

Chief Medical Officer of Health Update

Presentation to aPHa's October Symposium

October 21, 2011



Presentation Overview

- Strengthening our Public Health System
- Trilateral First Nations Health Senior Officials Committee
- Immunization Schedules
- Universal Influenza Immunization Program
- Issues
- UN Summit on Non-Communicable Diseases
- Chief Medical Officer of Health 2010 Annual Report

Strengthening the Public Health System

Vision:

Ontarians are the healthiest people in the world, enabled by the best public health system in the world.

- To achieve that vision, we must continue to strengthen the public health system.
- Examples include our work with Public Health Ontario, the Public Health Leadership Council and the implementation of Panorama
- Other achievements include:
 - Ontario Public Health Standards, and Organizational Standards
 - Accountability Agreements
 - Public Health Performance Management Framework
 - MOH/AMOH Compensation

Public Health Leadership Council

- **Vision - to optimize the functioning of Ontario's public health system through collaborative leadership that will result in Ontario being the healthiest jurisdiction in the world.**
- Members include:
 - Dr. Arlene King – Chief Medical Officer of Health (Chair)
 - Roselle Martino – Executive Director (A), Public Health Division, Ministry of Health and Long-Term Care
 - Dr. Vivek Goel, President and CEO, Public Health Ontario
 - Dr. George Pasut, Vice-President, Science and Public Health, Public Health Ontario
 - Judith Wright, Deputy Minister, Ministry of Health Promotion and Sport
 - Darryl Sturtevant, Assistant Deputy Minister, Ministry of Children and Youth Services
 - Council of Ontario Medical Officers of Health:
 - Dr. Charles Gardner, Medical Officer of Health, Simcoe Muskoka District Health Unit
 - Dr. Isra Levy, Medical Officer of Health, Ottawa Public Health
 - Dr. David McKeown, Medical Officer of Health, Toronto Public Health
 - Dr. Paul Roumeliotis, Medical Officer of Health, Eastern Ontario Health Unit
 - Dr. Penny Sutcliffe, Medical Officer of Health, Sudbury and District Health Unit

Public Health Leadership Council - II

- The inaugural meeting of the Council was held on September 6, 2011.
- A number of items were discussed including:
 - Health Care Acquired Infections – Role of Public Health
 - Immunization Review
 - MOHLTC First Nations Initiatives
 - Panorama Project
 - Data sharing issues
 - OPS Protocol evergreening
 - PHO update on Applied Research and Program Evaluation, Education and Professional Development and Knowledge Exchange in Public Health
 - The Ontario Public Health Convention (TOPHC)
- The Public Health Leadership Council will meet quarterly in person with the next face-to-face meeting scheduled for December 2011.

Joint Liaison Committee and Sub-Tables

- JLC is the primary forum at which issues of mutual interest between the Ministry and Public Health Ontario are addressed

Joint Liaison Committee and Sub-Tables - II

- Review of Joint Liaison Committee (JLC) and its sub-tables began in late July.
- The program/science-based components and structures informed by recommendations of the Public Health Architecture Committee were completed in early 2011.
- The general context/approach towards JLC sub-tables includes:
 - Maintaining JLC as the primary decision-making body, but recognizing the role of JLC sub-tables to make recommendations to JLC;
 - Leveraging to the greatest extent possible existing working groups/committees to ensure a coordinated and efficient structure that aligns with existing interactions between PHO and MOHLTC (e.g. Business and Accountability);
 - Categorizing sub-tables under two core groupings: Business and Program/Science; and,
 - Identifying proposed chairs/organizational leads, functions, meeting frequencies, secretariat support and start-up schedules for each sub-table.

Protocols

- As part of the transition of functions from MOHLTC to PHO, protocols were developed to ensure that both organizations work effectively, efficiently, and in an integrated, seamless manner within the context of the new structure.
- Almost four months into the new structure, initial protocols are being revisited to ensure that they function as effectively as possible.

Morning Rounds

- The Issues Management Protocol addresses requests that require a response within 24 hours.
- All urgent requests flow from the Public Health Division Issues Management Coordinator to the PHO Issues Management Coordinator.
- Issues are mainly to be captured and managed as part of daily morning rounds and end of day situation reports.
- The daily morning rounds consists of PHO and MOHLTC senior management and staff, and provides the forum for the exchange of information related to new/upcoming issues and/or updates on current issues.
- Issues that arise throughout the day are managed as part of the internal issues management process and included in the situation report.

MaRS

- PHO has been confirmed as part of the MaRS Phase 2 development.
- The Central Public Health Laboratory will become a key tenant at MaRS.
- It is anticipated that the laboratory's occupancy at MaRS will commence in 2014.

Panorama

- The Ministry resumed accountability for provincial implementation of Panorama in late 2010
- Since April, 2011, pre-project activities - “setting ourselves up for success” - have been underway including:
 - establishing the governance structure;
 - re-establishing the infrastructure at eHealth Ontario;
 - initiating a Privacy Impact Assessment;
 - review of relevant enabling legislation;
 - performing an architecture review;
 - evaluating the current version of the product and performing a gap/fit analysis; and,
 - on-boarding project resources.

Panorama - II

- This fall, several activities will occur with respect to Panorama, including:
 - engaging public health units to participate in Stakeholder Engagement (Champions) and Expert Advisory Panels;
 - various working groups;
 - early adoption and build programs;
 - Panorama readiness assessments; and,
 - “sandbox” and training webinars.

Strengthening our Public Health System - More Achievements

- Development and release of new Standards including the Ontario Public Health Standards and the Ontario Public Health Organizational Standards.
- The release of three-year accountability agreements with boards of health.
- The ongoing development of a public health performance management framework and related indicators.
- The inclusion of Medical Officer of Health/Associate Medical Officer of Health compensation in the Physician Services Agreement to provide improved compensation to public health physicians and contribute to recruitment and retention of MOH/AMOHs in Ontario.

Trilateral First Nations Health Senior Officials Committee (TFNHSOC)

- An inaugural meeting took place on June 29, 2011 to discuss the Terms of Reference and work plan priorities.
- Four working groups were established:
 1. Mental Health and Addictions
 2. Diabetes Prevention and Management
 3. Public Health
 4. Data Management
- A second TFNHSOC meeting was held on September 30, 2011 to further discuss the work plan priorities and provide status updates on each of the four working groups.
- Public Health Working Group was created and had its first meeting on Oct 17, 2011. A number of MOHs were a part of that working group.

New and Expanded Childhood Immunization Schedule

SCHEDULE 1. Routine Schedule for Children Beginning Immunization in Early Infancy (Starting at 2 months of age)

Age at vaccination: Completed months and years	DTaP-IPV ¹ -Hib ²	Pneu-C-13 ³	Rot-1 ⁴	Men-C-C ⁵	MMR ⁶	Var ⁷	MMRV ⁸	Men-C-ACYW ⁹	HB ¹⁰	HPV-4 ¹¹	Tdap ¹²	Inf ¹³
2 months old	■	■	■									
4 months old	■	■	■									
6 months old	■	■										
12 months old		■ [†]		■	■							
15 months old						■						
18 months old	■	■										
4-6 years old	■ [*]						■ [‡]					
Grade 7 students								■ [§]	■ [§]			
Grade 8 females										■ [§]		
14-16 years old (10 years after 4-6 year old booster)											■ [¶]	
Every year (in autumn)												■ ^{**}

^{*}DTaP-IPV preferably given at 4 years of age; administer to children <6 years old, see Schedule 3. [†]For Pneu-C-13 high risk schedule, see Table 3. [‡]MMRV preferably given at 4 years of age. [§]Administered through school-based program. [¶]See Schedule 4 for adult Td immunization. ^{**}Previously unimmunized children <9 years receive 2 doses of Inf 4 weeks apart.

Source: Ministry of Health and Long-Term Care 2011:
<http://www.health.gov.on.ca/english/public/program/immun/immunization.html>

Expanded Adult Immunization Schedule

SCHEDULE 4. Schedule for Unimmunized Adults Aged 18 years and Older

Timing	Tdap ¹²	Td	IPV	MMR ⁶	Inf ¹³	Pneu-P-23
First visit, if adult is 18 to 64 years	■		(■)*	■		
First visit, if adult is ≥65 years		■	(■)*	■		
Second visit: 2 months after 1 st visit		■	(■)*	(■) [†]		
Third visit: 6-12 months after 2 nd visit		■	(■)*			
Every 10 years thereafter		■				
Every year (in autumn)					■	
A single dose at ≥65 years						■

() Depending on immune status and age of adult, dose may not be needed. *Unimmunized adults or those with unknown polio immunization history who may be exposed to imported wild polio cases and health care workers should receive 2 doses of IPV (4-8 weeks apart) with a 3rd dose 6-12 months later. For recommendations related to travel, go to the PHAC Travel Health page at: <http://www.phac-aspc.gc.ca/tmp-pmv/catmat-cemtmv/index-eng.php> †A 2nd dose of MMR is recommended for young adults (18-25 years), post secondary students, persons who received killed measles vaccine (1967-1970), health care workers and those who plan to travel internationally.

Source: Ministry of Health and Long-Term Care 2011:
<http://www.health.gov.on.ca/english/public/program/immun/immunization.html>

Universal Influenza Immunization Program (UIIP)

- Ontario has purchased approximately 3.96 million doses of influenza vaccine.
- Ontario is offering three publicly funded influenza vaccines:
 - Agriflu® (for individuals 6 months of age and older who live, work or attend school in Ontario);
 - Vaxigrip® (for individuals 6 months of age and older who live, work or attend school in Ontario); and,
 - Flud® (for residents of long-term care homes who are 65 years of age and older).
- The influenza vaccines contain three antigenic strains:
 - 2009 pandemic influenza A strain: A/California/7/2009 (H1N1)-like strain;
 - A/Perth/16/2009 (H3N2)-like strain; and
 - B/Brisbane/60/2008-like strain.
- The influenza vaccine was distributed to health unit jurisdictions the weeks of September 12 and 19, 2011.
- The official launch of the UIIP was the first week of October 2011.

Recent Public Health Issues

Forest Fires in Northern Ontario

- The ministry's Emergency Management Branch (EMB) was actively involved in the management of the health sector response to forest fires in Northern Ontario this summer.
- EMB, in close collaboration with Emergency Management Ontario, coordinated health response activities with its partners:
 - Public Health Ontario;
 - Health Canada;
 - Public Health Agency of Canada;
 - Affected public health units (THANK YOU); and,
 - Local Health Integration Networks (LHINs).
- The Emergency Medical Assistance Team also was deployed to Northwestern Ontario in support of local evacuation efforts and to augment medical services in the North West LHIN.

Tornado in Goderich

- EMB was also actively engaged in dealing with the tornado in Goderich and coordinated health response activities with its partners, including:
 - Public Health Ontario
 - LHIN; and,
 - Huron County Health Unit.
- Huron County Health Unit mobilized quickly ensuring the health and safety of the residents' was protected (THANK YOU).

Recent Public Health Issues

Ministry of the Environment (MOE) Soils Study

- MOE issued its Cobalt-Coleman Soils Study at the end of August, 2011.
- A comprehensive soil assessment study was carried out in the Cobalt-Coleman area between 2003 and 2008 by MOE.
- Almost 2,000 soil samples were collected and tested for known or suspected metal mining contaminants.
- The former mines, mills and tailing areas were found to have the highest levels of soil contaminants. Residential areas had much lower levels of contaminants, but these were still elevated relative to Ontario soil standards.
- Arsenic was found to be the soil contaminant of main concern.
- Timiskaming Health Unit has been actively involved in this issue for several years and, together with MOE, were able to effectively release the results of samples collected at 18 private homes (THANK YOU).
- MOHLTC provided technical support on the public health implications of the soil study to the Timiskaming Health Unit and MOE.

Raw Milk

- Ministry of the Attorney General and Grey-Bruce Health Unit appealed a January 21, 2010 decision of a Newmarket Justice of the Peace (JP), in which 19 charges against an Ontario farmer for selling/distributing raw milk were dismissed.
- A decision on this appeal was recently released on September 28, 2011.
- The Court's decision convicted the farmer of the majority of provincial offences under section 18 of the *Health Protection and Promotion Act (HPPA)*, which were previously dismissed at the trial level.
- The farmer's challenge to section 18 of the *HPPA*, on the grounds that it violates the *Canadian Charter of Rights and Freedoms*, was dismissed based on various Court findings.
- The Ministry of Health and Long-Term Care is satisfied with the Court's decision, which affirms the applicability and constitutionality of section 18 of the *HPPA*.
- The sale and/or distribution of raw milk and raw milk products continue to be prohibited under both provincial and federal law.
- Will continue to work with you on the implications of this ruling

Ottawa Endoscopy Clinic

- On May 27, 2011, the CPSO conducted an inspection of an Ottawa-based gastroenterologist's premises where endoscopies have been performed routinely.
- The CPSO's investigation revealed lapses in proper infection control which the CPSO concluded may constitute a risk to public health due to possible transmission of infectious diseases, in particular HIV, Hepatitis-B and Hepatitis-C.
- Approximately 6,800 patients have been identified as possibly receiving care at the physician's clinic. Most of these patients reside in Eastern Ontario health unit jurisdictions.
- The Ottawa Public Health Unit moved as quickly as possible to notify affected individuals (THANK YOU).
- The Ministry of Health and Long-Term Care and Public Health Ontario have been working closely with the Ottawa Public Health Unit on this matter.
- The role of public health with respect to infection prevention and control matters in health care facilities – including look backs - will be discussed at a PHLC table

United Nations Summit on Non-Communicable Diseases

- The United Nations (UN) Non-Communicable Diseases (NCD) Summit occurred September 19-20, 2011 in New York.
- The UN High-level meeting on the prevention and control of non-communicable diseases was convened to elevate the impacts of cancer, diabetes, cardiovascular disease and chronic respiratory diseases onto the world stage ...
- And make it Everyone's Business
- Canada endorsed a UN declaration as part of a global commitment to galvanize action against the growing threat of chronic diseases to world health and to national economies.

CMOH 2010 Annual Report

- CMOH 2010 Annual Report builds on the themes of the 2009 Annual Report, *“Public Health – Everyone’s Business”*.
- The 2010 report will examine the importance of healthy public policy and the impact that it can make on health and well being.
- A draft of the report has been completed and circulated to the Public Health Leadership Council for review and comments.
- The report will be released later this fall.



Thank you – Questions?