City of Hamilton
BOARD OF HEALTH

Meeting #: 19-004
Date: April 15, 2019
Time: 1:30 p.m.
Location: Council Chambers, Hamilton City Hall
71 Main Street West

Loren Kolar, Legislative Coordinator (905) 546-2424 ext. 2604

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1. CEREMONIAL ACTIVITIES

2. APPROVAL OF AGENDA

(Added Items, if applicable, will be noted with *)

3. DECLARATIONS OF INTEREST

4. APPROVAL OF MINUTES OF PREVIOUS MEETING

4.1 March 18, 2019

5. COMMUNICATIONS

5.1 Correspondence from the Windsor Essex County Health Unit in support of Peterborough Health Unit's Support for Increased Actions to the Opioid Crisis.

Recommendation: To be endorsed

5.2 Correspondence from the Toronto Board of Health Urging the Ministry of Health and Long-Term Care to Support Managed Opioid Programs

Recommendation: Be received and referred to Public Health Services staff for a report back to the Board of Health.

5.3 Correspondence from the Association of Local Public Health Agencies respecting the Winter Symposium held on February 21, 2019.

Recommendation: Be received.

6. DELEGATION REQUESTS

6.1 Krista D'Aoust, Neighbour to Neighbour Centre, respecting Activities and Community Impact as a Result of Board of Health 2018 funding (for today's meeting)

6.2 Danielle Boissoneau, Neighbour to Neighbour Centre, respecting Activities and Community Impact as a Result of Board of Health 2018 funding (for today's meeting)

6.3 Amy Angelo, Neighbour to Neighbour Centre, respecting Activities and Community Impact as a Result of Board of Health 2018 funding (for today's meeting)

7. CONSENT ITEMS

7.1 Semi-Annual Infectious Diseases and Environmental Health Report (BOH19007) (City Wide)

7.2 Semi-Annual Public Health Performance Report (BOH19008) (City Wide)

7.3 Communications Policy Between Medical Officer of Health and Board of Health (BOH19011) (City Wide)

7.4 Heat Warning Information System (BOH19014) (City Wide)

8. PUBLIC HEARINGS / DELEGATIONS

8.1 Jeffrey Martin, respecting the Hamilton Millennial Survey Study (approved at the March 12, 2019 meeting)

8.2 David Carson, respecting the Need to Increase City Efforts on Mitigating and Adapting to Climate Change (approved at the March 12, 2019 meeting)

9. STAFF PRESENTATIONS

10. DISCUSSION ITEMS

10.1 Hamilton Wentworth Detention Centre Deaths Inquest Jury Recommendations (BOH19016) (City Wide)

10.2 City of Hamilton Tick Management Plan and Committee (BOH19012) (City Wide)

11. MOTIONS

12. NOTICES OF MOTION

13. GENERAL INFORMATION / OTHER BUSINESS

14. PRIVATE AND CONFIDENTIAL

15. ADJOURNMENT

BOARD OF HEALTH
MINUTES 19-003

1:30 p.m.
Monday, March 18, 2019
Council Chambers
Hamilton City Hall

Present: Mayor F. Eisenberger (Chair)
Councillors M. Wilson, J. Farr, N. Nann, S. Merulla, C. Collins, J.P. Danko, B. Clark, M. Pearson, B. Johnson, L. Ferguson, A. VanderBeek, T. Whitehead

Absent with Regrets: Councillor T. Jackson – Illness, Councillor E. Pauls – Personal; and Councillor J. Partridge – City Business

THE FOLLOWING ITEMS WERE REFERRED TO COUNCIL FOR CONSIDERATION:

1. Communications (Items 5.1, 5.2 and 5.13)

(Whitehead/Clark)
That the following Communications items be endorsed by the Board of Health:

(i) Correspondence from the Regional Municipality of Durham respecting their Cannabis Use in Public Places Resolution (Item 5.1)

(ii) Correspondence from the Windsor Essex County Health Unit respecting the Smoke Free Ontario Act, 2017 and Cannabis Legislation (Item 5.2)

(iii) Correspondence from the Renfrew County and District Health Unit respecting Strengthening the Smoke-Free Ontario Act, 2017 to Address the Promotion of Vaping (Item 5.13)

Result: Motion CARRIED by a vote of 10 to 1, as follows:

YES - Councillor Maureen Wilson
NO - Councillor Jason Farr
YES - Councillor Nrinder Nann
YES - Councillor Sam Merulla
YES - Councillor John-Paul Danko
YES - Deputy-Chair Chad Collins
YES - Councillor Terry Whitehead

YES - Councillor Arlene VanderBeek
YES - Councillor Brenda Johnson
YES - Councillor Maria Pearson
YES - Councillor Brad Clark
NOT PRESENT - Councillor Tom Jackson
NOT PRESENT - Councillor Esther Pauls
NOT PRESENT - Mayor Fred Eisenberger
NOT PRESENT - Councillor Judi Partridge
NOT PRESENT - Councillor Lloyd Ferguson

2. Nurse Family Partnership Program 2019 Funding and Service Level Update (BOH07035(h)) (City Wide) (Item 7.1)

(Clark/Johnson)
That Report BOH07035(h) respecting the Nurse Family Partnership Program 2019 Funding and Service Level Update, be received.

CARRIED

3. Accelerating and Prioritizing Climate Action in Response to the Climate Emergency (Added Item 8.3)

(Eisenberger/Farr)
WHEREAS, the City of Hamilton recognizes that Climate Change is an emergency and the single largest threat to municipalities across the world and urgent climate action is needed;

WHEREAS, the City of Hamilton has already been impacted by Climate Change through shoreline and escarpment destruction, millions of dollars of infrastructure damages by extreme storm events and increase freeze – thaw cycles destroying our roads and subsurface infrastructure;

WHEREAS, the City of Hamilton recognizes all the existing, albeit fragmented, climate change work across the corporate departments and the ongoing corporate climate adaptation planning;

WHEREAS, The City of Hamilton recognizes the new Bay Area Climate Change Council that brings a community collaborative regional approach to accelerating climate action across the cities of Hamilton and Burlington, and which will be inviting the Cities to participate on the implementation teams;

WHEREAS, The Intergovernmental Panel on Climate Change (IPCC) most recent report has indicated a need for massive reduction in carbon emissions of about 45% from 2010 in the next 11 years, reaching net zero carbon emissions by 2050, to have a reasonable chance of keeping global warming to 1.5C and maintaining a climate compatible with human civilization; and,

WHEREAS the City of Hamilton recognizes that climate action and the low-carbon transition also represents a massive opportunity for economic stimulation and growing job opportunities in the new low-carbon economy.

THEREFORE BE IT RESOLVED:

(a) That the City of Hamilton declare a climate emergency that threatens our city, region, province, nation, civilization, humanity and the natural world;

(b) That a multi-departmental Corporate Climate Change Task Force of City of Hamilton staff be created under the leadership of the City Manager;

(c) That the Corporate Climate Change Task Force be directed to investigate and identify:

i. Additional actions to be taken to incorporate into existing plans and policies to achieve net zero carbon emissions before 2050.

ii. Best processes to centralize reporting on Climate Change for the Corporation of the City of Hamilton; ~~and~~

iii. Gaps in current programs and projects and strategies to address those gaps; and,

iv. The establishment of a critical path and Terms of Reference to initiate an awareness strategy campaign to encompass the history of global warming, climate change and the United Nation's Declaration on a Climate Emergency, which is to include the impacts of not taking such action, and the investment vs. the expense of taking such action;

(d) That the Corporate Climate Change Task Force report back to the Board of Health within 120 days; and,

(e) That Council supports City of Hamilton staff participation in Bay Area Climate Change Implementation Teams as subject matter experts to accelerate climate action across the Bay Area.

Result: Motion CARRIED by a vote of 10 to 0, as follows:

YES - Councillor Maureen Wilson
YES - Councillor Jason Farr
YES - Councillor Nrinder Nann
YES - Councillor Sam Merulla
YES - Councillor John-Paul Danko
YES - Chair Fred Eisenberger
YES - Councillor Terry Whitehead
YES - Councillor Brenda Johnson
YES - Councillor Maria Pearson
YES - Councillor Brad Clark
NOT PRESENT - Councillor Chad Collins
NOT PRESENT - Councillor Tom Jackson
NOT PRESENT - Councillor Esther Pauls
NOT PRESENT - Councillor Judi Partridge
NOT PRESENT - Councillor Arlene VanderBeek
NOT PRESENT - Councillor Lloyd Ferguson

4. Consumption and Treatment Services in Hamilton (BOH19017) (Item 9.1)

(Farr/Nann)

(a) That the Medical Officer of Health be directed to apply to the Minister of Health and Long-Term Care for approval to operate a Consumption and Treatment Services site, and for funding for 100% of the associated capital and operational costs;

(b) That the Medical Officer of Health be directed to submit to Health Canada an application for a Section 56.1 Exemption for Medical Purposes under the *Controlled Drug and Substances Act* for Activities at a Supervised Consumption Site;

(c) That, contingent on the City receiving approval for the establishment of a Consumption and Treatment Services site and associated 100% funding from the Ministry of Health and Long-Term Care, as well as a Section 56.1 Exemption for Medical Purposes under the *Controlled Drug and Substances Act* for Activities at a Supervised Consumption Site from Health Canada:

(i) The Medical Officer of Health be directed to establish and operate the Consumption and Treatment Services site;

(ii) The Public Health Services permanent staffing complement be increased by 6.0 FTE Public Health Nurse, 3.1 FTE Harm Reduction Worker, 3.0 FTE Peer Support Worker and 1.0 FTE Clinic Supervisor to staff the CTS; and,

(iii) That the base budget be increased by the requisite amount; and

(d) That the Medical Officer of Health be authorized and directed to execute any agreements and ancillary documents required to implement Recommendations (a) to (c), with said agreements and documents to be in a form satisfactory to the City Solicitor

Result: Motion CARRIED by a vote of 10 to 0, as follows:

YES - Councillor Maureen Wilson
YES - Councillor Jason Farr
YES - Councillor Nrinder Nann
YES - Councillor Sam Merulla
YES - Councillor John-Paul Danko
YES - Chair Fred Eisenberger
YES - Councillor Terry Whitehead
YES - Councillor Brenda Johnson
YES - Councillor Maria Pearson
YES - Councillor Brad Clark
NOT PRESENT - Councillor Chad Collins
NOT PRESENT - Councillor Tom Jackson
NOT PRESENT - Councillor Esther Pauls
NOT PRESENT - Councillor Judi Partridge
NOT PRESENT - Councillor Arlene VanderBeek

NOT PRESENT - Councillor Lloyd Ferguson

FOR INFORMATION:

(a) CEREMONIAL ACTIVITIES (Item 1)

There were no ceremonial activities.

(b) CHANGES TO THE AGENDA (Item 2)

The Clerk advised the Board of the following changes to the agenda:

1. ADDED DELEGATION REQUESTS

6.2 Jeffrey Martin, respecting the Hamilton Millennial Survey Study (for a future meeting)

6.3 Danielle Delonttinville, Keeping Six, respecting Item 9.1, Consumption and Treatment Services in Hamilton (BOH19017) (for today's meeting)

6.4 David Carson, respecting the need to increase City efforts on mitigating and adapting to Climate Change (for a future meeting)

6.5 Ian Graham, respecting Climate Change (for today's meeting)

6.6 Kate Flynn, Centre for Climate Change Management at Mohawk College, respecting an Update from the Bay Area Climate Change Council (for today's meeting)

(Clark/Whitehead)
That the agenda for the March 18, 2019 Board of Health be approved, as amended.

Result: Motion CARRIED by a vote of 11 to 0, as follows:

YES - Councillor Maureen Wilson
YES - Councillor Jason Farr
YES - Councillor Nrinder Nann
YES - Councillor Sam Merulla
YES - Councillor John-Paul Danko
YES - Deputy-Chair Chad Collins
YES - Councillor Terry Whitehead
YES - Councillor Arlene VanderBeek
YES - Councillor Brenda Johnson
YES - Councillor Maria Pearson
YES - Councillor Brad Clark
NOT PRESENT - Councillor Tom Jackson
NOT PRESENT - Councillor Esther Pauls
NOT PRESENT - Mayor Fred Eisenberger
NOT PRESENT - Councillor Judi Partridge
NOT PRESENT - Councillor Lloyd Ferguson

(c) DECLARATIONS OF INTEREST (Item 3)

There were no declarations of interest.

(d) APPROVAL OF MINUTES OF PREVIOUS MEETING (Item 4)

(i) February 22, 2019 (Item 4.1)

(VanderBeek/Pearson)
That the Minutes of the February 22, 2019 meeting of the Board of Health be approved, as presented.

Result: Motion CARRIED by a vote of 11 to 0, as follows:

YES - Councillor Maureen Wilson
YES - Councillor Jason Farr
YES - Councillor Nrinder Nann
YES - Councillor Sam Merulla
YES - Councillor John-Paul Danko
YES - Deputy-Chair Chad Collins
YES - Councillor Terry Whitehead
YES - Councillor Arlene VanderBeek
YES - Councillor Brenda Johnson
YES - Councillor Maria Pearson
YES - Councillor Brad Clark
NOT PRESENT - Councillor Tom Jackson
NOT PRESENT - Councillor Esther Pauls
NOT PRESENT - Mayor Fred Eisenberger
NOT PRESENT - Councillor Judi Partridge
NOT PRESENT - Councillor Lloyd Ferguson

(e) COMMUNICATIONS (Item 5)

(Pearson/Whitehead)
That Communications 5.3 to 5.12, and 5.14 to 5.17 be received, as presented, as follows:

(i) Correspondence from the Windsor Essex County Health Unit respecting Ontario's Basic Income Pilot (Item 5.3)

Recommendation: Be received.

(ii) Correspondence from the Windsor Essex County Health Unit respecting an Endorsement for Mandatory Food Literacy Curricula in Ontario Schools (Item 5.4)

Recommendation: Be received.

(iii) Correspondence from the Windsor Essex County Health Unit respecting Funding for the Healthy Babies, Healthy Children (HBHC) Program (Item 5.5)

Recommendation: Be received.

(iv) Correspondence from the Windsor Essex County Health Unit respecting an Endorsement of a Universal Student Nutrition Program 2018 (Item 5.6)

Recommendation: Be received.

(v) Correspondence from the Simcoe Muskoka District Health Unit respecting the Public and Environmental Health Implications of Bill 66, Restoring Ontario's Competitiveness Act, 2018 (Item 5.7)

Recommendation: Be received.

(vi) Correspondence from the North Bay Parry Sound District Health Unit respecting Food Insecurity and Bill 60, an Act to Amend the Ministry of Community and Social Services Act to Establish the Social Assistance Research Commission (Item 5.8)

Recommendation: Be received.

(vii) Correspondence from the Peterborough Public Health Unit respecting Support for Provincial Oral Health Programs for Low Income Adults and Seniors (Item 5.9)

Recommendation: Be received.

(viii) Correspondence from David Williams, Chief Medical Officer of Health, Ministry of Health and Long-Term Care respecting Amendments to Select Ontario Public Health Standards Protocols, Guidelines and Appendices (Item 5.10)

Recommendation: Be received.

(ix) Correspondence from David Williams, Chief Medical Officer of Health, Ministry of Health and Long-Term Care respecting the Transformation of Health Care System (Item 5.11)

Recommendation: Be received.

(x) Correspondence from the Council of Ontario Medical Officers of Health's Resolution respecting HIV Case Management and the "Undetectable = Untransmittable" messaging as part of a comprehensive public health approach to sexual health (Item 5.12)

Recommendation: Be received.

(xi) Correspondence from the Association of Local Public Health Agencies (alPHa) respecting an Update to Boards of Health Section Members (Item 5.14)

Recommendation: Be received.

(xii) Correspondence from the Association of Local Public Health Agencies (alPHa) respecting their 2019 Annual General Meeting & Conference, June 911, in Kingston, Ontario (Item 5.15)

Recommendation: Be received.

(xiii) Correspondence from the Association of Local Public Health Agencies (alPHa) respecting a Call for Board of Health Nominations for the 2019-2020, and 2020-2021 alPHa Board of Directors (Item 5.16)

Recommendation: Be received.

(xiv) Correspondence from the Association of Local Public Health Agencies (alPHa) respecting Alcohol Choice & Convenience and a Provincial Alcohol Strategy (Item 5.17)

Recommendation: Be received.

CARRIED

(f) DELEGATION REQUESTS (Item 6)

(i) Ian Borsuk and Dr Lynda Lukasik, Environment Hamilton, respecting Climate Change (for today's meeting) (Item 6.1)

(Pearson/VanderBeek)
That the delegation from Ian Borsuk and Dr Lynda Lukasik, Environment Hamilton, respecting Climate Change, be approved for today's meeting.

Result: Motion CARRIED by a vote of 11 to 0, as follows:

YES - Councillor Maureen Wilson
YES - Councillor Jason Farr
YES - Councillor Nrinder Nann
YES - Councillor Sam Merulla
YES - Councillor John-Paul Danko
YES - Deputy-Chair Chad Collins
YES - Councillor Terry Whitehead
YES - Councillor Arlene VanderBeek
YES - Councillor Brenda Johnson
YES - Councillor Maria Pearson
YES - Councillor Brad Clark
NOT PRESENT - Councillor Tom Jackson
NOT PRESENT - Councillor Esther Pauls
NOT PRESENT - Mayor Fred Eisenberger
NOT PRESENT - Councillor Judi Partridge

NOT PRESENT - Councillor Lloyd Ferguson

(ii) Jeffrey Martin, respecting the Hamilton Millennial Survey Study (for a future meeting) (Added Item 6.2)

(Pearson/VanderBeek)
That the delegation from Jeffrey Martin, respecting the Hamilton Millennial Survey Study, be approved for a future meeting.

Result: Motion CARRIED by a vote of 11 to 0, as follows:

YES - Councillor Maureen Wilson
YES - Councillor Jason Farr
YES - Councillor Nrinder Nann
YES - Councillor Sam Merulla
YES - Councillor John-Paul Danko
YES - Deputy-Chair Chad Collins
YES - Councillor Terry Whitehead
YES - Councillor Arlene VanderBeek
YES - Councillor Brenda Johnson
YES - Councillor Maria Pearson
YES - Councillor Brad Clark
NOT PRESENT - Councillor Tom Jackson
NOT PRESENT - Councillor Esther Pauls
NOT PRESENT - Mayor Fred Eisenberger
NOT PRESENT - Councillor Judi Partridge
NOT PRESENT - Councillor Lloyd Ferguson

(iii) Danielle Delonttinville, Keeping Six, respecting Item 9.1, Consumption and Treatment Services in Hamilton (BOH19017) (for today's meeting) (Added Item 6.3)

(Pearson/VanderBeek)
That the delegation from Danielle Delonttinville, Keeping Six, respecting Item 9.1, Consumption and Treatment Services in Hamilton (BOH19017), be approved for today's meeting.

Result: Motion CARRIED by a vote of 11 to 0, as follows:

YES - Councillor Maureen Wilson
YES - Councillor Jason Farr
YES - Councillor Nrinder Nann
YES - Councillor Sam Merulla
YES - Councillor John-Paul Danko
YES - Deputy-Chair Chad Collins
YES - Councillor Terry Whitehead
YES - Councillor Arlene VanderBeek
YES - Councillor Brenda Johnson
YES - Councillor Maria Pearson
YES - Councillor Brad Clark

NOT PRESENT - Councillor Tom Jackson
NOT PRESENT - Councillor Esther Pauls
NOT PRESENT - Mayor Fred Eisenberger
NOT PRESENT - Councillor Judi Partridge
NOT PRESENT - Councillor Lloyd Ferguson

(iv) David Carson, respecting the Need to Increase City Efforts on Mitigating and Adapting to Climate Change (for a future meeting) (Added Item 6.4)

(Pearson/VanderBeek)
That the delegation from David Carson, respecting the need to increase City efforts on mitigating and adapting to Climate Change, be approved for a future meeting.

Result: Motion CARRIED by a vote of 11 to 0, as follows:

YES - Councillor Maureen Wilson
YES - Councillor Jason Farr
YES - Councillor Nrinder Nann
YES - Councillor Sam Merulla
YES - Councillor John-Paul Danko
YES - Deputy-Chair Chad Collins
YES - Councillor Terry Whitehead
YES - Councillor Arlene VanderBeek
YES - Councillor Brenda Johnson
YES - Councillor Maria Pearson
YES - Councillor Brad Clark
NOT PRESENT - Councillor Tom Jackson
NOT PRESENT - Councillor Esther Pauls
NOT PRESENT - Mayor Fred Eisenberger
NOT PRESENT - Councillor Judi Partridge
NOT PRESENT - Councillor Lloyd Ferguson

(v) Ian Graham, respecting Climate Change (for today's meeting) (Added Item 6.5)

(Pearson/VanderBeek)
That the delegation from Ian Graham, respecting Climate Change, be approved for today’s meeting.

Result: Motion CARRIED by a vote of 11 to 0, as follows:

YES - Councillor Maureen Wilson
YES - Councillor Jason Farr
YES - Councillor Nrinder Nann
YES - Councillor Sam Merulla
YES - Councillor John-Paul Danko
YES - Deputy-Chair Chad Collins
YES - Councillor Terry Whitehead

YES - Councillor Arlene VanderBeek
YES - Councillor Brenda Johnson
YES - Councillor Maria Pearson
YES - Councillor Brad Clark
NOT PRESENT - Councillor Tom Jackson
NOT PRESENT - Councillor Esther Pauls
NOT PRESENT - Mayor Fred Eisenberger
NOT PRESENT - Councillor Judi Partridge
NOT PRESENT - Councillor Lloyd Ferguson

(vi) Kate Flynn, Centre for Climate Change Management at Mohawk College, respecting an Update from the Bay Area Climate Change Council (for today's meeting) (Added Item 6.6)

(Pearson/VanderBeek)
That the delegation from Kate Flynn, Centre for Climate Change Management at Mohawk College, respecting an Update from the Bay Area Climate Change Council, be approved for today's meeting.

Result: Motion CARRIED by a vote of 11 to 0, as follows:

YES - Councillor Maureen Wilson
YES - Councillor Jason Farr
YES - Councillor Nrinder Nann
YES - Councillor Sam Merulla
YES - Councillor John-Paul Danko
YES - Deputy-Chair Chad Collins
YES - Councillor Terry Whitehead
YES - Councillor Arlene VanderBeek
YES - Councillor Brenda Johnson
YES - Councillor Maria Pearson
YES - Councillor Brad Clark
NOT PRESENT - Councillor Tom Jackson
NOT PRESENT - Councillor Esther Pauls
NOT PRESENT - Mayor Fred Eisenberger
NOT PRESENT - Councillor Judi Partridge
NOT PRESENT - Councillor Lloyd Ferguson

(g) PUBLIC HEARINGS/DELEGATIONS (Item 8)

(i) Juliet Ehlert Gordon, respecting Research on the Effects of Electro Magnetic Fields on Human Health and the Environment (Item 8.1)

Juliet Ehlert Gordon addressed the Board respecting Research on the Effects of Electro Magnetic Fields on Human Health and the Environment, with the aid of a hand-out. The hand-out was distributed to the Board and has been included in the official record.

(Farr/VanderBeek)
That the delegation from Juliet Ehlert Gordon, respecting research on the effects of electro magnetic fields on human health and the environment, be received.

CARRIED

The hand-out is available at www.hamilton.ca, and through the Office of the City Clerk.

(ii) Alexander Kinkade, respecting Fentanyl Overdose Prevention Initiatives (Item 8.2)

Alexander Kinkade addressed the Board respecting Fentanyl Overdose Prevention Initiatives, with the aid of a hand-out. The hand-out was distributed to the Board and has been included in the official record.

(Farr/VanderBeek)
That the delegation from Alexander Kinkade, respecting Fentanyl Overdose Prevention Initiatives, be received.

CARRIED

The hand-out is available at www.hamilton.ca, and through the Office of the City Clerk.

(Farr/Clark)
That staff be directed to the investigate the feasibility of providing fentanyl test kits to drug users in the City of Hamilton, to ensure safe consumption, with a report back to a future Board of Health meeting.

Result: Motion CARRIED by a vote of 10 to 0, as follows:

YES – Councillor Maureen Wilson
YES – Councillor Jason Farr
YES – Councillor Nrinder Nann
YES – Councillor Sam Merulla
YES – Councillor John-Paul Danko
YES – Chair Fred Eisenberger
YES – Councillor Arlene VanderBeek
YES – Councillor Brenda Johnson
YES – Councillor Maria Pearson
YES – Councillor Brad Clark
NOT PRESENT – Councillor Chad Collins
NOT PRESENT – Councillor Tom Jackson
NOT PRESENT – Councillor Esther Pauls
NOT PRESENT – Councillor Judi Partridge
NOT PRESENT – Councillor Terry Whitehead
NOT PRESENT – Councillor Lloyd Ferguson

(iii) Ian Borsuk and Dr. Lynda Lukasik, Environment Hamilton, respecting Climate Change (Added Item 8.3)

Ian Borsuk, Dr. Lynda Lukasik, and Joyce Monroe, Environment Hamilton, addressed the Board respecting Climate Change, with the aid of a presentation. The presentation has been included in the official record.

(Pearson/Clark)
That the delegation from Ian Borsuk, Dr. Lynda Lukasik and Joyce Monroe, Environment Hamilton, respecting Climate Change, be received.

CARRIED

For further disposition of this matter, refer to Item 3.

The presentation is available at www.hamilton.ca, and through the Office of the City Clerk.

Mayor Eisenberger relinquished the Chair to introduce his motion respecting Accelerating and Prioritizing Climate Action in Response to the Climate Emergency.

The Mayor assumed the Chair.

(Farr/Clark)
That the following points from the Environment Hamilton presentation be referred to staff to include in the Corporate Climate Change Task Force Report to the Board of Health:

- Revisit and update its greenhouse gas emission reduction targets in light of the new understanding in the October 2018 IPCC report.
- Commit to annual targets and reporting on greenhouse gas emissions in the City.
- Commit to applying a climate lens to all decisions made by the municipality.
- Direct the City Manager to instruct all senior staff to mandate the use of this lens across all city departments.
- Commit more city staff and more staff time to analysis and implementation using this lens.

Result: Motion CARRIED by a vote of 9 to 0, as follows:

YES - Councillor Maureen Wilson
YES - Councillor Jason Farr
YES - Councillor Nrinder Nann
YES - Councillor Sam Merulla
YES - Councillor John-Paul Danko
YES - Chair Fred Eisenberger
YES - Councillor Terry Whitehead
YES - Councillor Maria Pearson
YES - Councillor Brad Clark
NOT PRESENT - Councillor Chad Collins

NOT PRESENT - Councillor Tom Jackson
NOT PRESENT - Councillor Esther Pauls
NOT PRESENT - Councillor Judi Partridge
NOT PRESENT - Councillor Arlene VanderBeek
NOT PRESENT - Councillor Lloyd Ferguson
NOT PRESENT - Councillor Brenda Johnson

For further disposition of this matter, refer to Item 3.

(iv) Danielle Delonttinville, Keeping Six, respecting Item 9.1, Consumption and Treatment Services in Hamilton (BOH19017) (Added Item 8.4)

Danielle Deloitinville, Jody Ans and Lisa Nussey, Keeping Six, addressed the Board respecting Item 9.1, Consumption and Treatment Services in Hamilton (BOH19017).

(Pearson/Johnson)
That the delegation from Danielle Deloitinville, Jody Ans and Lisa Nussey, Keeping Six, addressed the Board respecting Item 9.1, Consumption and Treatment Services in Hamilton (BOH19017), be received.

CARRIED

For further disposition of this matter, refer to Item 4.

(v) Ian Graham, respecting Climate Change (Added Item 8.5)

Ian Graham addressed the Board respecting Climate Change, with the aid of a presentation. The presentation has been included in the official record.

(Pearson/Clark)
That the delegation from Ian Graham, respecting Climate Change, be received.

CARRIED

For further disposition of this matter, refer to Item 3.

The presentation is available at www.hamilton.ca, and through the Office of the City Clerk.

(vi) Kate Flynn, Centre for Climate Change Management at Mohawk College, respecting an Update from the Bay Area Climate Change Council (Added Item 8.6)

Kate Flynn, Centre for Climate Change Management at Mohawk College, addressed the Board respecting an Update from the Bay Area Climate Change Council with the aid of a presentation. The presentation has been included in the official record.

(Pearson/Clark)
That the delegation from Kate Flynn, Centre for Climate Change Management at Mohawk College, respecting an Update from the Bay Area Climate Change Council, be received.

CARRIED

For further disposition of this matter, refer to Item 3.

The presentation is available at www.hamilton.ca, and through the Office of the City Clerk.

(h) STAFF PRESENTATIONS (Item 9)

(i) Consumption and Treatment Services in Hamilton (BOH19017) (Item 9.1)

(Farr/Nann)
That the staff presentation be waived.

CARRIED

For disposition of this matter, refer to Item 4 .

The presentation is available at www.hamilton.ca, and through the Office of the City Clerk.

(i) ADJOURNMENT (Item 15)

(Danko/Nann)
That, there being no further business, the Board of Health be adjourned at 4:45 p.m.

CARRIED

Respectfully submitted,

Mayor F. Eisenberger
Chair, Board of Health

Loren Kolar
Legislative Coordinator
Office of the City Clerk

Fernandes, Krislyn

From: Elspeth Troy <etroy@wechu.org>
Sent: March-21-19 10:51 AM
To: Premier Doug Ford
Cc: The Right Hon. Justin Trudeau ; The Hon. Ginette Petitpas Taylor, Minister of Health; Christine Elliott (christine.elliottco@pc.ola.org); Dr. Theresa Tam, Chief Public Health Officer of Canada; Dr. David Williams; Loretta Ryan (loretta@alphaweb.org); alPHA ; MPP Lisa Gretzky; MPP Percy Hatfield ; MPP Taras Natyshak ; Sleiman, Ed; Joe Bachetti; Tracy Bailey (tbailey@lakeshore.ca); Gary McNamara, Mayor of Tecumseh, Warden Windsor-Essex County; Snively, Larry; Ken Blanchette - St. Clair Colege (drkenblanchette@gmail.com); Debbie Kane; Judy Lund (jlund@fswe.ca); Carlin Miller ; John Scott; 'Michelle Watters'; Councillor Rino Bortolin; Councillor Fabio Constante; Councillor Chris Holt; Theresa Marentette; Nicole Dupuis; Wajid Ahmed; Kristy McBeth; Dan Sibley; Lorie Gregg
Subject: Support for Increased Actions in Response to the Opioid Crisis
Attachments: Letter of Support-Opioid Crisis-Feb 2019.pdf

Dear Premier Ford,

Please see the attached correspondence from Windsor Essex County Health Unit in support of Peterborough Health Unit's letter Re: Support for Increased Actions in Response to the Opioid Crisis.

Thank you,

ELSPETH TROY | **Executive Assistant | Administration**
Windsor-Essex County Health Unit
1005 Ouellette Avenue, Windsor, N9A 4J8
Ph. 519-258-2146 ext. 1220
Fx. 519-258-6003

Our vision is a healthy community.

Employees of WECHU represented by the Ontario Nurses' Association (ONA) are on strike effective Friday, March 8. To find out which public health services will be impacted, please visit https://www.wechu.org/ona-strike.

WINDSOR-ESSEX COUNTY HEALTH unit
Bureau de santé de Windsor-comté d'Essex

519-258-2146 | www.wechu.org

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March 5th, 2019

The Honorable Doug Ford
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON M7A 1A1
Doug.fordco@pc.ola.org

Dear Premier Ford,

Re: Increase actions in response to the current opioid crisis

On behalf of our board of health, I am writing you in support of Peterborough Public Health's request of the federal and provincial government to increase their actions in response to the current opioid crisis.

Throughout Canada the misuse of opioids, particularly fentanyl, is a growing public health crisis resulting in epidemic-like numbers of overdose deaths. In Windsor-Essex we have focused on multi-sector collaboration aimed at addressing the four pillars of harm reduction, prevention, treatment and enforcement. A comprehensive approach such as this requires significant investment and ongoing support and sustainability.

We support our colleagues in urging all levels of government to continue their efforts and support to address the crisis in our province and county with a coordinated pan-Canadian action plan spanning all four pillars of the national drug strategy.

The Windsor-Essex County Health Unit thanks you for your consideration.

Sincerely,

Gary McNamara
Chair, Board of Health

Theresa Marentette
Chief Executive Officer

https://www.wechu.org/boh-docs

https://www.peterboroughpublichealth.ca/wp-content/uploads/2019/01/BOH-Agenda-Jan-12-2019-original.pdf

cc: The Right Hon. Justin Trudeau, Prime Minister of Canda
The Hon. Ginette Petitpas Taylor, Minister of Health
The Hon. Christine Elliott, Minister of Health and Long-Term Care
Dr. Theresa Tam, Chief Public Health Officer of Canada
Dr. David Williams, Ontario Chief Medical Officer of Health
Association of Local Public Health Agencies (alPHa)
Ontario Boards of Health
Windsor-Essex MPP's

Windsor-Essex Board of Health

Peterborough Public Health
1889-2019 LOCAL & STRONG

Jackson Square, **185 King Street**, Peterborough, ON K9J 2R8
P: **705-743-1000** or 1-877-743-0101
F: 705-743-2897
peterboroughpublichealth.ca

January 7, 2019

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON M7A 1A1
doug.ford@pc.ola.org

Dear Premier Ford,

On behalf of the Board of Health for Peterborough Public Health, I am writing a letter of support for Southwestern Public Health's request of both the provincial and federal governments to increase their actions in response to the current opioid crisis.

Throughout Canada the misuse of opioids, particularly fentanyl, is a growing public health crisis resulting in epidemic-like numbers of overdose deaths. The overall economic cost (healthcare costs, lost productivity costs, criminal justice costs and other direct costs) of substance use in Canada in 2014 was estimated to be $38.4 billion. This estimate represents a cost of approximately $1,100 for every Canadian regardless of age. Opioids contributed $3.5 billion or 9.1% of these total costs.

Our current approaches to managing this situation- focused on changing prescribing practices and interrupting the flow of drugs- have failed to reduce the death toll. An enhanced comprehensive public health approach based on the evidence-informed four pillars of harm reduction, prevention, treatment and enforcement is necessary. This approach should include the meaningful involvement of people with lived expertise as well as stakeholders including Indigenous peoples' governance organizations to establish prevention, harm reduction and health promotion programs that meet the needs of their communities.

The time to act is now. In the Chief Public Health's Officer's Report on the State of Public Health in Canada 2018: Prevention Problematic Substance Use in Youth, Dr. Theresa Tam states that "The national life expectancy of Canadians may actually be decreasing for the first time in decades, because of the opioid overdose crisis".

We are urging all levels of government to continue their efforts to address this crisis in our country with a coordinated pan-Canadian action plan spanning all four pillars of the national drug strategy.

Sincerely,

Original signed by

Councillor Henry Clarke
Chair, Board of Health

/ag
Encl.

cc: The Right Hon. Justin Trudeau, Prime Minister of Canada
The Hon. Ginette Petitpas Taylor, Minister of Health
The Hon. Christine Elliott, Minister of Health and Long-Term Care
Dr. Theresa Tam, Chief Public Health Officer of Canada
Dr. David Williams, Ontario Chief Medical Officer of Health
Local MPs
Local MPPs
Association of Local Public Health Agencies
Ontario Boards of Health

SOUTHWESTERN Public Health
Oxford • Elgin • St.Thomas

St. Thomas Site
Administrative Office
1230 Talbot Street
St. Thomas, ON
N5P 1G9

Woodstock Site
410 Buller Street
Woodstock, ON
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October 24, 2018

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON M7A 1A1

Dear Honourable Doug Ford,

On behalf of the Southwestern Public Health Board, I am writing to both our provincial and federal government leaders to reinforce the urgency of the opioid poisoning emergency in our country and urge both the provincial and federal governments to increase actions in response to this emergency based on the evidenced-informed four pillar approach of harm reduction, prevention, treatment and enforcement.

There is an expanding opioid crisis in Canada that is resulting in epidemic-like numbers of overdose deaths. These deaths are the result of an interaction between prescribed, diverted and illegal opioids (such as fentanyl) and the recent entry into the illegal drug market of newer, more powerful synthetic opioids. The current approaches to managing this situation – focused on changing prescribing practices and interrupting the flow of drugs – have failed to reduce the death toll and should be supplemented with an enhanced and comprehensive public health approach. Such an approach would include the meaningful involvement of people with lived experience. [1]

We call on both levels of government to support initiatives that address the causes and determinants of problematic substance use, to make all tools and resources available to support efforts to address the opioid crisis at a community level, to expand and strengthen the integration of surveillance information between provincial and federal partners, to expedite approvals for newer therapeutic modalities for medication assisted and opioid substitution treatment, to provide funding to municipalities and regional health services to establish safe consumption facilities, and to support harm reduction and health promotion services needed to mitigate the opioid crisis at a regional level.

Injection drug use is associated with many serious drug-related harms, such as the transmission of blood borne infections (HIV, Hepatitis C, Hepatitis B), and with fatal and non-fatal overdoses and injection site bacterial infections. In some parts of the world, these harms are widespread among people who inject drugs. Access to interventions such as needle and syringe exchange, opioid substitution therapies, naloxone distribution, sharps management strategies, overdose prevention sites, and supervised consumption sites are essential to reducing these harms and improving the health of the people who use drugs.[2]

We are urging both our federal and provincial Ministers of Health to continue their efforts to address this crisis in our country with a coordinated pan-Canadian action plan spanning all four pillars of the national drug strategy.

Sincerely,

Bernie Wiehle
Chair, Board of Health
Southwestern Public Health

copy:

Honourable Justin Trudeau, Prime Minister of Canada
Honourable Ginette Petitpas Taylor, Federal Minister of Health
Honourable Christine Elliott, Minister of Health and Long-Term Care, Deputy Premier
Honourable Jeff Yurek, Member of Provincial Parliament, Elgin – Middlesex – London
Honourable Ernie Hardeman, Member of Provincial Parliament, Oxford
Association of Local Public Health Agencies
Ontario Boards of Health

1 https://www.cpha.ca/opioid-crisis-canada
2 Harm reduction international www.hri.global/public-health-approaches-to-drug-related-harms

Fernandes, Krislyn

From: Eileen de Villa <Eileen.deVilla@toronto.ca>
Sent: March-12-19 11:37 AM
To: comoh@lists.alphaweb.org
Subject: Expanding Opioid Substitution Treatment with Managed Opioid Programs
Attachments: HL3.02 - Managed Opioid Programs.pdf

ATTN: ONTARIO BOARDS OF HEALTH

Please see the attached report from the Toronto Board of Health urging MOHLTC to support Managed Opioid Programs.

http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2019.HL3.2

Thank you,

Elena Zeppieri
Administrative Assistant to Dr. de Villa
Office of the Medical Officer of Health
Toronto Public Health
Office: 416-338-7820

TORONTO

REPORT FOR ACTION

Expanding Opioid Substitution Treatment with Managed Opioid Programs

Date: February 12, 2019
To: Board of Health
From: Medical Officer of Health
Wards: All

SUMMARY

The opioid poisoning crisis continues unabated in Toronto in large part due to the illicit drug supply, which has become increasingly toxic with fentanyls and other potent drugs. There is a critical need to expand treatment options to include managed opioid programs. This strategy is part of the response to the overdose crisis in British Columbia and Alberta, and is urgently needed in Toronto and elsewhere in Ontario.

Methadone and Suboxone™ are the most commonly offered opioid substitution treatments. These need to be expanded to include managed opioid programs which provide patients with oral or injectable hydromorphone or diacetylmorphine (pharmaceutical heroin) under medical supervision. Managed opioid programs are evidence-based programs that have been shown to increase retention in treatment, reduce the use of street drugs, and decrease crime.

The Province of Ontario recently announced a $102 million funding agreement with the federal government for drug treatment. In the context of the current opioid poisoning crisis, the Ministry of Health and Long-Term Care should target some of this funding to rapidly scale up implementation of managed opioid programs in Toronto and elsewhere in Ontario to help save lives, and improve health outcomes for people who use drugs.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. The Board of Health urge the Ministry of Health and Long-Term Care to:

    a. Immediately target operational and capital funding to support rapid scaled up implementation of managed opioid programs (including low barrier models) in Toronto and elsewhere in Ontario given the urgency of the opioid poisoning crisis.

    b. Take immediate action to ensure the required concentrations of managed opioid medications (i.e. 50 milligrams/milliliters and 100 milligrams/milliliters

hydromorphone) are accessible to treat people with opioid use disorder in Ontario. And further, to take the necessary steps to add these medications at the appropriate concentrations to the Ontario Drug Benefit Formulary for the treatment of opioid use disorder.

c. Seek authority from Health Canada to import diacetylmorphine (pharmaceutical heroin) for use as a managed opioid program medication in Ontario.

d. Work with Health Canada and other necessary federal bodies to address barriers to procuring, storing and transporting diacetylmorphine (pharmaceutical heroin) and/or mitigate their effects to facilitate use of this managed opioid program medication, and

e. Ensure that managed opioid medications are universally accessible to all Ontarians who could benefit from these kinds of programs, and that cost is not a barrier.

FINANCIAL IMPACT

There are no financial impacts associated with this report.

DECISION HISTORY

In June 2018, as part of a status report on implementation of the *Toronto Overdose Action Plan*, the Board of Health approved a recommendation supporting urgent implementation of managed opioid programs, including low barrier options.
http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2018.HL27.1

In March 2017, the Board of Health endorsed the *Toronto Overdose Action Plan*, which included recommendations for the provincial and federal governments to expand access to diacetylmorphine (pharmaceutical heroin) and/or hydromorphone as an opioid substitution treatment option.
http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2017.HL18.3

COMMENTS

Opioid deaths in Toronto

The opioid poisoning crisis continues unabated in Toronto as it is elsewhere in the country. In 2017, there were 308 opioid toxicity deaths in Toronto, which is a 66 percent increase from 2016, and a 125 percent increase from 2015[1]. Most of these deaths were accidental, and 71 percent were due to fentanyl as a contributing cause[2]. More detailed information from the Office of the Chief Coroner for Ontario about deaths caused by opioids (for the period of July 1, 2017 to June 30, 2018) found that fentanyl or its analogues were a contributing cause in over 77 percent of these deaths in Toronto, higher than in the rest of Ontario (69 percent)[1].

Preliminary data from the Office of the Chief Coroner for Ontario for the first six months of 2018 shows there were 111 opioid toxicity deaths in Toronto[1]. This number is expected to rise as the cause of death is confirmed for more cases.

Toxic illicit drug supply

The illicit drug supply in Toronto and elsewhere in the province has become increasingly toxic. In 2017, Health Canada's Drug Analysis Service[3] found fentanyl or its analogues 2469 times in drugs seized by Ontario police services, which is a 178% increase from 2016. In the first three months of 2018 (most recent data available), 59% of all heroin samples analyzed in Ontario also contained fentanyl or analogue(s).

Toronto Public Health (TPH) works with community partners to compile and share information about toxic substances, including issuing alerts when there are widespread reports of probable adulterated or particularly harmful drugs. Most recently, in January 2019, TPH issued an alert following many reports of concerning symptoms after use of a particular opioid in the illicit market. Toronto Overdose Prevention Society members worked with the laboratory at the Centre for Addiction and Mental Health to have post-use residue tested from this substance. The results found a toxic mix of different drugs, with a particularly toxic synthetic cannabinoid, AMB-FUBINACA, present along with opioids, cocaine, ketamine, methamphetamine, and other drugs.

Managed opioid programs

Comprehensive substance use treatment in Toronto needs to include a range of options to meet the diverse needs of people with substance use issues. Methadone and Suboxone™ are the most commonly offered opioid substitution treatments. Slow-release oral morphine has also emerged as a more recent opioid substitution medication[4]. These treatment options should be expanded to include managed opioid programs (MOP), which provide patients with oral or injectable hydromorphone (HDM) or diacetylmorphine (DAM or pharmaceutical heroin), along with methadone or slow release oral morphine for overnight relief.

Managed opioid programs have been shown in research and practice to be effective[4] and cost-saving[5]. In reviews of scientific evidence, MOP have demonstrated that they increase people's retention in treatment, reduce use of street drugs, and decrease crime[6]. Cost-effectiveness studies have shown that providing MOP to people for whom current treatment for opioid use disorder (such as methadone) has not worked is good value for the resources invested. Managed opioid programs that provide DAM to people with opioid use disorder who have not responded to other forms of treatment have been in place in several cities in Europe for decades[8]. Diacetylmorphine is available in The Netherlands and Switzerland, where it accounts for about 9 percent of all opioid substitution treatment, and is also available in Germany, England, and Denmark[9]. Managed opioid programs can be delivered in a variety of different models[10] including regulated low-barrier distribution programs[11].

Due to the unpredictability of the current illicit drug supply, there is an urgent need to expand treatment options, and implement managed opioid programs. This strategy is a

key aspect of the response to the overdose crisis in British Columbia and Alberta, and is urgently needed in Ontario.

The Ministry of Health and Long-Term Care (MOHLTC) has just negotiated a new treatment funding agreement ($102 million) with the federal government. Details of how this new funding will be allocated have not been announced, but ensuring some of the funds are targeted to MOP is critical. It is therefore recommended that the MOHLTC immediately target operational and capital funding to support a rapid scale up of MOP in Ontario (including low barrier models) given the urgency of the current opioid poisoning crisis.

Canadian managed opioid programs

In Canada, MOP began in 2005 as a research trial in Vancouver and Montreal[12], and have included the provision of both DAM, and/or HDM. These research trials demonstrated the effectiveness of this treatment option in decreasing both crime and improving retention in drug treatment[12, 13]. Programs based on this research have expanded and are now being delivered by several health care providers in Vancouver to respond to the overdose crisis[14]. New clinics in Surrey, British Columbia and Calgary, Alberta have recently opened, and more are planned. In Ottawa, there is one shelter-based MOP run by Ottawa Inner City Health, which has been successfully stabilizing a small group of people on HDM since late 2017[15]. New innovative programs that distribute HDM pills are being planned in British Columbia.[11]. In addition, clinical and other guidelines have been produced to guide practitioners in the effective delivery of these programs based on best practices[10, 16]. The foundations are therefore in place to scale up the implementation of these kind of programs in Ontario.

The stories from people participating in MOP in Vancouver demonstrate the kind of recovery that is possible with this form of treatment[17]:

"My life is starting to become more manageable… and I'm only two and a half months into it… I'm putting on weight, that's one thing. I'm eating better… It's stabilized my life…I don't wake up in the morning having to figure out what crime I'm going to do to pay for my drugs…and I'm actually looking for other things in my life, like even going swimming, leisure and stuff like that. …And this is only at the start."

"I don't get sick. I sleep all night. I don't do crimes. That's really good."

Barriers to implementation

Despite the evidence on the effectiveness of MOP, and the precedents of programs in other parts of Canada, there are a number of barriers to implementing MOP in Ontario, many of which could be addressed by the MOHLTC.

The current medications used in opioid substitution treatment (methadone and Suboxone™) are listed on the Ontario Drug Benefit Formulary. The costs for these medications are covered for people who are eligible for the Ontario Drug Benefit program (i.e. people aged 65 or older, and people enrolled in the Trillium Drug Program, Ontario Works, or the Ontario Disability Support Program). However, the concentrations of injectable HDM (50mg/ml and 100mg/ml) required as treatment for opioid use

disorder are not listed on the Ontario Drug Benefit Formulary. It is therefore recommended that the MOHLTC take immediate action to ensure the required concentrations of MOP medications (i.e. 50mg/ml and 100mg/ml hydromorphone) are accessible to treat people with opioid use disorder in Ontario. For example, the MOHLTC could provide funding to health care providers or other related organizations to cover the costs of these medications. Because many people who are treated for opioid use disorder are eligible for the Ontario Drug Benefit program, it is also important for the MOHLTC to take the necessary steps to add these medications at the appropriate concentrations to the Ontario Drug Benefit Formulary for the treatment of opioid use disorder.

Diacetylmorphine (pharmaceutical heroin) is currently not available in Ontario. Health Canada must authorize use and importation of this medication, and provinces must request special access. It is therefore recommended that the MOHLTC seek authority from Health Canada to import diacetylmorphine for use as a MOP medication in Ontario.

There are also considerable barriers to procuring, storing and transporting DAM, which make it inaccessible for most potential MOP providers. These regulations are federal as well as provincial, and there is a lack of information from the MOHLTC about who would pay for this medication even if the regulatory barriers to procuring, storing and transporting it were reduced or managed. It is therefore recommended that the MOHLTC work with Health Canada and other necessary federal bodies to address barriers to procuring, storing and transporting diacetylmorphine (pharmaceutical heroin) and/or mitigate their effects to facilitate use of this MOP medication. It is further recommended that the MOHLTC ensure that MOP medications are universally accessible to all Ontarians who could benefit from these kinds of programs, and that cost is not a barrier.

Treatment programs that offer opioid substitution therapies need to offer more than just medication. Supports for people in these programs should include case management, and other psychosocial supports. Health facilities may need to be renovated or expanded to accommodate the supervision of injectable medications. The MOHLTC often provides the funds to support these kind of services in community-based settings.

Conclusion

Managed opioid programs are an important part of a comprehensive response to the opioid crisis, which is associated with considerable preventable and premature deaths. Better treatment options and other services are urgently needed in Toronto to meet the needs of people who use substances and are at high risk of overdose. These treatment options help move people out of the illicit drug market, which is currently contaminated with very potent opioids (such as fentanyl and other analogs), and onto a safe supply of pharmaceutical opioids under medical supervision.

Urgent action and investment is needed from the MOHLTC to rapidly scale up the implementation of MOP in Toronto and elsewhere in Ontario to help save lives and improve health outcomes for people who use drugs.

CONTACT

Jann Houston, Director, Strategic Support, 416-338-2074, jann.houston@toronto.ca

SIGNATURE

Dr. Eileen de Villa
Medical Officer of Health

REFERENCES

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Fernandes, Krislyn

From: Gordon Fleming <gordon@alphaweb.org>
Sent: March-20-19 10:42 AM
To: All Health Units
Subject: alPHa Winter Symposium Proceedings
Attachments: 2019_Winter_Symposium_Proceedings.pdf

ATTENTION
CHAIRS, BOARDS OF HEALTH
MEDICAL OFFICERS OF HEALTH
ASSOCIATE MEDICAL OFFICERS OF HEALTH
SENIOR MANAGERS, alPHa AFFILIATES
****

Dear alPHa Member,

Please find attached the proceedings of the alPHa Winter Symposium, which was held in Toronto on February 21, 2019. Links to the presentations are included in the attached and posted in the alPHa Presentations Library. They are also collected in a single document should you wish to have them all at once.

Please note that materials related to the afternoon Boards of Health and COMOH meetings will be distributed separately to the members of those Sections.

We hope you find this information useful and invite you to join us for the alPHa Annual Conference in Kingston!

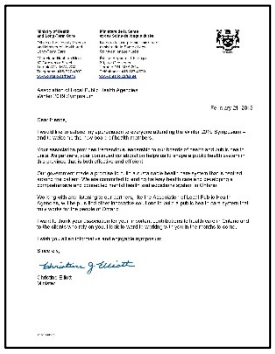
Gordon WD Fleming, BA, BASc, CPHI(C)
Manager, Public Health Issues
Association of Local Public Health Agencies
2 Carlton St. #1306
Toronto ON M5B 1J3
416-595-0006 ext. 23

Association of Local PUBLIC HEALTH Agencies

WINTER SYMPOSIUM PROCEEDINGS
Thursday, February 21, 2019
Chestnut Conference Centre
89 Chestnut St., Toronto

Welcoming Remarks *Symposium Chair: Dr. Robert Kyle, alPHa President*

Dr. Robert Kyle, President of alPHa welcomed delegates to alPHa's Winter Symposium, with an acknowledgement that it was held on the Ancestral Traditional Territories of the Ojibway, the Anishnabe and the Mississaugas of the New Credit, which is covered by the Upper Canada Treaties.



He thanked the Medical Officers of Health, Associate Medical Officers of Health, Affiliates, and Board of Health members – particularly those who are new to their role – for demonstrating their dedication to the public health system by attending this event in an unpredictable climate, both political and actual. He also read a letter of greeting that was received from the Minister of Health and Long-Term Care.

Plenary – Making the Connection Between Public Health and Mental Health

Speaker: Lori Spadorcia, Vice President, Communications and Partnerships, Centre for Addiction and Mental Health (CAMH)

Commentators: Trudy Sachowski, Chair, alPHa Boards of Health Section & Dr. Christopher Mackie, Chair, Council of Ontario Medical Officers of Health

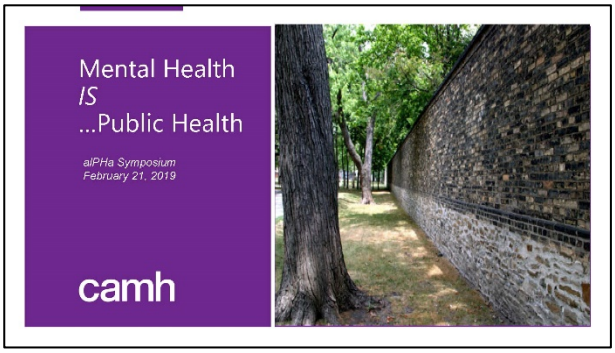
Lori Spadorcia gave a brief history of the Centre for Addiction and Mental Health's Toronto campus, to illustrate the importance of breaking down both literal and figurative walls to drive policy change and attitudes related to mental health. The campus itself has evolved from an asylum isolated from the city to an integral and welcome part of the surrounding neighbourhood, as have many of the people who have benefitted from its services.

Despite the measurable progress, there are still science, justice and advocacy gaps. Research on the physiological and psychological factors underlying mental health continues but what is unknown still outweighs what we have learned. Investments in how the justice system deals with mental health are not where they should be and public funding of effective treatments (e.g. cognitive behavioural therapies) is largely absent. The stigma that remains around mental health issues aggravates these gaps, in that it makes advocacy by or on behalf of people living with mental health issues very difficult.

She then reinforced the importance of asking why some diseases get treatment and others get judgment with the

assertion that the burden of mental illness and addictions is higher than that for all cancers combined. It has in other words become an enormous and poorly addressed health issue that could benefit from the same upstream approaches that we use to address physical wellbeing.

She used the example of housing, which has become one of CAMH's top advocacy priorities, to illustrate this idea. The evidence that stable housing is one of the strongest determinants of health is robust and CAMH has had a great deal of success, despite the predictable challenges and resistance, in transitioning close to 100 patients into the community. This however remains a matter that is not being adequately addressed through public policy, and even the most complex cases can be transitioned with the proper supports within a well-connected system of multisectoral care with central access points, strong continuing care and monitoring.



A broader advocacy focus is the message that mental health is health, because it remains marginalized and poorly understood by the health and education systems, employers and society at large. This magnifies the haphazard approaches following diagnoses of mental disease, which in turn highlights the importance of achieving parity with the clear and accepted responses following diagnosis of physical disease. She submitted that the upstream determinants of health approach will be an important foundation for employing a common language for both. In addition, discovery and innovation will remain the foundation of treating mental health the same way that we do physical health, opening options for treatment and, most importantly, providing hope.

Following Lori's presentation, Trudy Sachowski (Chair of alPHa's Boards of Health Section) and Dr. Christopher Mackie (Chair of alPHa's Council of Ontario Medical Officers of Health) were invited to provide further comments from a public health perspective and lead the ensuing discussion.

Trudy spoke of the prevalence of alcohol abuse in her community and the importance of getting to people when they are young through schools, teams, positive reinforcement, supports for assistance, seminars and educational sessions. In the north, this also requires partnering with indigenous associations to ensure that any intervention or program is culturally sensitive and is led by the indigenous community.

Lori agreed with these points and added that having different partners at the table has contributed to the success of a variety of initiatives. Implementing mental health strategy takes a village, which includes schools, social services, police, public health etc., as the audiences are often the same, so innovation and a variety of coordinated approaches can be employed. It is also important to understand that audience through involvement – there is no standard approach that can be expected to work in all cases.

Dr. Chris Mackie continued with a reference to the stigma, noting that the subject of his Master's degree was de-institutionalization of mental health and indicating that this needs to focus on providing supports to individuals who need them and not strictly on reducing the burden on the institutions themselves. He observed that mental health was only incorporated into the Ontario Public Health Standards in 2018, and that this will provide an important foundation for building on the activities that public health had already initiated (e.g. early years, anti-bullying and post-partum programs) by making it a core part of its practice and facilitating further collaboration to reduce the enormous burden of illness. Public health can have a tremendous impact through prevention approaches, especially if the potential of programs such as Healthy Babies, Healthy Children can be unlocked

through proper funding and resources. Roles in secondary and tertiary prevention where mental illnesses and physical illnesses such as TB intersect are also becoming clearer.

The ensuing discussion covered the importance of raising awareness and translating it into action and well-resourced programs and services (the Bell "Let's Talk" campaign was referenced), addressing workplace culture, building community capacity, and reinforcing the idea that determinants of health – especially when applied in the earliest stages of life – will improve mental health outcomes just as much as they do physical ones.

alPHa Strategic Plan

Speaker: Maria Sanchez-Keane, Principal Consultant, Centre for Organizational Effectiveness

Dr. Robert Kyle welcomed Maria Sanchez-Keane to facilitate a session that would give delegates the opportunity to provide feedback on the new alPHa Strategic Plan, which has been under development throughout the past year.

She provided a summary of the process so far and the agreed-upon strategic directions, indicating that this phase is intended to gather further direction from the membership on implementation of the plan. The work on this began some time ago and has been developed through input from two alPHa Boards and their respective Executive Committees as well as alPHa staff. Delegates were asked to continue the focus on what alPHa can do to advance public health through the leveraging of its diversity of membership and variety of perspectives in three key areas and considering criteria that should be employed in decision-making processes.

Small-group discussions were organized for each of the key areas (strengthen the local public health system, especially local public health, by leading the dialogue with governments and Ministries; provide leadership in building collaborations and alliances focusing on provincial and municipal levels; build opportunities for multiconstituent connections amongst alPHa members). Written / oral feedback was collected to inform the next version of the Plan. Further work on this will be done by the alPHa Board of Directors during their February 22nd and April 26th meetings. The final Strategic Plan is expected to be presented to the membership during the June 2019 Conference in Kingston.

Panel – Managing Risk in Public Health

Moderator:
Dr. Peter Donnelly, President & CEO, Public Health Ontario

Panelists:
Dr. Penny Sutcliffe, MOH, Public Health Sudbury & Districts
Dr. Robert Kyle, MOH, Durham Region Health Department

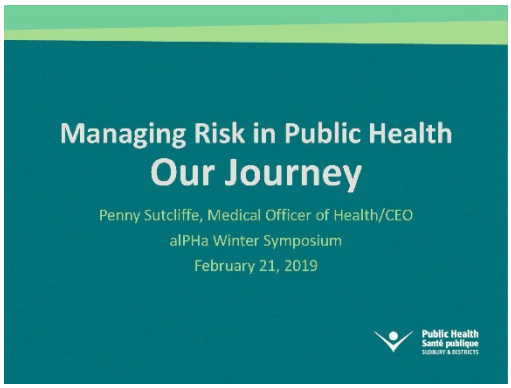
This panel was assembled to provide members with a chance to build on previous alPHa sessions on risk management (2015 and 2016) at a time when significant systemic changes are occurring.

Dr. Peter Donnelly launched the panel with introductory comments, observing that managing risk should be closely integrated into governance and there can be consequences if it isn't. He shared a story from his former career about a board of health CEO whose sole focus was on achieving targets without paying attention to process and inherent risk led to high levels of workplace stress, "hockling the books" and an ignorance of underlying governance shortcomings. The negative outcome of this approach was entirely predictable, and the resulting organizational damage took years to undo.

He continued with a similar story about a board of health in a small and insular community that concerned itself entirely too much with the day-to-day activities of operational staff without paying much attention to matters of governance. When the local dysfunction became apparent, the government had to send in agents to redress the situation, which was not looked upon kindly by the community.

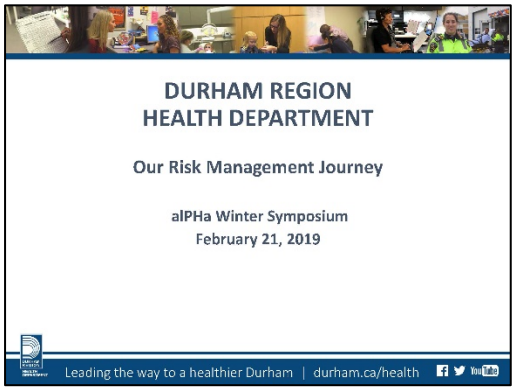
Taken together, these stories were meant to convey the idea that an effective governance structure keeps its eyes on but hands off what it is governing. By focusing on governance, it is easier to identify organizational risks to operational undertakings. In any case, it is essential to remind front-line staff of the value and importance of what they are doing.

Dr. Penny Sutcliffe continued with the storytelling direction, recalling a hot day in July 2016 when an overheated server room resulted in a critical failure of all Public Health Sudbury and Districts' communications systems. This in turn caused serious implications for service delivery and led to the realization that because there was no contingency plan, the outcome of this failure was far worse than it needed to be.



The response was a full examination of potential risks and their likely impacts in order to make decisions about allocating resources and included consideration of risk tolerance to make sure that opportunities would not be missed. The formal risk management policy and procedure is now embedded into the culture and operations of the agency, which equipped it well for the incorporation of risk management into the accountability requirements of the 2018 Ontario Public Health Standards.

She concluded with a summary of lessons learned and indicated that risk management must be a continuous process if it is to be effective. Dr. Donnelly referred to the summary of the process in Dr. Sutcliffe's presentation and suggested that while it may appear intimidating, one must measure this front-loaded work against what might be required after a failure that results from not doing it.



Robert Kyle, presenting in place of originally-scheduled Corinne Berinstein, outlined his health department's risk management journey, which, like in Dr. Sutcliffe's case, was prompted by a crisis.

The loss of an unencrypted USB key that contained the personal health information of more than 83,000 people who had visited Durham's H1N1 immunization clinics in 2010 sensitized the Region to the importance of examining and fortifying its data and information systems. It has also been a primary consideration in Durham's decision not to sign on to Panorama precisely because data hosting agreements have no language about managing risk in a shared information system.

The formalization of the general local risk management approach contained many of the same elements outlined by Dr. Sutcliffe, including keeping organizational values and risk appetite in the background, developing risk-mitigation plans, and continual monitoring, reporting and evaluation. He echoed the importance of integrating risk management into the institutional culture, with leadership from the executive team and engagement of the management team.

Dr. Donnelly then summarized risk management as both a science and an art. It must be methodical and detailed, informed by risk appetite, and developed with the knowledge that, irrespective of the quality of planning, the human response to crises is rarely governed completely by reason.

The ensuing discussion focused on different kinds of risk and the incredible value of the application of lessons learned in planning. Many suggested that alPHa could have an important role in facilitating a system-wide risk management dialogue among its members, as well as supporting collective responses to some of the persistent issues where technology and protection of personal information intersect.

Evening Reception & Special Guest Lecture co-hosted by alPHa and the Dalla Lana School of Public Health

Introductions: Dr. Robert Kyle, President, alPHa & Professor Adalsteinn (Steini) Brown, Dean, Dalla Lana School of Public Health

Special Guest Speaker: Dr. Rueben Devlin, Special Advisor and Chair of the Premier's Council on Improving Health Care and Ending Hallway Medicine

alPHa delegates were invited to conclude the day with an evening presentation from Dr. Rueben Devlin, who provided additional details and context for the vision of the Premier's Council on Improving Health Care and Ending Hallway Medicine that was described in the Council's initial report.

COLLECTED SLIDE DECKS

SPEAKER BIOS
(in order of appearance)

ROBERT KYLE has been the Commissioner & Medical Officer of Health for the Regional Municipality of Durham since 1991. He is an active member of many provincial and regional health organizations. For example, he is currently President of the Association of Local Public Health Agencies; Chair of tdohe Durham Nuclear Health Committee; past Chair of the Port Hope Community Health Centre; Chair of the Public Health Ontario Board of Directors and Chair of its Governance Committee. Dr. Kyle is a former Medical Officer of Health for the Peterborough County-City Health Unit and Associate Medical Officer of Health for the Borough of East York Health Unit. He is also an Adjunct Professor, Dalla Lana School of Public Health, University of Toronto.

LORI SPADORCIA serves as the Vice President, Communications and Partnerships at the Centre for Addiction and Mental Health (CAMH). Her portfolio includes community engagement, public affairs, public policy, strategic planning and the Provincial Systems Support Program. She supports the alignment of mission critical activities which are designed to be responsive to CAMH's many stakeholders, and engaging partners and resources to better position the hospital to make a sustainable system contribution to mental health. As a senior advisor to Cabinet Ministers at the federal and provincial level, Ms. Spadorcia played a key role in finding solutions that yield advancements in public policy. In Ontario, she served as a senior adviser to the Minister of Finance, where she advised on the creation and execution of the provincial budget. As a policy and communications expert, Ms. Spadorcia is bringing awareness and understanding of mental illness to the broader public and working with governments and communities to develop policies to promote better health systems, support vulnerable populations and drive social change.

MARIA SANCHEZ-KEANE is the Principal Consultant for the Centre for Organizational Effectiveness, an organization she founded in 2000 that is focused on assisting non-profit and public organizations in the areas of strategy, capacity building and evaluation. She has worked within health, public health, child welfare, children's mental health, education and community health sectors.

TRUDY SACHOWSKI is a provincially appointed, active member of the Northwestern Board where she currently serves as Vice Chair, Chair of the Executive Committee and Chair of the Constitution Review Work Group. Trudy's volunteering has included numerous local, regional and provincial organizations for which she has received recognition locally and provincially. Trudy has completed one term on the alPHa Board of Directors as the North West region board of health representative. In this capacity, she serves on the current alPHa Executive Committee, chairs the Boards of Health Section and has participated on the alPHa 2018 Election Task Force and other planning tables for the association.

CHRISTOPHER MACKIE is the Medical Officer of Health and CEO for the Middlesex-London Health Unit, and is an Assistant Professor, Part Time at McMaster University. Before coming to London, Dr. Mackie was Associate Medical Officer Health for the City of Hamilton for four years. He also worked as a Public Health Physician with Public Health Ontario. As a COMOH representative for the South West Region, he is the current Chair of COMOH, a section of alPHa.

PETER DONNELLY is President and CEO of Public Health Ontario (PHO), which provides evidence for policy formulation and undertakes public health capacity building, as well as provides integrated public health laboratory and surveillance systems. Prior to joining PHO, Dr. Donnelly was the Professor of Public Health Medicine at the University of St. Andrews in Scotland, where he established and led public health medicine research and teaching. From 2004 to 2008 he was the Deputy Chief Medical Officer to the Scottish Government, providing senior leadership and coordination at a national level. As the Director of Public Health in two jurisdictions, he was responsible for the delivery of local public health services and programs.

PENNY SUTCLIFFE was appointed as Medical Officer of Health for the Sudbury & District Health Unit in August 2000. Before coming to Sudbury, she was the Medical Officer of Health for Yellowknife, Northwest Territories. Her first position as Medical Officer of Health was with the Burntwood Regional Health Authority in northern Manitoba. A specialist in Community Medicine, Dr. Sutcliffe has a longstanding interest in socioeconomic inequalities in health and is a strong advocate for incorporating broader determinants of health into core public health programming. She is particularly interested in pursuing opportunities for healthy public policy development at the local and regional level

and to this end is engaged with local healthy community initiatives and with critically examining and modifying local public health practice.

DENIS DOYLE studied at Carleton University and York University. After a long career at Xerox Canada, Denis spent six years in Information Technology management at CIBC. Warden Doyle began serving on Township Council in 2006 and was elected as Mayor of Frontenac Islands in 2010. At the County, Warden Doyle serves on the Sustainability Advisory Committee and the Trails Advisory Committee. Denis was County Warden in 2014 – 2015 and has served on the Kingston, Frontenac, Lennox and Addington Board of Health since 2014. He has been Chair of the Board since January 2017.

KIERAN MOORE is the Medical Officer of Health for the Kingston, Frontenac, Lennox and Addington (KFL&A) Public Health Unit. At Queen's University, he is a Professor of Family and Emergency Medicine and the director for the Public Health & Preventive Medicine Residency Program. He is also an Attending Physician in the Department of Emergency and Family Medicine at the Kingston Health Sciences Centre. A champion for a national Lyme disease surveillance network to government, he presently serves as Network Director of the Canadian Lyme Disease Research Network.

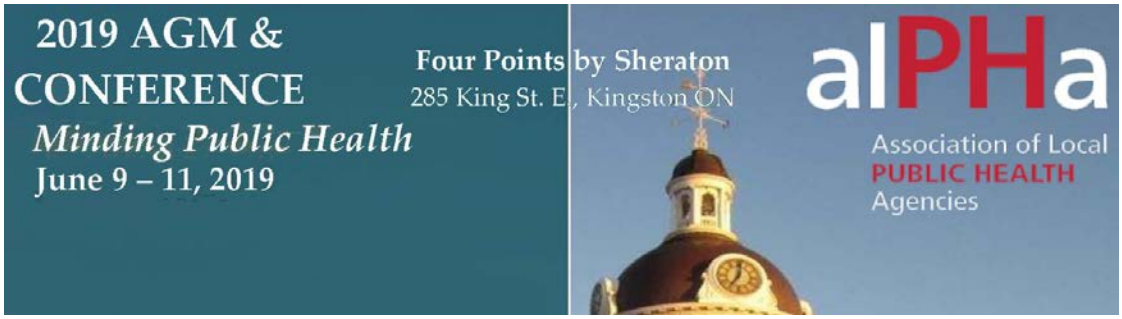
EVENING GUEST LECTURE:

ADALSTEINN (STEINI) BROWN is Dean of the Dalla Lana School of Public Health at the University of Toronto and the Dalla Lana Chair of Public Health Policy at the University of Toronto. He is currently a member of the Premier's Council on Improving Healthcare and Ending Hallway Medicine. His past roles include senior leadership roles in policy and strategy within the Ontario government, founding roles in start-up companies, and extensive work on performance assessment. He received his undergraduate degree in government from Harvard University and his doctorate from the University of Oxford, where he was a Rhodes Scholar.

REUBEN DEVLIN is an orthopaedic surgeon who completed his medical school and orthopaedic training at the University of Toronto. During his 17 years practicing in Newmarket, he held senior hospital positions, including Chief of Surgery and Chair of the Medical Advisory Committee. He had a special interest in joint replacement and sports medicine. Subsequently, Dr. Devlin served as the President and Chief Executive Officer of Humber River Hospital in Toronto from 1999 to 2016. He was appointed as Special Advisor and Chair of the Premier's Council on Improving Health Care and Ending Hallway Medicine in June 2018. As Chair, he is leading a group of visionary health system leaders who have come together to identify for the Premier of Ontario and Minister of Health and Long-term Care strategic priorities and actions that will lead to improved health and wellness outcome for Ontarians, high patient satisfaction, and more efficient use of government investment using an effective delivery structure.

PLEASE JOIN US IN KINGSTON FOR THE alPHa ANNUAL CONFERENCE!

Dr. Kieran Moore, Medical Officer of Health and Dennis Doyle, Board of Health Chair for the Kingston, Frontenac, Lennox and Addington (KFL&A) health unit were on hand to personally invite Symposium delegates to alPHa's June 2019 AGM and Conference in Kingston, Ontario.



6.1

Form: Request to Speak to Committee of Council
Submitted on Thursday, March 28, 2019 - 5:55 pm

==Committee Requested==
Committee: Board of Health

==Requestor Information==
Name of Individual: Krista D'Aoust

Name of Organization:

N2N - Hamilton Community Food Centre

Contact Number: 905-574-1334 x 205

Email Address: kdaoust@n2ncentre.com

Mailing Address:
10-310 Limeridge Road West
Hamilton, ON L9C 2V2

Reason(s) for delegation request:

April 15th meeting - We would like to report on N2N's Hamilton Community Food Centre's activities and community impact as a result of Board of Health 2018 funding. We would love to share some stories and present some beautiful photos that demonstrate the amazing work that is happening. We anticipate that our presentation will be 10 minutes long, if possible. Thank you.

Will you be requesting funds from the City? No

Will you be submitting a formal presentation? Yes

6.2

Form: Request to Speak to Committee of Council
Submitted on Wednesday, April 3, 2019 - 4:17 pm

==Committee Requested==
Committee: Board of Health

==Requestor Information==
Name of Individual: Danielle Boissoneau

Name of Organization: Neighbour to Neighbour

Contact Number: 9055741334 ext 303

Email Address: dboissoneau@n2ncentre.com

Mailing Address: 310 Limeridge Road West, Suite 10

Reason(s) for delegation request:

To present stats and stories related to N2N Hamilton Community Food Centre programs

Will you be requesting funds from the City? No

Will you be submitting a formal presentation? Yes

6.3

Form: Request to Speak to Committee of Council
Submitted on Thursday, April 4, 2019 - 9:21 am

==Committee Requested==
Committee: Board of Health

==Requestor Information==
Name of Individual: Amy Angelo

Name of Organization: Neighbour to Neighbour Centre

Contact Number: 905-574-1334 x 302

Email Address: aangelo@n2ncentre.com

Mailing Address:
28 Athens Street
Hamilton, ON
L9C 3K9

Reason(s) for delegation request:

Reporting on N2N's Hamilton Community Food Centre's activities and community impact as a result of Board of Health 2018 funding. April 15th, 2019 Meeting.

I will be reporting on some of the Hamilton Community Food Centre's food access and skills programs, the Edible Education Guide and the Hamilton Community Garden Networking Program.

Will you be requesting funds from the City? No

Will you be submitting a formal presentation? Yes

7.1

INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	April 15, 2019
SUBJECT/REPORT NO:	Semi-Annual Infectious Diseases and Environmental Health Report (BOH19007) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	James Macintosh (905) 546-2424 Ext. 7535
SUBMITTED BY: **SIGNATURE:**	Kevin McDonald on behalf of Michelle Baird Director, Epidemiology, Wellness and Communicable Disease Control Division Public Health Services

COUNCIL DIRECTION

This report fulfils the Board of Health policy on communication between the Medical Officer of Health and the Board of Health, as outlined in Report (PH06038).

INFORMATION

This is a summary report covering the period from July 1, 2018 to December 31, 2018 (Q3 and Q4, 2018). The Ontario Public Health Standards (OPHS) are the guidelines for the provision of mandatory health programs and services for Boards of Health in Ontario. Investigations completed by program areas for Infectious Diseases and Environmental Health areas in the OPHS are the focus for this report. These program areas are as follows:

Infectious Diseases
Includes Reportable Diseases under the Health Protection and Promotion Act

- Infectious Diseases Prevention and Control;

- Rabies Prevention and Control;
- Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV);
- Tuberculosis Prevention and Control; and,
- Vaccine Preventable Diseases.

Environmental Health

- Food Safety;
- Safe Water;
- Health Hazard Prevention and Management;
- Vector Borne Diseases Control; and,
- Tobacco Control.

Reportable disease cases are from people who reside in the City of Hamilton at the time of their diagnosis. Information in Appendix "A" has been extracted from the Ontario Ministry of Health and Long-Term Care (MOHLTC) integrated Public Health Information System (iPHIS) database, and databases maintained by Public Health Services (PHS), and are subject to change due to case follow-up procedures and/or delayed diagnosis.

Appendix A provides information to the Board of Health (BOH) in a summarized format based on issues brought commonly to staff by BOH members. Appendix "A" includes data for three prior years, as well as the current year, which allows for trend monitoring. It is also organized to delineate information for routine monitoring of infectious diseases and environmental health issues (Part 1 and 2, respectively), and workload (Part 3). Technical Notes (Appendix "B") are also provided for this report as they have been updated since Report (BOH15024).

During the 2019 year there may be changes to this report. Additional performance reports are now required through the MOHLTC Annual Service Plan and Budget and as part of ongoing continuous improvement efforts we are seeking opportunities to combine reporting where possible. The content of this report will continue to be reported to the BOH, however, it may be in combination with other performance metrics.

Program Highlights (July 1 – December 31, 2018)

Sexual Health

Rates of sexually transmitted infections continue to rise in Hamilton and Ontario. In 2018, rates of all Sexually Transmitted Infections (STI) jumped to nearly double the rate that was observed between 2005 and 2010 (2018: 414.6 per 100,000 population vs. 2005-2010: 244.2 per 100,000 population), representing the highest rates in the City of Hamilton since 2005. This spike was driven mostly by diagnoses of chlamydia and gonorrhoea. Year-round, the sexual health program (SHP) offers free testing and treatment, free condoms and safe sex counselling for reportable STIs via our sexual

health, street health and outreach clinic testing sites. In 2018, the SHP expanded the availability of testing at its outreach clinical sites, and updated clinic online video tours. The final quarter of 2018 saw the launch of online testing campaign for syphilis and HIV, targeting men at high risk of both diseases, and the kick-off of a six-month clinical services review to identify opportunities to combat rising STIs. The sexual health clinic review is using local data to determine STI priority populations within Hamilton and engaged the expertise of sexual health nurses and program managers to identify effective evidence-informed strategies for STI prevention and treatment. Looking ahead to 2019, the sexual health program will continue to monitor the trends of STIs, and through the sexual health clinic review, will evaluate and implement best practices for reducing STIs among our priority populations.

Health Hazards and Vector Borne Disease

Air Quality and Climate Change (AQ&CC)

Staff worked in partnership with Mohawk College's Centre for Climate Change Management (CCCM) and the City of Burlington to establish the Bay Area Climate Change Office and the Bay Area Climate Change Council. The Bay Area Climate Council met in Q3 and Q4, 2018 to begin establishing priority climate actions. This regional collaborative governance model is meant to accelerate climate change action across the two cities to help reduce greenhouse gas (GHG) emissions and adapt to a changing climate.

The AQ&CC Team, while accomplishing these climate change goals, also worked to push forward other air quality initiatives. Staff successfully planned and implemented the very first Hamilton Air Summit in September 2018 that received positive media recognition and attendance from key community stakeholders. Further analysis on the Hamilton Airshed Modelling System (HAMS) that was originally presented to Board of Health in April 2018 was completed in partnership with Golder Associates Ltd. A sub-regional analysis was performed on air pollutant distribution across the City of Hamilton. A workshop was hosted in November 2018 with several members of the community attending to learn more about the sub-regional analysis and help determine next steps to further improving air quality in Hamilton.

Health Hazards Vector-Borne Diseases

In 2018, Hamilton Public Health Services (PHS) expanded and continued their rabies awareness campaign encouraging pet owners to vaccinate their pets, stay away from wildlife and to report any animal-to-human exposures. Social media, various websites, billboards and radio advertisements reminded people that rabies is still present in the Hamilton area. Local data is suggesting that people are following PHS's recommendations by avoiding wildlife and as a result we are receiving fewer reports of rabid wildlife. Most importantly, we are seeing fewer residents requiring rabies post-exposure prophylaxis (PEP) following exposures to animals; only 83 people received

rabies PEP, the lowest number compared to any year since the outbreak started in 2015. Additionally, Q3 and Q4 of 2018 saw the lowest amount of PEP utilized when compared to the same quarters for all years since the outbreak.

Provincially, the raccoon rabies strain is spreading to more Ontario jurisdictions and now includes the fox rabies strain. While Hamilton has seen an annual decline in the number of rabid animals since 2016, the urban setting has still proved challenging in gaining control over the outbreak, now reaching its fourth year. As the geographical spread of rabies grows, we must remain vigilant and continue to remind residents to avoid wildlife, vaccinate their pets, and report any animal bites.

Tobacco

On October 17, 2018, Bill 36, the Cannabis Statute Law Amendment Act, 2018 was passed and received Royal Assent to harmonize the Regulations concerning cannabis, tobacco and electronic cigarette products. Bill 36 amended the Smoke-Free Ontario Act (SFOA), 2017 to prohibit the smoking of cannabis in the same places where smoking tobacco and the use of electronic cigarettes (vaping) is prohibited. Related amendments for displaying and promoting vapour products were also finalized by the government. Tobacco Control Enforcement is reporting a decrease in the total number of Electronic Cigarette Act (legal enforcement) inspections for 2017 as a result of the change in legislation that occurred that will include vapour products as part of the SFOA 2017. An education period after the SFOA was enacted, as part of progressive enforcement strategy, may ultimately show an inflated compliance rate among electronic cigarette vendors.

APPENDICES AND SCHEDULES ATTACHED

Appendix “A” to Report BOH19007: Infectious Disease and Environmental Health Report: July – December 2018

Infectious Disease and Environmental Health Report: July – December 2018 (Q3/Q4)

Part 1: Mandatory Reporting

1a) Confirmed Cases of Mandatory Reportable Diseases

How It's Spread	2015	2016	2017	2018
Respiratory or Direct Contact[1]	1309	1477	1254	1842
Enteric, Foodborne & Waterborne	312	264	275	318
Vector borne and Zoonotic Diseases	17	13	19	14
Sexually Transmitted & Blood borne Infections[2]	2038	2249	2420	2638
Other	21	29	36	15

1b) Confirmed Outbreaks Reportable to Public Health

Type of Outbreak	2015	2016	2017	2018
Community	4	6	5	1
Institutional[3]	129	80	125	143

Top 3 diseases for each disease category (July – December 2018):

Respiratory/Direct Contact:
1. Influenza A
2. Latent Tuberculosis
3. Invasive Streptococcus Pneumoniae

Enteric, Foodborne & Waterborne:
1. Campylobacter Enteritis
2. Salmonellosis
3. Giardiasis

Vector borne and Zoonotic:
1. West Nile Virus Illness
2. Lyme Disease

Sexually Transmitted/Blood borne:
1. Chlamydial Infections
2. Gonorrhoea (all Types)
3. Hepatitis C

[1] The 2018 influenza season was led by influenza A along with a greater contribution from influenza B (451 cases vs 89 cases from the 2017 season) leading to an increase in respiratory or direct contact cases.

Part 2: Environmental Health

2a) Mandatory Program Services

Programs	Areas	2015	2016	2017	2018
Vector borne Disease	Animal Bites[4]	1423	1508	1543	1502
	Ticks Submitted[5]	352	297	892	567
Food	Special Events[6]	73	56	55	47
	Food Handler Certifications[7]	2602	2572	2390	1607

[2] This steady increase is largely the result of gonorrhea and chlamydia cases with increases of 149.7% and 19.6% respectively from 2015 to 2018.

[3] Influenza B also contributed to the increase in the number of institutional outbreaks observed during this time frame (30 of 143 institutional outbreaks were associated with influenza B compared to only 4 last season).

[4] Stemming from the Ontario raccoon rabies outbreak that began in December of 2015, the continued high number of reported animal bites is likely the result of the increased awareness of rabies in the City of Hamilton.

[5] A combination of increased public awareness (through program efforts and the declaration of a risk area in the city of Hamilton) along with a hotter, dryer summer in 2018 resulted in a lower number of ticks submitted from the public compared to the past.

Infectious Disease and Environmental Health Report: July – December 2018 (Q3/Q4)

	Red Signs Posted[8]	31	25	23	50
Health Hazards	**Heat Alerts**	4	9	2	6
	Cold Alerts	8	8	4	5

[6] Over time, special events in the City of Hamilton have seen a change in size and popularity. Larger special events have gained popularity over smaller special events, resulting in a lower number of special events inspected over time. Also, the risk assessment process for special events has been refined resulting in lower number of special events requiring inspection.

[7] The Food Safety Program routinely employs continuous improvement practices to identify service-level improvements and efficiencies based on evidence. A review of Food Handler certification practices conducted in 2017/18 assessed Food Handler Certification registrant exam size, times the exams are being offered, and how these sessions are administrated and proctored by Certified Public Health Inspectors and administrative staff. The findings of this assessment resulted in an adjustment of the exam times offered being aligned within regular business hours and reduced administration and proctoring compliment. These changes resulted in cost savings in delivering Food Handler Certification. Public Health Services administers and delivers Food Handler Certification at a very competitive price-point comparative to the majority of third-party Ministry-accredited providers, resulting in exam bookings being scheduled two-three months out The reported reduction in total Food Handler Certifications issued is a function of timing – whereas potential registrants self-elect to register with another provider.

[8] 18 of 50 closures were of restaurants closed multiple times. No access to hot water, unsanitary conditions, and presence of pests caused most restaurants closures in 2018.

2b) Inspection and Enforcement

Categories	2015	2016	2017	2018
Smoke Free Ontario Act inspections (legal enforcement)	1640	1465	1271	1390
Electronic Cigarette Act inspections (legal enforcement)[9]	n/a	544	427	299
City of Hamilton By-law #11-080 Prohibiting Smoking within City Owned Parks and Recreation Property[10]	56	73	60	25
Food[11]	6616	5755	6141	6536
Water[12]	853	884	884	797
Residential Care Facilities	671	615	551	550

[9] The electronic cigarette act came in to effect on January 1st, 2016. With this introduction the tobacco program has been working to educate the public on the act and enforce its requirements with vendors; likely the reason why the number of enforcement activities continues to decline over time. On October 17th, 2018, the existing Smoke-Free Ontario Act 2006 and the Electronic Cigarettes Act, 2015 were repealed and replaced them with a single legislative framework.

[10] This city by-law has been in place for some time now (2011). Public awareness and compliance is likely contributing to a corresponding decrease in required enforcement activity.

[11] In January of 2017, enforcement of the Healthy Menu Choices Act began, resulting in more food safety inspections completed in 2017. Since then, the food safety team has incorporated these requirements into their routine inspections.

[12] The province of Ontario issued a revised public pool regulation in January of this year with an effective date of July 1st, 2018. This reduced the number of inspections

Infectious Disease and Environmental Health Report: July – December 2018 (Q3/Q4)

Personal Service Settings	971	1015	1020	967
Day Cares[13]	569	608	534	528
Other (e.g. funeral homes)	201	246	275	282
Infection Prevention and Control Lapses[14]	n/a	0	3	2

required for seasonal recreational water facilities.

[13] In 2017, the food premises portion of day cares were assessed using the food premise risk characterization tool. Some high-risk premises (which require 3 inspections per year) were changed to moderate risk (requiring 2 inspections per year). This has resulted in fewer total inspections required. All day cares continue to receive 1 infection control inspection annually.

[14] The number of Infection Prevention and Control Lapses counted for 2017 was updated to reflect a change to the definition for this report category (see Appendix B).

Part 3: Workload

3a) Complaints

Categories	2015	2016	2017	2018
Smoke Free Ontario Act	335	274	213	218
Electronic Cigarette Act	n/a	17	8	7
City of Hamilton By-law #11-080 Prohibiting Smoking within City Owned Parks and Recreation Property	39	28	25	28
Food[15]	316	249	214	523
Water	35	37	13	16
Vector Borne Disease	102	109	126	133
Infection Control	129	64	86	112
Health Hazards[16]	1502	1638	1429	1468

3b) Education, Requests for Non-Routine Inspections, Consults, Referrals

Categories	2015	2016	2017	2018
Food	440	795	661	536
Water[17]	480	487	562	765
Vector Borne Disease[18]	48	44	47	138
Infection Control[19]	580	1415	1097	646

[15] The food safety team has handled more complaints this year compared to the past as the food safety team inspectors are now required to follow up on suspect foodborne illness complaints. This responsibility in the past was undertaken by the infectious disease team and does not represent more food complaints received by Public Health Services.

[16] The majority of the health hazard complaints are related to pests (bed bugs, rats and cockroaches).

[17] This steady increase is a result from regulatory changes in 2017 requiring all schools and childcare centres to test all drinking water taps for lead within a 3-year period.

[18] Undertaken but not previously captured, animal to animal exposures and rabies consultations are now included and explain this increase.

[19] Over the past few years the transition from a paper-based system to electronic systems has resulted in more specific classifications of consultations and calls received by the program. This has resulted in a less calls classified as general or non-routine infection control and instead classified as specific case management tasks.

Infectious Disease and Environmental Health Report: July – December 2018 (Q3/Q4)

Health Hazards	267	637	241	285	

7.2

INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	April 15, 2019
SUBJECT/REPORT NO:	Semi-Annual Public Health Performance Report (BOH19008) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Jennifer Hohol (905) 546-2424 Ext. 6004 Jessica Liu (905) 546-2424 Ext. 2442 Ashley Vanderlaan (905) 546-2424 Ext. 4718
SUBMITTED BY: **SIGNATURE:**	Dr. Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services

COUNCIL DIRECTION

Not applicable.

INFORMATION

With the introduction of the Ministry of Health and Long-Term Care's (Ministry) Annual Service Plan and Budget (ASP&B) in 2018 ((BOH17010(b)), the Ministry continues to refine their performance monitoring reporting requirements for all public health units to ensure the on-going monitoring of public health programs and services. This information report summarizes all Hamilton Public Health Services' (PHS) performance indicators that were reported in 2018, including the 2017 Accountability Agreement Indicators and the 2018 Indicators of Success (IOS). PHS also monitors and reports to the Ministry on financial performance against the Ontario Public Health Standards on a quarterly basis through the Standards Activity Reports addressing any variance throughout the year.

2017 Accountability Agreement Indicators

Under the Public Health Funding and Accountability Agreement, all public health units in Ontario have historically been required to report semi-annually on the same set of performance indicators to the Ministry. Performance indicators are focused on priority areas for performance improvement. Due to technical issues and delays in reporting timelines, the Ministry has recently completed the 2017 year-end performance reporting cycle with public health units. In 2017, PHS maintained or improved upon previous performance for most indicators. Moving forward, performance reporting for public health units will be tied into the ASP&B performance reporting requirements. The 2017 year-end performance data for PHS' Accountability Agreement Indicators can be found in Appendix "A". At this point, staff do not anticipate a need for any performance reporting to the Ministry, however, this will be the decision of the Ministry.

2018 Annual Service Plan and Budget Indicators of Success

As part of the first ASP&B submission in 2018, the Ministry requested that all public health units identify and submit IOS to support each program plan within the ASP&B. In response, PHS developed IOS to showcase both areas of successes and opportunities for improvement across the public health unit. A mid-year performance report on the IOS was provided to the Board of Health in September 2018 (BOH18029) and the 2018 year-end results for the IOS are listed in Appendix "B". It is important to note that the 2018 IOS reflect baseline data with assigned aspirational targets. PHS continues to evolve and gain experience with performance monitoring and is committed to refining the IOS, as well as strengthening the precision of targets.

Staff continue to move forward with finalizing performance indicators for program planning and decision-making purposes. As the Ministry continues to develop their framework for performance monitoring, staff will strive to align and streamline internal reporting processes to maximize efficiency, usefulness and transparency through public reporting. Staff will report back in Q3 2019 with mid-year performance data.

APPENDICES AND SCHEDULES ATTACHED

Appendix "A" to Report BOH19008: 2017 Accountability Agreement Indicators

Appendix "B" to Report BOH19008: 2018 Indicators of Success

2017 YEAR-END INDICATOR SUMMARY TABLE: HEALTH PROMOTION & HEALTH PROTECTION INDICATORS
Board of Health for the City of Hamilton, Public Health Services
February 15, 2019

#	Indicator	2016			2017				
		Reporting Period	Performance	Performance/ Compliance Report Required	Reporting Period	Numerator	Denominator	Performance	Performance/ Compliance Report Required
1.4	**% of tobacco vendors in compliance with youth access legislation at the time of last inspection**	Jan 1, 2016 - Dec 31, 2016	96.6%	NO	Jan 1, 2017 - Dec 31, 2017	337	371	90.8%	TBD
1.7	**% tobacco retailers inspected for compliance with display, handling and promotion sections of the Smoke-Free Ontario Act (SFOA)**	Jan 1, 2016 - Dec 31, 2016	98.7%	NO	Jan 1, 2017 - Dec 31, 2017	370	374	98.9%	TBD
2.1	**% of high-risk food premises inspected once every 4 months while in operation**	Jan 1, 2016 - Dec 31, 2016	99.1%	NO	Jan 1, 2017 - Dec 31, 2017	767	797	96.2%	TBD
2.3	**% of Class A pools inspected while in operation**	Jan 1, 2016 - Dec 31, 2016	100.0%	NO	Jan 1, 2017 - Dec 31, 2017	49	49	100.0%	TBD
3.1	**% of personal services settings inspected annually**	Jan 1, 2016 - Dec 31, 2016	99.6%	NO	Jan 1, 2017 - Dec 31, 2017	768	768	100.0%	TBD
3.6	**% of confirmed gonorrhea cases treated according to recommended Ontario treatment guidelines**	Jan 1, 2016 - Dec 31, 2016	64.0%	NO	Jan 1, 2017 - Dec 31, 2017	206	320	64.4%	TBD
4.1	**% of HPV vaccine wasted that is stored/administered by the public health unit**	Sep 1, 2015 - Aug 31, 2016	4.3%	NO	Sep 1, 2016 - Aug 31, 2017	107	12,127	0.19%	TBD
4.3	**% of refrigerators storing publicly funded vaccines that have received a completed routine annual cold chain inspection**	Jan 1, 2016 - Dec 31, 2016	100.0%	NO	Jan 1, 2017 - Dec 31, 2017	359	359	100.0%	TBD

#	Indicator	2016			2017				
		Reporting Period	Performance	Performance/ Compliance Report Required	Reporting Period	Numerator	Denominator	Performance	Performance/ Compliance Report Required
4.6	**% of school-aged children who have completed immunizations for meningococcus**	As of Jun 30, 2016	76.9%	NO	As of Jun 30, 2017	4,865	5,833	83.4%	TBD
4.7	**% of MMR vaccine wastage**	Jan 1, 2016 - Dec 31, 2016	9.8%	NO	Jan 1, 2017 - Dec 31, 2017	642	11,700	5.5%	TBD
4.8	**% of 7 or 8-year-old students in compliance with the ISPA**	As of Jun 30, 2016	96.9%	NO	As of Jun 30, 2017	5,634	5,860	96.1%	TBD
4.9	**% of 16 or 17-year-old students in compliance with the ISPA**	As of Jun 30, 2016	30.5%	NO	As of Jun 30, 2017	5,785	6,187	93.5%	TBD
4.10	**% of influenza vaccine wasted that is stored/administered by the public health unit and healthcare providers**	N/A	N/A	N/A	Sep 1, 2016 - Aug 31, 2017	9,694	151,440	6.4%	TBD

LEGEND:

N/A Not Applicable
-- Data not yet collected
TBD To be determined
UTD Unable to determine

NOTES:

Indicators 4.4, 4.5, 4.6, 4.8, and 4.9 are calculated at a point in time. The Public Health Funding and Accountability Agreement specifies the point in time "as of June 30"; however, the 2016-17 data represents results as of July 9, 2017.

Indicators of Success (IOS)	Target	Performance (Q1,Q2)	Performance (Q3,Q4)	Performance (2018 Total)	Comments
Epidemiology, Wellness & Communicable Disease Control Division					
Epidemiology & Evaluation (E&E)					
% of end-users (supervisors, managers, directors) who reported increased understanding and knowledge about health trends	90%	93.8% (15/16)	91.7% (22/24)	92.5% (37/40)	Target met.
% of projects where information provided by Epidemiology & Evaluation (E&E) team was used to inform program planning and/or decision-making	90%	71.4% (5/7)	100% (3/3)	80.0% (8/10)	Following internal requests to the E&E team, a survey was sent to inquire about product use for the purposes of program planning and/or decision-making. Not all internal requests may have been captured.
Health Strategy & Health Equity					
% of staff who complete required public health technical training	OnCore: 100% by the end of Q4 EIDM: 100%	Oncore: 49.0% (98/200) EIDM: 100% (20/20)	Oncore: 34.5% (69/200) EIDM: N/A	On Core 83.5% (167/200) EIDM 100% (20/20)	The target was not reached as 2 teams could not complete the training in 2018 due to operational reasons. Training on track to be completed in 2019 for staff on these teams.
Infectious Diseases & Infection Control					
% of settings inspected by type: Licensed Child Care Facilities (LCCF), and Personal Service Settings (PSS)	LCCF and PSS: 100% by the end of Q4	LCCF: 78.0% (181/232) PSS: 49.7% (384/772)	LCCF: 22.2% (52/234) PSS: 51.9% (415/799)	LCCF: 99.6% (233/234) PSS: 100% (799/799)	Target met.
Sexual Health, Harm Reduction & Mental Health					
% of gonorrhea cases that were treated with 1st line of treatment (both azithromycin and ceftriaxone)	75%	75.4% (147/195)	83.5% (228/273)	80.1% (375/468)	Target met.
% of needles distributed that are returned to the harm reduction program	53%	56.4% (341603/605595)	55.6% (331168/595342)	56.0% (672771/1200937)	Target met.
% of naloxone kits distributed that were used by clients	27%	25.2% (326/1292)	13.0% (242/1866)	18.0% (568/3158)	While we have seen a decrease in naloxone kits used, we have seen an increase in kits distributed. Public campaigns focusing on naloxone

					distribution to the broader population were completed this year to further encourage individuals to have access to naloxone kits. The increase of distribution to a broader population has subsequently driven down the percentage of kits used.
Vaccine Preventable Diseases					
% of doses wasted of publicly funded vaccine	< 5%	3.6% (3914/107365)	6.4% (13215/205888)	5.5% (17129/313253)	Due to increased monitoring and surveillance, the vaccine program has reduced wastage from 6.7% in 2017 to 5.5% in 2018. The Vaccine Program exceeded the 5% target due to power outages in the community which resulted in excess wastage of vaccine stored in healthcare provider fridges.
% of inspected vaccine storage refrigerators that meet MOHLTC storage and handling requirements	100%	96.4% (107/111)	100% (351/351)	100% (462/462)	Target met.
% of refrigerators storing publicly funded vaccines that have received a completed routine annual cold chain inspection	100% by the end of Q4	31.0% (117/372)	100% (90/90)	100% (462/462)	Target met.
% of 7 and 17-year old students vaccinated for all Immunization of School Pupil's Act (ISPA) designated diseases	7 year olds: 95% 17 year olds: 95%	7 year olds: 94.6% (5475/5790) 17 year olds: 91.2% (5872/6440)	N/A	7 year olds: 94.6% (5475/5790) 17 year olds: 91.2% (5872/6440)	The percentages reflect the compliance rate as of July 17th, 2018. Reported by 2017/2018 school year.
% of students with a valid religious or conscience exemption by ISPA designated disease	N/A	Diphtheria: 2.34% (286/12230) Tetanus: 2.34% (286/12230) Pertussis: 2.35% (287/12230) Measles: 2.36% (289/12230) Mumps: 2.36% (289/12230) Rubella: 2.36% (289/12230) Polio: 2.34%	N/A	Diphtheria: 2.34% (286/12230) Tetanus: 2.34% (286/12230) Pertussis: 2.35% (287/12230) Measles: 2.36% (289/12230) Mumps: 2.36% (289/12230) Rubella: 2.36% (289/12230) Polio: 2.34%	N/A

		(286/12230) Meningitis: 2.36% (289/12230) Varicella: 2.68% (155/5790)		(286/12230) Meningitis: 2.36% (289/12230) Varicella: 2.68% (155/5790)	
% of school-aged children who have completed immunizations for hepatitis B	69%	76.6% (4532/5919)	N/A	76.6% (4532/5919)	Target met.
% of school-aged children who have completed immunizations for Human Papilloma Virus (HPV)	56%	64.0% (3790/5919)	N/A	64.0% (3790/5919)	Target met.
% of school-aged children who have completed immunizations for meningococcus	80%	86.8% (5138/5919)	N/A	86.8% (5138/5919)	Target met.
Healthy Environments Division					
Food Safety					
% of high-risk food premises inspected once every 4 months while in operation	100%	100% (554/554)	90.2% (489/542)	91.6% (414/508)	Percentages reflect average data in 2018. Staffing issues from September to December impacted completion of all inspections.
% of moderate-risk food premises inspected once every 6 months while in operation	100%	99.92% (1261/1262)	92.1% (1201/1304)	90.6% (1012/1173)	Percentages reflect average data in 2018. Staffing issues from September to December impacted completion of all inspections.
Safe Water					
% of days per season beaches are posted	0 %	Beach Boulevard: 0.0% (0/30) Binbrook Cons.: 0.0% (0/30) Christie Cons. Area: 0.0% (0/30) Confederation Park: 0.0% (0/30) Pier 4 Park: 3.3% (4/30) Valens Cons. Area: 6.7% (2/30) Van Wagner's Bea.: 0.0% (0/30)	Beach Boulevard: 1.3% (1/75) Binbrook Cons.: 32.0% (24/75) Christie Cons. Area: 0.0% (0/75) Confederation Park: 0.0% (0/75) Pier 4 Park: 52.0% (39/75) Valens Cons. Area: 9.3% (7/75) Van Wagner's Bea.: 0.0% (0/75)	Beach Boulevard: 0.95% (1/105) Binbrook Cons.: 22.9% (24/105) Christie Cons. Area: 0% (0/105) Confederation Park: 0% (0/105) Pier 4 Park: 41.0% (43/105) Valens Cons. Area: 8.6% (9/105) Van Wagner's Bea.: 0% (0/105)	Beach postings are public notices that indicate unsafe swimming conditions due to higher than normal bacteria levels.
# episodes that fluoride concentration was below 0.6 ppm for more than 90 consecutive days	0	0	0	0	Target met.

% of Small Drinking Water Systems (SDWS) where risk categories change from high risk to moderate or low risk indicating improvement in system performance	0 %	0% (0/1)	N/A	0% (0/1)	Target met.
% of high-risk SDWS inspections completed for those that are due for re-inspection	100 %	100% (1/1)	N/A	100% (1/1)	Target met.
% of adverse drinking water incidents that were resolved	100%	100% (72/72)	100% (143/143)	100% (215/215)	An adverse drinking water incident is considered resolved once an action has been taken to solve the issue and the incident no longer poses a risk to the public. Of those 215 adverse drinking water incidents, 140 were lead related incidents.
# of drinking water advisories and boil water advisories that remain in effect	N/A	1	0	1	The Boil Water Advisory (BWA) was issued on February 28, 2018 at Westfield Heritage Village. The BWA remains in effect until a new well has been drilled. This is no longer considered an adverse drinking water incident as action has been taken.
Tobacco Control					
% of tobacco retailers in compliance with display, handling and promotion sections of the Smoke-Free Ontario Act (SFOA) at time of last inspection	100%	99.4% (170/171)	96.5% (139/144)	98.3% (350/356)	A total of 6 retailers inspected were not compliant in 2018. Diligent inspection by Tobacco Enforcement Officers (TEOs) has reinforced tobacco retailer compliance with display, handling and promotion.
% of tobacco retailers inspected once per year for compliance with display, handling, and promotion sections of the SFOA	100% by the end of Q4	45.7% (80/175)	40.4% (144/356)	100% (356/356)	Target met.
% of tobacco retailers with tobacco sale convictions	N/A	3.3% (13/390)	12.4% (44/356)	16.0% (57/356)	N/A
% of electronic cigarette retailers in compliance with the Electronic Cigarette Act (ECA)	90%	79.8% (75/94)	100% (96/96)	94.7% (180/190)	Target met.
% of complaints responded to within 24	100%	100% (142/142)	100% (111/111)	100% (253/253)	Target met.

hours					
% of tobacco vendors in compliance with youth access legislation at the time of last inspection	90%	91.2% (333/365)	83.3% (120/144)	84.3% (300/356)	Inspection by TEOs has reinforced tobacco vendor compliance with youth access legislation and helped to prevent sales to minors.
% of smokers that have attended a Tobacco Cessation Clinic at least once after registering	43%	65.5% (867/1324)	66.4% (837/1261)	65.9% (1704/2585)	Target met.
Vector Borne Disease					
# of potential rabies exposures investigated by PHS	N/A	693	854	1542	N/A
% of potential rabies exposures investigated within one day of notification	100%	100% (693/693)	100% (849/849)	100% (1542/1542)	Target met.
% of wildlife animals, dogs, or cats investigated by PHS for potential rabies exposures	N/A	Wildlife: 17.0% (118/693) Dogs: 54.8% (380/693) Cats: 27.0% (187/693) Other animals: 0.9% (6/693) Missing data: 0.3% (2/693)	Wildlife: 17.6% (149/849) Dogs: 54.4% (462/849) Cats: 26.5% (225/849) Other animals: 0.9% (8/849) Missing data: 0.6% (5/849)	Wildlife: 17.3% (267/1542) Dogs: 54.6% (842/1542) Cats: 26.7% (412/1542) Other animals: 0.9% (14/1542) Missing data: 0.5% (7/1542)	N/A
% of cats and dogs vaccinated at the time of exposure	50%	Dogs and Cats:37.9% (188/496)	Dogs and Cats: 46.5% (281/604)	Dogs and Cats: 42.6% (469/1100)	631 cats and dogs were not vaccinated at the time of exposure. Increased public awareness may assist to increase knowledge about pet vaccination.
% of cats and dogs vaccinated after confinement	75%	Dogs and Cats: 22.4% (69/308)	Dogs and Cats: 12.1% (39/323)	Dogs and Cats: 17.1% (108/631)	Vaccination occurs in alignment with the mandatory rabies immunization requirements. The target was unreached due to lack of data entry and difficulty in obtaining vaccination status from animal owner during follow up.
# of persons given rabies post-exposure prophylaxis (PEP)	N/A	53	30	83	N/A
Healthy Families Division					
Child Health & Nutrition					
% of pregnancies in Hamilton screened by HBHC	16% at the end of Q4	7.4% (0.46 of 16%)	12.0% (346/2877)	12.9% (706/5489)	The program has achieved 88% (706/802) of the target for Q1-Q4.

					Numbers are lower than predicted due to delayed implementation of screening strategies with our midwifery agencies and one of the Family Health Teams.
% of first time, pregnant youth (≤ 21 years of age) who access the Nurse Family Partnership Program.	100% by end of Q4	57.1% (80/140)	40.0% (56/140)	97.1% (136/140)	The program achieved 97% of their service target, despite having gaps in staffing this year.
Dental Services					
% of all JK, SK and Grade 2 students receiving an oral health screening in all publicly funded schools	100% for all JK, SK and Grade 2 students	JK: 91% (4680/5169) SK: 92% (4873/5324) Grade 2: 94% (5055/5374) Total: 92% (14608/15867)	N/A	JK: 90.5% (4680/5169) SK: 91.5% (4873/5324) Grade 2: 94.1% (5055/5374) Total: 92.1% (14608/15867)	More than 90% of students were screened during the 2017-18 school year. Students who were absent at day of visit or who refused service were not screened. Screening is offered at 2 community preventive clinics for those who were absent for the school screenings.
Reproductive & Child Health, Prenatal & Early ID					
% of pregnant women who reported being more confident in their ability to breastfeed after attending prenatal class.	90%	71% (60/84)	70.9% (78/110)	71.1% (138/194)	Prenatal classes offer breastfeeding supports for residents of Hamilton. This is an aspirational target that provides a goal for continuous improvement. The current performance indicates there is a significant positive impact on the community related to this indicator.
% of pregnant women in Hamilton who registered for PHS prenatal class.	10%	11.6% (304/2612)	8.1% (233/2877)	9.8% (537/5489)	Of the women that registered for a prenatal class, to date, 53% registered for an online class and 47% registered for in person class. Online classes were not available in the month of December. This target is based on historical class attendance trends and a focus on the priority population.

INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	April 15, 2019
SUBJECT/REPORT NO:	Communications Policy Between Medical Officer of Health and Board of Health (BOH19011) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Mandy Dhaliwal (905) 546-2424 Ext. 2579
SUBMITTED BY: **SIGNATURE:**	Dr. Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services

COUNCIL DIRECTION

On October 12, 2006 the Board of Health approved a Communication between Medical Officer of Health & Board of Health policy (PH06038) which detailed types of communication between the Medical Officer of Health and the Board of Health.

INFORMATION

The Communication between Medical Officer of Health & Board of Health policy was approved by the Board of Health in 2006 and outlined communication expectations in the following areas:

- Board of Health orientation;
- Public Health Services' Program & Resource updates; and,
- Incident communications related to communicable disease and health hazard investigations.

Since 2006, there have been many changes to the public health landscape. This includes the introduction of many governance and reporting requirements through the Ontario Public Health Standards to increase accountability and transparency of public health units across the province. These requirements now address many of the areas previously outlined in the Communication between Medical Officer of Health & Board of Health policy. As a result, this policy will be archived. Current communication requirements in each area are outlined below:

Board of Health Orientation

Through the Ontario Public Health Standards, it is an organizational requirement that members of boards of health are aware of their roles and responsibilities, and emerging issues and trends in public health, through the development and implementation of a comprehensive orientation plan for new board members, and a continuing education program for all board members. Public Health Services' ensures that orientation is provided for all Board of Health members every four years following the Municipal election. The orientation format and material are informed by the needs of current board members through Board of Health self-evaluations which are conducted every other year. Continuing education is provided to members of the Board of Health on an ongoing basis through reports and presentations delivered during Board of Health meetings.

Public Health Program and Resource Updates

As a requirement of the Ontario Public Health Standards, all boards of health must approve and submit each year to the Ministry of Health and Long-Term Care (MOHLTC) an Annual Service Plan and Budget. The Annual Service Plan and Budget must include population health data, detailed program plans, budgeted expenditures and requests for additional base and one-time funding. Boards of health must also report on financial performance quarterly and program performance semi-annually to the MOHLTC. Public Health Services will continue to bring forward to the Board of Health service delivery, funding or staffing changes in-year as they occur.

Public Health Services is committed to communicating to the Board of Health about media releases, emerging issues, public meetings, etc. in between meetings as they occur via email, in person or information update.

Incident Communications related to Communicable Disease and Health Hazard Investigations

Public Health Services updates the Board of Health during emergencies that have a public health impact or situations that affect the ability to deliver critical public health programs and services via email, in person, or information update. Public Health Services will also provide a summary of the data related to communicable disease and health hazard investigations and complaints on a semi-annual basis. All reports will be consistent with Personal Health Information Protection Act (PHIPA) standards in respect to personal health information.

APPENDICES AND SCHEDULES ATTACHED

Appendix "A" to Report BOH19011: Communication Policy for Medical Officer of Health and Board of Health

Approved: Oct 12, 2006 Board of Health

Communication Policy for Medical Officer of Health and Board of Health

Preamble

This policy document distinguishes among types of communication: orientation, program updates, and specific issue communications.

Orientation

1. Recognizing the provisions of the HPPA and PHIPA, the MOH, in consultation with other City officials, shall develop and deliver an orientation package for all incoming Board of Health members within two months of the start of their term, and at the start of each new Council term for all members. This shall include explanation of the Board's role as a health information custodian with respect to personal health information and the penalties for failing to fulfil obligations under PHIPA.

Program Updates

2. At least once per year, the MOH (or staff designated by the MOH) shall provide updates on each of the PHS program areas describing the level of current activities, planned activities, and the degree to which the program provided is in compliance with the applicable standards and guidelines.

3. In addition, in the event that there is to be a significant change in finances, staffing or service levels in PHS-delivered programs, these matters would be the subject of a report to the Board at its next regular meeting.

4. The MOH shall provide updates on communicable disease (CD) investigations and health hazard investigations on a quarterly basis. These reports shall include summaries of numbers of reported cases and investigations. Consistent with PHIPA, these reports shall contain no personal health information. Following the presentation of the report to the Board, the contents shall be considered public information.

5. In the event of a public health emergency whose scope requires external resources, the MOH shall inform the City Manager and/or call the Emergency Control Group to meet. Board members shall be kept informed following existing protocols covering municipal emergencies and the activation of the Emergency Control Group.

6. In the case where a complaint is made to the Board pursuant to Section 11(1) of the HPPA, (Complaint re health hazard related to occupational or environmental health), the quarterly report to the Board shall be delivered in such

a way as to ensure the Board's compliance with PHIPA in respect of personal health information received as part of said complaint.

Specific Issue Communications: Communicable Disease & Health Hazard Investigations

7. All reportable diseases create obligations for the MOH as a health information custodian (HIC). Recognizing that this role is distinct from the Board's possible HIC role in the situation of a Section 11(1) complaint directed to the Board, it is understood that personal health information gathered for the purpose of completing an investigation of a reportable disease is not permitted to be shared with the Board without the express, written consent of the individual involved.

8. As part of routine public health practice investigating communicable disease reports and health hazards, the MOH may make a professional judgement that communication to the Board should occur. While not exhaustive, such circumstances would include: where communication may advance an investigation, thus reducing spread or impact of a communicable disease, where there is an identifiable ongoing risk to the community at large, or where public education may be useful over and above the channels outlined with this policy.

9. In the event of a media release or public meeting in the context of an investigation, (such as to advance an investigation or where an identifiable ongoing risk exists) the MOH shall inform the Board at the time of the release or public meeting.

10. Where such communication on a specific issue is to occur, and where the Board is not scheduled to meet before the communication needs to occur, the MOH shall communicate with the Board Chair or in his/her absence, the Chair's designate. The Chair will notify the members of the Board as the Chair sees it is appropriate.

7.4

INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	April 15, 2019
SUBJECT/REPORT NO:	Heat Warning Information System (BOH19014) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Andrew Wilson (905) 546-2424 Ext. 5017
SUBMITTED BY: **SIGNATURE:**	Kevin McDonald Director, Healthy Environments Division Public Health Services

COUNCIL DIRECTION

Not applicable.

INFORMATION

This Information Report details the reasoning for switching from a hybrid 3 Stage Heat Warning System to a harmonized provincial 2 Stage Heat Warning System known as the Harmonized Heat Warning and Information System for Ontario (HWIS).

Historically, the City of Hamilton has employed a 3 Stage Heat Alert System that was developed by and for our specific municipality prior to 2015 (i.e., Stage 1 – Heat Advisory; Stage 2 – Heat Warning; and, Stage 3 – Extended Heat Warning). As part of the 2015 Pan AM Games, the Ontario Ministry of Health and Long-Term Care (MOHLTC) developed a harmonized Heat Alert & Response System (HARS) for use by the Public Health Units whose jurisdictions were hosting the Games. The adopted HARS was created as 2 Stage Heat Warning System, requiring a minimum of 2 days/2 nights where Environment Canada (EC) forecasts the city of Hamilton to be at or above the trigger temperatures. This system and the triggers were based upon scientific evidence researched for years prior to the Pan Am Games.

It has become evident that Stage 1 Heat Advisories rarely occur, and if they do occur, it is usually at the beginning and/or the end of the heat season and, the majority of the time, Heat Advisories are superseded by Heat Warnings.

Also, scientific evidence has shown increases in hospital visits for Heat-Related Illness (HRI) during heat events lasting for more than 2 days/2 nights, but not for a single-day heat event followed by relief.

Removing the Stage 1 Heat Advisory does not adversely impact the City of Hamilton Community Heat Response Plan. The response plan will continue to support our community partners and stakeholders who assist to provide relief options to members of the public from excessive and prolonged heat events.

It is expected that fully harmonizing our Heat Warning System with other Ontario Public Health Units will reduce confusion among the public that has existed when one health unit issues a heat warning and surrounding Public Health Units have not.

To raise public awareness of this change in practice, Public Health Services will be supplying new promotional materials to our internal and external stakeholders throughout the city. Similar messaging will be used through social media, directing the public to our updated City of Hamilton Heat Warning website, for the most up-to-date information.

Our Heat Warning messaging system will also direct community partners, local media and stakeholders to the Heat Warning website at http://www.hamilton.ca/heat.

APPENDICES AND SCHEDULES ATTACHED

Not applicable.

7.5

INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	April 15, 2019
SUBJECT/REPORT NO:	Hamilton Wentworth Detention Centre Deaths Inquest Jury Recommendations (BOH19016) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Sharalyn Penner-Cloutier (905) 546-2424 Ext. 3572 Kathy Guffroy (905) 546-2424 Ext. 6631
SUBMITTED BY: **SIGNATURE:**	Dr. Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services

COUNCIL DIRECTION

Not applicable.

INFORMATION

The purpose of this report is to inform the Board of Health of Public Health Services (PHS) response to the Office of the Chief Coroner inquest into overdose deaths at the Hamilton Wentworth Detention Centre.

A Coroner's Inquest was held in Hamilton from April 9, 2018 – May 18, 2018 into the deaths of eight inmates of the Hamilton Wentworth Detention Centre (HWDC). These deaths occurred between March of 2012 and March of 2016 and opioids were implicated in the cause of death in each case. Margot Corbin, Public Health Nurse and Dr. Elizabeth Richardson, Medical Officer of Health both participated in the inquest.

The verdict of the Coroner's inquest consisted of 62 recommendations to various provincial ministries and organizations. PHS was assigned one recommendation, Number 57, which was to "provide the necessary resources to expand the training

program delivered by Hamilton Public Health to include male inmates".[1] Commitment to this program expansion by PHS was provided at the inquest.

Beginning in May 2019, PHS will initiate harm reduction sessions to male inmates at the HWDC. PHS currently provides evidence-based, harm reduction education sessions to female inmates at the HWDC. The goal is to enhance inmates' knowledge of resources that are available while incarcerated and community resources available upon release from custody.

Background

The purpose of a coroner's inquest is to inform the public about the circumstances surrounding the death(s) to learn from these situations and make recommendations for policy and program change. A jury verdict provides recommendations that are directed at organizations who are in the position to implement or influence change.

The verdict of the Chief Coroner's Inquest consisted of 62 recommendations to various provincial ministries and organizations. PHS was assigned one recommendation, Number 57, along with The Ministry of Community Safety and Correctional Services, Ministry of Health and Long Term Care, and Hamilton Wentworth Detention Centre. The recommendation stated "In order to increase awareness of access to the Take Home Naloxone Program for inmates at discharge, provide the necessary resources to expand the training program delivered by Hamilton Public Health to include male inmates".

The need for public heath intervention in the inmate population is demonstrated by infectious disease data that shows that within Ontario detention centres the rate of HIV is eleven (11) times higher, and the rate of Hepatitis C is twenty two (22) times higher than that of the general population.[2] The inmate population also experiences an increased risk of overdose. This not only applies to the period of incarceration, but also upon release from prison due to having had a period of drug abstinence.[3] This risk is highest immediately after release, however, this increased risk continues for a period of up to one year.

In 2017, an independent review of corrections in Ontario was released.[4] This report addressed the issue of the complex health needs of the provincially incarcerated population. The report noted that health care in this population is largely reactive and was often falling below the standards of healthcare available in the community. This review emphasized that it is the right of incarcerated individuals to health care that is equitable to the services that are provided in the community. In May of 2018, The Correctional Services Reintegration Act was passed. It affirms the government's obligation to provide equitable health care services and continuity of care with services provided in the community. This includes access to Public Health services.

Hamilton Public Health Services currently provides evidence-based, harm reduction education sessions to female inmates at the HWDC. The population of female inmates at HWDC varies between 50-60 persons. The sessions provided by PHS complement the work of HWDC with their Take Home Naloxone kit program by enhancing inmates' knowledge of resources that are available upon release from custody.

The work within HWDC on both the male and female side aligns with the program requirements outlined by the Ontario Public Health Standards (OPHS). Within PHS, the Harm Reduction and Mental Well-being team currently provides harm reduction programming and outreach clinical testing, needle exchange distribution and operates the community naloxone program to prevent the exposure to and limit the transmission of blood-borne infections throughout various organizations across Hamilton.

The male population of the HWDC is housed on three floors with three units on each floor. Each unit has two mini units of detainees. The volume of male inmates varies but is generally around 500-550 persons. A Public Health Nurse will be onsite every Thursday for 3.5 hours to provide three (3) one-hour sessions for within one of the units each week on the male occupied floor. This program expansion will be initiated within the current staffing complement. There will be no impact on the net levy for the addition of this service.

The provision of harm reduction education sessions at HWDC will be monitored and evaluated throughout the implementation period to inform continuous improvement and to assess the effectiveness of sessions to our priority populations. A process evaluation will be completed at three months to evaluate uptake and attendance of sessions as well as to assess the schedule of mini units that the Public Health Nurse is able to present at.

In closing, the program expansion to the male side of the HWDC is an important step in further expanding PHS reach to priority populations to continue to reduce the burdens associated with problematic substance use in our community.

APPENDICES AND SCHEDULES ATTACHED

Appendix "A" to Report BOH19016: Response to the Jury Recommendations HWDC Deaths Inquest Q2018-06

References

1. Office of the Chief Coroner. (2018). Inquest into the deaths of: Louis Unelli, William Acheson, Trevor Burke, Martin Tykoliz, Stephen Neeson, David Gillan, Julien Walton and Peter Mcnelis. Hamilton, Ontario: Queen's Printer for Ontario. Page 16.

2. Calzavara, Liviana,Ramuscak, N., Burchell, A. Swantee, C., Myers, T., Ford, P., Fearon, M. and Raymond,S. (2007) Prevalence of HIV and hepatitis C virus infections among inmates of Ontario remand facilities. Canadian Medical Association Journal; 177(3):257-61.

3. Groot E, Kouyoumdjian FG, Kiefer L, Madadi P, Gross J, Prevost B, et al. (2016) Drug Toxicity Deaths after Release from Incarceration in Ontario, 2006-2013: Review of Coroner's Cases. PLoS ONE 11(7): e0157512. doi:10.1371/journal.pone.0157512

4. Independent Review of Ontario Corrections. (2017). Corrections in Ontario: Directions for Reform. Queen's Printer for Ontario. ISBN: 978-1-4868-0703-1 (HTML)

Responses to Jury Recommendations

HWDC Deaths Inquest Q2018-16

HAMILTON PUBLIC HEALTH

RECOMMENDATIONS :

 # 57

REC. #	ORGANIZATION'S RESPONSE
57	Hamilton Public Health Services (PHS) has collaborated with the Hamilton Wentworth Detention Centre, and starting in May 2019 will be expanding its current harm reduction programming on the women's side to the Men's side. The goal is to enhance inmates' knowledge of resources that are available while incarcerated and community resources available upon release from custody. PHS will be at HWDC every Thursday afternoon for 3.5 hours. During this time, PHS will provide 3 1 hour harm reduction sessions to rotating mini units of male inmates within the HWDC.

10.1

INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	April 15, 2019
SUBJECT/REPORT NO:	City of Hamilton Tick Management Plan and Committee (BOH19012) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Ivo Zielinski (905) 546-2424 Ext. 5823 Connie Debenedet (905) 546-2424 Ext. 3576
SUBMITTED BY: **SIGNATURE:**	Kevin McDonald Director, Healthy Environments Division Public Health Services

COUNCIL DIRECTION

Not applicable.

INFORMATION

In 2015, due to growing public concern about the abundance of ticks in specific naturalized areas within the City of Hamilton, Public Health Services and various City Departments and Divisions met to develop a tick strategy to help protect the public's exposure to ticks and tick-borne diseases. During the early stages of the plan being developed the cross-departmental working group aimed to create a plan summarizing the best practices for the management of ticks on private and public property.

On September 7, 2018, Public Health Services issued an Information Update on Public Education for Lyme Disease and Tick Awareness in the City of Hamilton, detailing that the Hamilton Tick Management Committee was planning to explore options for tick control, best practices to reduce the risk of tick-borne disease in Hamilton, and to work together to develop a Tick Management Plan for the City of Hamilton.

The Tick Management Committee met regularly through the balance of 2018. As the group explored tick control strategies, fewer options for tick control through habitat management and property protection were identified as 'best practices'. An Information Report, Integrated Pest Management Best Practices Including the Use of Acaricides to Mitigate Tick Populations (BOH18019), found best practices and the scientific research around tick management is still evolving. A review of the Pest Management Regulatory Agency pesticide registry and Ontario Ministry of Environment and Climate Change found few acaricides are available for use and suitable pesticides have limitations making the use of acaricides a less effective control measure.

The Tick Management Committee explored controlling ticks through habitat management, biological controls, reduction in hosts and host targeted chemical controls. Through consultation with Curtis Russell, PhD, Senior Program Specialist, Enteric, Zoonotic and Vector-Borne Diseases Unit Communicable Diseases, of Public Health Ontario, the Working Group was informed that although some municipalities are employing habitat management strategies, these methods are not yet proven effective and may be costly with little-to-no benefit. Dr. Russell met with the Tick Management Committee and stressed that the best strategies to reduce risk and prevent tick borne illness involve public education and information using consistent messaging around risk, prevention, avoidance, tick identification, as well as tick removal tips combined with risk-based information advising people when they should seek medical attention.

On March 19, 2018, Hamilton Public Health Services announced to the Board of Health and to the public that the city of Hamilton had a significant portion of the municipal jurisdiction identified as an "estimated risk area for Lyme Disease". The Tick Management Committee refocused with the intent of creating a plan that was education-centred around risk and reducing risk levels for the public. The Working Group formalized its membership and created a Terms of Reference, to not only develop a City Tick Management Plan but also continue to work together to communicate changes in risk, share tick surveillance data within the city and to share information/resources with each other.

Relevant Consultation

The cross-departmental Tick Management Committee consists of membership from the following City Departments and Divisions:

- Healthy Environments Division and Epidemiology, Wellness, and Communicable Disease Control Division, Public Health Services;
- Geographic Information System, Corporate Services;
- Corporate Communications Team representing Public Health Services and/or any other department as desired by the department itself;
- Municipal Law Enforcement;
- Landscape Architectural Services with Public Works;

- Planning Division of Planning and Economic Development Department;
- Risk Management, Corporate Services;
- Health, Safety and Wellness;
- Parks and Cemeteries Section of Public Works;
- Roads and Maintenance of Public Works;
- Infrastructure Planning section of Growth Management; and,
- Forestry and Horticulture section of Public Works.

In addition to the collaborators above, the following key stakeholders were included in final development of the City of Hamilton Tick Management Plan:

- Royal Botanical Gardens;
- Binbrook Conservation Area under Niagara Peninsula Conservation Authority; and,
- Hamilton Conservation Authority.

Outcomes

Public Health Services led a City cross-departmental Committee, creating the City of Hamilton Tick Management Plan (Appendix "A"). The City of Hamilton Tick Management Plan focused on public education and prevention through host awareness and included the following key messages:

- Ticks: What are they, where they are more likely to be found, which ones could transmit diseases;
- Tick-Borne Diseases: Types of tick-borne diseases, signs and symptoms;
- Tick Bite Prevention: Checking yourself, your family and your pets after spending time outdoors, or in heavily wooded areas with tall grasses, how to do a proper tick check, wearing suitable clothing and personal protective measures like applying DEET and/or Icaridan;
- Tick Removal: Simple instructions on tick removal and what not to do;
- Signs and Symptoms: What to watch for after a tick bite and when to seek medical attention; and,
- Property Owners: Ways to reduce the presence of ticks to make the habitat unattractive, inhospitable, and/or inaccessible to host animals.

With the City of Hamilton Tick Management Plan complete and distributed to the Working Group members, the focus is now having bi-annual meetings with the Tick Management Committee and key stakeholders to share current surveillance information and tick and Lyme Disease resources (Appendix "B"). The most recent resource to be shared with the Tick Management Committee and key stakeholders was the outdoor tick warning signage (Appendix "C") that will be beneficial to be posted at trail heads, or naturalized areas that are heavily wooded with tall grass where ticks are more likely to be found.

As the risk of Lyme disease changes, the Health Hazard & Vector Borne Disease Program will continue monitoring public education to ensure that an increase in local risk is matched with an increase in public education and awareness.

APPENDICES AND SCHEDULES ATTACHED

Appendix “A” to Report BOH19012: City of Hamilton Tick Management Plan

Appendix “B” to Report BOH19012: Tick Resources

Appendix “C” to Report BOH19012: Outdoor Tick Signage

Integrated Tick Management Plan:

Preventing Diseases Spread by Ticks
2018

RISK STATEMENT AND DISCLAIMER

Overall, the risk of contracting Lyme disease or other tick borne diseases in the City of Hamilton is low. Tick borne disease transmission is dependent on a number of factors. Residents and visitors who report a tick bite and are concerned about possible disease transmission are encouraged to discuss their exposure with a physician.

There is a probability of encountering blacklegged ticks almost anywhere in the City of Hamilton (and in other areas of Ontario) as the ticks can spread by migratory birds, pets or other animals. The best way to prevent disease transmission is to prevent a tick bite.

What are ticks?

Ticks are small insects that are closely related to spiders and mites. Ticks feed on the blood of animals and people in order to survive. Over the past few years, ticks have become an increasing concern due to the ability of some tick species to transmit diseases.

Know your ticks

The most common tick found in Hamilton is the American dog tick (also called a wood tick). The American dog tick is not associated with disease in our geographic area—they are considered to be a nuisance pest.

Also, found in our area is the blacklegged tick (or deer tick). This type of tick can make you sick with Lyme disease and possibly other tick borne disease if you end up being bitten by an infected tick.

Other types of ticks can be encountered locally or while travelling to other areas of Ontario. Its important to protect yourself, family and pets from tick bites by removing ticks promptly and doing a tick check when visiting natural areas with tall grasses or wooded areas.

Blacklegged ticks

Blacklegged ticks (deer ticks) are found in areas with tall grasses and brushy forested areas. A tick bite from an infected blacklegged tick can make you sick if the tick feeds for more than 24 hours. It is important to know what these ticks look like and to remove them quickly.

Female Blacklegged ticks have reddish-orange abdomen, with a black shield at the top of their heads. The male blacklegged ticks are black or brown in colour (no red markings). Both the male and female blacklegged ticks have black legs.

Adult ticks are active during much of the year and the greatest risk of a tick bite is during the spring, summer and fall. When temperatures drop below freezing, the ticks no longer active. Adults are about the size of a sesame seed and nymphs are roughly the size of a poppy seed.

Hamilton is now an estimated Lyme disease risk area. This means that there is a greater chance of encountering a blacklegged tick when spending time in tall grassy or wooded areas.

The overall risk of a human infection from Lyme disease in Hamilton remains low.

Blacklegged Ticks

Female Blacklegged ticks measure about 2.6 mm in length with a reddish-orange coloured abdomen. Females have a black shield at the top of their heads. Their legs are black in colour.

Male blacklegged ticks are slightly smaller than females. The male dog tick has blackleg ticks and are black or brown in color (no red markings).

American Dog ticks

In Hamilton and surrounding areas, the American dog tick is the most commonly found tick. Over the past few years, the American dog tick is most commonly submitted tic k to the city's surveillance program.

The female American dog tick is about 5-6 mm in length and has creamy white marking behind the head. The male American dog tick is smaller and measures around 3.6 mm in length; the male dog tick has creamy white or gray markings over its entire back. This tick is commonly found in open fields, tall grassy areas or other natural areas.

American dog ticks do not transmit Lyme disease.

American dog ticks are not implicated in disease transmission and are considered a nuisance tick. Elsewhere in North America they can be associated with the spread of Rocky Mountain spotted fever, tularemia and tick paralysis.

American Dog

Female American dog ticks measure about 5-6 mm in length with a reddish/brown colour. Towards the top of the head, is the scutum, this area is creamy white mark-

Male American dog ticks are smaller than females and measure about 3mm in length. The male dog tick has creamy white or gray mark-

To learn more about other Lyme disease risk areas in Ontario, please visit Public Health Ontario: www.publichealthontario.ca

Ticks can spread diseases…

Blacklegged ticks can spread Lyme disease, babesiosis and anaplasmosis. Not all tick bites will result in illness, for a person to get sick with a tick borne illness the tick has to be infected and in some cases feeding for

Lyme disease is an illness caused by a bacteria called, *Borellia burgdorferi*. This bacterium is spread through the bite of an infected tick. Signs and symptoms usually occur one to two weeks after a tick bite, but can begin as early as 3 days to as long as 30 days after a bite. The first sign of infection is usually a red rash called erythema migrans that begins at the site of the tick bite. The rash gradually expands over several days, and gives the appearance of a bull's-eye — a spot with a ring around it. However, not everyone develop this rash. Patients may also experience fever, fatigue, chills, headaches, muscle and joint aches, and swollen lymph nodes. If left untreated, more severe symptoms can develop.

Babesiosis is caused by a parasite called *Babesia microti*. Most people who are infected, however, do not display any symptoms. The disease is more severe in the elderly and in people with suppressed immune systems and those who have had their spleen removed. The symptoms of babesiosis include fever, chills, sweating, muscle pain, and fatigue. They typically occur after an incubation period of one to four weeks, and can last several weeks.

The symptoms of **human granulocytic anaplasmosis** (HGA) can vary, but most patients have a moderately severe fever and exhibit symptoms such as headache, muscle pain, and malaise. These symptoms will typically appear after an incubation period of one week after tick exposure. Anaplasmosis can be fatal in some cases if left untreated.

Do a daily visual tick when in visiting or working in wooded or tall grassy areas! Remember to check WHAT! Waist, Hairline, Armpits and Toes. Don't forget to also check your groin area and behind your knees.

Ticks can spread diseases...cont'd

In Ontario, the American dog tick is not implicated in disease transmission and is considered a nuisance tick. However, due to increasing travel to areas endemic for ticks and other tick borne disease, the information below summarizes diseases often transmitted by dog ticks but are of low or no significance locally.

Rocky Mountain spotted fever is caused by the bacteria *Rickettsia rickettsii.* It can be very difficult to diagnose in its early stages, even by experienced physicians who are familiar with the disease. People infected with *R. rickettsii* generally develop symptoms 2 to 14 days after a tick bite, and the symptoms are generally severe enough to cause them to visit a physician in the first week of their illness. Initially, Rocky Mountain spotted fever may resemble a variety of other infectious and non- infectious diseases. Other symptoms may include: (initially) nausea, vomiting, muscle pain, and lack of appetite; and (as the disease progresses) abdominal pain, joint pain, and diarrhea.

Tularemia is rare in Canada. There are approximately 200 cases reported annually in the U.S. Tularemia or Rabbit Fever is caused by an infection of *Francisella tularansis*. Symptoms usually appear 3 to 10 days after exposure, it can take as long as 14 days. It affects both humans and animals, and is typically found in wild animals such as rabbits, muskrats, and beavers. It is also known as Rabbit Fever because hunters can get the disease from contact with infected rabbits. Symptoms of tularemia can include: sudden fever, chills, headaches, muscle aches, joint pain, dry cough, progressive weakness and pneumonia. Persons with pneumonia can cough up blood and have trouble breathing. Other symptoms of tularemia depend

Tick paralysis is caused by a toxin found a tick's saliva. Symptoms include rapid onset flaccid paralysis beginning the arms and legs and progressing to other body parts. Paralysis subsides once the tick is removed. Symptom happens typically after 4-7 days following the feeding of a female tick.

How to keep yourself, family and pets tick free?

Preventing tick bites, is the first step to avoid getting sick with Lyme disease and other tick borne diseases. Protect yourself and family with these 5 tick bite prevention tips:

1	**Know your ticks & where to expect them:** in Ontario, the blacklegged tick is the only known tick that can transmit the bacteria that causes Lyme disease. Blacklegged ticks live in woodlands, tall grasses and bushes.
2	**Prevent tick bites:** Wear light-coloured clothing outdoors. It makes ticks easier to spot; Wear long pants and a long sleeved shirt; Wear socks and closed toe shoes. Tuck your pants into your socks; and use an insect repellent containing DEET or Icaridin.
3	**Do a tick check:** after spending time outdoors in wooded or bushy areas, carefully check your full body and head for attached ticks; check your children and pets for ticks and shower to remove ticks before they become attached.
4	**Remove ticks quickly using the correct methods:** If you find a tick on your body, remove it as soon as possible by using proper techniques such as using tweezers to pull the tick gently but firmly straight up so that the full head is also removed
5	**Know the signs & symptoms:** Symptoms of Lyme disease usually start one to two weeks after getting a tick bite, but can begin as early as three days to as long as four weeks after a tick bite. Signs & symptoms include a circular red rash that slowly expands around the bite, known as a “bulls-eye”, skin rash, fatigue, stiff neck, joint pain, and headache .

Tips to prevent ticks for companion animals...

It is important to remember that people cannot catch tick-borne diseases such as, Lyme disease from infected dogs or cats, but the same ticks that bite your pets can cause these illnesses and others if they bite humans.

To reduce the chances that a tick will transmit disease to you or pets:

- Check your pets for ticks daily, especially after they spend time outdoors or travel to different counties or states.
- If you find a tick on your dog or cat, remove it promptly or ask your veterinarian for assistance.
- Ask your veterinarian to conduct a tick check at each exam and discuss common tick-borne diseases you should be aware of in your area.
- Reduce host animal habitat in your yard (i.e. remove leaf litter, clear tall grasses and remove brush around homes and lawn edges).
- Follow leashing by-laws when visiting parks

Never use products labeled for dogs or cats. When using a new repellent product for the first time on your pets, follow the direction provided on the package for the safe use of these products and monitor your pets for any reactions. Consult with your vet if you have any questions or concerns and remember to keep the product package.

Talk to your veterinarian about responsible and effective use of flea and tick prevention products and any questions or concerns you may have about the safe use of these products.

What should you do if you find a tick on your self, family member or pet?

When spending time outdoors and carrying out activities in areas where ticks might be present it is important to carry out a tick check. A tick check is done by looking for ticks that might have attached to you or your clothing. If you find a tick on your body, remove the tick immediately to prevent infection. If a tick is attached to your skin for less than 24 hours, your chance of getting Lyme disease is small.

Check these parts of you body and child's body for ticks:

- Under the arms
- In and around the ears
- Inside belly button
- Back of the knees
- In and around the hair
- Between the legs
- Around the waist.

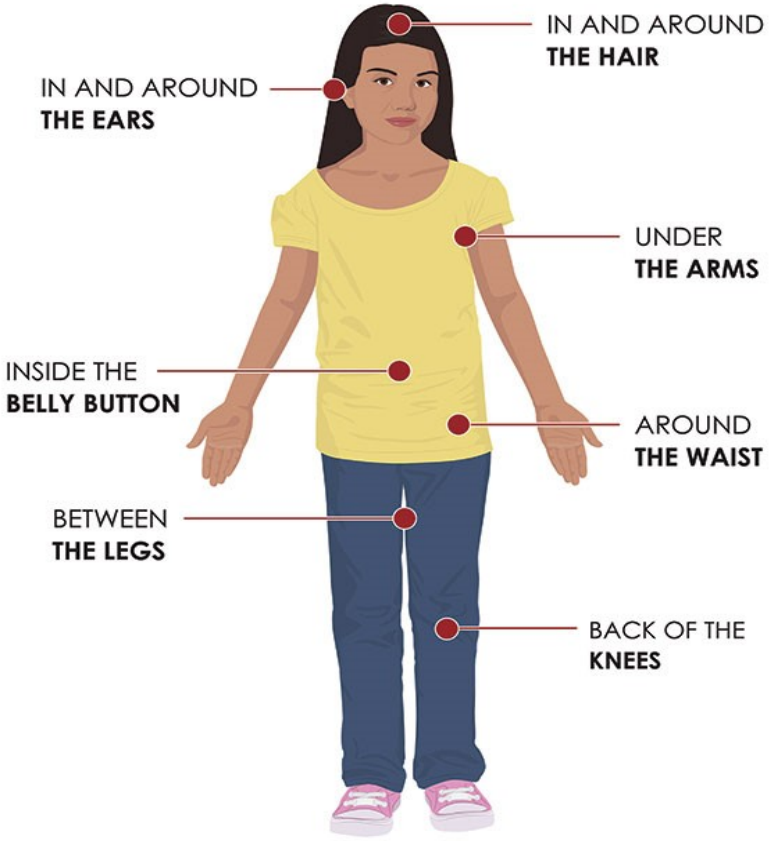


Image source: Centers for Disease and Control (US CDC)

Record the date you removed the tick using a planner or calendar, and watch for any signs or symptoms of illness. Seek medical attention if you have symptoms of illness following a tick bite.

How to remove a tick safely

Prompt removal of ticks is very important because it lessens the chance of disease transmission from the tick to you, a family member or a pet.

Remove the tick carefully with a pair of clean tweezers by grasping the tick as close to your skin as possible.

Pull it straight out, gently but firmly. Do not twist or jerk the tick as this action may cause the mouth parts to break off and remain in your skin. If this happens, remove the mouth parts as you would a splinter or seek medical attention. After you remove the tick, clean the bite area with soap and water.

Image source: Ontario Ministry of Health and Long Term Care (MOHLTC)

When removing a tick, your goal is to remove the tick quickly as possible and intact. Do not do the following:

- Burn the tick off using matches or a lighter
- Smother the tick using Vaseline/ petroleum jelly, baby oil or alcohol.
- Do not squeeze it; this could allow bacteria that causes Lyme disease to get into your body

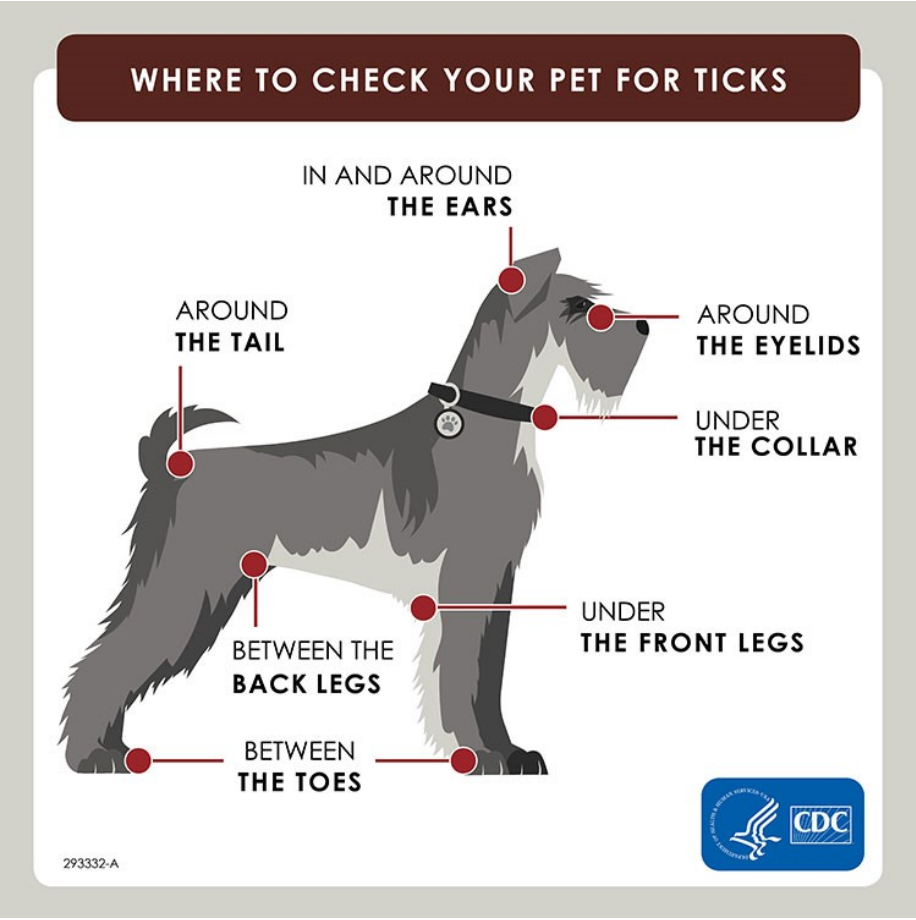
How to remove a tick from a pet?

Prompt removal of ticks is very important because it lessens the chance of disease transmission from the tick to your pet.

- Remove ticks by carefully using clean tweezers to firmly grip the tick as close to the pet's skin as possible and gently and steadily pulling the tick free without twisting it or crushing the tick during removal.

- Crushing, twisting or jerking the tick out of the skin while its head is still buried could result in leaving the tick's mouth parts in your pet's skin; this can cause a reaction and may become infected.

- Do not attempt to smother the tick with alcohol or petroleum jelly, or apply a lighter to it, as this may cause the tick to regurgitate saliva into the wound and increase the risk of disease if the tick is infected.



Keeping your property tick free:

Around a private property, the best way to reduce the presence of t ticks is to make the habitat unattractive, inhospitable, and/or inaccessible to host animals. You can do so by using an integrated tick management practices that include:

- ☐ Frequent mowing, trimming back of overhanging shrubs or tree branches, and removing leaf litter, particularly at the lawn-forest interface and in high use areas.
- ☐ Remove or move bird feeders away from the house. Feeders create animal concentrations. In addition to feeding birds bird feeders also provide food for many of the small mammal hosts of immature ticks as well as deer.
- ☐ The removal of woodpiles, brush piles, stumps and fallen trees, and other harborages will tend to keep rodent populations at a minimum.
- ☐ The use of deer resistant ornamental vegetation, in combination with these other techniques, may discourage deer from entering residential properties and decrease browse damage.
- ☐ Use of dense groundcover plantings should be discouraged, since they provide ideal tick habitat and cover for rodent hosts.
- ☐ Remove or move bird feeders away from the house. In addition to feeding birds, bird feeders also provide food for many of the small mammal hosts for immature ticks.
- ☐ Habitat management can include host exclusion. Studies have shown that installation of deer fencing dramatically reduced blacklegged tick abundance within the protected property.
- ☐ Ensure that your pets do not wander away from your property.
- ☐ Lastly, an application of an acaricide (a pesticide that kills ticks and mites) may reduce the number of ticks on your property. Consult with a licensed pest control operator for advice on how to control ticks using acaricides.

City of Hamilton is a Lyme disease risk area. Blacklegged ticks can transmit Lyme disease. That's why it's important to know your ticks and do a tick check when you're in a wooded area.

Discover how you can keep your family and pets safe at
www.hamilton.ca/ticks
or call 905.546.2489

Hamilton

CHECK WHAT?

Daily Visual Tick Checks

Remember **WHAT** to do when checking your children and pets for ticks:

Waist Armpits
Hairline Toes

Don't forget to pay special attention to the groin area and behind the knees too.

TICK REMOVAL

Every tick-tock of the clock puts you at risk! Properly remove ticks as soon as possible.

Using tweezers, pull the tick gently but firmly straight up.

Avoid squeezing the tick to prevent bacteria entering the body.

DO NOT burn the tick or use chemicals or liquids on it.

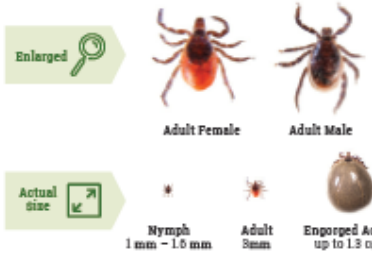
Clean bite site with soap and water.

Hamilton

Visit: www.hamilton.ca/lymedisease or call 905-546-CITY (2489)

TICK TACTICS

Blacklegged Tick (Deer Tick)
Can transmit Lyme disease



American Dog Tick
Cannot transmit Lyme disease

Tick Photos: URI TickEncounter Resource Center

www.hamilton.ca/lymedisease

THE TRUTH ABOUT TICKS

Ticks can be found in woodlands, tall grasses and bushes. Ticks are slow and cannot fly so they get around by hitching a ride on people and animals passing by.

In 2018, the City of Hamilton was identified as a Lyme disease risk area. Lyme disease is an infection spread by the bite of an infected tick.

Beware of blacklegged ticks (also known as deer ticks)! These are the only known ticks that can transmit Lyme disease in Ontario.

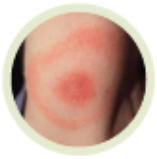
LYME DISEASE

After a tick bite, you might find a red rash that slowly expands around the bite. Symptoms can appear 3-30 days after a bite from an infected tick.

Other symptoms include:

Fatigue
Stiff neck
Joint pain
Fever
Headache

Seek medical attention **immediately** if you develop any symptoms of Lyme disease.



PREVENT THE BITE

- Wear light-coloured clothing outdoors. It makes ticks easier to spot.
- Wear long pants, long-sleeved shirts, socks, and closed toe shoes.
- Use an insect repellent containing DEET or Icaridin **(DO NOT use on pets).**

For information on Lyme disease risk areas visit: www.publichealthontario.ca

Photo: CDC/ James Gathany

KNOW YOUR TICKS

Blacklegged Tick (Deer Tick)

Can transmit Lyme disease

Enlarged

Adult Female

Adult Male

Actual Size

Nymph
1 mm – 1.6 mm

Adult
3mm

Engorged Adult
up to 1.3 cm

American Dog Tick

Cannot transmit Lyme disease

Enlarged

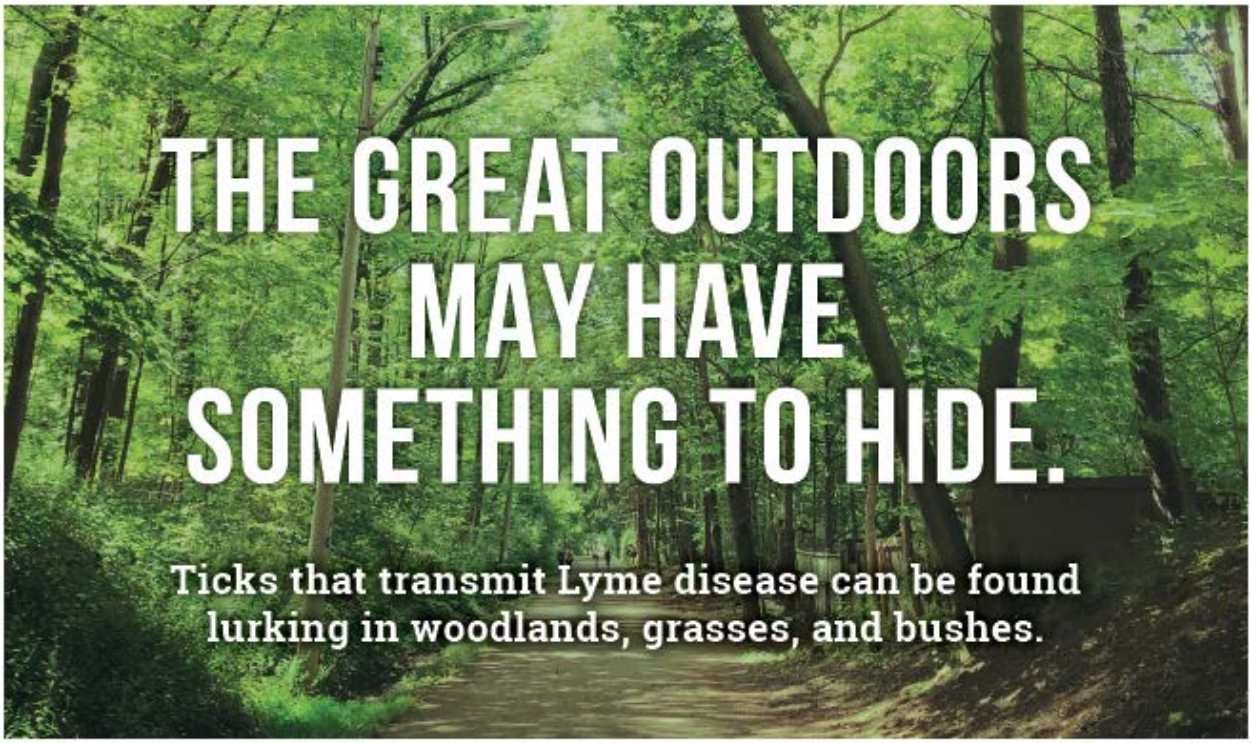
Adult Female
5mm

Adult Male
3.6mm

Hamilton

Visit: www.hamilton.ca/lymedisease
or call 905-546-CITY (2489)

Photos: URI TickEncounter Resource Center



Blacklegged Tick (Deer Tick)
Can transmit Lyme disease

Adult Female Adult Male

Enlarged

American Dog Tick
Cannot transmit Lyme disease

Adult Female Adult Male

Actual Size of Blacklegged Ticks

Nymph
1 mm – 1.6 mm

Adult
3mm

Blacklegged ticks can transmit Lyme disease. That's why it's important to know your ticks and do a tick check after visiting a wooded or tall grassy area.

Discover how you can keep your family and pets safe at www.hamilton.ca/ticks or call 905.546.2489

Hamilton


NOTICE
Ticks may be found in this area
American Dog Tick
Adult Male
Adult Female
does NOT transmit Lyme disease
Know Your Ticks
Blacklegged Tick (Deer Tick)
Adult Male
Adult Female
can transmit Lyme disease
Please stay on marked trails.
Check yourself, children and pets for ticks before leaving the area.
For more information call Hamilton Public Health Services at 905-546-2489
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