



BOARD REPORT

Friday, August 19, 2011

The *One Health* network functions at two levels:

1. **Veterinary Community of Practice** connects local veterinarians with provincial public health veterinarians with the goal to:
 - establish a network of geographically and species representative community veterinarians and provincial public health veterinarians
 - identify future opportunities, resources and partnerships to integrate local veterinarians in public health initiatives
 - identify opportunities to develop, train and implement community level sentinel surveillance for established and (re-)emerging zoonotic diseases
2. **One Health Community of Practice** partners local veterinarians with public health to:
 - establish collaborations between local veterinarians and health units
 - develop integrated programs to promote public health in a coordinated fashion
 - develop coordinated preventative procedures and incident response protocols for zoonotic diseases

Durham, Hamilton, Niagara and York Region health units are participating in the pilot. Both the College of Veterinarians of Ontario and the Ontario Veterinary Medical Association have indicated interest.

The first phase of this initiative occurred at the Grey Bruce Health Unit on June 21 with a meeting of local and provincial veterinarians and health unit staff. The three partnering groups agreed on next steps to further develop the *One Health* pilot.

CLIENT SERVICES

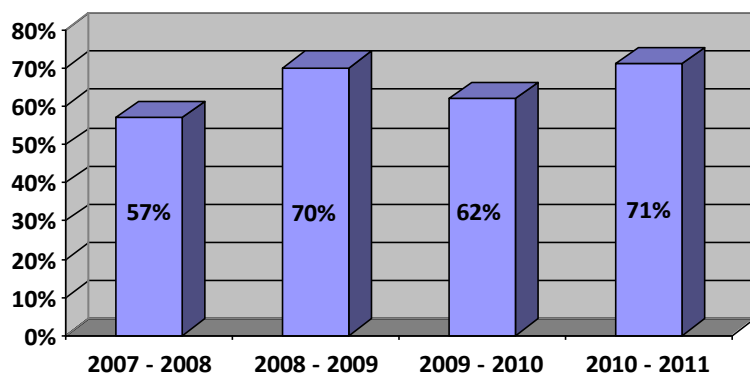
HPV

The publically funded Human Papillomavirus (HPV) vaccine is offered to all girls in Grade 8 as protection against cervical cancer, anal cancer and genital warts. Year to year, the uptake for the HPV vaccine increased to 71% in 2010/11 from 62% in 2009/10. The uptake across the province was 52% for 2008/09.

Girls that start the vaccine in Grade 8 are eligible to complete this three dose series during their Grade 9 year. The Vaccine Preventable Diseases Program has a process in place to ensure girls that start the series are given the opportunity to catch up any missed doses and that they receive the full protection of all three doses.

Since April 2010, the Owen Sound Kiwanis Club has provided funds to make available the HPV vaccine for those clients not eligible for the publically funded vaccine and who cannot afford to purchase the vaccine. The cost for a three dose series of HPV vaccine is \$450. Three clients have received the vaccine through this program.

Human Papillomavirus Vaccine



Parents in Action: A Program for At Risk Families

Parents in Action is a comprehensive parenting program offered each spring and fall in Owen Sound. It is co-facilitated and sponsored by the Grey Bruce Health Unit and the Grey County Children's Aid Society.

The program runs for 12 weeks plus, pre-screening and follow-up interviews. Refreshments and childcare are provided and transportation can be arranged. Each of the last two programs has attracted 30 - 40 registrants. The next program gets underway in September.

The course focuses on basic parenting skills and the importance of healthy attachment. Topics cover child growth and development, healthy sexuality, nutrition, discipline, single parenting, stress management, communication and positive parenting. Facilitators help each participant to set personal and parenting goals. A number of clients will go on to take other parenting courses while some request to take *Parents in Action* again.



“This is one of the most rewarding programs that I have ever taught.” says co-facilitator, Public Health Nurse, Karen Kerker. “It is so exciting to see the participants really get it and talk about how they handled situations differently because of the classes.”

Provincially Funded Medications for the Treatment of Sexually Transmitted Infections

The Sexual Health Program now offers provincially funded medications to community physicians and nurse practitioners to treat individuals and sexual contacts who have lab confirmed or clinically diagnosed gonorrhea or chlamydia. Under the *Ontario Public Health Standards*, health units may distribute medications to community health care providers for the purpose of treating sexually transmitted infections (STIs). Other medications may be available upon request including treatment for syphilis. Prior to this program, clients who did not have a drug plan or could not pay for treatment had to go through another assessment at the health unit in order to obtain medications.

This partnership addresses duplication of services, helps ensure timely and appropriate treatments, as well as increases client compliance to treatment as health care professionals are able to offer medications directly from their office. There has been a strong positive response from practitioners with 16 requests in the two weeks following the July launch of the program.



ENFORCEMENT/RESEARCH/SURVEILLANCE

***E coli* in a Daycare**

Three lab confirmed cases of *E coli* 0157 were identified in a daycare setting this spring. Following the initial report, Grey Bruce Health Unit staff went on-site to investigate the source of infection and make recommendations to prevent future transmission. Food and water samples were collected. Surveillance was implemented to track ill children and staff. Information notices went home to parents. Observations of diapering, hand hygiene and physical set-up were noted. The daycare was closed temporarily to allow enhanced cleaning. Health unit staff was in daily contact with the daycare throughout the outbreak and maintained ongoing consultation with the Ministry of Health and Long-Term Care, South West Region Day Nurseries Program Advisor.



Stool samples of all the children in the toddler age group were collected. Lab testing confirmed that the *E coli* strains were of the same subtype and two additional cases were identified of asymptomatic children.

The outbreak was declared over a month and a half after the first case was identified.

Splash Pads

There has been significant growth in the numbers of splash pads. These facilities are popular with families as safe and fun for younger children. Municipalities and the private sector have embraced splash pads as a cost effective way of supplying amenities to this demographic, in turn increasing visits and tourism.

There can be drawbacks to splash pads that may not seem obvious. Their popularity with diaper-age children means that fouling is likely. This risk is heightened as the water pressure involved can render swim diapers ineffective. If the water in the splash pad is not recycling, this fouling is not as risky. However, if the equipment is designed to recycle water, there is a risk of communicable disease. This risk is higher than in a swimming pool as children frequently drink from splash pad sprays. In addition, the limited water volume and resulting reduced contact time with disinfectant often does not provide protection against certain organisms.

There have been several, recent large scale outbreaks in the U.S. of both *Cryptosporidium* and *Giardia*. These parasites are quite resistant to chlorine and effective removal requires further treatment such as additional filtering and UV light; not usually provided in splash pads.

Currently, there is no provincial regulation for splash pads. There is a guideline, and although not enforceable, it is useful to help educate and direct improvement. If there is a significant concern for a facility, the *Health Protection and Promotion Act* would be used to address a potential health hazard. The Grey Bruce Health Unit will continue to monitor the risk to public health and work with individuals and agencies to help ensure that splash pads are a safe form of entertainment and exercise.





Medical Officer of Health

REPORT TO THE BOARD

Friday, August 19, 2011

Radiation emergency in Fukushima - Dr Hiroyuki Hayashi

About Dr. Hiroyuki Hayashi

A graduate of Japan's Jichi Medical School, Dr. Hiroyuki Hayashi has been a pioneer in the evolution of Emergency Medicine in Japan for more than twenty years. He has worked as a front-line clinical emergency doctor in several communities. Dr. Hayashi has also served on numerous committees and development projects to advance trauma care in Japan. He is currently Professor, Division of Emergency and Family Medicine, University of Fukui Hospital, Fukui Prefecture in Japan. Dr. Hayashi spent two years in Toronto as a visiting physician from 1991-93 and continues his Canadian connection by maintaining his membership in the Canadian Association of Emergency Physicians and through periodic visits.

I attended the lecture sponsored by Public Health Ontario and the Dalla Lana School of Public Health, University of Toronto.

The presentation provided some very interesting insights and Dr. Hayashi was frank in his recommendations:

- Do not underestimate the risk of any disaster. If the disaster has happened before it can happen again. Earthquakes and tsunami, of the magnitude of what was experienced earlier this year, occur in Japan about every 800-1100 years.
- Planning needs to be adequate for the 'worst case scenario' and reflected in the emergency and drill training. This needs to be part of every worker's responsibility.
- In the event of a disaster, communication between the response sectors must already be in place, including backup and contingency plans. These should be tested frequently! The connections and relationships need to be in place prior to an event as there is no time to put the network together once the emergency occurs.
- When the 'beyond expectations' disaster struck, new thinking was required and a network of international experts was needed to help solve the problems. In order to be timely and effective, this network should be in place before the event happens.

The Canadian Nuclear Safety Commission (CNSC) has set up a Task Force to look at the state of emergency and contingency planning in the Canadian nuclear facilities. I have been in contact with the task force member who is compiling the 'Public Health' role and responsibility. It is my understanding this Task Force has already met with Kincardine EMS.

I expect that the task force will offer some recommendations. From my perspective, a good planning exercise would assist to develop and maintain the important connections and ensure clear expectations with the surrounding municipalities in both Bruce and Grey counties.

Chief Nursing Officer Update

Background

In a joint letter issued to all Medical Officers of Health in February 2000, the Chief Medical Officer of Health and the Provincial Chief Nursing Officer endorsed the implementation of a Chief Nursing Officer (CNO) or Nursing Practice Lead (NPL) in each health unit as a preferred model within the organization structure and as a recognized best practice.

In May 2006, the final report of the Capacity Review Committee recommended the Ministry “enforce the 2000 directive regarding the appointment of a senior nurse leader in each health unit”.

Following field consultation, which was inconclusive on this issue, the government determined that there was a need to include a requirement to establish a CNO position in the *Public Health Organizational Standards*.

The *Public Health Organizational Standards*, released on February 18, 2011, incorporate a new requirement within the professional practice support prerequisites: “Effective January 2013, boards of health are required to designate a Chief Nursing Officer (CNO) to be responsible for nursing quality assurance and nursing practice leadership”.

A diverse working group was assembled to look at the role and responsibilities of the CNO in a public health unit setting. Their report is in draft and its recommendations will probably be available soon as this new position will need to be developed within the next year to have the role in place by January 2013.

Hazel Lynn