

CITY OF HAMILTON

**Public Health Services
Clinical and Preventive Services**

TO: Mayor and Members Board of Health	WARD(S) AFFECTED: CITY WIDE
COMMITTEE DATE: June 18, 2012	
SUBJECT/REPORT NO: Universal Influenza Immunization Program (UIIP) (BOH12009) (City Wide)	
SUBMITTED BY: Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services Department	PREPARED BY: Kim Dias (905) 546-2424 Ext. 7115
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RECOMMENDATION

- (a) That the number of influenza immunization clinics be decreased to at least one for each geographic area of the City;
- (b) That Public Health Services partner with pharmacies and other community providers to promote all of the influenza clinic locations throughout the City.

EXECUTIVE SUMMARY

The Ontario Public Health Standards requires Boards of Health to promote and provide provincially funded immunization programs including influenza vaccine to any eligible persons in the health unit. Public Health Services clinics are only one strategy to ensure the public has access to the influenza vaccine.

Influenza vaccines are offered widely through the city in sites such as PHS influenza immunization clinics, pharmacies, large department stores and family physician offices.

The uptake of influenza vaccine in PHS clinics has significantly decreased since 2010 (Appendix A). The overall influenza immunization rate, which includes PHS clinics and all other community providers, has remained steady or increased slightly despite the decreased attendance at City of Hamilton clinics.

The decrease in uptake at our clinics has created a financial pressure for the delivery of this program. In the Fall of 2012, PHS plans to decrease the number of clinics but will continue to provide at least 1 influenza immunization clinic in each geographic area of the city. PHS will partner with pharmacies and other community providers to promote all of the influenza clinic locations where individuals can access the vaccine on the City of Hamilton's website and to encourage other agencies to provide vaccine thereby increasing access across the city.

The reduction in the number of PHS clinics offered will enable the Universal Influenza Immunization Program to be maintained within budget and allow PHS staff to focus more time on achieving Ontario Public Health Standards accountability agreement for the provision of hepatitis b, meningococcal and human papillomavirus vaccines to students in grades 7 and 8.

Alternatives for Consideration – see page 4

FINANCIAL / STAFFING / LEGAL IMPLICATIONS (for Recommendation(s) only)

Financial: The MOHLTC has not increased funding from \$5 per dose in the past 10 years; however, the cost of staffing, supplies and promotional materials has continued to increase. In 2011, each clinic showed a deficit and the program was over budget by \$14,482 gross/\$3,620 net which was covered out of the Vaccine Preventable Disease budget. The financial goal of the reduction of clinics in 2012 is to promote attendance at each clinic and stay within the MOHLTC \$5 per dose.

Staffing: Reducing the number of clinics will decrease the cost of agency staff by half. PHS permanent staff will use the time that would have been spent in PHS influenza clinics to focus on achieving the provincial Accountability Agreement targets for School Based Immunization Clinics.

Legal: None

HISTORICAL BACKGROUND (Chronology of events)

PHS and family physicians have traditionally been the primary sites where individuals access influenza vaccine. PHS has provided 20 influenza immunization clinics each Fall

since 2003. The following geographic areas have traditionally had 2-3 clinics: Waterdown (2), Dundas (2), Ancaster (2), West Mountain (2), Central Mountain (2), Stoney Creek Mountain (2), lower Stoney Creek (3), downtown Hamilton (3); whereas West Hamilton and Mount Hope had 1 clinic each.

The uptake of influenza vaccine in PHS clinics has significantly decreased since 2010 (Appendix A). The overall influenza immunization rate, which includes PHS clinics and all other community providers, has remained steady or increased slightly despite the decreased attendance at City of Hamilton clinics. Health units across Ontario have seen the same trend in decreased attendance at health unit operated influenza vaccine clinics.

Historically, PHS has provided influenza vaccine to health care providers, hospitals and long-term care facilities. In 2000, the MOHLTC implemented a prequalification process that opened up the distribution of vaccine to pharmacies, nursing agencies, workplaces and other community providers to increase the accessibility and uptake of influenza vaccine. Since this time, PHS has seen the steady increase of vaccine distribution to these providers. For the 2010/11 and 2011/12 influenza seasons, PHS distributed over 130,000 doses of influenza vaccine to the Hamilton community. For 2011/12, this accounted for 93% of the total number of doses distributed by the health unit. PHS community clinics accounted for only 7% of the total doses distributed (Appendix B).

POLICY IMPLICATIONS

N/A

RELEVANT CONSULTATION

As part of the strategy to increase vaccine uptake in the community, PHS has partnered with several members of the health care sector. The Health Sector Influenza Working Group was formed under the Health Sector Emergency Management Committee to increase influenza vaccine uptake in the community. Membership includes hospitals, long-term care, pharmacy, family medicine and emergency services. Support has been received from all members of this committee to increase partnership with workplaces, pharmacies, colleges and universities, and nursing agencies to increase the number of employee and/or community based influenza vaccine clinics offered. One of the current barriers to providing influenza clinics by community organizations is the detailed and confusing MOHLTC prequalification process. PHS will offer sessions to these organizations to facilitate ease in the Ministry prequalification process and will develop resources and forms for use at their clinics. Additionally, PHS is investigating the possibility of posting all of these community-based clinics open to the general public on the City website.

ANALYSIS / RATIONALE FOR RECOMMENDATION

(include Performance Measurement/Benchmarking Data, if applicable)

Reducing the number of PHS clinics will increase the volume of residents attending the clinic in their geographic area, thereby increasing the efficiency of each clinic. A clinic will be offered at the following geographic areas: Waterdown, Dundas, Ancaster, West Mountain, Central Mountain, Mount Hope, Stoney Creek Mountain, lower Stoney Creek, West Hamilton and 2-3 clinics in the downtown core.

Increased community capacity to provide the influenza vaccine at a variety of community settings such as pharmacies and department stores will increase accessibility to residents. PHS will include all locations in the promotion of community influenza immunization clinics on the City of Hamilton's website and call centre.

PHS staff will use increased available time to enhance Vaccine Preventable Disease Program areas primarily focusing on achieving the Ontario Public Health Standards accountability agreement for School Based Immunization Clinics (i.e. increasing the vaccination rate of hepatitis b and meningococcal vaccine for grade 7 students and human papillomavirus vaccine to grade 8 female students).

ALTERNATIVES FOR CONSIDERATION

(include Financial, Staffing, Legal and Policy Implications and pros and cons for each alternative)

One alternative for consideration would be to stop all PHS operated clinics. Under the Ontario Public Health Standards, PHS is required to ensure that the public has access to influenza vaccine but is not required to hold clinics. This would ensure there would be no overspending in the program but may result in dissatisfaction for those individuals who regularly receive influenza vaccination at PHS clinics.

Another alternative is to continue to hold the same number of clinics as was done in 2010 and 2011 but to increase the marketing of other community agencies influenza immunization clinics. This would transition the public to be aware and access other community clinics. PHS would plan to decrease PHS clinics in 2013. PHS would not be able to stay within budget if this alternative was chosen.

CORPORATE STRATEGIC PLAN (Linkage to Desired End Results)

Focus Areas: 1. Skilled, Innovative and Respectful Organization, 2. Financial Sustainability, 3. Intergovernmental Relationships, 4. Growing Our Economy, 5. Social Development, 6. Environmental Stewardship, 7. Healthy Community

Skilled, Innovative & Respectful Organization

- ◆ More innovation, greater teamwork, better client focus

Financial Sustainability

- ◆ Delivery of municipal services and management capital assets/liabilities in a sustainable, innovative and cost effective manner

Intergovernmental Relationships

- ◆ Maintain effective relationships with other public agencies

Growing Our Economy

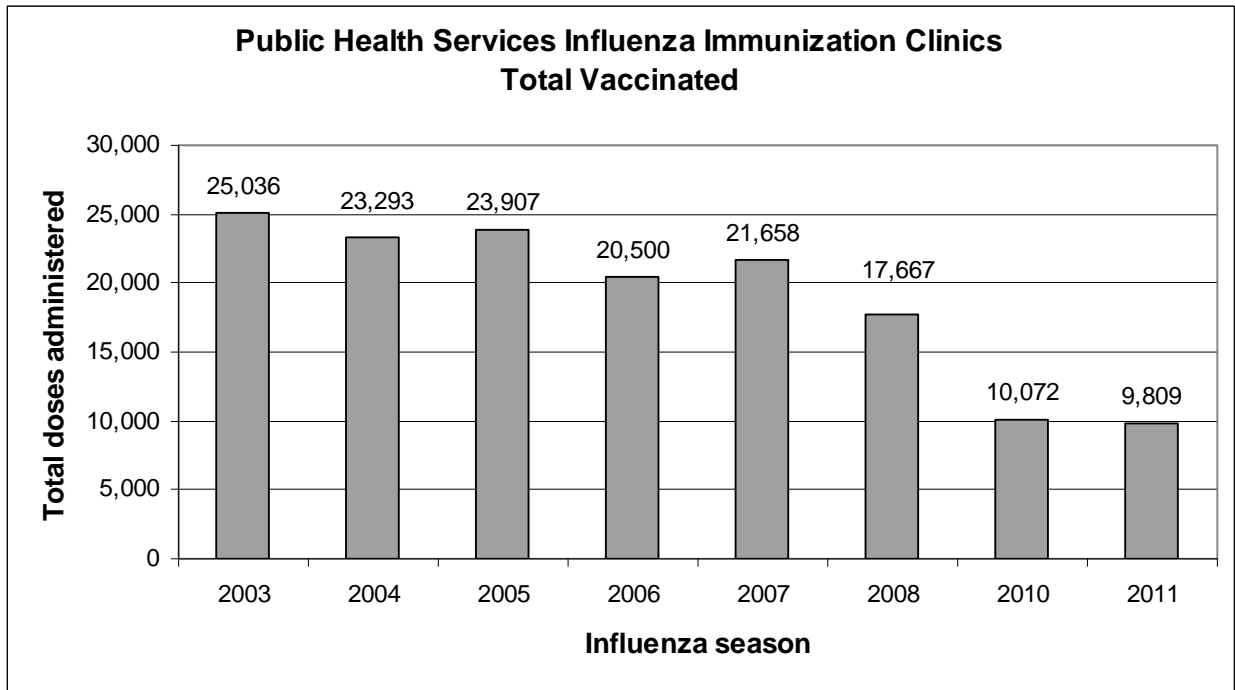
- ◆ An improved customer service

APPENDICES / SCHEDULES

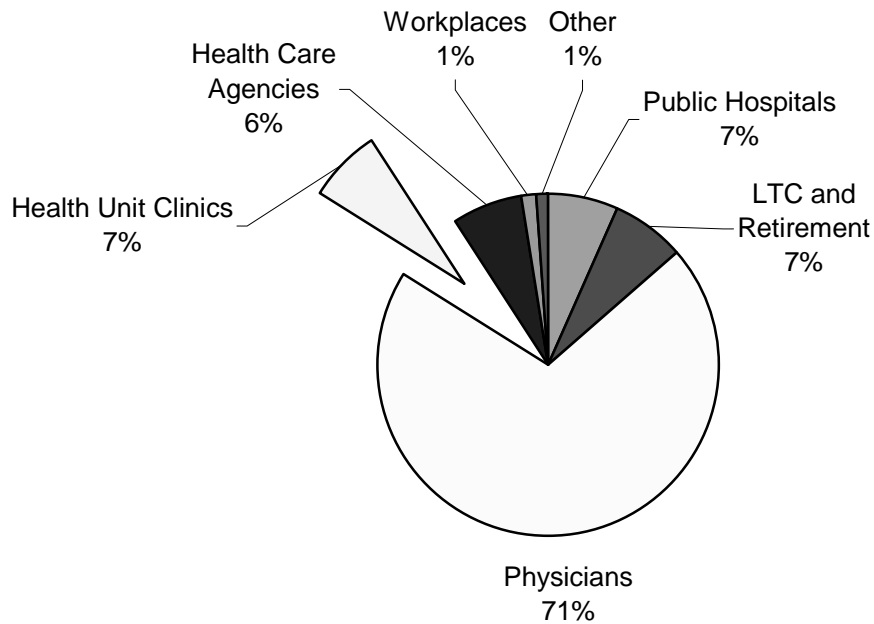
Appendix A - Public Health Services Influenza Immunization Clinics Total Vaccinated

Appendix B - Vaccine Distribution by Provider Type – 2011/12 Influenza Season

Public Health Services Influenza Immunization Clinics Total Vaccinated



Vaccine Distribution by Provider Type 2011/12 Influenza Season



Notes:

Physicians: includes walk-in clinics and Community Health Centres

Health Care Agencies: include nursing agencies and pharmacies

Other: includes correctional and youth justice facilities, educational facilities (colleges, universities) and community service agencies (i.e. Salvation Army)