

PORCUPINE HEALTH UNIT

Medical Officer of Health Report to the Board of Health



We Are Public Health - Nous sommes la santé publique
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MEDICAL OFFICER OF HEALTH UPDATE

Public Health Modernization and Consultation

Consultation Session – The Public Health Modernization Consultation session in Timmins for Porcupine Health Unit (PHU) and Timiskaming Health Unit (THU) will be held Tuesday, March 24th, 2020. Invitations and details to be confirmed by the Ministry of Health (MOH).

Indigenous Consultation Session – There are ongoing discussions regarding potential engagement with Indigenous partners. Additionally, Dr. Catton has been invited to attend sessions with the Weeneebayko Area Health Authority (WAHA) and other Indigenous partners and First Nations communities along the James Bay and Hudson Bay coast.

Staff Engagement – We continue to look for opportunities to increase staff awareness, showcase great work we do, and share pertinent updates from a public health systems level.

Staff Professional Development

Grand Rounds – Grand Rounds were held on January 30th and February 26th. The following presentations were provided: C. Porter and T. Musgrave - Coronavirus Update; M. Paul - Falls Prevention – Tiered Exercise Program; and the Unfiltered Facts Youth Coalition (UFF North) – Vaping.

Emerging Public Health Issues

Novel Coronavirus (COVID-19)

Currently, there are 34 cases of COVID-19 confirmed in Canada, none in the PHU. While the risk in the PHU remains low, we continue to monitor the situation closely and share updates with local healthcare and other sector partners as well as the public.

On December 31, 2019, a cluster of cases of pneumonia was reported in Wuhan, China, and the cause has been confirmed as a new coronavirus that has not previously been identified in humans. The current situation continues to evolve. New information is becoming available daily and is analyzed by provincial, national and international health agencies.

PHU Internal Preparedness and Response

The Porcupine Health Unit (PHU) team remains in Incident Management System (IMS) and has been in regular contact with both acute and primary care health care system partners, including First Nations and Inuit Health Branch (FNIHB). Business continuity plans are undergoing a more thorough review in the context of an ongoing response. We continue to provide regular updates to education and community partners as well. The PHU held an internal tabletop exercise early

MEDICAL OFFICER OF HEALTH UPDATE (cont'd.)

Emerging Public Health Issues (cont'd.)

Novel Coronavirus (COVID-19) (cont'd.)

in February to run through potential scenarios as a team and review processes, and potential challenges to prepare for any potential COVID-19 persons under investigation or confirmed cases. A refresher Personal Protective Equipment (PPE) training was provided for PHU nurses and environmental health team members; as well as a thorough assessment of our inventory of PPE. An intranet site continues to be updated for staff. Most recently the Vaccine Preventable Disease team is taking a role in the response and we have formally incorporated COVID-19 into travel clinic procedures and assessments. We have set up a process whereby any concerns regarding travel and COVID-19 are triaged to be responded to urgently, even if there are no available travel clinic appointments.

Local Planning and Response

The Porcupine Health Unit is following the lead of the Ontario Ministry of Health, Public Health Ontario (PHO), and the Public Health Agency of Canada (PHAC) in responding to the novel coronavirus. We participate in several regular provincial calls and share the guidance documents, recommendations and updates broadly throughout the region. Porcupine Health Unit has strong partnerships with local hospitals and health system partners who have put measures in place to screen individuals who are suspected of being infected by the novel coronavirus. Signs and screening instructions are provided when visiting a hospital or healthcare provider. We continue to share messages on social media, and our website to inform all community members about important updates as well as general infection prevention measures. These are translated, and a poster recently developed will be shared more broadly as well, in French, English and Cree. (Appendix A)

The Ministry of Health has added novel COVID-19 as designated disease reportable under Ontario's public health legislation. Now, physicians, hospitals and other care facilities will be required to report a suspected or confirmed case of the novel coronavirus to their local medical officer of health.

If a suspected or confirmed case of novel coronavirus were to be identified in our area, Porcupine Health Unit would work with the Ministry, Public Health Ontario Laboratory, and local hospitals in the management of the case and any contacts.

Regional Planning

At this time, we are increasing work on the next stages of the response, pandemic preparedness with all local partners throughout the region. The Province has recently announced five regional planning and implementation tables to further prepare for and plan the response to COVID-19 (media release: <https://news.ontario.ca/mohltc/en/2020/03/ontario-implementing-enhanced-measures-to-safeguard-public-from-covid-19.html>). The PHU sits on the North COVID-19

MEDICAL OFFICER OF HEALTH UPDATE (cont'd.)

Emerging Public Health Issues (cont'd.)

Novel Coronavirus (COVID-19) (cont'd.)

regional table which consists of the 7 Medical Officers of Health (MOHs) across the north, larger regional hospitals, Emergency Medical Services (EMS), Local Health Integrated Networks (LHINs) and Ontario Health (OH) partners. We will continue our weekly teleconferences and regular communication and local planning with all our healthcare partners. We are also now engaging with partners regarding planning the next stages of preparedness.

Risk to residents

The Public Health Agency of Canada has assessed the public health risk associated with the current COVID-19 as low for Canada. Public health risk is continually reassessed as new information becomes available.

The risk to Canadian travellers abroad is generally low but will vary depending on the destination. The Public Health Agency of Canada is closely monitoring the spread of COVID-19 in other countries. We are advising residents to regularly consult the destination page on [travel.gc.ca](https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/latest-travel-health-advice.html) for the latest information and advisories (<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/latest-travel-health-advice.html>).

It is important for all travellers to monitor their health when they return to Canada. While abroad, they may have come in contact with COVID-19. As per PHAC, we recommend all individuals to monitor themselves for fever, cough and difficulty breathing for 14 days after arriving in Canada. If anyone has these symptoms, they are advised to call the Porcupine Health Unit.

Recommendation to residents

To reduce the spread of germs including the flu and the novel coronavirus we recommend that you:

- Wash your hands often with soap and water, or use hand sanitizer
- Avoid touching your eyes, nose, and mouth unless you have just washed your hands
- Cover your coughs and sneezes with a tissue or your arm, not your hand
- Stay home if you are sick
- If you are ill and must visit a healthcare provider, call ahead or tell them right away when you arrive that you have a respiratory illness and wear a mask while waiting to be seen
- Avoid visiting people in hospitals or long-term care centers if you are sick
- Get your flu shot

The research and data on COVID-19 continues to grow and evolve. We will continue to monitor the situation closely and adapt advice for health system and other sector partners, residents and travelers based on the latest science available. Ensuring reputable sources are utilized is another important key message. Sites promoted include:

MEDICAL OFFICER OF HEALTH UPDATE (cont'd.)

Emerging Public Health Issues (cont'd.)

Novel Coronavirus (COVID-19) (cont'd.)

<https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus>

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html>

Boil Water Advisories

On February 5th, the Town of Moosonee reported a precautionary boil water advisory (BWA), due to a water main break, affecting 12 residences. The operator notified residences/users door-to-door.

On February 23rd, the Town of Smooth Rock Falls reported a precautionary boil water advisory due to a water main break, affecting one residence, and several businesses. The operator notified residences/users door-to-door.

OPIOID Crisis:

Once again, the Opioid Emergency Response Task Force has noted an increase in suspected opioid related events/overdoses and has issued an alert and increased outreach and communication in response. A fulsome coordinated response is underway and highlights the need for ongoing commitment to a comprehensive plan to address substance use in the PHU area (Appendix B and C).

Indigenous Relationships

Minomathasowin Healthy Living Public Health Framework

The PHU has been involved in discussions about the development of the Minomathasowin - Healthy Living Public Health model over the past few years with WAHA and First Nation communities on the coast. WAHA has invited the PHU MOH to Moose Factory for the public health modernization meeting, with the Ministry, at the end of March.

There has been an invitation to meet to discuss the public health model and to further discuss collaborative opportunities between WAHA Minomathasowin, Healthy Living and Porcupine Health Unit. We continue to work with WAHA, First Nations and Inuit Health Branch (FNIHB), and First Nation communities to support public health initiatives in communities.

Moosonee

The PHU attended meetings with Payukotayno – Child and Youth Milopemahtesewin (CYMS), WAHA, Timmins Native Friendship Centre (TNFC) Homelessness Program and the TNFC Parenting Program to engage and explore opportunities to work together and support initiatives for the health of the community.

MEDICAL OFFICER OF HEALTH UPDATE (cont'd.)

Community Engagement

Community Safety and Well-Being Plans (CSWBP)

The PHU continues to be involved in informing and supporting these plans in our communities. It is an important opportunity to engage broader partners and address upstream factors that impact the health and safety of our populations. Promoting the inclusion of elements that address the social determinants of health and support the well-being of children and youth is a focus.

Ontario Health Team (OHT)

The PHU continues to be engaged in planning and development phases with the Timmins team.

Primary Care Network

We meet with primary care to review opportunities to support each other, reduce duplication and ensure public health remains our priority.

Draft Terms of Reference were presented to the group. At the meeting, PHU promoted referrals from primary care providers to the Healthy Babies Healthy Children (HBHC) program offered by the health unit. This program is a free home visiting program to support families who are pregnant or have children not yet in school to promote their child's healthy growth and development.

Corporation of the Town of Cochrane

Dr. Catton was invited to present at Regular Council meeting, Town of Cochrane, March 3rd. The presentation was the Municipal Role in Supporting Vibrant, Healthy Communities: Population Health Report. It went extremely well with several synergies and opportunities to support the town's strategic plan priorities to build a healthy community. The PHU hopes to have opportunities with other municipalities and looks forward to the next steps with the Town of Cochrane.

Golden Manor Home for the Aged Strategic Plan 2020-2024

On January 17, 2020, the health unit participated in strategic planning session for Golden Manor Home for the Aged in Timmins.

Ministry of Health and Public Health Unit Engagement

Health Equity Working Group

Under the 2018 *Ontario Public Health Standards: Requirements for Programs, Services, and Accountability* (OPHS), boards of health are required to engage in public health practice that results in decreased health inequities such that everyone has equal opportunities for optimal

MEDICAL OFFICER OF HEALTH UPDATE (cont'd.)

Ministry of Health (MOH) and Public Health Unit (PHU) Engagement (cont'd.)

health and can attain their full health potential without disadvantage due to social position or other socially determined circumstances.

Board of health requirements for health equity are outlined in the foundational Health Equity standard. The *Health Equity Guideline, 2018* further outlines approaches that boards of health shall consider when implementing these requirements.

Ongoing communication between Public Health Units and the Ministry of Health is important for achieving the goals, program outcomes, requirements, and direction set out in the Health Equity standard and guideline.

The purpose of the MOH-PHU Health Equity Working Group is to facilitate information sharing between MOH and PHUs to support implementation of the Health Equity standard and guideline, including the following:

- Updates on provincial policy direction
- Practical guidance on planning, implementation, evaluation, and reporting
- Updates on local issues, trends, experiences, and approaches to implementation
- Feedback on provincial supports

On February 4th, Dr. Catton participated in a MOH-PHU Health Equity Working Group teleconference. Dr. Catton along with Dr. Elizabeth Rea, Associate Medical Officer of Health, Tuberculosis Program, Toronto Public Health provided a presentation on *Tuberculosis and Health Equity in Ontario*, to the group. Participants included the Ministry, public health partners, and FNIHB partners. The presentation demonstrated the social stigma, historical trauma and health equity considerations that are so critical in Tuberculosis (TB) care. The unique northern context and implications for Indigenous populations requires significant consideration.

Council of Ontario Directors of Education/Council of Medical Officers of Health (CODE-COMOH)

The purpose of this council is to demonstrate the commitment of public health and education to use potential collaboration and collective action to positively influence the lives of children and youth. The link between health and education is paramount. Healthy students are better learners, and education is a key determinant of health. Dr. Catton will be the Northeastern representative at this table. Our school board partnerships are so important across the PHU and this is a great opportunity to support his further.

MEDICAL OFFICER OF HEALTH UPDATE (cont'd.)

Northern Medical Officers of Health (NMOH)

The MOH's of the seven northern health units have always worked well together and meet regularly to support and review public health program requirements and challenges in the context of our diverse northern perspectives.

Association of Local Public Health Agencies (aLPHa)

The Winter Symposium was held in Toronto on February 20th. A session reviewing leadership communication was held. Additionally, Public Health Emergency Services Modernization team reviewed what they have heard through consultations thus far. Several were postponed due to the much-needed focus on COVID-19.

PROGRAMS AND SERVICES UPDATE

Foundational Standards

Program Planning

Annual Service Plan (ASP) – The ASP and budget submission was completed and submitted to the MOH on March 2. The new process improved the consistency of objectives and categorization of interventions. A debrief and assessment of the process will occur in the spring. Further improvements will be made based on feedback from the management team and the program coordinators.

Planning and Reporting Tool – Progress continues with the development and refinement of a tool that will enable not only data planning and reporting internally but to support external accountability reports. Consultation with a Health and Wellbeing program coordinator has been completed to ensure the tool will meet the program needs. A program coordinator from clinical services will also be invited to a demonstration and her feedback will be collected.

Epidemiology

Population Health Surveillance – The Infectious Disease report is being reviewed by program manager and coordinator. Once it is approved, it will be ready for publishing. The Infectious Disease Report is updated every 2 years and is a requirement under the Infectious Diseases Protocol, 2018. The Population Health Status report is well underway and will be completed this year.

Members of the Foundational Standards team are exploring the purchase of Power BI licences, a statistical software available through Microsoft Office 365. The software will facilitate the dissemination of data to PHU staff and community partners. There is an increase in the number of requests for data from both PHU staff and community partners. This software will likely decrease these requests, allowing the epidemiologist to address other surveillance needs.

Healthy Babies Healthy Children (HBHC)

From January 1 to December 31, 2019, there were 844 live births for families residing in the PHU area, including births in First Nation communities.

There were 23 HBHC screens completed with pregnant women, and all were identified with risk. (Note: a targeted approach is used to screen pregnant women – not all pregnant women are offered a prenatal HBHC screen – women presenting with risk factors to health pregnancy and birth outcomes are screened).

There were 657 postpartum HBHC screens completed (77.8% of live births for families residing in the PHU area) – 72.9% were identified with risk. A universal approach is used to complete the postpartum HBHC screen. All women who deliver a baby in Ontario are offered a HBHC

PROGRAMS AND SERVICES UPDATE (cont'd.)

Foundational Standards (cont'd.)

screen. All of the delivering hospitals in the PHU area enter HBHC screens directly into the Better Outcomes Registry and Network (BORN). BORN collects information on all births that occur in Ontario. The PHU can access anonymized and aggregated birth information to assess maternal and newborn health and identify priorities for program planning. Since the Timmins and District Hospital (TADH) has come on board, the number of consents to HBHC has declined due to a new consent form. TADH and PHU are working together to increase consents.

A total of 50 HBHC screens were completed during early childhood (6 weeks to transition to school). A targeted approach is also used to complete early childhood screens, and 98% of families who received an early childhood HBHC screen were identified with risk.

Ninety-five families who were identified with risk on the HBHC screen received an In-depth assessment. This assessment determines eligibility to the HBHC Home Visiting program. 100% of prenatal families and families with children 6 weeks to transition to school and 70.9% of families with a new birth were assessed as high risk and were eligible for the HBHC Home Visiting Program.

Ninety-four families participating in the HBHC Home Visiting Program received 2 or more visits by a public health nurse and/or family home visitor.

Health Equity

A public health nurse (PHN) will be starting this role during the week of March 2nd. The health equity portfolio is the completion of a health equity primer for PHU staff and a situational assessment to inform a professional framework for PHU staff health equity competencies.

Effective Public Health Practice

A fourth-year nursing student is working on an update/revision of the orientation for new PHU staff to public health, health promotion and the PHU programs. The Program Planning Specialist is the preceptor for this student.

Licensing for software was purchased (Leara – Respond 5) which will allow staff to create on-line interactive learning modules for various target audiences. The new PHU orientation will be one of 2 projects utilizing this software.

The PHU collaborates with Northern College Bachelor of Science in Nursing (BScN) Program to coordinate and support quality public health placements for 3rd year students. Planning is underway for the 2020-2021 academic year to determine new and innovative student placement opportunities in public health. In 2018, the health unit coordinated and evaluated twenty nursing student placements.

PROGRAMS AND SERVICES UPDATE (cont'd.)

Foundational Standards (cont'd.)

The PHU was pleased to host a 3rd year BScN student from Northern College at the end of January, as part of the Northern Rural and/or Remote Nursing Experience. This program is designed to give students a deeper understanding of the indigenous culture and traditional approaches to health care.

Communications

The 2018 Annual Report is ready for approval by the Board of Health (BOH), and once approved, it will be translated and distributed. The 2019 Annual report will be brought to the BOH by the May meeting.

Much of the communication specialists time has been spent on COVID-19 since January.

Indigenous Engagement Specialist

Unfortunately, we were not successful in recruiting an individual for the position, after the first round of applicants. We have just recently posted this and are hoping to have a couple of interviews in the next few weeks.

Health and Well-Being (HaWT)

Injury and Substance Misuse and Prevention

Tobacco and Vaping work with youth - Although our schoolwork has been put on hold, due to strike action in the education sector, we have completed and uploaded our new vaping site for the public to access information.

The PHU *Youth Engagement Coalition* is having a meeting with PRO (Parks and Recreation Ontario) to initiate work to have Timmins be certified as a *Youth Friendly Community*. This includes working through 11 criteria such as having access to play, youth feel connected to their community, and the community supports positive youth development, just to name a few.

The PHU *Unfiltered Facts (UFF) Youth Coalition* has presented their health promotion activity plans on vaping to the PHU staff at Grand Rounds including an overview about the health concerns around vaping and tips on how to best inform teens about the issue. They are extremely engaging and are great advocates to move this agenda forward and serve as a great example to other youth.

PROGRAMS AND SERVICES UPDATE (cont'd.)

Health and Well-Being (HaWT)

Healthy Aging

In order to change health care in supporting falls prevention in seniors, the PHU health promoter has scheduled and presented a Tiered Exercise Program (TEP) training Session (a modifiable exercise program for older adults with different mobility levels) at Northern College to their Personal Support Workers (PSW) class.

Provided an overview of TEP and Story board to expand exercise partnerships in the communities of Hearst, Kapuskasing and Cochrane.

Healthy Growth and Development

Met with Canadian Mental Health Association (CMHA) of Timmins and Temiskaming Health Unit (THU) to get information about their Post Partum Mood Disorder strategy and look at opportunities to adapt in our area.

We continue our work with Northern College to become Breast Feeding Friendly. We are working towards a policy and the College has provided access to student mothers to take their babies into the classroom for that specific need.

Our nurses provided sessions at the Early ON Centre to reach new families in Matheson on the topic of Crib Safety, in Iroquois Falls on Healthy Living for Family. In Timmins, a collective Cooking Series was held in conjunction with the Early ON Centre to increase food skills and cook on a budget for priority families.

The Northern Fruit and Vegetable Program (NFVP)

The Northern Fruit and Vegetables Program started in 60 schools. We were able to register 4 more Indigenous schools into the program. As the cost of healthy foods increases in the PHU area, this is an important opportunity not only for kids to try something new, but also to help supplement meals at schools.

Physical Activity

Pole walking training sessions were provided to Branch PHNs in Smooth Rock Falls, Matheson, Hornepayne, Cochrane, Hearst, and IF to promote physical activity in their communities by forming walking groups.

The health promoter has been part of a provincial workgroup to develop province wide key messages related to sleep which have been presented to the Ontario Society of Physical Activity Promoters in Public Health Executive for final approval.

PROGRAMS AND SERVICES UPDATE (cont'd.)

Oral Health, Vision and Speech

Preschool Speech and Language

While not a direct public health program required by the Ministry, the Preschool Speech and Language Program continues to provide extensive support. Fourteen clients were seen at an assessment blitz held in Kapuskasing on February 25th and 26th.

Oral Health

In January, 53 clients attended the PHU Healthy Smiles Ontario preventive clinics.

There were Fluoride Varnish treatments in 328 preschoolers in day care settings, PHU clinic and EarlyON center. (Strategic Priority #1).

School screenings are continuing in schools for grades Junior Kindergarten, Senior Kindergarten, 2, 4 and 7 despite the labour work actions.

Staff is preparing for Oral Health Month which will be in April.

Ontario Seniors Dental Program (OSDCP)

Staff have received approximately **70** calls regarding the new OSDCP since January. Currently 9 dentists in our district have signed Service Level Agreements (SLA) with the PHU to deliver services to OSDCP clients. Discussion with Member of Provincial Parliament Guy Burgouin - James Bay Mushkegowuk concerning the OSDCP program and how his constituents can access the services since no dentists in the Kapuskasing area has signed on to deliver services for the OSDCP. Letters and agreements have been sent out to local denturists in order to procure denture services for the OSDCP. Two Timmins denturists have signed the SLA to provide service for OSDCP clients. The PHU has seen 10 OSDCP clients for preventive clinics so far, and the PHU has paid 29 invoices for dental treatment for 21 OSDCP clients in our district.

Infectious Diseases and Clinical Services

Infectious Diseases

Pertussis - In the last 6 months, there has been a cluster of Pertussis cases reported in the area. Pertussis, commonly known as whooping cough, is a very contagious bacterial disease of the respiratory system. This disease of public health significance is reported to the Medical Officer of Health in accordance with the *Health Protection and Promotion Act (HPPA)*. The role of public health is to investigate each case, follow-up with contacts, recommend immunization, and provide health education. The health unit continues to monitor the situation locally and provincially. Included is a fact sheet for more information on pertussis (Appendix D).

PROGRAMS AND SERVICES UPDATE (cont'd.)

Infectious Diseases and Clinical Services (cont'd.)

Living Space - The PHU has a strong partnership with Living Space, the local homeless shelter in Timmins. Since 2019, the health unit has provided on-site sexually transmitted infection and blood-borne infection (STI/BBI) testing, immunization, wound assessment, safer substance use/sex practices, overdose prevention training, and general health teaching to patrons once a week. In response to monitoring diseases of public health significance, the public health nurses provided infection prevention education to patrons and staff. Information included: hand washing, cough etiquette, cleaning frequently touched surfaces, and influenza immunization. Living in crowded conditions, such as shelters, increases the risk of disease transmission in this vulnerable population especially during influenza season. Some challenges identified with Living Space staff are the difficulty they have maintaining wall mounted hand sanitizers and limited access to washrooms for hand washing. An on-site visit with a public health inspector was conducted to support them in the implementation of infection prevention and control practices within the facility.

Clinical Services

Infection Prevention and Control (IPAC) - Infection Prevention and Control (IPAC) audits were completed for the sexual health and immunization clinics in the Timmins office by the internal IPAC committee using Public Health Ontario's IPAC tool for clinical office practices.

Sexual Health Clinics – 2019 - The Porcupine Health Unit offers low barrier comprehensive sexual health services in all nine branch offices across the region. Clinics are walk-in or by appointment based on nursing capacity and community needs. For example, some offices only have one public health nurse that works in multiple programs in the community. These offices have clinics three half days a week. In contrast, the Timmins Office has a sexual health clinic running daily to meet the demands of the larger community (Infectious and Communicable Diseases Prevention and Control Standard).

Factors that drive the need for sexual health services include, but are not limited to, lack of primary care providers, no community health clinic, and no after-hours clinics. In addition, several physicians in northern communities do not provide cervical screening or sexually transmitted infections and blood-borne pathogens (STI/BBI) testing to rostered clients which necessitates the need for public health to deliver the service. In most communities we are the only agency providing comprehensive sexual health services specifically cervical screening, STI/BBI testing and pregnancy options including termination support and referral. Furthermore, the health unit is the only approved site to offer anonymous and rapid Human Immunodeficiency Virus (HIV) testing in the region. With small communities, confidentiality is another concern that may also impact PHU sexual health clinic services.

PROGRAMS AND SERVICES UPDATE (cont'd.)

Infectious Diseases and Clinical Services (cont'd.)

Sexual Health Clinics – 2019 (cont'd) - In 2019, there was a total of 2,074 sexual health visits for all offices with the majority occurring in Timmins (1723 visits). These numbers are slightly lower to last year. Of note, a decrease in cervical screening was also seen in 2019 with 152 screens completed compared to 201 in 2018. This decrease is due to redistribution of this service to primary care providers, and the health unit offering screening only to clients without primary care providers or with barriers to accessing cervical screening. One of the primary purposes of public health offering sexual health services is to increase access to STI/BBI testing. In 2019, over 1000 chlamydia/gonorrhea screens were done with 105 positive chlamydia results and 8 positive gonorrhea results accounting for approximately a quarter of all reported cases in the health unit region. Outreach testing was also provided on a regular basis at the homeless shelter and the local addictions treatment program.

Priority populations identified for PHU sexual health services include youth aged 12-25, as well as those who identify as lesbian, gay, bisexual, transgender, two-spirit and queer or questioning (2SLGBTQ+). Chlamydia has been shown to disproportionately affect youth aged 12-25 in the region. Furthermore, 2SLGBTQ+ people are often at risk for adverse health outcomes relating to lack of proper and supportive health services. Stigma and insufficient health assessment especially relating to sexual health are also contributing factors.

Local Opioid Response Engagement

Moose River Wellness Strategy - The PHU attended the Moose River Wellness Strategy meeting in Moose Factory held on January 28, 2020. The group identified the services provided by their organization under the pillars of a Harm Reduction Strategy: Prevention, Enforcement, Treatment, and Emergency Response. At the next meeting, at the end of March, the group will work on a vision and mission statement as well as goals and objectives for the group going forward.

Kapuskasung Group - On February 18, 2020, the PHU organized and chaired a meeting in Kapuskasing with community partners to determine community needs related to mental health and substance use. There is excellent participation and commitment to working together as a community. The group has yet to determine the name of the committee or develop the Terms of Reference.

Outreach Program/ HIV and Hepatitis C - A funding increase to support the Harm Reduction Outreach Program was announced in late 2019. The additional funds have allowed the health

PROGRAMS AND SERVICES UPDATE (cont'd.)

Local Opioid Response Engagement

Outreach Program/ HIV and Hepatitis C (cont'd.) - unit to hire an extra full-time outreach worker which will increase capacity to deliver services and HIV/Hepatitis C education throughout the district.

Harm Reduction Clinic – 2019 - The overall goals of the Harm Reduction Program at the Porcupine Health Unit are to provide drug use equipment to reduce transmission of blood-borne infections, increase opportunities for the disposal of used harm reduction supplies, provide education to individuals who use drugs on how to reduce harms associated with drug use including overdose prevention, and to provide referrals to health and social services.

The harm reduction clinic offers a range of targeted support for people who use substances and their families and friends. These services are offered in all nine health unit offices across the region. Services provided include, provision of safe injection and inhalation supplies, sexually transmitted infection and blood-borne infection (STI/BBI) testing, immunization, wound assessment, safer substance use/sex practices, overdose prevention training, and general health teaching.

The clinic aims to be as comprehensive as possible, recognizing that often the clinic staff are the only access point to care. While the clinic is universally accessible, it is targeted to individuals with correlating factors such as mental health, involvement with the justice system, and poverty. Connecting individuals to health and social supports in the community is the primary purpose of the clinic. Harm reduction services are also provided through outreach in various locations in the community such as the local homeless shelter, food banks and the Friendship Centre.

Over 405,000 needles were distributed through the PHU's harm reduction clinics and satellite sites. Ongoing education about safe needle disposal and community clean-up initiatives contributed to an increase in returns from 44% in 2018 to 81% in 2019.

Naloxone Distribution – 2019 - In 2019, 2656 naloxone kits were distributed compared to 906 in 2018. This can be attributed to the increased availability of naloxone by partnering with local emergency departments, addictions treatment agencies, and shelters who are able to give naloxone outside of regular business hours.

PROGRAMS AND SERVICES UPDATE (cont'd.)

Immunization

Suspension Process - Under the authority of the *Immunization of School Pupils Act (ISPA)*, the Health Unit is mandated to maintain up-to-date immunization records for nine diseases designated under the act for all students registered to attend school. These diseases include: Tetanus, Diphtheria, Poliomyelitis, Pertussis, Measles, Mumps, Rubella, Varicella, and Meningococcal Disease. Under ISPA, there are four options for students to comply with the Act:

1. Provide the missing information to the health unit if their record is incomplete
2. Have the child immunized if not currently up to date and provide information to the health unit.
3. If there is a medical reason why a student cannot be immunized, completion of a medical exemption by a health care provider is required.
4. Parents can submit a Statement of Conscience or Religious Belief Affidavit and complete a mandatory education session at the health unit.

In the event of an outbreak of a vaccine preventable disease listed above, a student that is not fully immunized will be excluded from school for the duration of the outbreak including those with valid exemptions on file.

In February, notices have been to 702 students in secondary school and 319 in elementary for incomplete or missing immunization records. Parents are given 3 weeks to follow-up with the health unit or run the risk of their child being suspended from school. Clinics will be offered in secondary schools for students requiring vaccines with at least one catch-up clinic. For younger children, vaccines are provided by their health care provider or the health unit.

School-Based Immunization Program - The school-based immunization program promotes and provides provincially funded immunization programs to students in Grade 7. Vaccines offered are Hepatitis B (HBV), Meningococcal (Men-C-ACYW 135) and Human Papilloma Virus (HPV). Only Meningococcal is required under the ISPA described above.

The final round of 2019-2020 grade 7 school-based immunization clinics will be completed in April. Students in grade 7 will receive their final doses of HBV and HPV vaccine. Menactra immunization was completed in October 2019.

Influenza Vaccination - The PHU continues to offer influenza vaccination in all communities. Social media messages have been posted to advise the public that influenza is circulating, and it is not too late to get their flu shot.

PROGRAMS AND SERVICES UPDATE (cont'd.)

Genetics

A Genetics Clinic was held in Timmins on February 25 and 26, 2020. Two geneticists from Children's Hospital of Eastern Ontario (CHEO), Dr. David Dymont and Dr. Kym Boycott, attended the clinic and assessed 29 clients from across the North for various genetic disorders.

Environmental Health

Safe Water

Porcupine Lake - As part of the Porcupine Watershed Public Liaison Committee, the Porcupine Health Unit participated in an open house where the public was invited to address their concerns regarding Porcupine Lake. The event was held at the Maurice Londry Community Centre on February 12th, 2020, with both Dr. Catton and Suzanne Lajoie, Manager of Environmental Health attending. Around 50 individuals stopped by the health unit's table to discuss beach and private water sampling, as well as provide comment on new beach signage that will be posted at all public beaches in spring of 2020. (Appendix E)

Health Hazard and Management

Climate Change - The Environmental Health Department will be attending a face-to-face meeting in Sudbury to work on stakeholder engagement for the Climate Change Collaboration Project. Representation from all the northern health units will participate in the planning session which will seek to address the health effects related to climate change.

Respectfully Submitted,
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Porcupine Health Unit