



Adam A. Donaldson @adamadonaldson

Mar 6, 2024 · 55 tweets · [adamadonaldson/status/1765450715986583827](https://twitter.com/adamadonaldson/status/1765450715986583827)

Coming up at 2 pm, it's this month's Wellington-Dufferin-Guelph Board of Health meeting. This is what's on the agenda: .



Chair Bridge has called the meeting to order.

Bridge asks if there are any conflicts out there? (Disclosure(s) of Pecuniary Interest) There are not.

First, MOH Update: Measles. Dr. Mercer notes that Canada approved the measles vaccine in 1963, but vaccination programs didn't start till the early 70s. 1996 brought significant outbreaks, which is when we went to two doses of the measles vaccine.

So if you were born between 71 and 78, it's possible that you might have missed the second dose. If you were in school in '96 or went to school in the years since, you probably have those two doses. Immunity varies depending on age group or country of origin in Canada.

Locally, there are 9 students in area high schools not in compliance, and over 3,000 in elementary schools. Not all of those kids are not vaxxed, but their records might be outstanding. Suspension date is March 20 for kids with records outstanding.

The number of students with a conscientious objection is 1,049. They're at risk and sometimes they're at the same school which makes potential transmission an issue. There's also such a thing as waning immunity, and measles has been more or less eliminated, that's an issue.

If everyone had two doses, we would have herd immunity, and measles can cause serious issues, including a small risk of mortality, but there can also be life-long consequences like blindness and neurological challenges. Get vaxxed!

Cllr Caton asks how adults can find out if they need to get a booster. Mercer says you can consult your medical records, also if you just want to go out and get a booster, a third shot won't hurt you.

Member Anderson asks about objections. Mercer says that the suspension is more about the what if scenario where there's an outbreak at a school. Your unvaxxed could be out for longer than three weeks, and measles is so infectious w/o vax your kid *will* get it.

Consent agenda:

6. Consent Agenda	(Chair)
<ul style="list-style-type: none">• BH.01.MAR0624.C03 Vaccine Administration in LTC/RH's	C. Beveridge
<ul style="list-style-type: none">• BH.01.MAR0624.C04 COVID Vaccinations	R. Isley
<ul style="list-style-type: none">• BH.01.MAR0624.C05 WDGPH Annual Privacy Program Update	K. Wilson
<ul style="list-style-type: none">• BH.01.MAR0624.C06 Influenza and Respiratory Syncytial Virus Vaccinations	R. Isley

No one pulls any of the reports so they're received unanimously.

Next, results from 2023 Cannabis Survey in Wellington-Dufferin-Guelph. Mercer notes that this presentation will not cover all the data they accrued in this survey, but will highlight some important takeaways.

WDG Public Health's 2023 Cannabis Survey explored cannabis knowledge, attitudes and behaviours among WDG residents aged 16 and older.

2,082 valid and complete responses were received, exceeding target sample size of 1,571.

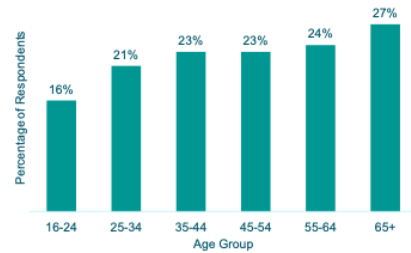
Anna Vanderlaan, Manager Health Promotion, notes that the collection of this information was voluntary, so the individuals that respond are *more* likely to use cannabis. She notes that they are very pleased with how well this went.

Result: Serious knowledge gaps were identified among local residents. Among them, 1/4 of survey respondents either disagreed or did not know that cannabis use during pregnancy can harm a baby.

There is no known safe amount of cannabis during pregnancy.

- One-quarter of survey respondents either disagreed or did not know that cannabis use during pregnancy can harm a baby.
- Consuming cannabis regularly while pregnant leads to a greater risk for adverse outcomes, such as preterm birth and low birth weight.
- THC can impact brain development, and increases the risk of impulsivity, hyperactivity, learning, memory and problem-solving difficulties in childhood.

Disagreement that cannabis use during pregnancy can cause harm, by age group.



Vanderlaan says that young individuals are more likely to know about the harms from using cannabis during pregnancy, so education works!

Also, 43% of survey respondents did not know that there is a delayed effect when consuming edibles. Pretty important b/c the number of people using edibles is increasing.

Advice from PH: “Start low and go slow” because it can take up to two hours or more to feel the effects of eating or drinking cannabis edibles. Gummies have seen big increase in use.

Third point: 1 in 3 survey respondents did not know that youth (under 25 yo) & adults do not have the same level of risk for harms.

Regular use during teens can lead to cognitive difficulties with thinking, problem- solving, learning, memory, coordination & maintaining attention.

Next Steps

Use local data and current evidence to inform programs/services.

Share local data with local community partners.

Provide more information to the community about safer cannabis use to reduce cannabis-related harms.

(cont'd)

Promote “Talking about Weed”, which includes messaging about the health effects of cannabis use and local resources for support.

PH will be working with the school boards, who are fielding questions from parents. There's an info night coming later this spring.

Member Manktelow asks about knowledge split btw users and non-users. Vanderlaan says that users were more likely to believe that you can use cannabis during pregnancy so there was a knowledge gap.

Goller asks about inspections of cannabis stores and selling to youth. Vanderlaan says that this is being done by the province, but she doesn't believe they use secret shoppers.

Bridge asks Vanderlaan if they're working with The Grove. She says yes, and they were a "wonderful" partner in getting the word out about the survey.

Motion to receive the report approved.

Next, Dashboard and Reports Portal Overview 2024. Mercer notes that the dashboard became popular during the pandemic, obviously around COVID-19, but the dashboard should be more than that. Not built for the concept of being "nice to look back", but they want to support partners.

Eric Campbell, Health Analytics Specialist, says there were some major improvements initiated last fall to enhance user experiences. You can now access them in one place and more easily browse the topics. There are nine dashboards with ways to customise depending on interest.

Been surge in web traffic since the relaunch, which underscores how important the data is. Improvement and upgrades will continue in 2024.

No questions from board, motion to receive the report approved.

Next, Trends in Tuberculosis (TB) Management. Mercer calls it a challenging disease, it's old, and there are many long standing beliefs about the disease that make it hard for some people to get treatment. It often mimics other things & connected to social determinants of health.

In 2023, there was a significant increase in TB in the area (but it's still on the really low side). Rita Isley, Director of Community Health and CNO, takes over and notes that they've trained additional staff for TB clinic and made other changes.

They've made changes to how meds are packaged and distributed, and also had to find ways to get treatment delivered given the challenges of the pandemic incl. virtual clinics. Some meds can be challenging so it's important to have regular interaction.

Populations experiencing TB tend to be newcomers, so education through healthcare providers is an important step to initiate.

Manktelow asks about the management of latent TB, meaning people who get sick years after initial infection. Mercer says they can be treated, but the treatment is changing. Locally, there's a clinic that let's people get tested in the PH offices and get treatment sked.

Dr. Bull asks about testing. Mercer says there's the TB skin test (the most common test), and there's a blood test, which is newer, and is not covered by OHIP. It's not for accute/active TB, but a way to diagnosis and confirm.

Bull asks about when they recommend skin test. Mercer says it's usually through routine testing or screening, almost always the active disease comes to PH because the patient has been ill for some time: coughing, weight loss, night sweats, etc. The hope is not to get that far tho

Motion to receive the report approved.

Next, Trends in Diseases of Public Health Significance. This is a look at six diseases, which seem to be more common than they used to be: invasive Group A streptococcal disease, pertussis (whooping cough), viral meningitis, shigellosis, amebiasis, and listeriosis.

Christopher Beveridge Director of Health Protection, says they've got their eye on other diseases, but these six have a special interest. Lil Marinko, Manager of Infectious Diseases, notes the numbers are quite small, but big enough to count as trend.

Motion to receive the report is approved.

Next, Finance + Audit Committee Report. Mayor White takes over as chair. He notes interest on reserves is up, but the base is remaining static. ONgov was generous with COVID-funding though.

Report received unanimously.

Correspondence? There's one letter for the board's consideration, and it's from the Kingston, Frontenac and Lennox & Addington (KFL&A) Board of Health to the Minister of Health and Public Health Ontario.

KFL&A Public Health is concerned about the proposed closure of the Public Health Ontario Laboratory in Kingston and the impacts on health monitoring without having laboratory facilities geographically close at hand. They'd like to have a conversation about it.

Mercer adds that they this is one of 6 potential lab closures, including Hamilton which is where WDGPH sends samples. This will put pressure on the DT Toronto lab, or could be taken on by private sector.

Beveridge says it poses issues for quick turnaround on samples, and it's a risk for well owners. Anyone relying on well water for potable water will have no option but to find a private lab for a fee, and there's already a challenge getting people to test water for free now.

Beveridge says it's putting rural residents especially at risk. Mercer adds that it could be 100s of dollars to go private, and even if they continue to offer services for free, downtown Toronto is not easy to access for everyone.

Bridge asks how the board can get in on this action. Mercer says that the board can join the KFL&A Board with their own letter, or develop something specifically about the well water from the point of view that there will be a fiscal impact on WDGPH.

Gardhouse/Caton move motion to have the board author their own letter. Manktelow notes that 2/3 of people in Dufferin alone are on well water. Anderson asks to add request for PHO to have their own courier system.

Motion to send a letter approved!

Motion to receive the original correspondence also approved.

The Board is now moving into closed session.

10. CLOSED SESSION

- To approve the Closed Session Minutes of FEB 7/24 [labour relations or employee negotiations, and the security of the property of BOH].
- To receive MOH Update(s) [personal matters about an identifiable individual, including BOH employees, and the security of the property of the BOH].
- To receive Closed Session Finance + Audit Committee (Verbal) Report from Chair – MAR 6/24 [the security of the property of the BOH].

And yes, that means the meeting is effectively...



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