

**BRANT COUNTY BOARD OF HEALTH
REGULAR AGENDA
Wednesday, May 19, 2021, 9:30 a.m, Zoom**

1. CALL TO ORDER

Chair John Bell

2. CONFLICT OF INTEREST

3. ADDITIONS TO AGENDA / Motion to APPROVE AGENDA

4. APPROVAL OF MINUTES

4.1 Motion to approve Brant County Board of Health Minutes of March 17 and April 21, 2021 *

All

5. FINANCIAL REPORT

5.1 Financial Position Report ended March 31, 2021 *

Lisa DiDonato

6. BUSINESS ARISING FROM PREVIOUS MINUTES

6.1 Report from the Chair

John Bell

6.2 Report from the Medical Officer of Health *

Dr. Malcolm Lock

6.3 Report from the Chief Executive Officer *

Jo Ann Tober

6.4 Food Safety Disclosure Report

No report

6.5 COVID-19 Reports

6.5.1 COVID-19 Case Management Report *

Dr. Malcolm Lock

6.6.2 COVID-19 Immunization Report *

Jo Ann Tober

Motion to accept reports as presented.

7. NEW BUSINESS

7.1 Safe Water Program Report *

Filip Pajtondziew

7.2 Food Safety Program Report *

Filip Pajtondziew

7.3 Healthy Environments Program Report *

Filip Pajtondziew

7.4 Infectious and Communicable Diseases Prevention and Control Program Report *

Filip Pajtondziew

7.5 alPHa Annual Conference and Resolution **

Jo Ann Tober

Motion to accept reports as presented.

8. CORRESPONDENCE (*Board members may request a copy of items that are not attached from Board of Health Secretary*)

8.1 Correspondence from City of North Bay, dated April 7, 2021, re COVID-19 vaccine allocations.

8.2 Correspondence from Premier of Ontario, dated April 8, 2021, re paid sick leave days.

8.3 Correspondence from County of Lambton, dated April 26, 2021, basic income for income security.

8.4 Ontario Order in Council reappointing Ms. Susan Brown to the Board of Health, effective April 9, 2021.

8.5 Ontario Order in Council reappointing Ms. Joy O'Donnell to the Board of Health, effective April 24, 2021.

8.6 Correspondence from Premier of Ontario, dated April 19, 2021, re provincial re-appointments.

8.7 Correspondence from alPHa, dated May 7, 2021, re public health measures—extension of current restrictions.

Motion to receive the correspondence.

9. INCAMERA

10. QUESTIONS / ANNOUNCEMENTS

11. FUTURE AGENDA ITEMS

12. NEXT MEETING DATE

Wednesday, June 16, 2021, at 9:30 a.m.

13. ADJOURNMENT

Chair

** Attachments
⊕ to be distributed at the meeting*

***Attachments for Board of Health members only*

BRANT COUNTY BOARD OF HEALTH MEETING of May 19, 2021
REPORT #: 5.1

FROM: Lisa DiDonato, Director, Finance
REPORT DATE: May 5, 2021
RE: Financial Report for the period ended March 31, 2021

The purpose of this report is to provide an update on the financial position of the Brant County Health Unit (BCHU) on March 31, 2021. The recommendation is for the Board of Health to receive this report for information.

The Financial Variance Summary, attached as Appendix A, provides a synopsis of the financial results of BCHU and the net expenditure surplus of \$420,986 for the three months ended March 31, 2021.

For the 2021 funding year, provincial health units are expected to take all necessary measures to continue to respond to COVID-19 and support the Ministry in the roll-out of the Vaccine Program in their catchment areas, while continuing to maintain critical public health programs and services as identified in their approved pandemic plans. The costs to continue to respond to COVID-19 and support the provincial Vaccine Program are expected to be managed within existing annual funding with one-time funding to support extraordinary costs over and above the approved mandatory cost shared program budget.

For 2021, the BCHU is estimating approximately \$5.1 million in COVID-19 Response and COVID Vaccine Program expenditures will be absorbed within the mandatory programs funding and has requested \$2.6 million in COVID Response and COVID Vaccine Program Extraordinary one-time funding.

By March 31, 2021, the Health Unit had incurred \$1.8 million in COVID Response and Vaccine Program expenditures. In addition to the redeployment of personnel, the costs included incremental salaries and wages, technology and communication purchased services, clinic supplies, personal protective equipment, cleaning supplies, and mileage. The expenditures for the three-months ended March 31, 2021 are summarized below.

| Expense Categories | Total |
|--------------------------------|-------------|
| Employee Salaries and Benefits | \$1,571,176 |
| Other Program Supplies | \$203,178 |
| Total | \$1,779,710 |

At this time, BCHU is confident that the anticipated levels of Ministry of Health and Municipal funding will be enough to support the Health Unit's programs and services in 2021.

Appendix A

**Brant County Health Unit
Financial Variance Summary
For the Period Ending March 31, 2021**

| | Budget 3/31/2021 | Actual 3/31/2021 | Variance Surplus (Deficit) | % of Budget | Budget 12/31/2021 |
|--|---------------------|---------------------|-------------------------------|----------------|----------------------|
| Mandatory Cost Share Programs | | | | | |
| Salaries | 2,033,217 | 2,234,766 | (201,549) | 27.5% | 8,132,868 |
| Benefits | 505,238 | 526,813 | (21,575) | 26.1% | 2,020,952 |
| Mileage | 10,708 | 10,031 | 677 | 23.4% | 42,831 |
| Staff Development | 28,270 | 11,790 | 16,480 | 10.4% | 113,080 |
| Supplies | 234,887 | 373,782 | (138,895) | 39.8% | 939,542 |
| Needle Exchange | 25,425 | 7,617 | 17,808 | 7.5% | 101,700 |
| Operating Cost | 31,503 | 42,776 | (11,273) | 33.9% | 126,014 |
| Building Maintenance | 67,937 | 91,130 | (23,193) | 33.5% | 271,748 |
| Housekeeping Supplies | 18,250 | 19,992 | (1,742) | 27.4% | 73,000 |
| Utilities | 21,500 | 17,462 | 4,038 | 20.3% | 86,000 |
| Professional Fees | 79,287 | 49,862 | 29,425 | 15.7% | 317,148 |
| Mandatory Cost Share Program Expenses | 3,056,222 | 3,386,021 | (329,799) | 27.7% | 12,224,883 |
| COVID Expenses | (1,280,087) | (1,779,710) | 499,623 | 34.8% | (5,120,348) |
| Mandatory Cost Share Program Expenses excluding COVID | 1,776,135 | 1,606,311 | 169,824 | 22.6% | 7,104,535 |
| COVID Response and Vaccine Program | | | | | |
| COVID Absorb Expenses | 1,280,087 | 1,280,087 | - | 25.0% | 5,120,348 |
| COVID Extrodinary | 658,002 | 499,623 | 158,379 | 19.0% | 2,632,008 |
| Total COVID Response and Vaccine Program Expenses | 1,938,089 | 1,779,710 | 158,379 | 23.0% | 7,752,356 |
| Total Mandatory Cost Share Program Expenses | 3,714,224 | 3,386,021 | 328,203 | 2.2% | 14,856,891 |
| 100% Funded Programs | | | | | |
| MCCSS - HBHC | 257,684 | 256,859 | 825 | 24.9% | 1,030,734 |
| MOH - School Focused Nurses Initiative | 187,171 | 158,972 | 28,199 | 33.9% | 469,000 |
| MOH - Ontario Seniors Dental | 133,375 | 72,992 | 60,383 | 13.7% | 533,500 |
| Health Canada - CPNP | 20,282 | 16,906 | 3,376 | 20.8% | 81,130 |
| Total 100% Funded Program Expenses | 598,512 | 505,729 | 92,783 | 23.9% | 2,114,364 |
| Total Program Expenses | 4,312,736 | 3,891,750 | 420,986 | 22.9% | 16,971,255 |

BRANT COUNTY BOARD OF HEALTH MEETING on May 19, 2021
REPORT #: 6.2

FROM: Dr. Malcolm Lock, Acting Medical Officer of Health
REPORT DATE: May 12, 2021
RE: Medical Officer of Health's Report

The focus has been on COVID-19 response and vaccination campaign which will be covered in separate reports.

BRANT COUNTY BOARD OF HEALTH MEETING of May 19, 2021
REPORT #: 6.3

FROM: Jo Ann Tober, Chief Executive Officer
REPORT DATE: May 13, 2021
RE: Chief Executive Officer Report

The majority of activities have focused on the COVID-19 response during this third wave of the pandemic including the high number of cases locally and the vaccination campaign. Details of these activities are presented in separate reports.

BRANT COUNTY BOARD OF HEALTH MEETING of May 19, 2021
REPORT #: 6.5.1

FROM: Dr. Malcolm Lock, Acting Medical Officer of Health
REPORT DATE: May 12, 2021
RE: COVID-19 Case Management Report

Up-to-date metrics will be reported at the meeting.

BRANT COUNTY BOARD OF HEALTH MEETING of May 19, 2021
REPORT #: 6.5.2

FROM: Jo Ann Tober, Chief Executive Officer
REPORT DATE: May 13, 2021
RE: COVID-19 Immunization Report

The vaccine rollout continues to follow the Ministry of Health Three Phase Framework for vaccine administration in Ontario at an accelerated pace. Below is an updated table produced by the Ministry outlining the populations and updated timelines for Phase 2.

| | Wk. of April 26 | Wk. of May 3 | Wk. of May 10 | Wk. of May 17 | Wk. of May 24 |
|--------------------------------------|---|----------------------------------|----------------------------------|---|---|
| Allocation Method¹ | • 75% all PHU + 25% to hot spots | • 50% all PHU + 50% to hot spots | • 50% all PHU + 50% to hot spots | • Allocation on a per capita basis ³ | • Allocation on a per capita basis ³ |
| Provincial Age Band | April 30: • Age band to 55+ | • Age band to 50+ | • Age band to 40+ | • Age band to 30+ | • Age 18+ |
| Hot Spot Age Band | April 27: • Age band to 45+ in hot spots ² | • Age band to 18+ in hot spots | | | |
| Health Conditions | • Highest-risk health conditions - continues | • High-risk health conditions | • At-risk health conditions | | |
| Cannot Work from Home | April 29: • Licensed childcare workers | • Cannot work from home Group 1 | • Cannot work from home Group 2 | | |

Locally, individuals over 40 years of age, those individuals with at-risk health conditions, and Group 2 Cannot work from home workers are eligible to book appointments for immunization at mass immunization clinics.

In addition, the second dose interval has been decreased for certain groups of individuals including high risk health care workers, long-term care home and retirement home staff and first responders. These individuals are now eligible for their second dose and they are being immunized at mass immunization clinics, hospital clinics and mobile clinics.

A limited supply of Moderna vaccine will soon be available in the community for distribution to primary care providers for administration to their patients. Local practitioners will be supported with the onboarding to COVAX on the Ministry's electronic system and supplied with vaccine and immunization supplies. Both the Pfizer and Moderna vaccines are also being rolled out to pharmacies for administration over the next few weeks opening this additional channel for individuals to receive their immunizations.

Health Canada has approved the Pfizer vaccine to be administered to individuals 12+ years of age and guidance is expected soon about the inclusion of these children in the vaccination program.

Finally, the Chief Medical Officer of Health has paused the administration of first doses of the AstraZeneca vaccine. Additional guidance is expected soon about second doses with the AstraZeneca vaccine and the possibility of mixing vaccine types for first and second doses.

Up to date information on vaccines delivered within the community will be presented at the Board meeting.

BRANT COUNTY BOARD OF HEALTH MEETING of May 19, 2021
REPORT #: 7.1

FROM: Filip Pajtondziew, Manager,
Environmental Health and Infectious Diseases
REPORT DATE: May 11, 2021
RE: Safe Water Program Report

In accordance with the Ontario Public Health Standards and Protocols, Brant County Health Unit (BCHU) is required to deliver local, comprehensive safe drinking water and recreational water programs for the purpose of prevention and reduction of illness related to drinking water and to assist in the prevention and reduction of water-borne illness and injury related to recreational water.

In 2021, BCHU will inspect small drinking water systems and recreational water facilities; identify and respond to drinking water contaminants and illnesses, their associated risk factors, and emerging trends. This includes levels of fluoride outside the recommended range. BCHU is also enhancing opportunities for private well water owners to ensure they are aware of how to safely manage their own drinking water systems.

BCHU continues to provide 24/7 availability to receive reports of and respond to:

- Adverse events related to safe water, such as reports of adverse drinking water of drinking water systems, governed under the Health Protection and Promotion Act or the Safe Drinking Water Act, 2002;
- Reports of water-borne illnesses or outbreaks;
- Safe water issues arising from floods, fires, power outages, or other situations that may affect water safety; and
- Safe water issues relating to recreational water use.

Small Drinking Water Systems Program 2020

| | |
|--|----|
| Number of Small Drinking Water Systems (SDWS) inspections completed for those that are due for re-inspection | 16 |
| Number of spills investigations | 25 |
| Number of boil water advisories | 5 |

Under the Health Protection and Promotion Act, Ontario Regulation 319 requires Small Drinking Water System (SDWS) owners and operators to provide the public with safe drinking water at all times and to understand their responsibilities of owning and operating a SDWS. The regulation outlines specific requirements with which SDWS owners and operators must comply such as maintenance of the well, water sampling and testing, and responding to adverse test results. SDWSs are inspected by Public Health Inspectors (PHIs) who work with SDWS owners and operators to protect the quality of drinking water.

PHIs conduct a site-specific risk assessment on small drinking water systems using the risk categorization tool (RCat). The risk assessment determines what owners and operators must do to establish and maintain a safe drinking water supply. This is achieved through the issuance of Directives for the system. Directives may include requirements such as water sampling, water treatment, and operator training. This reflects a customized approach for each small drinking water system, dependent upon on the level of risk associated with each system, rather than a “one-size-fits-all.”

After inspecting all parts of a system from source water to tap, the PHI inputs the details of the assessment into the RCat. The program generates a risk rating of low, moderate, or high and makes recommendations for sampling frequency, well improvement, and treatment requirements.

The SDWS will be assigned one of the following risk ratings, which determines re-inspection and sampling frequency.

| | |
|-----------------|--|
| Low | Negligible level of risk, re-inspection every 4 years, low sampling frequency |
| Moderate | Medium level of risk, re-inspection every 4 years, moderate sampling frequency |
| High | Significant level of risk, re-inspection every 2 years, highest sampling frequency |

When adverse water quality incidents (AWQIs) are reported, BCHU PHIs follow-up with the owner/operator, provide directions as necessary, and ensure corrective actions are taken.

In 2020, enforcement of the SDWS regulation was performed by PHIs, who completed the required 16 water system re-evaluations. Re-evaluations are necessary to verify the installation and proper operation of water treatment equipment, as determined by RCat conducted on each water system.

BCHU also maintains a list of all municipal and communal drinking water systems located in the County of Brant. PHIs respond to municipal and communal adverse water reports in the County. In response to these adverse water tests results, PHIs issued 5 *Boil Water Advisories* in 2020.

Recreational Water Program 2020

| | |
|--|-------|
| Number of Class A seasonal pools | 5 |
| Number of Class A year-round pools | 5 |
| Number of Class B seasonal pools | 5 |
| Number of Class B year-round pools | 8 |
| Number of Class C facilities | 7 |
| Number of seasonal and year-round spas | 3 |
| % of class A year-round pools inspected while in operation (once every 4 months) | 35.0% |
| % of class B year-round pools inspected while in operation (once every 4 months) | 28.1% |
| % of seasonal class A pools inspected while in operation | 10.0% |
| % of seasonal class B pools inspected while in operation | 40.0% |
| % of class C facilities inspected while in operation | 28.6% |
| % of public spas (year-round and seasonal) inspected while in operation | 25.0% |
| Number of re-inspections for class A (year-round and seasonal) pools | 1 |
| Number of re-inspections for class B (year-round and seasonal) | 5 |
| Number of re-inspections for class C facilities | 0 |
| Number of re-inspections for spas (year-round and seasonal) | 1 |

BCHU maintains a current inventory of all public recreational water facilities and recreational camp waterfront areas within the Health Unit's jurisdiction. In 2020, there were a total of 33 recreational water facilities and 5 recreational camps. The COVID-19 pandemic and provincial lockdown measures directly impacted the operation of recreational water facilities. Due to this, the completion rates for compliance inspections are lower in 2020 than previous years.

Below is a summary of the inspection frequency for public recreational water facilities and recreational camps (Table 1).

Table 1: Summary of Inspection Frequency for Public Recreational Water

| | Pools and Spas | | | Wading Pools, Spray/Splash Pads, Waterslide Receiving Basins | Beaches | Recreational Camp Waterfronts |
|---|---|--|---|--|---|--|
| | YEAR-ROUND | SEASONAL | <4 WEEKS PER YEAR | | | |
| Pre-opening | Prior to opening or reopening after construction, alteration, or closure of >4wks | | | New and/or renovated facilities | Annual survey & data review | Once per year * *See Health Hazard Response Protocol for recreational camp inspection requirements. |
| Minimum frequency* <i>*Includes pre-opening inspection, where applicable; balance must be while operating (and for single annual inspections).</i> | Once every 3 months | Once every 3 months while in operation | In addition to the opening inspection for the season, re-inspections to address any outstanding compliance issues | Once per year | Once a week* <i>*Or based on a risk assessment in accordance with the Operational Approaches for Recreational Water Guideline.</i> | |
| Additional inspections may be conducted as needed (e.g., follow-up; complaints; monitoring) | | | | | | |

A summary report of each routine inspection, re-inspection, and complaint-based inspection of all pools, spas, splash pads and wading pools are publicly disclosed on the BCHU website for up to two years.

Private Well Water Initiative

| | |
|--|------|
| Number of water samples submitted for testing from private well water owners | 1284 |
|--|------|

In 2020, 1,284 public well water samples were submitted to the Public Health Ontario lab (PHOL) for testing, a 15% decrease from 2019. The decrease is directly related to COVID-19 activities such as stay at home orders. Test results from water collected and submitted through BCHU are sent directly to the household by mail from the PHOL. BCHU PHIs provide information and guidance regarding private water system reports and help analyze the information on the lab report for those with inquiries.

Using resources developed in-house, each person picking up a bacteriological water testing kit is offered well water information materials. Water bottles, information brochures and pamphlets are also distributed at the Children’s Groundwater Festival and annual water pop-up events. Unfortunately, due to COVID-19 response all pop-up events were cancelled in 2020.

2020 Activity Plans

Efforts will continue to expand outreach to County of Brant residents to submit water samples at distribution locations and promote self-monitoring of private well water quality. Advertising for this service through various Brant County media resources will be ongoing.

BCHU implemented the modernized disclosure signage system to include on-site disclosure of all public recreational water facilities within the County of Brant and City of Brantford. All inspections results are available on the website.

BRANT COUNTY BOARD OF HEALTH MEETING on May 19, 2021

REPORT #: 7.2

**FROM: Filip Pajtondziew, Manager
Environmental Health and Infectious Diseases**

REPORT DATE: May 11, 2021

RE: Food Safety Program Report

The Ontario Public Health Standards and Protocols requires health units to deliver local, comprehensive food safety programs which include, but are not limited to:

- Surveillance and inspection of food premises;
- Epidemiological analyses of surveillance data;
- Food handler training and certification; and
- Timely investigations and follow up to food borne illnesses/outbreaks and food safety complaints.

The Ontario Public Health Standards require high, medium and low risk food premises to be inspected ever year. These premises are risk assessed each year to determine their risk rating. The Ministry of Health has provided a risk assessment tool, which all public health inspectors use to determine the risk rating of each premises. High-risk premises are inspected three times per year, medium risk twice per year and low risk once pre year. In addition to these routine inspections, complaint inspections and re-inspections are also conducted.

One of the factors used to evaluate the effectiveness of a health unit's food safety program is the inspection completion rate. The inspection completion rate for each category is expressed as the percentage of premises having achieved the minimum inspection number of inspections for a given category in a given year. In 2020, there were a total of 832 premises that required routine inspections, of which, 57 premises were risk rated as high, 359 premises as medium, 385 premises are low and 37 were seasonal premises. In addition to conducting routine compliance inspections of food premises, 53 re-inspections were completed and 87 food safety complaints followed up on.

Number of premises in 2020

| | |
|---|-----|
| Number of year-around food premises | 832 |
| Number of seasonal food premises | 37 |
| Number of year-around high risk food premises | 57 |
| Number of year-around moderate risk food premises | 359 |

Environmental Health food premises inspection statistics for 2020:

| RISK CATEGORY | 2018 | 2019 | 2020 |
|----------------------|-------------|-------------|-------------|
| High Risk | 94.4% | 94.9% | 35.2% |
| Medium Risk | 98.5% | 96.8% | 36.3% |
| Low Risk | 98.7% | 96.7% | 29.8% |

Re-inspections:

| | |
|--|----|
| Number of re-inspections | 53 |
| Number of food safety complaints received that triggered an investigation/inspection | 87 |

Enforcement:

| | |
|---|---|
| Number of Premises charged | 0 |
| Number of Tickets Issued (Part 1) | 1 |
| Number of Summons issued (Part 3) | 0 |
| Number of Section 13 orders issued under HPPA | 0 |
| Number of closure orders issued | 0 |

Training:

| | |
|--|-----|
| Total number of food handlers certified internal and external. | 193 |
|--|-----|

The COVID-19 pandemic and provincial lockdown measures directly impacted the operation of premises. Due to this, the completion rates for compliance inspections are lower in 2020 than previous years.

The COVID-19 pandemic and provincial lockdown measures directly impacted the operation of premises. Food premises were restricted to takeout from March 17, 2020 until June 12, 2020 and were restricted to outdoor dining from June 13, 2020 until July 17, 2020. Due to the lockdown measures, the completion rates for compliance inspections are lower in 2020 than previous years.

Other factors that may influence the inspection completion rates include, but are not limited to, the permanent closure of food premises, a premise not in operation or temporarily closed due to renovations and therefore, unable to be inspected during the quarter.

In order to meet the expanding demand for certified food handlers under the City of Brantford and County of Brant, Food Disclosure By-Laws, 193 food handlers were certified in 2020. BCHU offered the course in person, online or self-study from January to May 2020. Due to the COVID-19 pandemic, in person classes and exams were canceled. Online options are currently provided on the BCHU website.

Health units are also mandated to investigate all food borne illnesses and consumer food complaints. During 2020, investigations of 11 suspected food-borne illnesses were completed and 87 consumer food premises complaints involving food products and food premises were conducted. When compared to the 2019 operational year, suspected food poisoning investigations (83) and suspected food-borne illnesses (16) are comparable.

Enforcement activities in the food safety program resulted in the issuing of 1 ticket in 2020, compared to 11 in 2019.

The new disclosure signage was implemented in January 2020 with the new A, B, C signs advertised within our community and posted at all entrances of inspected facilities. These signs are updated on every inspection, including re-inspections and complaint inspections. We continue to post all inspection results online, which are available to the public for up to two years.

BRANT COUNTY BOARD OF HEALTH MEETING of May 19, 2021
REPORT #: 7.3

FROM: Filip Pajtondziew, Manager,
Environmental Health and Infectious Diseases
REPORT DATE: May 11, 2021
RE: Healthy Environments Program Report

The Ontario Public Health Standards require all public health units to prevent or reduce adverse health outcomes resulting from exposure to all biological, physical and chemical agent public health hazards. During 2020, public health inspectors (PHIs) responded to 128 Health Hazard complaints from the public. The type and number of complaint responses and follow ups are summarized in the table below:

Health Hazard Follow-up/Complaints 2020

| Type of Complaint | Number |
|---|------------|
| Food Safety complaints | 56 |
| # of tick identifications | 136 |
| West Nile Virus-Standing Water complaints | 4 |
| Infection Control complaints | 47 |
| Heat By-law complaints | 8 |
| Cold Alerts Issued | 1 |
| Heat Alerts Issued | 7 |
| Sewage | 0 |
| Air Quality | 2 |
| Public Pool Safety * | 1 |
| Environmental Safety | 9 |
| Health Hazard Complaints | 128 |
| TOTAL | 399 |

Brant County Health Unit (BCHU) mitigates heat and cold impacts by issuing alerts as per the Medical Officer of Health. These alerts are sent to key community partners once the temperature reaches a certain threshold. The advisory is posted on the BCHU website as well as social media (Twitter and Facebook). BCHU works with these community partners to help educate the community and keep them safe during hot and cold weather.

All public inquiries are responded to in accordance with the Ontario Public Health Standards. The Brant County Health Unit continues to maintain a 24-hour on-call response for Health hazard emergencies.

BRANT COUNTY BOARD OF HEALTH MEETING on May 19, 2021
REPORT #: 7.4

FROM: Filip Pajtondziew, Manager,
Environmental Health and Infectious Diseases
REPORT DATE: May 11, 2021
RE: Infectious Disease and Infection Prevention and Control Program Report

Infectious Disease Program 2020

Under the Health Protection and Promotion Act, Ontario Regulation 559/91, the Infectious Disease (ID) program involves critical and time sensitive follow up and surveillance of 60+ reportable diseases to prevent further spread of communicable diseases to the community and institutions.

The objectives of this program are to:

- Achieve timely and effective identification and management of exposures and outbreaks of infectious and communicable diseases;
- Monitor trends and identify threshold for investigation and education; to increase knowledge among health care providers regarding trends, testing and treatment of infectious diseases of public health importance; and
- Increase public awareness related to prevention and treatment of sexually transmitted, blood-borne and vector-borne infections.

Infectious disease topic areas include, but are not limited to:

- Rabies Prevention and Control
- Vector-borne Disease Prevention and Control
- Infectious Disease Prevention and Control
- Infection Prevention and Control
- TB Prevention and Control
- Institutional/Facility and Community Outbreak Management
- Sexual Health and Sexually Transmitted/Blood-Borne Infections Prevention and Control
- Management of Avian Influenza or Novel Influenza in Birds or Animals
- Management of Avian Chlamydiosis in Birds
- Management of Echinococcus Multilocularis Infections in Animals.

Chlamydia continues to be the most frequently reported infectious disease, followed by Influenza, Gonorrhoea and Hepatitis C in 2020. Of those four diseases, there were a total of 314 chlamydia infections, 111 influenza infections, 99 gonorrhoea infections, and 27 hepatitis C infections investigated.

| | |
|--|-----|
| Number of laboratory confirmed cases of chlamydia | 314 |
| Number of laboratory confirmed cases of gonorrhoea | 99 |
| Number of confirmed cases of influenza | 111 |
| Number of confirmed cases of Hep C | 27 |
| Number of confirmed infectious Syphilis | 5 |
| Number of cases of positive WNV humans | 1 |
| Number of TB confirmed cases | 0 |
| Number of LTBI confirmed cases | 19 |

| | |
|---------------------------------|-----|
| Number of enteric outbreaks | 13 |
| Number of respiratory outbreaks | 24* |

***17 of the respiratory outbreaks are COVID-19 related**

The ID program continues to aim to reach out to all clients and organizations that offer infectious disease services, including infection prevention and control (IPAC) and case and contact management. Although most services are offered between 8:30 a.m. and 4:30 p.m., Monday to Friday, staff rotate on an evening shift and weekend shift schedule to support the community during the COVID-19 pandemic. In addition, on-call staff and/or managers are available 24/7 to address issues of diseases of public health outbreaks, infectious diseases, and rabies exposures.

Infection Prevention and Control Program 2020

The Infection Prevention and Control program responds to IPAC complaints in regulatory, non-regulatory, and non-routinely inspected settings. The objective of this program is to maintain a low incidence rate of infectious diseases acquired from accessing services within the community.

The Infection Prevention and Control program includes:

- Enforcement of Regulation 136/18 and IPAC education within personal service settings (PSSs);
- Inspection and education within institutions and child-care facilities;
- Provision of consultation to community partners and community members as required;
- Response to IPAC complaints in regulatory, non-regulatory, non-routinely, and routinely inspected settings;
- Communication of relevant IPAC best practices to stakeholders; and
- Disclosure of inspections and IPAC lapse investigations.

The IPAC program employs a universal approach as inspections and other relevant IPAC services aim to protect everyone from potential infections when accessing certain services, such as healthcare, dental, personal services, and daycares.

IPAC lapse investigations are conducted on a complaint basis or referral, or through communicable disease surveillance. In 2020, ID staff investigated 40 IPAC complaints, in which 4 IPAC lapses were identified. In comparison to 2019, 11 IPAC complaints were investigated, resulting in no IPAC lapses.

In addition, Public Health Inspectors met 35.7% of IPAC inspection requirements for all daycare facilities. Personal service settings inspection requirements were at 26.3% completion for last year. The COVID-19 pandemic and provincial lockdown measures directly impacted the operation of personal service settings. Personal service settings were prohibited to operate from March 17, 2020 until June 12, 2020 and the type of services being offered were restricted from June 13, 2020 until July 17, 2020. Due to the lockdown measures, the completion rates for compliance inspections are lower in 2020 than previous years.

In January 2020, Brant County Health Unit implemented the enhanced disclosure signage system. The enhanced disclosure includes on-site disclosure for infection prevention and control inspections of all personal service settings, which include, but are not limited to, hair salons, barbershops, nail salons, micropigmentation clinics, aesthetic clinics, and tattoo shops.

Table: Selected Reportable Communicable Diseases, by Age and Sex, Brant, 2020

| | Demographic | | Reported Cases in 2020 | Comparison to 5 year Average | 5 Year Average | Reported Cases in Previous 5 Years | | | | |
|------------------------|-------------|--------|------------------------|------------------------------|----------------|------------------------------------|------|------|------|------|
| | | | | | | 2015 | 2016 | 2017 | 2018 | 2019 |
| CHLAMYDIAL INFECTIONS | Age | <15 | 0 | ↔ | 1.8 | 0 | 0 | 0 | 7 | 2 |
| | | 15-29 | 252 | ↓ | 328.2 | 334 | 304 | 295 | 376 | 332 |
| | | 30-44 | 55 | ↔ | 64.4 | 62 | 61 | 64 | 68 | 67 |
| | | 45-59 | 10 | ↔ | 9.4 | 8 | 6 | 11 | 16 | 6 |
| | | 60+ | 0 | ↔ | 1.8 | 3 | 1 | 1 | 2 | 2 |
| | Sex | Female | 200 | ↓ | 269 | 264 | 257 | 247 | 300 | 277 |
| | | Male | 117 | ↔ | 136 | 143 | 115 | 123 | 168 | 131 |
| GONORRHOEA (ALL TYPES) | Age | <15 | 0 | ↔ | 0.2 | 0 | 0 | 0 | 1 | 0 |
| | | 15-29 | 55 | ↔ | 54.4 | 69 | 50 | 34 | 44 | 75 |
| | | 30-44 | 36 | ↑ | 24.4 | 27 | 25 | 21 | 20 | 29 |
| | | 45-59 | 9 | ↔ | 6.2 | 10 | 4 | 4 | 8 | 5 |
| | | 60+ | 1 | ↔ | 1.6 | 1 | 0 | 2 | 2 | 3 |
| | Sex | Female | 48 | ↔ | 38.8 | 46 | 44 | 19 | 34 | 51 |
| | | Male | 53 | ↔ | 47.8 | 61 | 34 | 42 | 41 | 61 |
| HEPATITIS C | Age | <15 | 0 | ↔ | 0.2 | 0 | 0 | 0 | 0 | 1 |
| | | 15-29 | 9 | ↔ | 13.4 | 14 | 16 | 22 | 7 | 8 |
| | | 30-44 | 4 | ↓ | 17.4 | 21 | 17 | 25 | 14 | 10 |
| | | 45-59 | 1 | ↓ | 16.4 | 11 | 17 | 25 | 14 | 15 |
| | | 60+ | 9 | ↔ | 9.2 | 9 | 9 | 10 | 10 | 8 |
| | Sex | Female | 8 | ↓ | 21.6 | 24 | 18 | 30 | 18 | 18 |
| | | Male | 14 | ↓ | 35 | 31 | 41 | 52 | 27 | 24 |
| INFLUENZA | Age | <15 | 35 | ↔ | 47.8 | 22 | 65 | 31 | 54 | 67 |
| | | 15-29 | 11 | ↑ | 6.2 | 1 | 13 | 7 | 3 | 7 |
| | | 30-44 | 6 | ↔ | 6 | 3 | 14 | 3 | 4 | 6 |
| | | 45-59 | 6 | ↓ | 14.4 | 1 | 26 | 11 | 17 | 17 |
| | | 60+ | 48 | ↓ | 73.2 | 59 | 56 | 62 | 98 | 91 |
| | Sex | Female | 57 | ↓ | 82.4 | 53 | 101 | 59 | 98 | 101 |
| | | Male | 49 | ↓ | 65 | 33 | 71 | 56 | 78 | 87 |

Source: integrated Public Health Information System (iPHIS), Date Extracted: April, 2021

Note: comparison between the count in 2020 and the previous 5 year mean is based on the probability from Poisson distribution, '↑' refers to statistically significant increase, '↓' statistically significant decrease, '↔' no statistically significant difference ($\alpha=0.05$).