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July 18 2017

Dr. David Williams
 Chief Medical Officer of Health
 393 University Ave 21st Flr
 Toronto, ON M5G 2M2

Ms. Roselle Martino
 Assistant Deputy Minister, Health and
 Long-Term Care
 777 Bay St #1903
 Toronto, ON M7A 1S5

Dear Dr. Williams and Ms. Martino,

Re: COMOH Recommendations – ISPA and CCEYA

On behalf of members of the Council of Ontario Medical Officers of Health (COMOH), I am writing to inform you of the Council's adoption of recommendations for local medical officers of health (MOHs) to follow regarding public health requirements for the Child Care and Early Years Act and the Immunization of School Pupils Act.

The recommendations are meant to encourage coordinated practice across all 36 health units, and prevent discrepancies, especially as children and adults move between health units.

1. The Child Care and Early Years Act – Vaccine Recommendations for Child Care Workers:

Under section 57, any vaccinations recommended by MOHs for child care workers become mandatory under the Act. COMOH has agreed that all MOHs will at minimum recommend that all child care workers receive vaccines that the National Advisory Committee on Immunization (NACI) recommends* for this group, excluding influenza vaccine.

Some of these vaccinations are not publicly-funded, and the costs of purchase and clinician's fees must be borne by individual. Unfortunately, child care workers are identified in the Ontario Poverty Reduction Strategy as in need of income supplementation given their low wages and we want to ensure that financial barriers are not an obstacle to protecting these individuals and the children in their care.

- **COMOH therefore requests that the Publicly Funded Immunization Schedule be amended such that vaccination recommended for child care workers by MOHs (per NACI recommendation) would be publicly funded for those workers.**

Currently the gaps are varicella and hepatitis B vaccinations, however, as hepatitis B is included in the school vaccination program and many adults have pre-existing natural immunity for varicella, the financial impact is expected to be relatively small. This also supports the Ministry's Immunization 2020 Action #18, to develop targeted health equity approaches for vulnerable communities.

2. The Immunization of School Pupils Act (ISPA):

I) Period of Grace for Vaccination Given up to 4 Days before the Required Date:

COMOH has received for information the recommendation that MOHs consider a 4-day grace period when using the discretionary provision to decide whether to suspend a student under the ISPA. This grace period is meant to strike a balance between the goal of ISPA (to ensure that children are properly vaccinated) and its inflexible timing requirements that are in some cases an impediment to reaching it.

It is up to each MOH to decide, based on his/her discretionary provision, how to implement this in their health unit. Currently, the administrative exemption is the only tool in Panorama for a health unit to use for this purpose and is being recommended for health units to utilize when accepting a vaccine that was administered before the required date.

- **COMOH therefore requests that the Ministry consider a new tool for health units to utilize when implementing a period of grace.**

In particular, the following features should be considered:

- The early dose should be accepted as valid meaning no exemption is required, similar to the estimated vaccination date. There should be no increase to the number of exemptions in the database and no need to analyze these numbers in local/provincial coverage reports.
- There are no impacts to the forecaster and the client will proceed through screening activities without any follow up required.
- These clients will not appear on at-risk reports during an outbreak. If an administrative exemption is used, these clients will appear on 'at risk' reports during an outbreak and staff involved with outbreak management need to assess these records individually prior to contact/case management.
- There is less risk for errors in forecasting and/or screening practices if a separate Panorama function is created.

II) Communication Campaign for Health Care Providers by Ministry

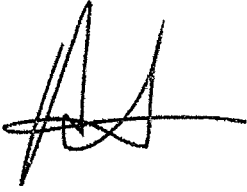
As part of Immunization 2020 Action #8, the Ministry has agreed to launch a coordinated immunization communication strategy. COMOH is requesting the Ministry to work closely with health care partners to share important immunization information to make informed immunization decisions.

- **COMOH therefore requests that the Ministry provide clear guidance to all physicians in Ontario to vaccinate children according to Ontario's Publicly Funded Immunization Schedule, especially adhering to provide vaccinations on or after the specified age (with particular attention to MMR and Meningococcal C vaccinations given on or after the 1st birthday and Tdap-IPV vaccine given on or after the 4th birthday).**

COMOH is fully supportive of ensuring high vaccination rates and preventing disease outbreaks in child care centres and schools. We would be pleased to share further background from the COMOH ISPA

Working Group that developed these recommendations should you require it, and we look forward to working with you to implement the above recommendations.

Sincerely,

A handwritten signature in black ink, appearing to be 'P. Sutcliffe', with a horizontal line extending to the right.

Dr. Penny Sutcliffe
Chair, Council of Ontario Medical Officers of Health

COPY: Dr. Jessica Hopkins, Chair, COMOH ISPA Working Group

<https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-3-vaccination-specific-populations/page-11-immunization-workers.html#p3c10t3>