMP). Building on the framework of the COVID-19 testing network, OLMP will provide strategic and operational coordination and oversight for laboratory services across the province. Public Health Ontario's (PHO) laboratory modernization plan, (Office of the Auditor General of Ontario's Value-for-Money Audit: Public Health Ontario report, December 2023, <https://www.auditor.on.ca/en/content/annualreports/arbyyear/ar2023.html>), includes recommendations to close 6 of the 10 regional, fully accredited laboratories in several communities, including Sault Ste. Marie and Timmins. There are also uncertainties about water testing options for small drinking water systems such as wells, with the new plans. The Northern Medical Officers of Health had the opportunity to meet with PHO to share the unique northern context that led to concerns about the proposed plan currently before government, and the need for engagement with partners across the impacted areas in the north, and including local public health, and expect further discussions once decisions are confirmed.

4. Ministry of Health Engagement/Leadership Roles

Continued involvement at many tables includes the Council of Medical Officer of Health (COMOH) Executive meeting was held on March 8, 2024; the Public Health Leadership Table (PHLT) on February 21; the Association of Local Public Health Agencies (aLPHa) Board meeting on February 15th; 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). Dr. Catton had a very productive meeting with MPP George Pirie, Minister of Mines to discuss the voluntary merger with THU, increasing need for a new Timmins PHU building, impacts of lab closure announcement, the SHST and other important unique northern population health topics.

Corporate Services

1. Human Resources

Professional Development & Health and Safety

The PHU is dedicated to provide staff with the necessary tools and training to excel in their roles while prioritizing their health and safety. Regular N95 mask fit testing, CPR, and First Aid training sessions underscore commitment to maintaining a secure and prepared work environment.

Staffing Summary - Vacancies

As of March 15, 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 three Public Health Nurses, an Administrative Assistant, and a Temporary Family Home Visitor. A part-time temporary position for a Registered Dental Hygienist (RDH) remains vacant with recruitment paused as per the 2024 budget impacts.

Labour Relations

With both updated collective agreements in place there is increased focus on fostering positive relationships and effective communication among team members. A supportive and collaborative work environment is crucial for the success of our

organization and the well-being of all staff.

2. Information Technology (IT)

For the period of February to March 14th, a total of 117 IT tickets were submitted and resolved.

IT continues to provide security education and phishing simulations for all staff via partnership with Wastec. This training continues to increase the health unit's staff awareness and knowledge in protecting themselves and the PHU IT system from cyberattacks and breaches.

Continued ongoing work is being performed by the IT Team on deploying windows and software updates for all systems. Maintaining our systems updated with most recent windows and software updates further provides active security and maintains optimal system performance. The IT team has to date participated in productive conversations between PHU and THU surrounding merger activities and continue to look forward to participating in discussions with Ministry Representatives regarding merger planning and strategies.

Upcoming Projects

The IT team will be undertaking a full review of the hardware and software needs for PHU and working on identifying ways of increasing efficiencies and identifying cost savings. The team is also working on introducing enhanced policies for the use of PHU hardware and software. It is also working on an IT Disaster Recovery and Incident Response Policy and Documentation.

Server Failure

As previously highlighted by the IT Team, PHU has servers that are nearing or have reached their end of life. These servers are in critical need of replacement. In the 2023 ASP, one-time capital funding request had been submitted for replacing these servers and funding was not approved.

Recently, the EMR server failed, and the IT Team worked long hours to get the system back up and running off a backup server. This now places PHU at risk if the backup server were to fail as it too is at its end of life. A decision was made to upgrade the EMR to the cloud hosted solution. The cost of the new solution is \$79,930 per year.

Phone System Firmware Update

We continue to experience issues with our phone system and the consultants have recommended that a firmware update be performed hoping it will resolve some of the technical issues. The update will take the weekend to complete and there is a chance due to the age of the system that the update will not work on some phones. In the event this occurs the phone will be down until the IT team can physically be on site to try to troubleshoot the problem. We are optimistic that the firmware update will be successful but are preparing both internal and external communication messages in the event that phones are not operational after the update is completed. Calls will be redirected to the call center over the weekend as the updates are taking place.

Updating Redundancy Connection Between Pine Street and Timcor Offices

The two point-to-point connection between offices was to allow for one point to be the redundancy backup. The failure of this older hardware has left PHU with one connection point upon the installation of the replacement hardware. There was discussion about replacing the second point-to-point connection, but this is not the ideal redundant solution as there would be no alternate backup if the point-to-point connection were to fail again.

The optimal solution would be to install a fiber connection between the two offices. This would allow for internet traffic for Timcor to be routed through the fibre connection while the local network data will continue through the Point-to-Point connection. If the Point to Point were to fail, then the firewall would trigger a switch to direct all traffic, internet, phones, etc., through the fibre connection. This would result in minimizing the risk of downtime where internet and phone service would not be available to staff.

The cost of installing the fibre connection between the two offices would result in a monthly cost of \$1050 for 36 months for a total of \$37,800. After this initial term the cost per month is estimated to drop to \$550 per month. This solution will also require the purchase of a firewall at a cost of \$4,000.

Vaccine Preventable Diseases and COVID-19 Response Program

1. Vaccine Preventable Diseases (VPD)

During the month of February, each PHU office offered routine immunization clinics, focusing on the delivery of vaccines to the general population. The total number of clients seen across all branch offices in routine VPD clinics was 289, with a total of 431 vaccines administered in these clinics.

School Vaccine Program and the Immunization of School Pupils Act

The 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. The enforcement of this legislation was temporarily paused in March 2022 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.

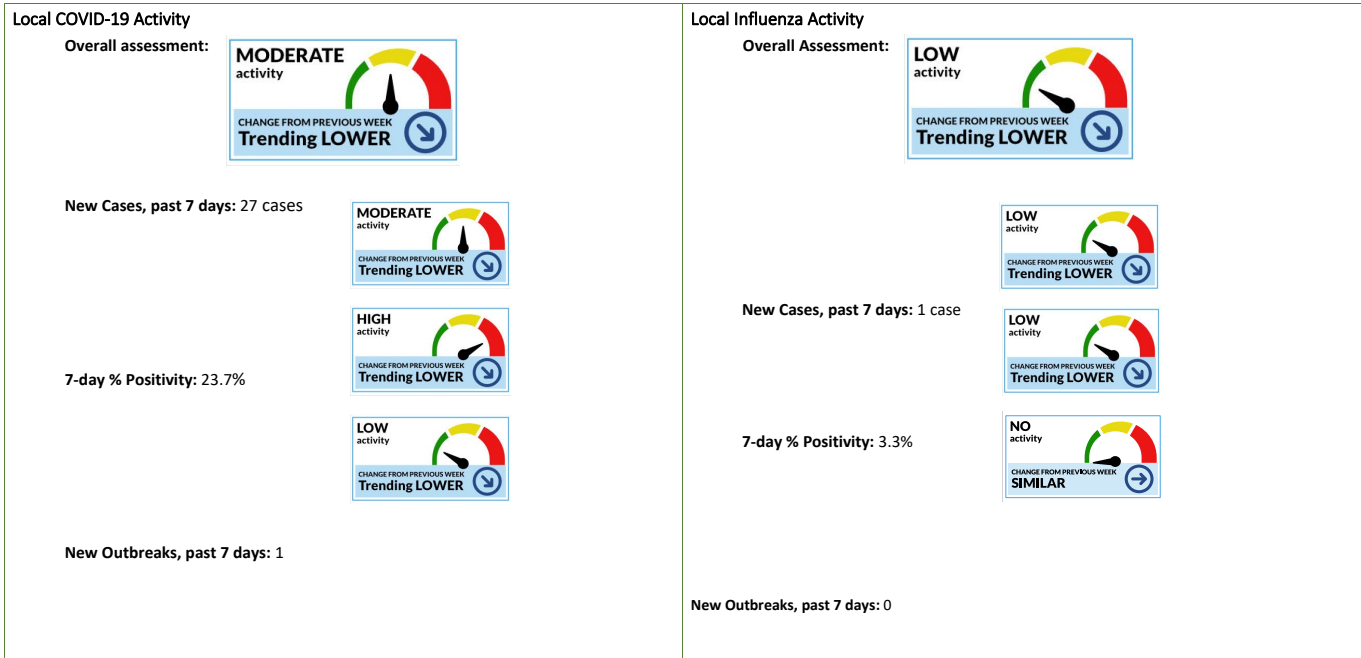
The immunization team has been actively reviewing immunization records and reaching out to all families and students with incomplete vaccine records through mailed letters and minimum of three phone calls per family. The PHU is prepared to enforce the ISPA and will begin the suspension process in April 2024. The team continues to offer vaccines at school-based clinics and in-office appointments. During the month of February, the team hosted approximately 20 school-based clinics.

2. COVID-19 Response

As per the latest updates to the PHU organizational chart (see Appendix) the COVID-19 program has now shifted to be included in other program areas similar to other infectious diseases (ID) – the ID team, vaccine team, inspections and IPAC Hub.

3. Local COVID-19 and Influenza Activity

Integrated Respiratory Surveillance Report (IRSR) – March 10 – 16, 2024



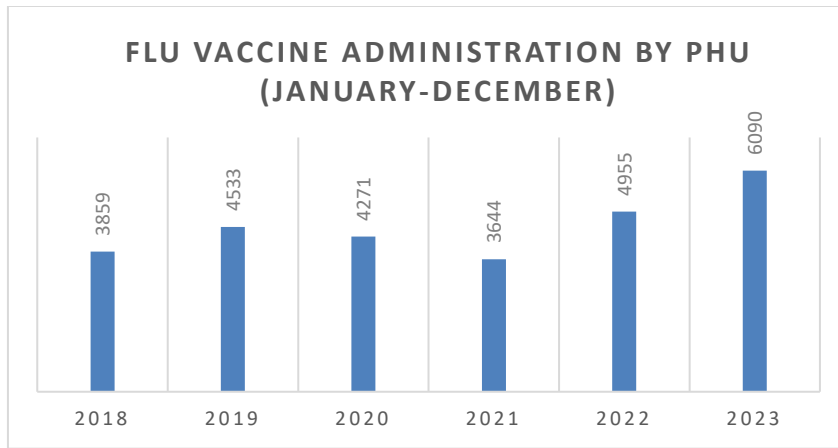
4. Respiratory Vaccine Program: COVID-19, Influenza, RSV

COVID-19 and Seasonal Influenza

In February, fall respiratory clinics were offered in all PHU health unit offices across the region either weekly or bi-weekly depending on community need. 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 remained the sole provider of these vaccination services. This respiratory season, totals amount to:

Vaccine Type	October	November	December	January	February	Total:
Flu Vaccines	2128	3075	591	111	19	5924
COVID Vaccines	1957	3516	777	213	66	6529

Over the past several years, the PHU fall respiratory clinics have become increasingly busy and the PHU has seen a drastic increase in demand for fall respiratory vaccines. Flu vaccine administration by the PHU has been increasing annually:



Respiratory Syncytial Virus (RSV)

Throughout the month of February, the PHU continued to coordinate vaccine distribution of Arexvy, to community partner and health care organizations with eligible patients, and who were interested in the vaccine. The demand has decreased.

Health Promotion

1. Chronic Disease and Injury Prevention (CDIP)

Falls in Older Adults

The Stay on Your Feet (SOYF) Memorandum of Understanding (MOU) has been renewed for another year and includes the 5 regional health units (Porcupine, Algoma, Sudbury, North Bay and Timiskaming). Furthermore, the SOYF lead continues to advocate for additional exercise trainers and has secured a date in March to offer the Stand Up! Training, facilitated in collaboration with Northeast Specialized Geriatric Center (NESGC). An increase in interest from post-secondary students to become Stand Up! And SMART trainer certified has been noted and is being further explored. Coalitions and Provincial Committee Meetings attended:

- Stay on Your Feet Coalitions Meetings: 3
- Ontario Society of Physical Activity Promoters in Public Health: 3

In Hearst, public health nurses took part in a Healthy Aging Fair at the Club Action, where they held a booth to provide information on falls prevention, healthy eating, and oral health.

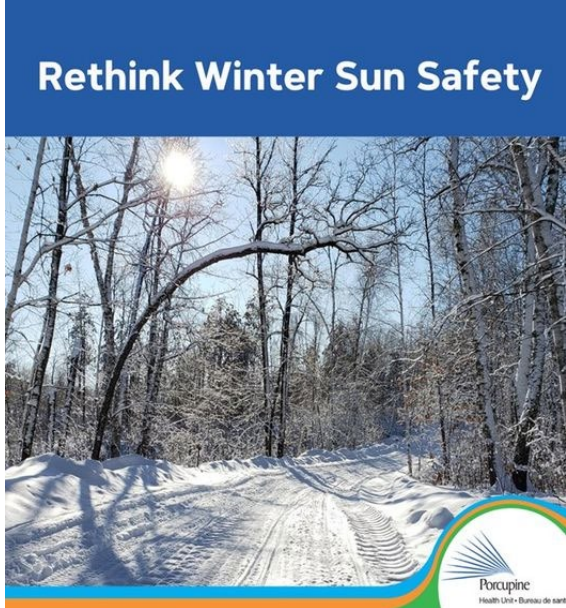
In Hornepayne, the local public health nurse attended the Moonlight Walk event, focusing on the 24-hour movement guidelines and the use of activator walking poles. The event attracted 25 attendees, including 5 seniors, and aimed to promote physical activity and healthy lifestyle practices in the community.

Chronic Disease

During February, the Chronic Disease team initiated a social media campaign to emphasize the importance of sun safety during the winter months. Living in the north, PHU residents face a unique risk of increased sun exposure during the winter, particularly when sunlight reflects off the bright white surfaces of snow, almost doubling UV exposure. The campaign aimed to raise awareness and educate the community on how to protect themselves against the heightened risk of UV damage during winter. See examples:



Did you know that UV rays are stronger at higher elevations? It's true! The higher you are on the slopes, the closer you are to dangerous UV rays. For more information on Winter sun safety visit, <http://cancer.ca/.../be-sun-safe/spotlight-on-sun-safety> Remember sun safety when downhill skiing or snowboarding!



Did you know that UV rays reflecting off bright white surfaces like snow almost double your UV exposure? If you enjoy spending time in the winter, snowmobiling, ice fishing or other outdoor activities, it's time to rethink your sun protection! For more information on Winter sun safety see <https://melanomacanada.ca/sun-safety/>

Oral Seniors Dental Care Program (OSDCP)

For 2024, service level agreements were renewed with 23 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 February, under this program, a total of 75 claims were processed and paid,

including 68 from dentists and 7 from denturists. The 2023 Ontario Seniors Dental Care Program Statistics infographic is available. (Please see Appendix A – Ontario Seniors Dental Care Program - OSDCP Statistics2023)

Healthy Smiles Ontario

Throughout the month, the dental team provided services to 46 children for preventative services and/or dental screenings in the Porcupine Health Unit Dental Clinic. Out of the 46 children seen, 6 children had dental decay and were enrolled on the Emergency and Essential Services Stream of Healthy Smiles Ontario (HSO).

2. Healthy Growth and Development

Healthy Babies Healthy Children (HBHC)

During the month of February, the Healthy Families program led six educational sessions in partnership with EarlyON sites in six different communities (Timmins, Hearst – French, Iroquois Falls, Kapuskasing, Matheson, and Smooth Rock Falls). Topics included: Breastfeeding and intro to solids, hand washing, healthy attachment and coping with stress. In total there were 30 participants.

The Healthy Families program, Brighter Futures and EarlyON partnered to offer a French Virtual Prenatal Series (five sessions in February). Included in this series was an optional in-person meet and greet session. Seven pregnant persons registered for the series from Timmins, Kapuskasing and Hearst.

The Healthy Families Public Health Dietitian hosted a grocery store tour in Timmins for Brighter Futures families with a focus on healthy eating, feeding children and eating on a budget. There were five participants in attendance.

Staff Training

In February / March, two staff from the Healthy Families program attended the Human Trafficking, Guns and Gangs presentation by the Timmins Police Service hosted by Timmins Native Friendship Centre.

3. School Health

Concussion and Injury Prevention

The Heads Up! Concussion Awareness Campaign was launched in collaboration with the Timmins Rock Junior A hockey team and the Seguin family. Heads Up! Aims to significantly heighten public awareness of concussion risks and prevention. The event was launched at the family Day Timmins Rock hockey game, and drew 1,427 attendees, including families, healthcare professionals, and local concussion coalition members (Seizure and Brain Injury Center and Emergency Medical Services). The event featured a pre-game ceremony with Timmins Rock President Ted Gooch, a moment of silence for Ryan Seguin, and a photo puck drop. Attendees received green ribbons or stickers in honor of concussion awareness, visited Ryan Seguin's memorial at the PHU health promotion booth, and took home Heads Up! branded items including luggage tags, pens, notepads, and postcards, as well as packages for coaches. The event promoted community engagement, fostering discussions and networking opportunities that encouraged collaboration and advocacy for concussion awareness within the community. The Timmins Rock wore Heads Up! branded jerseys, featuring black and green colors, to symbolize brain injury awareness.



To kick off the Heads Up! campaign, a social media campaign was launched focusing on disseminating information about concussion prevention, understanding the risks, and the necessary steps to take if one occurs. Additionally, advertisements promoting the event were included, to enhance awareness of the hockey game and engagement from the community. Several media requests, including interviews on both radio and TV, were successfully completed.



A donation from Girones Bourdon Kelly Lawyers in Timmins supported a helmet donation event in Moosonee. Fifty helmets were donated to students from Moosonee Public Elementary school, who were participating in the Brain Waves program facilitated by a PHU nurse during a visit to Moosonee. A total of 36 grade 5 and 6 students participated in the interactive Brian Waves program. In addition to a new and properly fitted helmet, each student received a water bottle and pen, 2-V-1 fitting card, young cyclist guide, and bike light.

Below is a social media post shared by Moosonee Public School:



PHU nurse, Alex, visited our Grade 5/6 classroom to engage students in the Brain Waves program which informs students about how the brain works and the importance of wearing a helmet. Each student received a new helmet, water bottle, bike reflector and a parent/guardian resource about bike helmet safety.

School Dental Screenings

The dental team completed dental screenings in schools, visiting 6 schools across the PHU region. During these visits, 285 students were screened, and 32 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 22 children were screened. Following these screenings, 15 children were referred to an optometrist for a comprehensive eye exam.

Fluoride Varnish Program

During February, the dental team visited childcare facilities and schools to implement the Fluoride Varnish (FV) Program. A total of 16 childcare facilities were visited across the PHU region, and 154 preschool children received a FV application. The team also visited 8 schools where 77 JK and SK students received a FV application.

Harm Reduction and Opioid Response

Harm Reduction Program

The Harm Reduction team has been working diligently to plan mitigation strategies in anticipation of the potential closure of the Safe Health Site (SHST). The closure of the SHST will mean the ending of a key harm reduction supply partner (seeing over 1000 visits per month for supply pickup alone) and a key partner in the local Opioid Alert Task Force (responsible for contextualizing data to inform alerts and emergencies in Timmins and the entire PHU region) – in addition to providing several key services including saving lives to many individuals in Timmins. The Harm Reduction program has prioritized creating new partnerships in the community for supply distribution, as well as strengthening information sharing between agencies to prepare for emergency alerts.

Within the province, there has been an increase in new toxic substances found resulting in increased drug alerts, and toxicity events. Locally, a Yellow Alert was called on March 4th, 2024, because of an increase in toxicity events. Along with this alert, new posters including social media posts were created to highlight safety measures and push naloxone messaging. Also, the Opioid Alert Task Force recognized the need to expand alert messaging to a wider audience, as toxicity events were noted in a broad range of clients from diverse backgrounds. A media interview was completed on March 11th, 2024, speaking to safety measures for substance users, and the need to carry naloxone no matter the substance used. The Harm Reduction team has also been working with Naloxone distribution partners to ensure there is always sufficient Naloxone available across the region.

Opioid toxicity events were also noted to be occurring in clients who were using substances not thought to contain opioids, in clients who were using alone in homes, and in individuals new to using substances. A Red Alert was called on March 17th, 2024, as a result of an increase in suspected opioid toxicity events (overdoses) related to clients using substances not thought to contain opioids (for example, crack/cocaine/speed). (Please see Appendix B - PHU Media Release Tainted Substances Circulating in Porcupine Health Unit Area)

Naloxone Distribution – February 2024

- 611 nasal spray naloxone kits distributed
- 91 single naloxone nasal spray doses distributed

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

Sexually Transmitted and Bloodborne Infections (STBBI)

From January 1 to February 29, 2024, there were 67 cases, including 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 61.5% of chlamydia cases and 59.7% of all STBBI cases were amongst females. During this time, 59.7% of cases were from Timmins and 10.4% were from Kapuskasing.

Sexual Health Clinic

Across the PHU area, it has been identified that many people who access the sexual health clinics do not have a primary care provider or they have experienced barriers to accessing care. In 2023, more than half of the clients accessing the clinics reported that they did not have a primary care provider. With many communities lacking primary care providers, and with little or no availability of after-hours walk-in clinics, there continues to be a demand for PHU sexual health clinical services. For some clients who have a primary care provider, a barrier to accessing sexual health services may be

confidentiality. The PHU provides a valued option for many individuals who may not want to receive testing or other sexual health services through their primary care provider. Additionally, the PHU is often the only agency that provides access to cervical screening, sexually transmitted blood-borne infection (STBBI) testing, and pregnancy options, including abortion support and referral – especially for those without providers. The PHU is also the only approved site to offer anonymous and rapid human immunodeficiency virus (HIV) testing in the region.

After successfully launching self-testing clinics in Timmins in 2022, self-testing clinics for chlamydia and gonorrhoea infection continued to be offered in Timmins in 2023. During every quarter in 2023, it was observed that there was an increase of clients accessing self-testing at the clinic. Given the success of the initiative and to continue to provide access to testing for community members, the Sexual Health team plans to implement self-testing clinics in the branch offices in 2024.

Monthly after-hours walk-in clinics were introduced in Timmins in July 2023. The clinics are promoted through social media and have been well attended. The number of visits at each clinic continues to increase each month. In 2024, the Sexual Health team plans to implement additional outreach after-hours clinics to reach priority populations.

In 2023, BBI testing was expanded to branch offices to provide community members access to HIV, syphilis and hepatitis A, B, and C testing.

Sexual Health Clinic Highlights in 2023

There were 1,696 visits with public health nurses and the clinic physician at sexual health clinics across the PHU area. A majority of the visits occurred in Timmins.

- Public health nurses collected and sent 1,084 chlamydia and gonorrhoea, 120 hepatitis C, 192 syphilis, and 207 HIV, including 15 Rapid Point-of-Care samples for testing.
- The clinic's physician and public health nurses completed 372 cervical screens (Pap tests) in Timmins, Cochrane, and Matheson.
- Public health nurses provided 96 telephone consultations with pregnant clients who were seeking termination or prenatal care services. Public health nurses also provided 58 pregnancy tests in the clinic.

Number of visits in all PHU offices, by quarter (Q), from 2018 to 2023

During the COVID-19 pandemic from 2020 to 2021, the number of sexual health clinic visits decreased substantially due to clinic closures. Access to the sexual health clinics was limited as clinical staff were reassigned to COVID-19 response and vaccination clinics. During the recovery phase of the pandemic, staff capacity was restored. Although sexual health services resumed in 2022, not as many clinics were being offered in Timmins in 2022-2023 due to reduced staff capacity. In 2023, there was a total of 1,696 visits to the sexual health clinics across all offices compared to 1,401 visits in 2022, 574 in 2021, 968 in 2020, and 2,074 in 2019. In the first quarter of 2023, there were 436 visits compared to 224 visits in the same quarter the previous year. The second quarter of 2023 had a similar number of visits as the second quarter of 2022. However, there was a slight increase in the third and fourth quarter of 2023 as compared to 2022, indicating that the number of visits is slowly returning to pre-pandemic trends.

Of the 1,696 visits in 2023, there were 1,316 visits in Timmins and 380 visits in branch offices. Of the 380 visits, most of the visits occurred in Cochrane, Kapuskasing, Hearst, Iroquois Falls, and Matheson branch offices. Of the total number of visits in 2023, 875 clients indicated that they did not have a health care provider and there were 114 visits where the client's provider was not indicated in the client record.

As expected, testing for STBBIs during the COVID-19 pandemic (2020-2021) decreased due to clinic closures as staff were reassigned to vaccination clinics. As sexual health clinics resumed in 2022, the number of completed tests increased for most STBBIs. There was a significant increase in completed tests for chlamydia and gonorrhoea in 2023 as compared to 2022. From 2022 to 2023, hepatitis C testing remained the same while there was a slight increase in syphilis and HIV testing. In comparison to 2018 and 2019, syphilis and HIV testing continued to increase in 2022 and again in 2023.

In 2023, there were 72 positive chlamydia cases and 7 positive gonorrhoea cases identified in clinic as compared to 58 cases of chlamydia and 3 cases of gonorrhoea in 2022. Some positive cases of chlamydia and gonorrhoea were also identified through the self-

testing clinic or during cervical screening.

There were 321 cervical screens completed during Pap clinics in 2023 and an additional 51 cervical screens completed during regular clinic visits. In comparison, there were a total of 406 cervical screens completed in 2022. During the COVID-19 pandemic, there was a decrease in access to primary care services for routine Pap screening. In 2022 to 2023, after regular sexual health clinic services resumed, the health unit saw a significant increase in the number of screenings. During this time eligible clients received reminder letters from Cancer Care Ontario to complete screening and many clients indicated that they did not have a provider to access screening.

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). In 2023, 80 individuals were referred for pregnancy terminations while 16 were referred for prenatal care (10 PCO and 6 gynecologists). There was an increase in the number of pregnancy tests completed in clinic from 2022 to 2023. Access to emergency contraception (ECP) without a prescription is available in most local pharmacies and Porcupine Health Unit offices. In 2023, there were 19 visits for emergency contraception as compared to 10 visits in 2022.

Self-Testing Clinics

Since September 2022, self-testing clinics have been offered every Wednesday in the Timmins office. Clients do not see a provider during these clinics. Clients collect their own specimens (urine/throat and anal swabs) based on the type of sexual activity. This clinic is only for those without symptoms and clients book their appointments through an online booking system. During the first four (4) months of the initiative, from September to December 2022, there were 17 visits during the self-testing clinic. In 2023, there were a total of 143 visits. During the fourth quarter (October to December) of 2022, there were 16 visits as compared to 45 visits in the fourth quarter of 2023. An increase in the number of visits was noted for every quarter in 2023. There were 28 visits in the first quarter, 30 visits in the second quarter, 40 in the third quarter, and 45 in the last quarter. Since the beginning of the self-testing clinics, there have been 160 visits to the clinic, and 98 females and 62 males have attended the clinic for self-testing.

Infectious Diseases

1. Control of Infectious Diseases (CID)

Invasive Group A Streptococcal Disease (iGAS)

In 2023, Public Health Ontario (PHO) issued a Monitored Situation for iGAS after observing an increase in case counts, which exceeded the high peak of the pre-pandemic iGAS season and included a significant increase amongst children under 18 years of age. On February 2, 2024, PHO replaced the Monitored Situation with an Enhanced Surveillance Directive for iGAS in Ontario. The Infectious Diseases team continues to actively monitor the situation to be able to identify any cluster of cases and epidemiological links between cases. While conducting case management, the team investigates risk factors for iGAS to determine the factors that may contribute to the recent increase, including but not limited to recent or concurrent viral infections. Trends, evidence and guidance are shared with local providers as needed.

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 February 29, 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)	32.0	12.3	6.5
Active Tuberculosis (TB)	6.9	0.5	0.9
Pneumococcal disease, invasive (IPD)	4.6	4.9	2.1
Chlamydia	59.4	53.1	38.3
Hepatitis C	9.1	9.7	2.9
Syphilis (all types)	4.6	10.5	4.4

* 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 February 29, 2024, 28 cases of LTBI and 6 cases of active TB have been reported so far this year. The analysis indicates that two-thirds of active TB cases were amongst males (66.7%) and ranged in age from less than 1 year to 66 years. During this time, the majority of active TB and LTBI cases were from First Nations communities.

The Porcupine Health Unit is recognizing World Tuberculosis Day on March 24th. The theme of World TB Day is “YES! We can end TB”. World TB Day brings much needed attention to this infectious disease that is preventable, treatable and curable. To mark this occasion the Timmins landmark sign will be illuminated in red in honour of the millions of people affected by TB, to raise awareness, and to support efforts to end TB in Canada and around the world. (Please see Appendix C - World TB Day – March 24 PHU Media Release)

Infection Prevention and Control (IPAC) Hub

During the COVID-19 pandemic the Porcupine Health Unit (PHU) was selected as one of the province’s Infection Prevention and Control (IPAC) Hub sites and received funding to formally partner with community-based congregate living settings (CLSs), including long-term care homes, retirement homes, residential settings for adults and children, shelters, and supportive housing, to provide support and resources to CLSs to enhance IPAC practices and build capacity within their facilities. 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. The funding has yet to be confirmed.

Developing Personal Skills

In February, the IPAC Hub team planned a Road Show to visit congregate living facilities in Porcupine Health Unit area communities. The team reached out to 31 congregate living setting facilities to offer a visit to the facility and 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 late February, members from the IPAC Hub team visited nine long-term care and retirement homes as well as one assisted living center. Team members travelled to Cochrane, Iroquois Falls, and Matheson. The facilities voiced appreciation of the in-person support that was provided by the team. During the Road Show, members from the IPAC Hub team provided IPAC education to 112 staff members and 38 residents/clients. In March, the IPAC Hub team has scheduled Road Show visits for facilities in Hearst, Kapuskasing, and Smooth Rock Falls.

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 February, team members attended six outbreak meetings and followed up the meetings with e-mail messages offering support and education.

The IPAC Hub team hosted one Community of Practice meeting on February 28th that was 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, and for facilities to share knowledge. In February the presentation at the meeting focused on cohorting during respiratory virus outbreaks and was based off a Public Health Ontario document which was released. New resources that the IPAC Hub created on the 4 Moments of Hand Hygiene was also shared and a reminder to report vaccination rates was provided to long-term care homes and hospitals.

Environmental cleaning education and training to congregate living setting staff was offered four times during February. The virtual presentations had 12 participants from various communities attend the presentations.

Environmental Health

1. West Nile Virus

Changes to the West Nile Virus Mosquito Trapping Season

The Environmental Health Department will be changing the mosquito trapping program for the summer of 2024. In the attached report, Proposal – West Nile Virus Assessment Review, (Please see Appendix ***) the department assessed multiple factors to create more efficiencies in the outlined program. These changes will allow for more strategic placement of traps during a time when collection of mosquitoes is optimal. The changes also allow for better value in the funding being allocated for this program during this time of fiscal constraint.

2. Health Hazards

Healthy Environments

April 8th parts of Southern and Eastern Ontario will experience a total solar eclipse for the first time since 1925. It will begin at 2:04 p.m. and last for about two and a half hours. Although the Porcupine Health Unit region is not within the pathway of totality there remains concern for risks to vision. As such messaging will be shared broadly and will ask that communications be further shared by partners such as schools, municipalities etc. across the region (Please see Appendix D - Solar Eclipse Safety).

Respectfully submitted,

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