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Coming up at 2 pm, it's the April Board of Health Meeting.
These is you're pre-game:



MEETING PREVIEW: Board of Health Meeting for April 5, 2023

April's Board of Health meeting for Wellington-Dufferin-Guelph brings you sex and drugs, but no rock and roll. Or, to be more precise, it's bringing you an update on fighting the opioid...

<https://guelphpolitico.ca/2023/03/31/meeting-preview-board-of-health-meeting-for-april-...>

Tech issues? Maybe. This is the Board of Health's first hybrid meeting, and I'm following along from home.

Never mind. Something is happening...

And now Chair Bridge has called the meeting to order!

It's worth noting that it seems like it's only media that area appearing at the meeting via Zoom. All members are live in the board room.

No Disclosure(s) of Pecuniary Interest.

Minutes from March 2023 passed unanimously.

We begin with the MoH update with Dr. Mercer. She starts will rabies and animal bites, in 2022 there were 700 animal bites investigated, most were dogs, but there were racoons, bats, rabbits and livestock. About 70+ people got rabies shot. Bats w/ rabies still turn up.

Mercer says we sometimes forget about rabies, and there have been some strains that have decreased, yet others persist. If you see a green packet, especially in rural areas, that's rabies vaccine bait for wild animals. (this is a provincial program)

The other thing Mercer wants to mention is avian flu, which has just been in the news again:



Pet dog dead after contracting avian influenza in Oshawa

A pet dog has died after testing positive for avian influenza in Ontario.

<https://www.cp24.com/news/pet-dog-dead-after-contracting-avian-influenza-in-oshawa...>

Mercer says they're monitoring things closely, and you normally see avian flu during this migration period as birds returning north and interact with other birds who stayed the winter. Public health isn't "overly" concerned, but they keep an eye out.

Mercer says that people may find dead birds out and about and says you should not handle one if you find it, and you should keep your pets away too. Bird-to-human transition tends to only happen with close contact involving live birds though.

Got backyard chickens? Keep an eye out for those interactions with wild birds because there's where bird flu happens. If your chickens are sick, take it seriously and get your birds tested at the vet just to be sure. Risk to humans is "very low" though.

For the record, there were two bats that test positive with rabies in 2022 in the region.

Next, three items on the consent agenda:

Influenza and COVID Vaccinations – Cold and flu season wraps up (unofficially) with a recap of the vaccine roll-out this year including the COVID-19 vaccine, of which 220,850 doses were delivered in 2022. Interestingly, nearly a thousand more doses of the flu shot were given out in the region during the 2022-23 flu season versus the 2021-22 season. Between public health clinics and pharmacies, 59, 529 flu shots were given out this year versus 50, 135 in 2022-23.

Naloxone Distribution – This is an update about how public health is implementing the Ontario Naloxone Program, which, among other things, sees naloxone kits distributed to community partners who qualify including health organizations, drug programs, shelters and outreach programs, police, emergency medical services (EMS), St. John's Ambulance, and hospitals with emergency departments. Although the kits were distributed to four new locations this year, the request to give one to the main branch of the Guelph Public Library was denied by the ONP. Training will naloxone will expand to other departments beyond Community Health later this year.

Sexual Health Program 2023 – This report will set up the first presentation of the meeting, and provides an overview of how public health addresses the three main standards of community sexual health which are immunization, infectious and communicable diseases prevention and control, and substance use and injury prevention. Public health provides testing and case management for STIs like gonorrhea, chlamydia and syphilis, plus vaccines if people qualify. Public health plans on expanding to family planning and pregnancy counselling in 2023 including access to contraception for residents of the region who can't afford medication.

Member Manktelow asks about the future of COVID vaccinations. Mercer says that it looks like it's going to be part of our regular seasonal regiment, and predicts that you will get a fluVID shot (combination flu and COVID vaccine) every fall.

Mercer also says that the mRNA vaccines will be the common COVID shot type since they've proven adaptable and effective. Manufacturers are presently looking at what variants are going to be prevalent. There were 2 bivalent vaccines available last year w/ similar outcomes.

Cllr Caton asks about the waning effects of the vaccine after 6 months. Mercer says that's why they're looking at a spring booster campaign for the older population. A report about vaccination in LTC and retirement homes is coming up.

Caton asks about the vulnerability of certain populations to long-COVID or post-COVID syndrome. Mercer says results depend on strain & when you got our last shot. Rates of PCS from Omicron were lower than from the Delta strain too. At a minimum, everyone should get annual boost.

Cllr Goller asks about Naloxone distribution, and GPL's main branch being turned down as a distribution point. What's the deal? Director of Community Health Rita Isley says a change is coming to June with other high-risk orgs being required, got have exact deets yet.

Goller asks about advocacy for other locations for naloxone kits. Isley says it's likely that advocates believe naloxone should be everywhere, but for now it's based on risks to the org. and comfort with having it on hand.

Goller asks about naloxone at community centres in Guelph. Isley says that's not part of the PH distribution plan, but that would be up to the individual municipalities.

Consent agenda approved unanimously.

Next: Trends in Reported Sexually Transmitted Infections in Wellington-Dufferin-Guelph: 2022. Mercer says she's struck by the changing trends over time; we used to regularly have zero cases of syphilis for example.

Bullet points from the report:

- Annual rates of confirmed chlamydial infection and syphilis increased in 2022 over 2021 rates, both locally in Wellington-Dufferin-Guelph (WDG) and province-wide in Ontario.
- While the annual rate of confirmed gonorrhea in WDG in 2022 was approximately the same as the rate in 2021, the provincial rate of this disease increased noticeably in 2022 from the 2021 rate.
- Relatively few cases of human immunodeficiency virus infection/acquired immune deficiency syndrome (HIV/AIDS) were reported in 2022, compared to

- other sexually transmitted infections (STI's). Furthermore, the number of cases reported in 2022 was less than the number reported in 2021.
- Females were over-represented among cases of chlamydial infection reported in WDG in 2022, whereas males were over-represented among reported cases of gonorrhea and syphilis.
- In 2022, a fast-spreading outbreak of monkeypox occurred worldwide, centred primarily in men-who-have-sex-with-men (MSM) communities. Fewer than ten cases of the disease were reported in WDG in 2022.
- Wellington-Dufferin-Guelph Public Health (WDGPH) maintained case management of all positive cases of chlamydia, gonorrhea, and syphilis throughout the COVID-19 pandemic.

Public Health started delivering sexual health services again last summer as fewer resources were diverted to COVID-19. This spring, they hope to provide service again to all symptoms clients at all 3 offices plus access to family planning and pregnancy counselling, which is new.

Member Anderson asks about the difference between infectious and non-infectious syphilis. Mercer says it's about timing, if you have a sore, you're infectious and then it goes dormant. When it emerges again years later you can have bad results w/o treatment.

Report received unanimously by the board.

Next, Long-Term Care Home/Retirement Home COVID-19 and Influenza Vaccination Rates 2022. This report used to be developed for flu shots pre-COVID. Public Health helps congregate care settings manage vaccine distribution.

Kyley Alderson, Manager of Infection Control, notes that LTCs and retirement homes are susceptible to worst outcomes of both COVID and flu, so vaccine update is encouraged for residents and staff.

Percentage of Long-Term Care and Retirement Home residents with influenza and COVID-19 fall booster vaccine as of December 15, 2022

Long-Term Care Homes		
	Influenza vaccine	COVID-19 Fall booster
Median	89.6%	81.9%
Minimum	76.4%	47.2%
Maximum	95.0%	90.5%
Retirement Homes		
	Influenza vaccine	COVID-19 Fall booster
Median	93.3%	82.1%
Minimum	71.4%	40.0%
Maximum	100.0%	100.0%

Percentage of employees with influenza vaccine by facility type as of December 15, 2022.

Facility Type	Median	Minimum	Maximum
Long-Term Care Home	68.9%	51.8%	98.7%
Retirement Home	58.5%	15.4%	100%

Percentage of Long-Term Care and Retirement Homes that began to provide influenza and COVID-19 fall booster by month.

Long-Term Care Homes		
	Influenza vaccine	COVID-19 Fall booster
September	N/A	43%
October	93%	43%
November	0%	14%
December	7%	0%
Retirement Homes		
	Influenza vaccine	COVID-19 Fall booster
September	N/A	57%
October	91%	22%
November	9%	13%
December	0%	9%

Alderson notes that they saw more flu than COVID-19 last fall, and she also notes that on average there was more vaccine uptake by residents versus staff. PH is looking at ways of encouraging employee vax rates and how to keep that general uptake in LTC and RH high.

Goller asks if there's no requirement to vaccination. Alderson notes that there was a COVID vaccine requirement, but that's no longer in place, vaccine policy also generally depends on the facility.

Vaccine rates by retirement homes and long-term care homes:

Facility	Employees			Residents		
	Total Employees	% Immunized ^{a,b}	# Medical Exemption	Total Residents	% Immunized ^a	# Medically Exempt
Avalon Retirement Lodge	30	20.0%	0	63	61.0%	0
Bethsaida Retirement Home	10	≥95%	0	23	82.6%	0
Birmingham Retirement Community	35	45.7%	0	61	85.2%	0
Caressant Care Fergus RH	Did not submit					
Caressant Care Harrison RH	18	50.0%	0	25	84.0%	0
Caressant Care Retirement Arthur RH	16	93.8%	0	34	91.2%	0
Charwell Montgomery Village RH	78	15.4%	0	210	≥95%	0
Charwell Wellington Park Retirement	45	62.2%	0	120	90.0%	1
Countryview Retirement Residence	6	50.0%	3	7	71.4%	0
Eden House Care Facility RH	78	56.4%	0	72	76.4%	0
Elliott Community RH	53	≥95%	0	129	≥95%	0
Fox Run Retirement Home	6	≥95%	0	8	≥95%	0
Hamilton's Hometown Retirement Living	N/A	N/A	N/A	16	93.8%	0
Heritage House RH	30	50.0%	0	70	80.0%	0
Heritage River Retirement Residence	49	69.4%	0	123	87.8%	0
Highland Manor Retirement Home	35	88.6%	2	76	94.7%	2
Lord Dufferin Centre RH	19	68.4%	0	45	93.3%	0
Norfolk Manor Retirement Home	28	32.1%	1	39	82.1%	0
Royal on Gordon RH	52	76.9%	1	91	93.4%	1
Royal Terrace RH	124	89.5%	0	50	≥95%	0
Shelburne Retirement RH	10	80.0%	0	27	≥95%	0
Stone Lodge Retirement Home Oxford	53	37.7%	0	81	≥95%	0
The Village of Arbour Trails RH	190	18.4%	0	311	≥95%	1
The Village of Riverside Glen Retirement Home	195	58.5%	0	180	≥95%	0

Facility	Employees			Residents		
	Total Employees	% Immunized ^{a,b}	# Medically Exempt	Total Residents	% Immunized ^a	# Medically Exempt
Avalon Care Centre	139	51.8%	0	103	91.3%	0
Caressant Care Arthur LTCH	81	76.5%	0	62	90.3%	0
Caressant Care Fergus LTCH	63	65.1%	0	60	85.0%	0
Caressant Care Harrison LTCH	100	85.0%	15	74	93.2%	1
Dufferin Oaks LTCH	227	57.7%	2	157	85.4%	0
Eden House Care Facility LTCH	78	56.4%	0	72	76.4%	0
Elliott Community LTCH	153	≥95%	0	85	89.4%	0
LaPointe-Fisher Nursing Home	83	56.6%	0	69	94.2%	4
Morrison Park Nursing Home	33	87.9%	3	20	≥95%	0
Royal Terrace LTCH	124	89.5%	0	67	92.5%	0
Shelburne Residence LTCH	65	55.4%	1	44	81.8%	0
St Joseph's Health Centre Guelph LTC*	N/A	N/A	N/A	223	84.8%	1
Strathcona Long Term Care	106	72.6%	0	96	89.6%	0
The Village of Riverside Glen LTCH	253	53.0%	1	182	87.4%	0
Wellington Terrace LTCH	335	89.0%	8	173	93.6%	1


* Vaccination rates for LTCH and hospital employees are combined, so LTCH employee rates were not calculated

Alderson also notes that there could be holes in the reporting. Someone gets their vaccines off duty and then never reports it.

Motion to receive the report for information passed unanimously.


Next, Oral Health (Oral Screening and Healthy Smiles Ontario). April is [#oralhealth](#) month if you didn't know.

Janet Kwansah, Manager of Dental Community Health talks about the challenges of getting proper care in the community. 70% of low income people in the region who need dental care can't get it b/c of cost. PH is doing their best, but it's hard to find help from area dentists

Oral Screenings at school have found a 43%  in the # of students in the region who have an urgent need to get dental care so far compared to the last year that the program was run in 2018/2019. There are still 40 schools left to screen before summer vacation this June.

Mercer adds that some young people are getting to the point where they need several hours of care if its done in the dentist's chair, but these things are easily done in an OR. PH is encouraging hospitals to not cut OR time for young dental patients.

Cllr Busuttill asks if PH is involved in any of the free clinics some dentist offices run? Isley says that's set up by the dental offices themselves, and those clinics are usually aimed at people over 18.

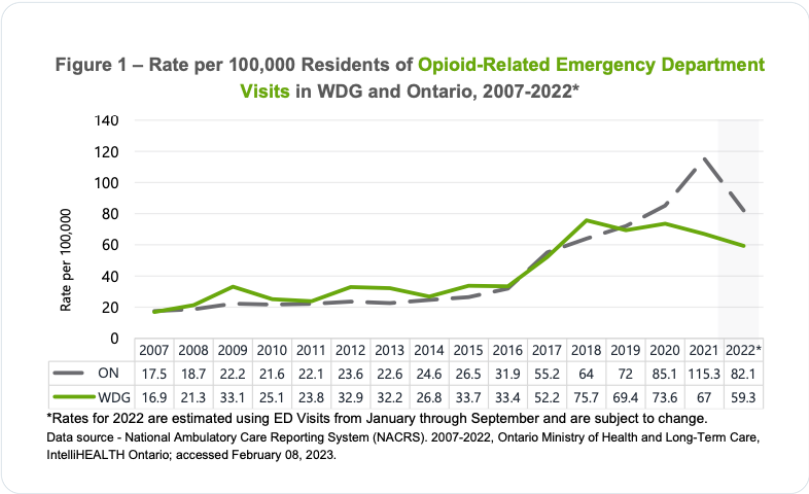
Goller asks if Wellington County offers a top-up for these programs, but is there a case for Guelph and Dufferin to do the same? Mercer says it's a conversation PH is willing to have if the offer is made. But the need is huge and they're doing the best they can with  available.

Caton asks about finding more providers, can we lobby to raise the fees as encouragement? Mercer says there will be producing a report to provide a complete overview of the costs and that will come forward this fall.

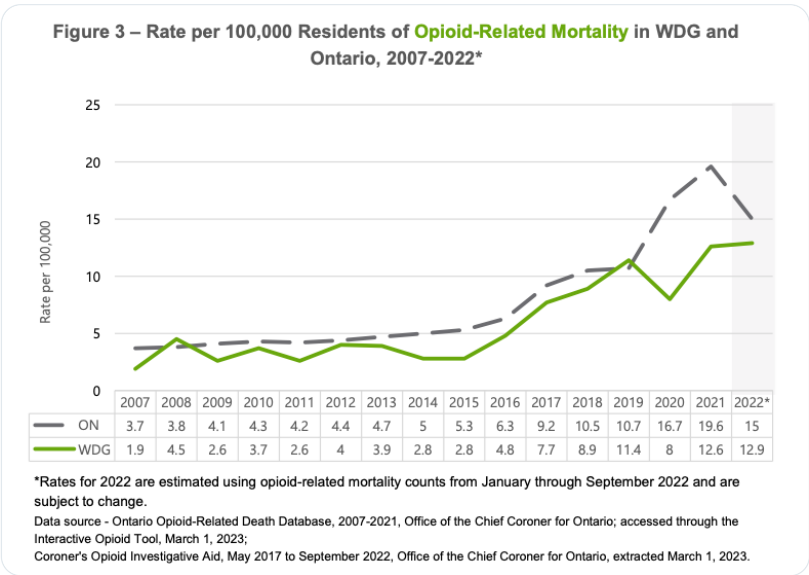
Motion to receive the report as information passes unanimously.

Finally, the Opioid Surveillance Update. Michael Whyte, Health Promotion Specialist of Health Analytics, will present.

The information from this report about opioid related fatalities is from the first 9 months of 2022, and Whyte says they should be take as preliminary.



These are the mortality rates for the province and for WDG:



What other non-opioids are contributing to deaths?

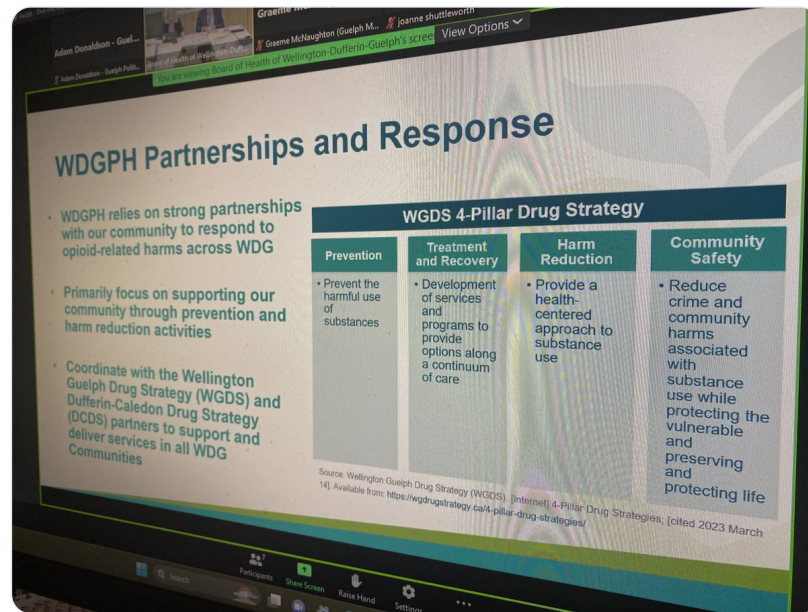
Table 1 – Non-Opioid Substances Directly Contributing to Opioid-Related Death, WDG and Ontario, 2022

Substance	WDG	Ontario
Methamphetamine	53%	32%
Cocaine	37%	41%
Benzodiazepines	7%	9%
Ethanol (Alcohol)	7%	12%

Coroner's Opioid Investigative Aid, May 2017 to September 2022, Office of the Chief Coroner for Ontario, extracted March 1, 2023.

No report locally of any opioid-related deaths being tied to xylazine, the so-called "zombie drug" that makes it impossible to revive an overdose with naloxone. You may recall that there was a public health alert a few weeks about about xylazine being detected in the area.

Monitoring is, of course, one aspect of the drug prevention strategy:



Goller asks to see more information about the impact on paramedics and emergency services. There's not much they can do about provincial health policy, but it would help with advocacy to know about those impacts to get further support on prevention.

Motion to receive the report as information passed unanimously.

The only committee report is for Human Resources, and those matters all need to be handled in closed session.

10. Closed Session

- MOH Update(s) [personal matters of an identifiable individual, including BOH employees]
- Human Resources Committee (Verbal) Report from Chair – APR 5, 2023
 - BH.05.APR0523.R01 – Annual Health and Safety Activities Report [personal matters about an identifiable individual, including BOH employees]
 - BH.05.APR0523.R02 – Annual Key Human Resources Activity Report [personal matters about an identifiable individual, including BOH employees]
 - BH.05.APR0523.R03 – Labour Relations Update (2023) [labour relations or employee negotiations]

Chair Bridge says that there will likely be no motions or information coming out of those closed session items, so the meeting is effectively...



[@threadreaderapp](#), unroll please!

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