



City of Hamilton
PUBLIC HEALTH COMMITTEE
ADDENDUM

Meeting #: 24-003
Date: April 2, 2024
Time: 9:30 a.m.
Location: Council Chambers
Hamilton City Hall
71 Main Street West

Matt Gauthier, Legislative Coordinator (905) 546-2424 ext. 6437

5. COMMUNICATIONS

5.1 Correspondence from Joy Lachica, Board of Health Chair, Peterborough Public Health, respecting Legislated improvements to indoor air quality (IAQ) in indoor public settings are required to reduce the transmission of COVID-19 and other airborne pathogens

*a. Correspondence from Joy Lachica, Board of Health Chair, Peterborough Public Health, respecting Legislated improvements to indoor air quality (IAQ) in indoor public settings are required to reduce the transmission of COVID-19 and other airborne pathogens

- REVISED

Recommendation: Be received *and referred to the Medical Officer of Health for analysis and a report back to the Public Health Committee.*

5.2 Correspondence from Wess Garrod, Board of Health Chair, Kingston, Frontenac, Lennox and Addington Public Health, respecting Public Health Ontario Laboratories

*a. Correspondence from Wess Garrod, Board of Health Chair, Kingston, Frontenac, Lennox and Addington Public Health, respecting Public Health Ontario Laboratories - REVISED

12. NOTICES OF MOTION

*12.1 Resolution to declare the City of Hamilton a “No Paid Plasma Zone”

January 31, 2024

Hon. Sylvia Jones
Deputy Premier and Minister of Health
sylvia.jones@ontario.ca

Hon. Paul Calandra
Minister of Municipal Affairs and Housing
minister.mah@ontario.ca

Hon. Mark Holland
Minister of Health (Canada)
hcmminister.ministresc@hc-sc.gc.ca

Hon. Sean Fraser
Minister of Housing, Infrastructure and Communities (Canada)
minister-ministre@infcc.gc.ca

Dear Honourable Ministers,

Re: Legislated improvements to indoor air quality (IAQ) in indoor public settings are required to reduce the transmission of COVID-19 and other airborne pathogens

Through the COVID-19 pandemic, we have learned that the SARS-CoV-2 virus transmits via an airborne mechanism. Additionally, despite the end to the global declaration of emergency, COVID-19 continues to cause illness and death due to severe disease and through Post COVID Condition (Long COVID). In the region served by Peterborough Public Health, there were 109 PCR-confirmed COVID-19 deaths in 2022 and 35 in 2023.¹ Recently released data from Statistics Canada shows that nationally, in 2022, COVID-19 climbed to the third leading cause of death in Canada; in 2020 and 2021, COVID-19 was the fourth leading cause of death.² Last month, the seven-day average wastewater signal for December 11, 2023 was at 42 normalized viral copies per mL, the highest since monitoring began in January 2021.³ Suffice it to say that COVID-19 is still present and harming our community's health and the economy's stability.

With this recognition, the Board of Health of Peterborough Public Health continues to advocate for improvements in preventive activities and at its January 10th Board of Health meeting resolved to continue this advocacy with this letter to you for your consideration.

Among the most important interventions to prevent COVID-19 is improving the indoor air quality (IAQ) of the air that we breathe. In January 2023, we last wrote to you to advocate for consideration of IAQ improvements. In May of 2023, the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) released a new standard that now operationalizes the improvements. Canada uses ASHRAE to inform its current building code development, and so this new standard should be integrated as soon as possible in Canada to improve health and save lives.

ASHRAE Standard 241: [Control of Infectious Aerosols](#), specifically addresses improving IAQ to reduce infection from airborne pathogens. The Ontario Society of Professional Engineers notes that “incorporating ASHRAE Standard 241 into the Canadian National Building Code will significantly improve indoor air quality and ensure that building designs and systems are optimized to minimize airborne disease transmission.”⁴

Advancing cleaner air policies and implementing ASHRAE Standard 241 comes with a significant boost to both public health and economic outcomes. “The total monetized COVID-reduction benefit of 16 weeks of Infection Risk Management Mode per year [during the peak ‘season’ of transmission] is about \$40 billion, about 10 times the total cost. Monetized values of other benefits, such as increased productivity and reduction in other virus infections, would likely be another \$20 billion to \$40 billion.”⁵ The return on investment is *at least* 6:1, potentially as much as 8:1.

The bottom line is that scientists, academics, engineers, doctors, and public health practitioners agree that cleaner air in indoor public spaces is needed to truly get ahead of this pandemic and mitigate the onset of future public health emergencies related to airborne pathogens.^{6,7,8}

ASHRAE Standard 241 specifically addresses improved IAQ as it relates to respiratory viruses, a component currently missing from provincial and federal building codes and regulations. The Standard lays out practical solutions that owners, operators, and managers of shared spaces can take to protect those occupying their spaces from airborne pathogens.

ASHRAE Standard 241 and improved indoor air quality should be adopted into federal and provincial building codes and highly considered for inclusion in local property standards by-laws to ensure improvements in the air we breathe and our health.

Respectfully,

Original signed by

Councillor Joy Lachica
Chair, Board of Health

/ag

cc: Local MPPs
Local MPs
Local Councils
Ontario Boards of Health
Association of Local Public Health Agencies (aLPHa)

¹ Public Health Ontario. (2023). Ontario COVID-19 Data Tool. Retrieved November 27, 2023 from <https://www.publichealthontario.ca/en/data-and-analysis/infectious-disease/covid-19-data-surveillance/covid-19-data-tool?tab=trends>

² Statistics Canada. (2023). Leading causes of death, total population, by age group. Retrieved December 19, 2023, from <https://www150.statcan.gc.ca/t1/tbl1/en/cv.action?pid=1310039401>

³ Peterborough Public Health. (2023). COVID-19 and Respiratory Virus Risk Index. Retrieved November 29, 2023 from <https://www.peterboroughpublichealth.ca/covid-19-risk-index/>

⁴ Ontario Society of Professional Engineers. (2023) OSPE Supports Adoption of ASHRAE Standard 241 in the Canadian National Building Code. Retrieved August 16, 2023 from, <https://ospe.on.ca/advocacy/ospe-supports-adoption-of-ashrae-standard-241-in-the-canadian-national-building-code/>

⁵ Richard Bruns, PhD. ASHRAE Journal. (2023). Cost-Benefit Analysis of ASHRAE Standard 241. Marwa Zaatari, PhD.. Anurag Goel, Joesph Maser. ASHRAE Journal. (2023). Why Equivalent Clean Airflow Doesn't Have To Be Expensive

⁶ The Lancet. (2023). US CDC announces indoor air guidance for COVID-19 after 3 years. Retrieved July 7, 2023 from [https://www.thelancet.com/pdfs/journals/lanres/PIIS2213-2600\(23\)00229-1.pdf](https://www.thelancet.com/pdfs/journals/lanres/PIIS2213-2600(23)00229-1.pdf)

⁷ National Collaborating Centre for Environmental Health. (2021). COVID-19 and indoor air: Risk mitigating measures and future-proofing. Retrieved July 7, 2021 from <https://ncceh.ca/content/blog/covid-19-and-indoor-air-risk-mitigating-measures-and-future-proofing>

⁸ Ibid.



KFL&A
Public Health

March 1, 2024

VIA: Electronic Mail (president@oahpp.ca)

Dr. Michael Sherar
President and Chief Executive Officer
Public Health Ontario
661 University Ave, Suite 1701
Toronto, ON M5G 1M1

Dear Dr. Sherar:

At its meeting of February 28, 2024, the Kingston, Frontenac and Lennox & Addington (KFL&A) Board of Health passed the following motion:

THAT the KFL&A Board of Health strongly opposes the closure of the local Public Health Ontario Laboratory in Kingston and will send correspondence to:

- 1. Dr. Michael Sherar, President and Chief Executive Officer, Public Health Ontario**

FURTHER THAT a copy of this letter be forwarded to:

- 1. Hon. Sylvia Jones, Deputy Premier and Minister of Health**
- 2. Dr. Kieran Moore, Chief Medical Officer of Health and Assistant Deputy Minister, Public Health**

We are deeply concerned about the proposed closure of the Public Health Ontario Laboratory in Kingston and its anticipated negative impact on access to diagnostic services, timely support of public health decision-making, and availability of well water testing in rural areas.

Local access to laboratory services is fundamental to promoting public health and preventing the spread of infectious diseases. The Public Health Ontario Laboratory site in our community has played a crucial role in our efforts to maintain a healthy population, especially during the COVID-19 pandemic. The presence of the local laboratory in Kingston fosters innovation, research and education through key partnerships with KFL&A Public Health and other local public health agencies in the region, post-secondary institutions, and other community partners like long-term care homes. The laboratory supports over 570,000 residents in the region. Individuals and organizations relying on the lab's services may face increased barriers to timely and accurate diagnoses.

The local Public Health Ontario Laboratory in Kingston has been an invaluable partner in our efforts to monitor and control infectious diseases within our community. The skilled professionals operating the lab have consistently demonstrated a commitment to excellence, providing reliable and efficient

Kingston, Frontenac and Lennox & Addington Public Health

www.kflaph.ca

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Cloyne	613-336-8989	Fax: 613-336-0522
Napanee	613-354-3357	Fax: 613-354-6267
Sharbot Lake	613-279-2151	Fax: 613-279-3997

diagnostic services. The closure of such a well-functioning facility poses a threat to the effective management of public health issues and may compromise our ability to respond promptly to emerging health concerns. It is essential to the future vision of a stronger and more resilient public health system as outlined by the Chief Medical Officer of Health's 2022 Report on "Ensuring Public Health Preparedness for Infectious Outbreaks and Pandemics". As part of the report, Public Health Ontario Laboratory surge capacity and local expertise is critical in preparing for future pandemics.

Considering the critical role that the Public Health Ontario Laboratory plays in safeguarding public health, we respectfully urge you to reconsider the decision to close this essential facility. Collaborative efforts should be explored to address any challenges faced by the lab, ensuring its continued operation and the preservation of accessible diagnostic services for our community.

We appreciate the complex nature of the decisions you must make, and we believe that, together, we can find alternative solutions that maintain the integrity of our local public health system. The collective health and well-being of our community depend on the continued operation of the microbiology lab, and we trust that your leadership will prioritize these concerns in the decision-making process.

Thank you for your time and consideration. We look forward to the opportunity to engage in a constructive dialogue that prioritizes the health of our community.

Sincerely,



Wess Garrod
KFL&A Board of Health Chair

cc: Hon. Sylvia Jones, Deputy Premier and Minister of Health
Dr. Kieran Moore, Chief Medical Officer of Health and Assistant Deputy Minister, Public Health Ontario Boards of Health
Association of Local Public Health Agencies (alPHa)

CITY OF HAMILTON

NOTICE OF MOTION

Public Health Committee: April 2, 2024

MOVED BY MAYOR A. HORWATH.....

Resolution to declare the City of Hamilton a “No Paid Plasma Zone”

WHEREAS, the City of Hamilton supports voluntary blood and plasma donation and aims to protect our public collection system, recognizing the importance of blood donation as a public good;

WHEREAS, Canada’s tainted blood crisis resulted in the loss of approximately 8,000 lives and the subsequent Royal Krever Commission recommended Canada operate a fully voluntary, non-remunerated blood and plasma donation system;

WHEREAS, within Ontario’s healthcare system blood donations are viewed as a public resource;

WHEREAS, the integrity of the of the public, voluntary donor system must be protected;

WHEREAS, in Ontario, the Voluntary Blood Donations Act, stipulates that it is against the law for private companies to pay donors and for donors to receive payment for their blood or plasma;

WHEREAS, paid plasma collection schemes are known to target and exploit the most vulnerable members of among communities; and

WHEREAS, this resolution reaffirms the principles of voluntary, non-remunerated blood and plasma donation and aims to protect the integrity of Canada’s public blood system and the integrity of blood donors.

THEREFORE, BE IT RESOLVED:

- (a) That the City of Hamilton designates itself a “Paid-Plasma Free Zone” and declares that private for-profit blood collection companies are not permitted to operate in the city;

- (b) That the City of Hamilton resolves to protect marginalized and vulnerable populations from exploitation resulting from for-profit plasma collection by advertising financial payment for the sale of their blood-plasma; and
- (c) That a copy of this resolution be sent to Canadian Blood Services, federal, provincial and territorial Ministers of Health, Grifols pharmaceuticals, and all Ontario Municipalities requesting that they respect the City of Hamilton as a “Paid-Plasma Free Zone” and support only voluntary Blood and plasma collection.