



BOARD REPORT

Friday, May 15, 2009



Medical Officer of Health

REPORT TO THE BOARD

Friday, May 15, 2009

The New Variant H1N1 Influenza A

Events over the last three weeks required the Health Unit staff to turn to our *Pandemic Plan* in the effort to protect the population from widespread infectious disease. Grey Bruce has been fortunate to avoid confirmed cases, at least at the time this is being written.

The Grey Bruce Health Unit has enacted our *Pandemic Plan*, Phase Two, defined as the time when: "A new virus (pandemic) strain has been detected in North America."

Each of our Incident Management System (IMS) teams have met and put together their action plans. Most of the activity has been with the surveillance and the communication groups. Surveillance has been greatly assisted by our emergency room electronic syndromic surveillance system, which, as of May 7, 2009, has not showed any local alerts. The National Research Council has provided for the project researchers in Ottawa to make some additions to our system, allowing us to follow "influenza like illness" (ILI) as a syndrome. This will save considerable time when we monitor the reports looking for ILI. Investigations of people meeting the case definition have been ongoing. We have received positive influenza reports, but at this time they have all been the strain of influenza A that was circulating in the area over the winter; not the new variant H1N1 strain.

The communications group has made daily information updates to the media and to our allied health groups and partners. We have met with hospitals, long-term care facilities and discussed the situation with the two school board directors and Emergency Management Services.

We will be evaluating the public *Citizen Readiness Strategy* which is a series of targeted activities to "raise awareness, knowledge and hopefully result in behaviour change to help protect Canadians before and during an Influenza Pandemic." This campaign has targeted all Canadians. If you now know more about: the influenza virus; washing your hands; sneezing and coughing so that you don't infect others; and staying home when you are feeling unwell; you have heard the message! This strategy has been planned over the past two years by the Public Health Agency of Canada and is being shared with the provinces and territories so that a common message is sent to all Canadians.

The Canadian National Microbiology Laboratory has played an important role in the investigation of this new influenza organism. The Winnipeg lab first identified the Mexican virus strain and then genotyped the Mexico, Nova Scotia and Ontario viruses to

determine that they were genetically the same. This information is of great help to those who are working on a vaccine and for those trying to predict the future of this organism as it interacts with us.

The Ontario Ministry of Health, Public Health Branch has been quick to set up the outbreak communication and disease surveillance process for the province. This has functioned very well. The new Ontario Agency for Health Protection and Promotion played a significant role in producing timely scientifically supported information and evidence to help make good decisions on many of the day to day questions that arise during the course of an event such as this.

I have now worked in public health during two world outbreaks; SARS in 2003 and now New Variant Influenza A in 2009. I am very impressed and reassured that the post SARS, provincial and federal government investment in public health laboratories, disease surveillance, public health training and communication strategies has been useful. Canadians are now safer because of a greatly enhanced ability for public health response and effective action against infectious disease threats.

Together we can make a difference!

Hazel Lynn

Program Report May 2009



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Program Report is issued on a monthly basis to inform our board and community partners of our activities.

The highlighted programs are featured in this issue...

DIRECTOR, HEALTH PROMOTION: Maureen Handley

Lynda Bumstead

Chronic Disease Prevention
Early Detection of Cancer

Sarah Ellis

Healthy Babies
Healthy Children

Carrie Griffith

Reproductive Health
Child Health
Dental Services

Denna Leach

Sexual Health
Injury Prevention
Substance Abuse Prevention

Linda Davies

Tobacco Projects
Tobacco Control Act
Tobacco By-law Enforcement

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DIRECTOR, HEALTH PROTECTION: Chris Mumm

Karen Sweiger

Vaccine Preventable Diseases
Rabies Control

Andrew Barton

Food Safety
Health Hazard Investigation
Emergency Planning

Lou D'Alessandro

Safe Water
Environment

Susan Shular

Control of Infectious Diseases
Pandemic Planning
Vector Borne Diseases
Tuberculosis Control

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FOOD SAFETY PROGRAM

The Ministry of Health and Long-Term Care requires annual submissions of Health Unit inspection data. The 2008 Grey Bruce report provides indicators of program activity including Health Hazard and Emergency Preparedness, Water Safety, Rabies and Food Safety.

Food Safety is the single largest area of work for the inspection team. In 2008, time spent in the Food Safety program increased to 6,841 hours or 35 % of total time. These hours included 2,109 inspections and 248 re-inspections. Staff attended 80 special or community events and provided 77 consultations at new premises. Food product complaints resulted in 58 investigations and 72 hours were spent on food recalls, including some high profile national food recalls last year.

Ontario has a robust food safety program. Grey Bruce rates of food-borne illness, while higher than ideal, are comparable to many other jurisdictions. The influence of the global market and changes in consumer habits continue to challenge the system. The new *Ontario Public Health Standards* and the future use of digital inspection have updated the provincial system and should provide continued or improved levels of protection.

COMMUNITY ADVOCACY *KIDFIT* GRANT

The Heart and Stroke Foundation of Ontario selected Grey Bruce to be a recipient of a 2008-2009 *Community Advocacy KidFit* grant. The objective is to build community leaders' capacity to influence the development of healthy active living policies.

Stakeholders from schools, municipalities and the community identified the following focus areas:

- overall policy supporting physical activity
- joint agreements to facilitate access to school, community and municipal facilities
- support from decision-makers that increases access to physical activity programming
- access to transportation in rural areas to increase participation in physical activity
- safety and liability concerns as barriers to physical activity program development
- funding to support access for low-income families
- inclusive programs for children of all abilities

A toolkit was developed to provide physical activity facts, worksheets for self-assessment, a roadmap to policy development and advocacy survival skills.

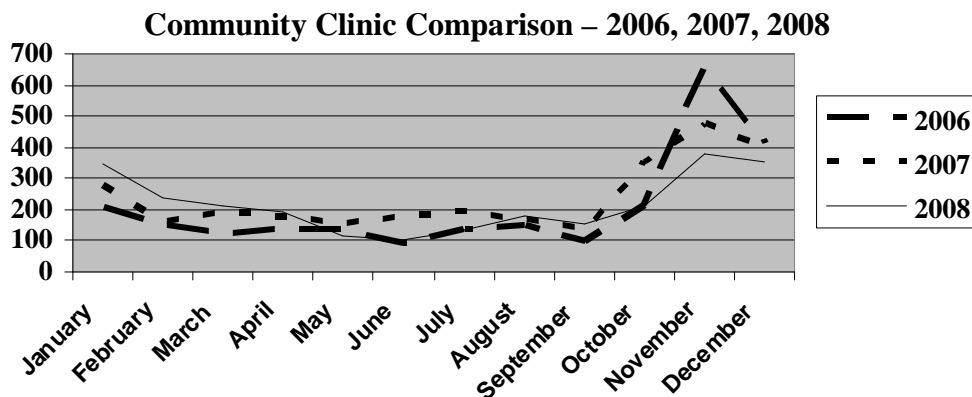
COMMUNITY IMMUNIZATION CLINICS

In 2008, nurses in the Vaccine Preventable Diseases (VPD) program vaccinated 2,617 Grey Bruce residents at Health Unit community clinics in Owen Sound, Walkerton and Port Elgin. The vaccinations included routine and recommended infant, child, adolescent and adult vaccines as travel vaccines. Clinic services are flexible and timely to ensure maximum public accessibility.

The VPD team also provides vaccination services to Mennonite and Amish communities. Nurses held 14 off-site clinics last year servicing 246 Mennonite or Amish residents. Staff continue to work towards increased awareness of routine, recommended and travel vaccine protection.

2008 Community Clinics

Location	# Clinics	# Clients
Owen Sound	123	1,639
Walkerton	27	669
Port Elgin	13	309
Total:	163	2,617

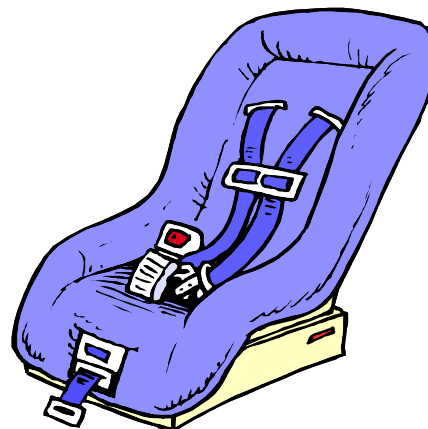


CAR SEAT SAFETY

According to Transport Canada, up to 85% of child car seats are installed incorrectly. Public Health has participated in promotional campaigns, development of self-help materials and provided car seat checks to increase the proportion of properly installed car seats.

Future strategies will focus on active training of parents to correctly install car seats. An easy-to-read checklist, *Yes, you can install your child's car seat*, will be provided to parents. Caregivers, parents and professionals will have the opportunity to attend skill-building workshops to learn how to install child car seats. Sessions will include a hands-on segment for participants to learn practical installation tips.

Success of this strategy will be measured by participation in the workshops and parental utilization of the *Yes, you can...* checklist. The model will be implemented geographically throughout Grey Bruce.



DRIVEN TO QUIT OUTCOMES

The *Driven to Quit Challenge* is complete for 2009 with 342 Grey Bruce smokers registered. The annual *Challenge* is a large-scale, multi-faceted media campaign and contest targeting Ontario tobacco users. A Flesherton area participant is the regional winner of a \$2,000 Canadian Tire gift certificate.

This initiative increases awareness of the risks of smoking, the benefits of quitting and the availability of supports for cessation. It increases the proportion of smokers who are contemplating, preparing and taking action to quit. An extensive provincial television and internet campaign was augmented locally with a \$1,500 grant from the Canadian Cancer Society.

Campaign outcomes for Grey Bruce include:

- 84 radio ads aired
- 150 workplaces received electronic pay stub inserts and posters
- 200 posters and 1,050 brochures distributed to laundromats, clinics, pharmacies and health care professionals' offices by Peer Leaders and community volunteers
- 1,000 reminder flyers and packages of *Driven to Quit* gum distributed by restaurants and retailers prior to the contest deadline
- 5 radio interviews and 2 print articles following a news release

All registrants were offered a follow-up phone call from the Smoker's Helpline after the contest. The *Challenge* is funded by the Ministry of Health Promotion and implemented in partnership with the Canadian Cancer Society, Tobacco Control Area Networks and local Health Units.

**THE
DRIVEN TO QUIT
CHALLENGE**

FOCUS FUNDING RENEWED

FOCUS is designed to develop, co-ordinate and implement comprehensive alcohol and other drug abuse prevention programs to meet local community needs. FOCUS funding has been renewed for the 2009-2010 fiscal year.

Provincially, there are 22 FOCUS sites with eight, including Grey Bruce, that have a health unit as the lead agency. FOCUS funded projects increase Public Health capacity to comply with the *Ontario Public Health Standards*, particularly in the *Prevention of Injury and Substance Misuse* and *Chronic Disease Prevention* programs.

Currently, 32 community partners sit on the Grey Bruce FOCUS Coalition. Partners represent health care, education, mental health services, police, service clubs, media, municipalities and churches. When pooled, their in-kind contribution is estimated to be over \$400,000 annually. This support significantly enhances the \$103,700 funding received from the Ministry of Health Promotion; \$58,500 of which goes toward the salary of a Public Health Nurse.

The Coalition approves and oversees projects and initiatives involving a wide range of community participants. Twenty-one initiatives are planned for 2009 – 2010 including youth coalition activities, substance use prevention in schools, motor vehicle crash prevention, workplace policy development and community awareness.

The Ministry is completing an assessment of all FOCUS sites this year. The outcome will determine provincial and local direction in addressing the impact of alcohol and other drugs on health and well being.

