

November 7, 2007

Jane Evans
Chair, Canadian Congenital Anomalies Surveillance Network
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Re. alPHa Resolution A07-8, Ontario Congenital Anomalies Surveillance System

On behalf of member Medical Officers of Health, Boards of Health and Affiliate organizations of the Association of Local Public Health Agencies (alPHa), I am writing today to make you aware of the attached Resolution, passed at our 2007 Annual General Meeting.

We have also introduced this resolution to Ontario's Minister of Health and Long-Term Care, reminding him that surveillance is critical to understanding the causes of disease and their prevention, and that the establishment of a Congenital Anomalies Surveillance System within the Ontario Agency for Health Protection and Promotion would contribute to the knowledge base required to inform a number of public health interventions to prevent them.

Yours truly,

ORIGINAL SIGNED

Linda Stewart,
Executive Director

Copy: Dr. David Williams, Chief Medical Officer of Health (Acting)
Hon. Dalton McGuinty, Premier of Ontario
Hon. Deb Matthews, Minister of Children and Youth Services
Hon. Ted McMeekin, Minister of Government and Consumer Services
Hon. George Smitherman, Minister of Health and Long-Term Care
Hon. Margaret Best, Minister of Health Promotion
Dr. David Butler-Jones, Chief Public Health Officer of Canada

Encl.

alPHa RESOLUTION A07-8

TITLE: Ontario Congenital Anomalies Surveillance System

SPONSOR: Durham Regional Council

WHEREAS congenital anomalies are a leading cause of infant death and the fifth leading cause of potential life years lost in Canada; and

WHEREAS 2-3% of all newborns in Canada are born with a serious congenital anomaly; and

WHEREAS many congenital anomalies are caused by a combination of genetic and environmental influences with most babies being born to women with no family history and no known risk factors for congenital anomalies; and

WHEREAS some congenital anomalies can be prevented with public health initiatives that promote increased intake of folic acid before and during early pregnancy, and reduced maternal alcohol use, obesity, diabetes and other risk factors; and

WHEREAS surveillance of congenital anomalies is important for understanding causes and preventing cases; and

WHEREAS the Canadian Congenital Anomalies Surveillance System (CCASS) is limited in its effectiveness because it focuses only on infants born with congenital anomalies or those hospitalized in the first 30 days of life (formerly first year of life) and does not capture information about pregnancy terminations prior to 20 gestation; and

WHEREAS Ontario has the essential components of a congenital anomalies surveillance system through the Niday Perinatal System, the Ontario Maternal Multiple Marker Screening Database, the Fetal Alert Network and other data systems; and

WHEREAS the proposed Ontario Agency for Health Protection and Promotion will have the functions of surveillance and epidemiology, research, knowledge exchange, and laboratory services all of which would support the establishment of an Ontario congenital anomalies surveillance system; and

WHEREAS the Surveillance Partnerships Working Group (SPWG) of the CCASN has been newly formed to promote the establishment of congenital anomaly surveillance systems in provinces, such as Ontario, that do not have them; and

WHEREAS boards of health need and would benefit from having access to a single database that combines high quality live birth, stillbirth and prenatal screening data to assess congenital anomaly incidence and prevention programs within their populations;

NOW THEREFORE BE IT RESOLVED THAT alPHa urges the Ontario Ministry of Health and Long-Term Care to establish an Ontario congenital anomaly surveillance system by working in partnership with the Ontario Ministries of Children and Youth Services, Government Services (Office of the Registrar General) and Health Promotion, and members of SPWG including those from the Niday Perinatal System, the Ontario Maternal Multiple Marker Screening Database, and the Fetal Alert Network.