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Coming up at 2 pm, this month's Board of Health meeting.
Here's what's going down today:



MEETING PREVIEW: Board of Health Meeting for February 1, 2023

The Wellington-Dufferin-Guelph Board of Health will welcome February with their monthly meeting, and it will be a very interesting agenda that will look at the programs that might have suffered fro...

<https://guelphpolitico.ca/2023/01/26/meeting-preview-board-of-health-meeting-for-febru...>

Chair Bridge has called the meeting to order. No Disclosure(s) of Pecuniary Interest.

We kick off the Medical Officer of Health update and Dr. Mercer begins by discussing the recent alcohol consumption guidance.



New alcohol guidance: When are provinces planning to adopt measure...

Politicians in charge of provincial and territorial liquor laws aren't hurrying to adopt or promote newly updated guidelines that advise a steep drop in Canadian drinking habits.

<https://globalnews.ca/news/9440876/canada-alcohol-guidelines-provinces-reaction/>

Mercer says that there will be larger public conversation about what these findings mean and that we all need to do a re-think about our relationship with alcohol.

No questions for Dr. Mercer. So we move on to the business arising, a couple of bylaw changes.

6. Business Arising

By-Law No.5: (updating to include the Associate Medical Officer of Health for Wellington-Dufferin-Guelph Public Health, correct the name of the Huron Perth Health Unit, and revise names of current MOH/AMOH's who could serve as Acting Medical Officer of Health)

- Recommendation that the 2023 By-Law No. 5 of the Board of Health for the Wellington-Dufferin Guelph Health Unit, consisting of the following: **By-Law No.5 – being a By-Law relating to the appointment of an acting Medical Officer of Health**, be introduced for consideration and be read a first and second time.
- Recommendation that the 2023 By-Law No. 5 of the Board of Health for the Wellington-Dufferin-Guelph Health Unit, consisting of the following: **By-Law No.5 – being a By-Law relating to the appointment of an acting Medical Officer of Health**, be read a third time, and finally passed.

By-Law No.6: (updating to include the role of Associate Medical Officer of Health for Wellington-Dufferin-Guelph. Corrected the title of one of the Directors to Director of Administrative Services and Chief Administrative Officer)

- Recommendation that the 2023 By-Law No. 6 of the Board of Health for the Wellington-Dufferin Guelph Health Unit, consisting of the following: **By-Law No.6 – being a By-Law relating to the appointment of an acting Medical Officer of Health and obtain from or give assistance to other public health units for emergencies or urgent projects**, be introduced for consideration and be read a first and second time.
- Recommendation that the 2023 By-Law No. 5 of the Board of Health for the Wellington-Dufferin-Guelph Health Unit, consisting of the following: **By-Law No.6 – being a By-Law relating to the appointment of an acting Medical Officer of Health and obtain from or give assistance to other public health units for emergencies or urgent projects**, be read a third time and finally passed.

The first update includes the Associate Medical Officer of Health for Wellington-Dufferin-Guelph Public Health, correct the name of the Huron Perth Health Unit, and revise names of current MOH/AMOH's who could serve as Acting Medical Officer of Health.

The second update includes the role of Associate Medical Officer of Health for Wellington-Dufferin-Guelph. Corrected the title of one of the Directors to Director of Administrative Services and Chief Administrative Officer.

Motion to adapt both changes passed unanimously.

Bridge says that there will be more bylaw changes coming down the road and some of those will be more substantial changes.

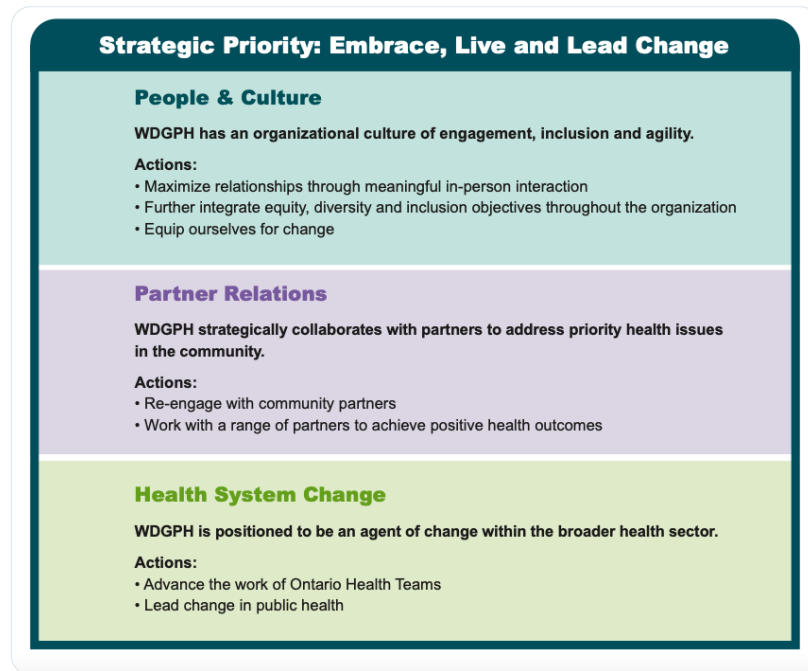
The consent agenda passed unanimously. If you want to see the break down of these reports, check out the meeting preview link above.

7. Consent Agenda

- [BH.01.FEB0123.C02 – Trends in Diseases of Public Health Significance](#)
- [BH.01.FEB0123.C03 – Clinical Services Annual Review](#)
- [BH.01.FEB0123.C04 – Health Protection 2022 Year End Performance Indicator Summary](#)

Next, BH.01.FEB0123.R03 – Strategic Framework 2023. David Kingma, the CAO of WDGPH is presenting and he starts by talking about how there's been no long term Strategic Plan since last one ended in 2019. ONgov's amalgamation plans and COVID are the reasons for that.

Kingma says that this year plan looks ahead for the first time and allows the unit to think strategically as opposed to just reacting. It's a change from strategic response to strategic leadership:



Kingma says that this a snapshot that will assist the unit with decision making in the next year, and as they hopefully continue to emerge from an emergency response posture.

Cllr Caton asks about the definition of "emergency" given the number of COVID deaths last year. Mercer says we're coming to a point where COVID will likely be a seasonal condition and will have a more regular vaccine schedule, like the flu...

So there will still be an acuteness, but we have the tools to continue to prevent COVID but there may be some permanent changes like masks in health settings. Public health will continue outbreak management, and not case-by-case.

Mercer reminds everyone that the WHO did not say that the pandemic is over, but that question will be debated again in 2023.

Cllr Busuttill asks about health system changes. Mercer says that public health plays a role in infection control at non-hospital surgical facilities, and they also have an interest in making sure health equity is maintained. WDG will use their voice and monitor.

Bridge adds that money doesn't solve all the problems, though we would like to see some more funding, but the board will have to keep an eye out for potential changes coming this year.

Member Manktelow asks why the Board is being asked to receive the report and not approve it. Mercer says b/c it's not the full Strat plan and there will be a request for Board members to get involved in that process later this year.

Bridge adds that "we have to have a good sit down" with Mercer and everyone given all the changes in the last few years. PH has been through almost a whole 5-year period w/o a Strategic Plan. Having said that, he has no problem approving it vs receiving it.

The strategic framework is *approved* unanimously.

Next, Immunization Requirements in for Students Attending Schools in Wellington-Dufferin-Guelph. Rita Isley, director of community health will present.

Karen Mulvey. Manager of Vaccine Preventable Diseases begins by noting vaccines work.

Vaccines Work

Disease	Cases in Canada in peak year before routine immunization	Cases in Canada from 2015 – 2019
Diphtheria	9,010	25
Haemophilus Influenzae b (Hib)	671	80
Measles	61,370	394
Mumps	43,671	3,671*
Pertussis	19,878	14,646
Polio	5,384	0
Rubella	37,917	2
Tetanus	25	18

The Immunization of School Pupils Act allows PHs to collect and assess immunisation records for a variety of diseases, but 9 in particular, incl. these three. See how the vaccine rates have changed over the last five years...

Vaccine Coverage for Polio, Meningitis and Measles in WDG

School Year	Polio	Meningococcal Meningitis	Measles
2021 – 2022	90.9%	88.5%	83.3%
2020 – 2021	93.2%	83.6%	86.9%
2019 – 2020	94.8%	83.7%	90.1%
2018 – 2019	95.1%	81.0%	91.3%
2017 – 2018	95.0%	75.4%	91.8%

Why the change?

Why are rates changing?

The pandemic put strain on many of the healthcare systems and one of the results were that publicly-funded vaccination rates decreased.

This is due to:

- lack of access to primary care,
- provincial wide school closures, and
- redirection of resources to managing the COVID-19 outbreak and COVID-19 vaccination campaign.

Meningococcal vaccination rate has gone up primarily because it is provided in school as part of the Grade 7 vaccination program delivered by public health.

There are real impacts from low vaccination rates like a greater chance of disease in the community, less herd immunity, impact on health and social cohesion, and then there's a fact that these diseases are preventable in the first place with a jab.

By any and every measurement, the measles vaccine has been a success.

Measles

- A highly contagious virus
- Before vaccination – virtually every child who was exposed developed the disease
 - About 3-4 million cases per year in the US
- After vaccination (1960s) – cases fell to 4-500 per year
 - In 2019, after a decrease in measles vaccination coverage ~1,000 cases were reported
- Globally, vaccination has decreased measles deaths by 73% in the past 20+ years
- Despite this, measles is still common in many developing countries (parts of Africa and Asia)
- Globally, 140,000+ measles deaths occurred in 2018
- Two doses of the measles vaccine provides almost 100% protection

Funt fact: Polio is only endemic in two countries on Earth.

Polio

- Polio can result in paralysis and death
- There is no cure for this devastating disease
- 1950 the first polio vaccine licensed for use
- 1988 the Global Polio Eradication initiative
 - Polio was eliminated in the America's by 1994
 - Remains endemic in only two countries (Afghanistan and Pakistan)
- Those that are unvaccinated remain at risk
- Three doses of this vaccine are 99 – 100% effective

PH had clinics in 100 schools and 15 high schools last year, 12,000 mail notices were sent out for parents and kids with incompletions. For 2023, PH is phone parents directly and will continue with the second clinic opportunity this year (usually they go just once a year).

In conclusion, public health is going to continue to dedicate resources to get the immunisation rate up.

Bridge offers a personal anecdote about getting his polio shot and how relieved his parents were because they were surrounded by young people in their neighbourhood who were polio survivors.

Caton asks if the program is just public schools or if its private schools too. Mulvey says they do both, and Mercer adds that they also ry and access local parochial schools but they're not always successful there.

Busuttil asks about exemptions, and if those have changed. Isley says that anyone looking for an exception has to watch an education video for full informed consent, and then there's a notarised form (this is more religious or conscientious objection). Medical is different.

Busuttil asks about making COVID-19 vaccines a required shot. Mercer notes that would require re-opening the act, which is an act of legislature, and that would require PHO to weigh in and that doesn't seem likely at present. Regulations easier to change.

In terms of changing the act, Mercer says that WDGPH would have to tread carefully and follow the science. It would require a lot of research in terms of looking at all the potential guidelines and consequence, but there would be a role in that feedback for the PH.

Cllr Anderson asks if there's even be an idea to share the success rates when sending out mail reminders. Might have an impact on exemption rates? Isley says the notices are already quite long, and produced out of ministry database. Working on something more readable.

Bridge asks if there's a program for new Canadians arriving from Afghanistan to get their Polio jab. Isley says that there's no direct connection between immigration agencies and public health, but once they're in school the connection will be made.

Motion to receive the Immunization Requirements for Students Attending Schools in Wellington-Dufferin-Guelph report passes unanimously.

Next, report on School-Focused Nurses Initiative. The ministry provided funding to have nurses in school to help support COVID response in schools and camps. Meghan Wiles will present.

Objectives of the program:

Objectives:

- 1. Provide support in the development and implementation of COVID-19 health and safety plans.**
- 2. Provide sector-specific support for infection prevention, surveillance, screening, and testing, outbreak management, case and contact management and COVID-19 vaccinations.**
- 3. Support communication and engagement with local school communities, as well as the broader health care sector.**

The ONgov extended funding for this program until the end of the June. These nurses have focused on different things at different times incl. vaccine catch-up, COVID vax for 5-11 year olds, and school health promotion.

Vital stats:

2021-2022 School Year



- Resumed in-school vaccination clinics for all grade 7 and 8 students in October 2021.**
 - Between September 1, 2021 and January 24, 2022, 5,982 grade 7 students and 5,331 grade 8 students received their vaccinations.**
- COVID-19 vaccinations for children 5-11 years old**
 - Between December 1, 2021 and January 31, 2022, 11,923 COVID-19 vaccinations were administered to children 5-11 years old.**

Currently the nurses are focused on Ontario Physical & Health Educations Associations; Healthy schools certification program which allows them to focus on health concerns that are specific to the school they're in.

Motion to receive the report passes unanimously.

No committee reports this month. No correspondences. Bridge asks for a motion to move into closed session to discuss the security of the property of the BOH.

Bridge adds that there will be nothing to report coming out of the closed session, so that means...



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