

**Board of Health for  
Peterborough Public Health  
AGENDA  
Board of Health Meeting  
Wednesday, October 11, 2023 – 5:30 p.m.  
Multipurpose Rooms, 2<sup>nd</sup> Floor, PPH**

**1. Call to Order**

**1.1. Land Acknowledgement**

*Example: We respectfully acknowledge that we are on the Treaty 20 and traditional territory of the Mississauga Anishnaabeg. We offer our gratitude to the First Nations for their care for, and teachings about, our earth and our relations. May we honour those teachings.*

**2. Confirmation of the Agenda**

**3. Declaration of Pecuniary Interest**

**4. Consent Items to be Considered Separately**

**Board Members:** Please identify which items you wish to consider separately from section 9 and advise the Chair when requested. For your convenience, circle the item(s) using the following list: 9.2 a b c d

**5. Delegations and Presentations**

**6. Confirmation of the Minutes of the Previous Meeting**

- Cover Report
- a. Minutes, September 13, 2023

**7. Business Arising From the Minutes**

**8. Staff Reports**

**8.1. Presentation: Nurse-Family Partnership Program**

- Cover Report
- a. Presentation

**8.2. Staff Report: Health Care Worker Influenza Immunization 2022-2023**

- Staff Report

**8.3. Staff Report: Drug Poisoning Update**

- Staff Report
  - a. CTS Impact Report

**9. Consent Items**

**9.1. Correspondence for Direction (nil)**

**9.2. Correspondence for Information**

- Cover Report
  - a. Minister Jones - Section 50 Agreements
  - b. Minister Parsa - Student Nutrition Programs
  - c. Ministers Sudds, MacCaulay and Holland - Federal School Food Policy
  - d. Minister Jones – Strengthening Public Health in Ontario

**9.3. Staff Reports (nil)**

**9.4. Committee Reports (nil)**

**10. New Business**

**11. In Camera to Discuss Confidential Matters**

In accordance with the Municipal Act, 2001, Section 239(2)  
*(k) a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or by or on behalf of the municipality or local board.*

*(d), Labour relations or employee negotiations;*

**12. Motions for Open Session**

**13. Date, Time, and Place of the Next Meeting**

Wednesday, November 8, 2023, 5:30 p.m.  
Peterborough Public Health

**14. Adjournment**

**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Approval of Meeting Minutes</b>
<b>DATE:</b>	<b>October 11, 2023</b>
<b>PREPARED BY:</b>	<b>Alida Gorizzan, Executive Assistant</b>
<b>APPROVED BY:</b>	<b>Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health approve the minutes of the meeting held on September 13, 2023.

**ATTACHMENTS**

- a. [Board of Health Minutes, September 13, 2023](#)

**Board of Health for  
Peterborough Public Health  
DRAFT MINUTES  
Board of Health Meeting  
Wednesday, September 13, 2023 – 5:30 p.m.  
Multipurpose Rooms, 2<sup>nd</sup> Floor, PPH**

**In Attendance:**

<b>Board Members:</b>	<b>Deputy Mayor Ron Black (virtual) Warden Bonnie Clark Mayor Matthew Graham Councillor Dave Haacke (virtual) Mr. Paul Johnston Councillor Nodin Knott (virtual) Councillor Joy Lachica Mr. Dan Moloney, Acting Chair Councillor Keith Riel Dr. Hans Stelzer Councillor Kathryn Wilson (virtual)</b>
<b>Staff:</b>	<b>Mr. Evan Brockest, Manager, Communications &amp; I.T. Ms. Donna Churipuy, Director, Health Protection Ms. Alida Gorizzan, Executive Assistant (Recorder) Ms. Gillian Pacey, Manager, Infectious Diseases Ms. Carolyn Pigeau, Epidemiologist Dr. Thomas Piggott, Medical Officer of Health &amp; CEO Mr. Larry Stinson, Director of Operations</b>

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**1. Call to Order**

Due to virtual participation, Councillor Wilson requested that the Vice Chair, Mr. Moloney, chair the meeting. Mr. Moloney called the meeting to order at 5:31 p.m.

**2. Confirmation of the Agenda**

MOTION:  
That the agenda be approved.  
Moved: Mayor Graham  
Seconded: Warden Clark  
Carried. (M-2023-056)

### **3. Declaration of Pecuniary Interest (*nil*)**

### **4. In Camera to Discuss Confidential Matters**

MOTION:

That the Board of Health for Peterborough Public Health go In Camera at 5:33 p.m. to discuss items under the Municipal Act, 2001, Section 239(2)

(d), Labour relations or employee negotiations;

(f), Advice that is subject to solicitor-client privilege

(k) a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or by or on behalf of the municipality or local board.

Moved: Mayor Graham

Seconded: Dr. Stelzer

Carried. (M-2023-057)

*Deputy Mayor Black departed the meeting at 7:02 p.m.*

MOTION:

That the Board of Health rise from the In Camera session at 7:28 p.m.

Moved: Councillor Riel

Seconded: Warden Clark

Carried. (M-2023-058)

### **5. Motions for Open Session**

There were no motions arising from the closed session. The following was reported:

- The Board of Health received information regarding item f.
- Direction was provided to staff regarding items relating items d and k.

### **6. Consent Items to be Considered Separately**

MOTION:

That the following items be passed as part of the Consent Agenda: 11.1; 11.2 a,b,c,d,e,f,g,h,i,j,k,l; 11.3.1; 11.3.2; 11.4.1a,b,c; 11.4.2a,b,c,d.

Moved: Councillor Lachica

Seconded: Mayor Graham

Carried. (M-2023-059)

MOTION (11.1):

That the Board of Health for Peterborough Public Health:

- receive and endorse the letter dated June 1, 2023, from Huron Perth Public Health to the provincial Minister of Children, Community and Social Services requesting increase of funding for Student Nutrition Programs for future school years; and,
- receive and endorse the letter dated June 1, 2023, from Huron Perth Public Health to

the federal Ministers of Families, Children and Social Development; Agriculture and Agri-Food; and Health, urging the implementation of a Federal School Food Policy.

Moved: Councillor Lachica

Seconded: Mayor Graham

Carried. (M-2023-059)

MOTION (11.2 a,b,c,d,e,f,g,h,i,j,k,l):

That the Board of Health for Peterborough Public Health receive the following for information:

a. Letter dated June 21, 2023 from Minister Jones, in response to the Board Chair's original correspondence dated May 17, 2023 regarding prescription contraceptives.

b. Letter dated July 7, 2023 from the Association of Ontario Public Health Business Administrators to Minister Jones and Dr. Kieran Moore regarding sustained investment for public health.

c. Email dated July 19, 2023 from the Association of Local Public Health Agencies (alPHA) regarding Public Health Matters – A Business Case for Local Public Health.

d. alPHA e-newsletter dated July 20, 2023.

e. Letter dated August 22, 2023 from Minister Jones to the Board Chair regarding additional base funding and one-time funding for the 2023-24 funding year.

f. alPHA e-newsletter dated August 25, 2023

*Correspondence from Local Public Health Agencies:*

g. Bill S-254 An Act to amend the Food and Drugs Act – Sudbury and District (June 6, 2023)

h. Funding – Sudbury and District (June 14/23)

i. Funding – Simcoe Muskoka (June 22/23)

j. Funding – HKPR (July 3/23)

k. Funding – Middlesex-London (August 2/23)

l. Smoke-Free Ontario Act & Vaping – Sudbury & District (June 28/23)

Moved: Councillor Lachica

Seconded: Mayor Graham

Carried. (M-2023-059)

MOTION (11.3.1):

That the Board of Health for Peterborough Public Health receive the report, Q2 2023 Status Report (April 1 – June 30, 2023), for information.

Moved: Councillor Lachica

Seconded: Mayor Graham

Carried. (M-2023-059)

MOTION (11.3.2):

That the Board of Health for Peterborough Public Health receive the report, Q2 2023 Strategic Plan Report (April 1 – June 30, 2023), for information.

Moved: Councillor Lachica

Seconded: Mayor Graham

Carried. (M-2023-059)

MOTION (11.4.1a,b,c):

That the Board of Health for Peterborough Public Health:

- a. receive meeting minutes of the Indigenous Health Advisory Circle (IHAC) from April 28, 2023 for information;
- b. approve the community appointment of Kristy Kennedy, Métis Nation of Ontario, Peterborough & District Wapiti Métis Council (replacing Barbara Card) to the IHAC for the remainder of 2023; and,
- c. appoint Board of Health member Paul Johnston, to the IHAC for the remainder of 2023.

Moved: Councillor Lachica

Seconded: Mayor Graham

Carried. (M-2023-059)

MOTION (11.4.2a,b,c,d):

That the Board of Health for Peterborough Public Health:

- a. receive meeting minutes of the Stewardship Committee from June 1, 2023 for information;
- b. approve the 2022-2023 Audited Financial Statement and Annual Reconciliation Report for the Healthy Babies, Healthy Children Program;
- c. approve the 2022-2023 Audited Financial Statement and Annual Reconciliation Report for the Infant and Toddler Development Program; and,
- d. receive the Q2 2023 Financial report for information.

Moved: Councillor Lachica

Seconded: Mayor Graham

Carried. (M-2023-059)

## **7. Delegations and Presentations**

## **8. Confirmation of the Minutes of the Previous Meeting**

A correction was noted for the attendees.

MOTION:

That the Board of Health for Peterborough Public Health approve the minutes of the meeting held on September 13, 2023, as amended.

Moved: Mayor Graham

Seconded: Warden Clark

Motion carried. (M-2023-060)

## **9. Business Arising From the Minutes**

## **10. Staff Reports**

*Councillor Wilson departed the meeting at 7:31 p.m.*

### **10.1. Presentation: 2023-24 Respiratory Season Update**

#### **MOTION:**

That the Board of Health for Peterborough Public Health receive the following presentation for information:

- Title: 2023-24 Respiratory Season Update
- Presenters:
  - Gillian Pacey, Manager, Infectious Diseases
  - Carolyn Pigeau, Epidemiologist

Moved: Warden Clark

Seconded: Councillor Lachica

Carried. (M-2023-061)

### **10.2. Stewardship Report: 2024 Budget Considerations II**

#### **MOTION:**

That the Board of Health for Peterborough Public Health:

- receive the staff report, 2024 PPH Budget Considerations II, for information; and,
- write a letter to the Ontario Minister of Health, with copies to local MPPs, expressing gratitude for the positive aspects of the recent funding announcements, emphasizing the Board of Health's willingness to partner in strengthening the public health system and advocating for continued COVID funding into 2024.

Moved: Councillor Riel

Seconded: Warden Clark

Carried. (M-2023-062)

## **11. Consent Items**

## **12. New Business**

### **12.1. Board of Health Membership Updates**

The Board of Health was provided with the following updates:

- Dr. Stelzer's provincial appointment has been renewed for a period of three years to August 2026.
- Mr. Scott Baker, a recent provincial appointee who was scheduled to join in October, has made a request to the Minister to terminate his appointment due to personal matters.

**13. Date, Time, and Place of the Next Meeting**

Wednesday, October 11, 2023, 5:30 p.m.

Multipurpose Rooms, 2<sup>nd</sup> Floor, Peterborough Public Health

**14. Adjournment**

MOTION:

That the meeting be adjourned.

Moved by: Mayor Graham

Seconded by: Mr. Johnston

Motion carried. (M-2023-063)

The meeting was adjourned at 8:30 p.m.

**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Presentation: Nurse-Family Partnership Program</b>
<b>DATE:</b>	<b>October 11, 2023</b>
<b>PREPARED BY:</b>	<b>Krista Ward, Manager, Child Health Services</b>
<b>APPROVED BY:</b>	<b>Hallie Atter, Acting Director, Health Promotion Division Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

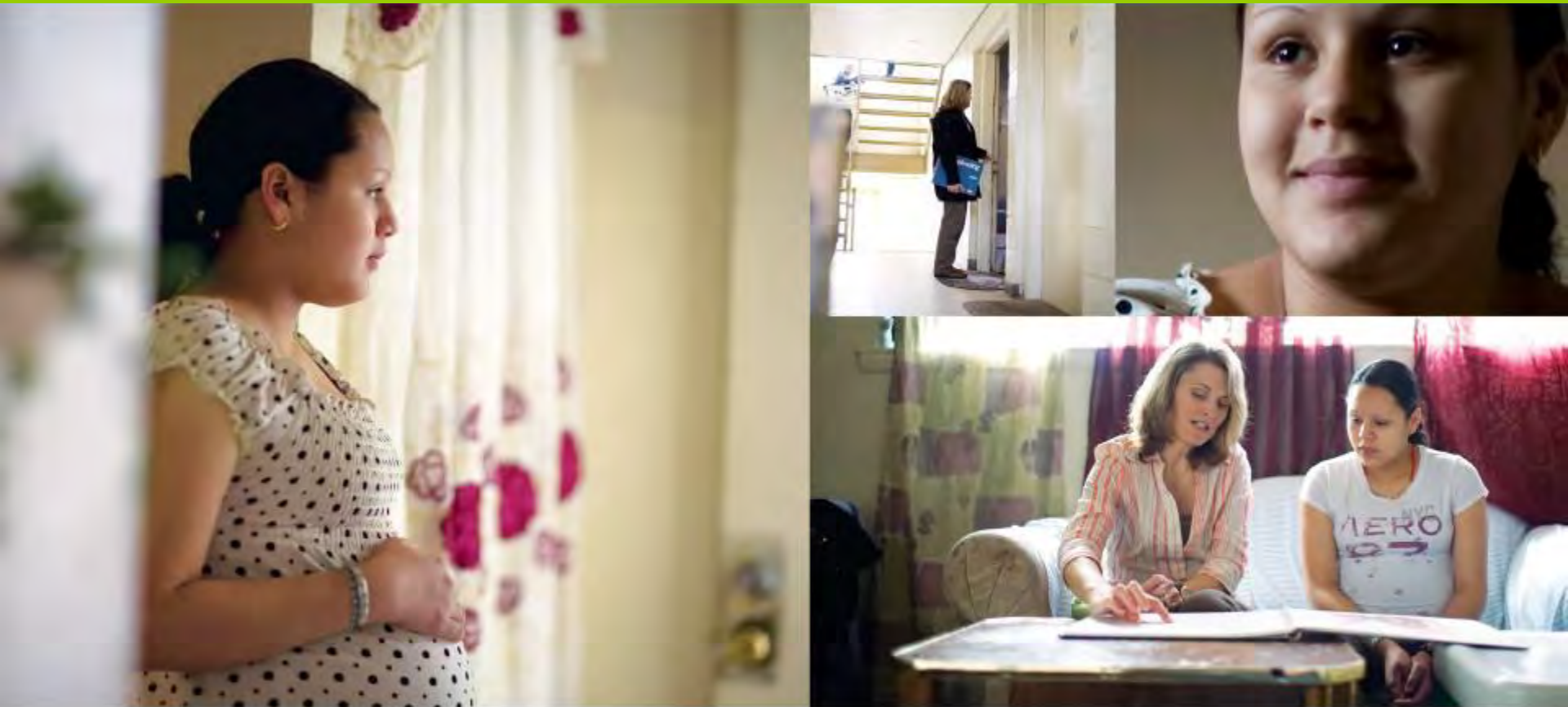
**PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health receive the following presentation for information:

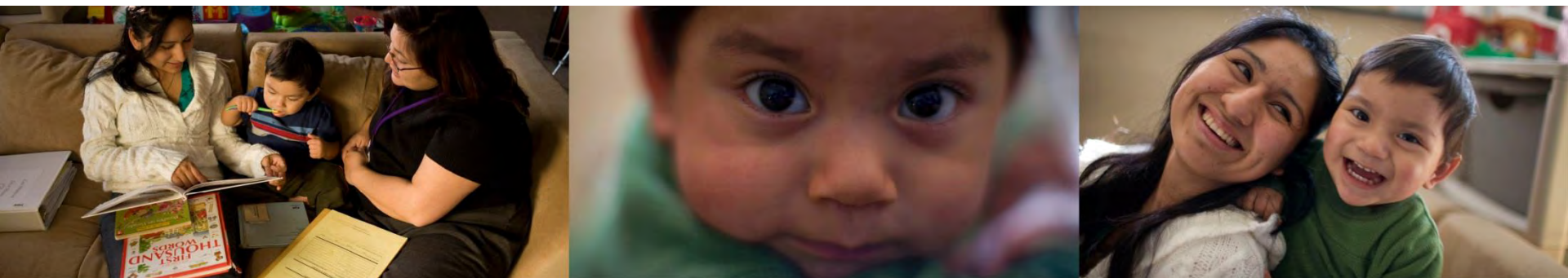
- Title: Nurse-Family Partnership Program
- Presenter: Krista Ward, Manager, Child Health Services

**ATTACHMENTS**

- a. [Presentation](#)



## The Nurse-Family Partnership Program



## The Nurse-Family Partnership is...

An evidence-based, home visiting program for young, first-time mothers experiencing social or economic disadvantage

The relationship between Public Health Nurse and mother begins in early pregnancy and continues until the child's second birthday



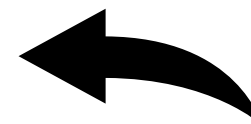
## Reduction

Preterm deliveries by 79%

Childhood language delays  
by 60%

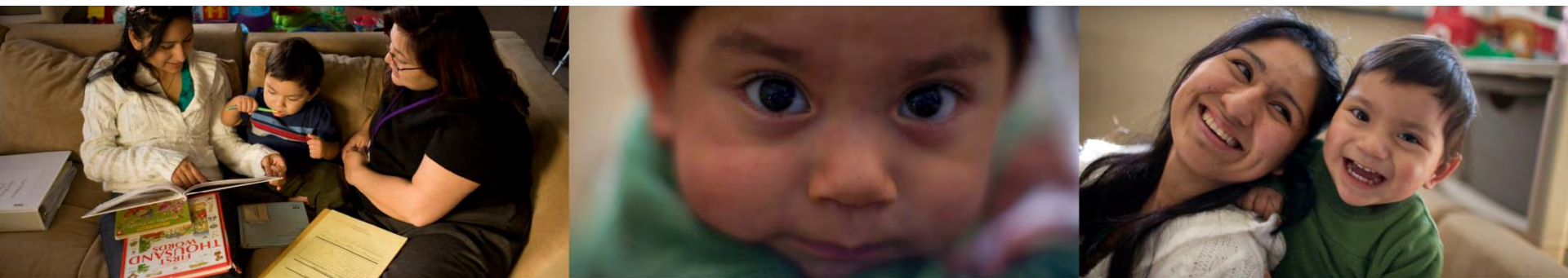
Behavioural and  
intellectual problems by  
67%

Child abuse and neglect by  
48%



## Evidence of the Benefits of NFP

Net benefit/ savings to society for PPH and HKPR areas is \$3,213,807 CDN based on the number of families in PPH and HKPR areas eligible for NFP



# The Need for NFP in Peterborough City and County

- Mental Health
  - 40.6% of pregnant women reported a mental health concern compared to 21.4% in Ontario
- Healthy Behaviours in Pregnancy (under 25 years of age)
  - Folic acid use lower
  - Weight gain higher
  - Higher rate of smoking
  - More alcohol & drug use
- Lone Parent Families (13% female)
  - Experience a higher percentage of low income and food insecurity
- Low Income
  - Peterborough City: 17.3%
  - Peterborough County: 14.9%

## Goals of the NFP

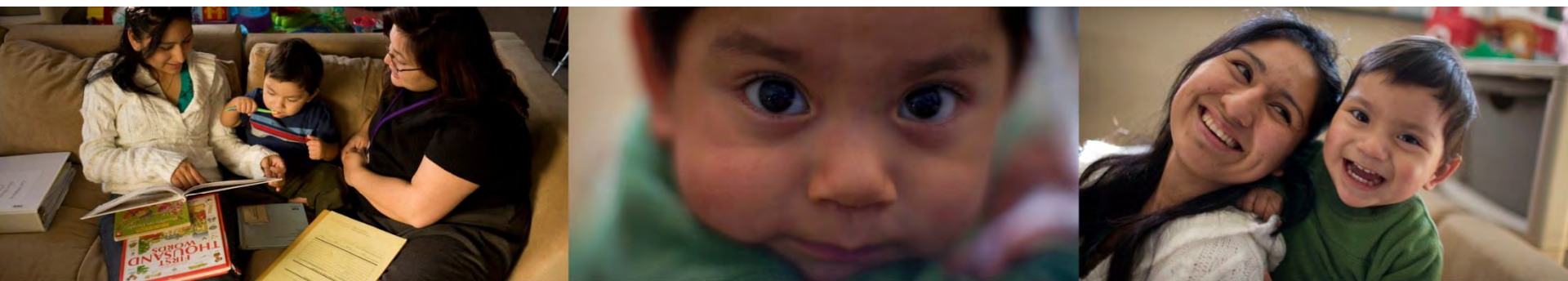
1. Improve pregnancy outcomes
2. Improve child health and development
3. Improve parents' economic self-sufficiency



# Eligibility Criteria



1. First pregnancy or first-time pregnancy
2. \* 24 years of age or younger
3. Limited support and resources
4. Enrollment by the end of the 28th week of pregnancy
5. Living in Peterborough City and County, Hiawatha First Nations, Curve Lake First Nations, City of Kawartha Lakes, Northumberland County, and Haliburton County



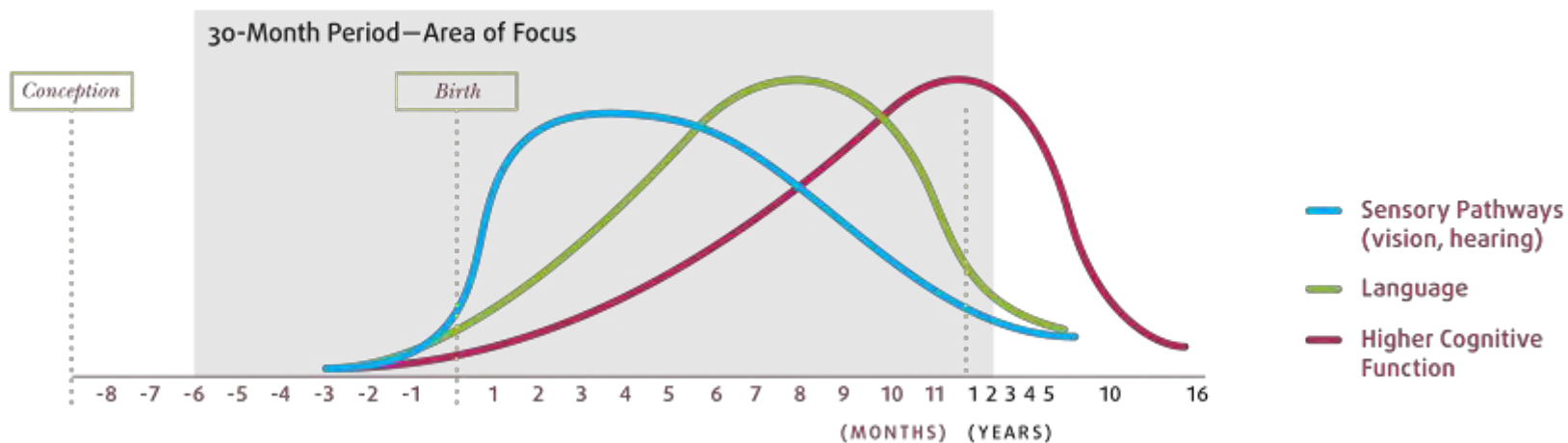
## Program Elements:

- Regular PHN home visits (weekly or bi-weekly)
- Goal-driven
- Teaching and role modeling; relationship based
- Motivational Interviewing
- Evidenced-based assessment & intervention tools



## Human Brain Development

Synapse formation dependent on early experiences



Source: Nelson, C.A., *From Neurons to Neighborhoods* (2000).  
Shonkoff, J. & Phillips, D. (Eds.)

## NFP Domains

### Personal Health

- Nutrition
- Exercise
- Substance use
- Mental health

### Maternal Role

- Physical care of infant
- Behavioural and emotional care
- Mothering role

### Enviornmental Health

- Home
- School, work, neighborhood

## NFP Domains

Family and  
Friends

- Personal network
- Relationships

Life Course  
Development

- Family planning
- Education

Health and  
Human Services

- Service utilization

# Thank You !

**PETERBOROUGH PUBLIC HEALTH**  
**BOARD OF HEALTH – STAFF REPORT**

<b>TITLE:</b>	<b>Health Care Worker Influenza Immunization: 2022-2023</b>
<b>DATE:</b>	<b>October 11, 2023</b>
<b>PREPARED BY:</b>	<b>Patti Fitzgerald, Manager, Immunization</b>
<b>APPROVED BY:</b>	<b>Donna Churipuy, Director of Health Protection Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health receive the staff report, Health Care Worker Influenza Immunization: 2022-2023, for information.

**FINANCIAL IMPLICATIONS AND IMPACT**

There are no financial implications for the Board of Health arising from this report.

**BACKGROUND**

PPH has reported annually for over a decade to the Board of Health on Influenza coverage for health care workers in the region. Influenza is a respiratory illness caused by the influenza virus. Symptoms of influenza include sudden onset of fever or chills, cough, sore throat, runny or stuffy nose, muscle or body aches, headaches, fatigue, and in some people vomiting and diarrhea (which is more common in young people than adults). Influenza is contagious and is transmitted by droplets spread by coughing or sneezing either directly or indirectly (e.g., touching surfaces such as doorknobs contaminated with the virus). Once infected, individuals can spread the virus to others from one day before they know they are ill.<sup>1</sup>

Most people recover from the flu in 7 – 10 days, however complications can include ear infections, pneumonia, worsening of chronic medical conditions, and in some cases death. Health Canada estimates 12,200 hospitalizations and 3,500 deaths in Canada from influenza each year. Individuals more likely to experience influenza-related complications and hospitalization include:

- all pregnant women
- people with chronic health conditions, such as cancer, diabetes, heart or lung disease, neurologic or neurodevelopment conditions, and obesity
- people who live in nursing homes or other chronic care facilities
- people 65 years and older
- children under 5 years of age
- Indigenous peoples<sup>1</sup>

Annual vaccination for influenza is recognized as the most effective way to prevent influenza, and is recommended for all individuals aged six months and older. Influenza vaccination is “particularly recommended” for the groups at risk of complications (listed above), as well as individuals capable of transmitting influenza to high-risk groups, including health care workers (HCWs) in both community and acute care settings.<sup>1</sup>

#### Influenza Transmission in Health Care Settings

Influenza transmission and outbreaks in hospitals and long-term care homes are well documented and can result in significant patient, resident and staff morbidity and mortality.<sup>2</sup> These outbreaks can affect staffing and bed availability, thereby interfering with patient care and patient flow.<sup>3</sup> The increased risk of influenza to residents and patients in these facilities is related to their advanced age and underlying health problems, as well as the settings in which they are cared for in close proximity to a range of HCWs. HCWs can acquire influenza from patients/residents, and the community, and then may readily transmit infection to other patients/residents, other HCWs and their family members.

Influenza immunization is identified as the most effective way to prevent the spread of the virus, and immunization of HCWs protects patients/residents. The Provincial Infectious Diseases Advisory Committee (PIDAC) report that in a number of randomized controlled trials “largescale immunization of health care providers reduces nosocomial infections, including a decrease in mortality rates in residents of long-term care homes”. In contrast, lower rates of HCW immunization have been associated with increased rates of hospital-acquired influenza.<sup>3</sup> Influenza immunization of health care workers protects the patients/residents they care for as well as themselves, who may be at greater risk due to the settings in which they work.

#### Mandatory Influenza Immunization of HCWs

The Association of Medical Microbiology and Infectious Disease (AMMI), Canada, position paper, 2012 on mandatory influenza immunization of health care workers notes poor response rates to voluntary immunization programs, yet greater than 90% influenza immunization rates in settings where influenza immunization was made a condition of employment.<sup>4</sup> Numerous public health agencies and professional associations, such as the PIDAC<sup>3</sup>, the National Advisory Committee on Immunization (NACI)<sup>1</sup>, the Canadian Nurses Association (CNA)<sup>5</sup>, AMMI<sup>4</sup> recommend that influenza immunization of HCWs be a condition of service or appointment.

The PIDAC states that:

*“Annual influenza vaccination should be a condition of continued employment in, or appointment to, health care organizations” and further states that HCWs “with medical contraindications to influenza vaccination should be accommodated by reassignment, or other methods used to protect patients and staff (e.g., health care worker wearing mask in client/patient/resident care areas) during influenza season”.<sup>3</sup>*

Similarly, the NACI states:

*“NACI considers the provision of influenza vaccination to be an essential component of the standard of care for all HCWs for the protection of their patients. Transmission of influenza between infected HCWs and their vulnerable patients results in significant morbidity and mortality. Randomized controlled trials conducted in geriatric long-term care settings have demonstrated that vaccination of HCWs is associated with substantial decreases in morbidity and all-cause mortality in the residents. Therefore, HCWs should consider annual influenza vaccination included in their responsibility to provide the highest standard of care. In the absence of contraindications, refusal of HCWs to be immunized against influenza implies failure in their duty of care to patients.”<sup>1</sup>*

The CNA supports condition of service policies for immunization in situations where HCW influenza immunization coverage levels are “not protective of patients, and reasonable efforts have been undertaken with education and enhancing accessibility to immunization”. CNA considers mandatory immunization policies by employers to be congruent with the *Code of Ethics for Registered Nurses* in Canada and the obligation to act in the public interest.<sup>5</sup>

The position of the AMMI is that annual influenza immunization should be required for “new and ongoing employment or appointment for all workers who spend time in areas where patient care is provided and /or patients are present”.<sup>4</sup> The AMMI further states that:

*“Three criteria have been proposed that must be met to justify mandating compliance with a preventive intervention. First, there should be clear medical value from the intervention to the individual. Second, the public health benefit of the intervention must be clear. Third, a requirement must be considered the only option. It is the position of AMMI Canada that these three criteria have been met in relation to health care workers and influenza immunization. Health care workers and their employers have an ethical obligation to act in the best interest of the patients for whom they provide care. Influenza immunization should be required annually for all workers who spend time in areas where patient care is provided and/or patients are present.”<sup>4</sup>*

PIDAC notes that HCW immunization is an important component of occupational health and safety programs.<sup>3</sup> Programs which provide immunizations to health care providers against a number of infectious diseases, including annual influenza immunization, protect not only patients but the workers themselves.<sup>6</sup>

In the United States, the Centre for Disease Control, the Advisory Committee on Immunization Practices, and the Healthcare Infection Control Practices Advisory Committee recommend that all U.S. health care personnel get vaccinated annually against influenza.<sup>7</sup> Similar to recommendations by PIDAC and AMMI, this recommendation expands beyond HCWs and includes staff “not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from health care workers and patients”.

#### Immunization of Health Care Workers in Peterborough County and City

The Board of Health has required annual immunization against influenza for all of its employees since 2002. The influenza vaccination coverage rate for eligible active staff at Peterborough

Public Health for the 2022-2023 influenza season was 92.5%. The influenza vaccination coverage rate for eligible active staff (excluding those with medical exemptions for the 2020-2021, and 2019-2020 coverage rate was 92.6% and 92.2% respectively, data for 2021-2022 season is unavailable due to a data input error.

While local long-term care homes (LTCHs) have their own policies for staff influenza immunization, the Ministry of Health outlines that only immunized staff should be working in a LTCH during a laboratory-confirmed influenza outbreak, and unimmunized staff may resume work at the affected home as soon as they are taking antiviral prophylaxis.<sup>8</sup>

#### The 2022-2023 Influenza Season in Peterborough County and City

A total of 601 lab-confirmed influenza cases were reported for the 2022-2023 surveillance season. Eight outbreaks were reported in LTCHs, retirement residences, and the local hospital for the same period.

The Ministry of Health requires reporting of influenza vaccine coverage rates for staff from hospitals and LTCHs to Boards of Health. The staff immunization coverage rates were collected as of February 01, 2023 and are reflected in Table 1.

**Table 1: Health Care Worker Influenza Immunization Feedback Report - 2022-2023**

Ontario	Staff Median Rate		Variance
	2022-2023	2021-2022	
Hospitals	40.6%	Not available	-
Long-Term Care Homes	62.6%	Not available	-
Peterborough Public Health	Staff Median Rate		Variance
	2022-2023	2021-2022	
Peterborough Regional Health Centre	69.21%	69.0%	(0.21%)
Long-Term Care Homes	64.8%	89.3%	(24.5%)
Long-Term Care Homes	Staff Median Rate		Variance
	2022-2023	2021-2022	
Extendicare Lakefield	86.0%	91.9%	(5.9%)
Extendicare Peterborough	81.82%	81.0%	0.82%
Centennial Place Long-Term Care Home	65.0%	92.9%	(27.9%)
Fairhaven	64.62%	Not Reported	-
Riverview Manor Nursing Home	58.46%	91.0%	(32.54%)
St. Joseph's at Fleming	57.03%	48.8%	(8.23%)
Springdale Country Manor	Not Reported		
Pleasant Meadow Manor	Not Reported		

(Source: Ministry of Health)

Given that outbreaks also occur in retirement residences, Peterborough Public Health actively requests immunization coverage rates from these facilities, however this was not completed for the 2022-2023 influenza season due to reduced staff capacity.

Facilities with a significant decrease in uptake prior to the 2022-2023 influenza season attribute this to immunization fatigue and that there was very little influenza circulating in the region in 2021-2022 which may have influenced staff decisions not to pursue the influenza immunization. Unlike Peterborough Public Health, most organizations do not have a policy that requires annual influenza vaccination for their staff which may also be a contributing factor. Peterborough Public Health immunization staff will reach out to local facilities to explore options and strategies to increase uptake among their staff.

## **REFERENCES:**

1. Canadian Immunization Guide Chapter on Influenza and Statement on Seasonal Influenza Vaccine for 2019–2020; An Advisory Committee Statement (ACS)  
National Advisory Committee on Immunization (NACI).  
<https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/canadian-immunization-guide-statement-seasonal-influenza-vaccine-2019-2020.html>
2. Toronto Public Health, 2015 Influenza Update.  
<http://www.toronto.ca/legdocs/mmis/2015/hl/bgrd/backgroundfile-85948.pdf>
3. Best Practices for Prevention of Transmission of Acute Respiratory Infection In All Health Care Settings Provincial Infectious Diseases Advisory Committee (PIDAC), March 2013  
[http://www.publichealthontario.ca/en/eRepository/PIDAC-IPC Annex B Prevention Transmission ARI 2013.pdf](http://www.publichealthontario.ca/en/eRepository/PIDAC-IPC%20Annex%20B%20Prevention%20Transmission%20ARI%202013.pdf)
4. Bryce E, Embree J, Evans G, Johnston L, Katz K, McGeer A, et al. AMMI Canada position paper: 2012 mandatory influenza immunization of health care workers. Canadian Journal of Infectious Disease and Medical Microbiology 2012; 23(4):e93-5.  
[\(http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3597405/\)](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3597405/)
5. Influenza Immunization of Registered Nurses Position Statement: Canadian Nurses Association, November 2012.  
[http://cna-aiic.ca/~media/cna/page-content/pdf-en/ps influenza immunization for rns e.pdf](http://cna-aiic.ca/~media/cna/page-content/pdf/en/ps_influenza_immunization_for_rns_e.pdf)
6. Infection Prevention and Control for Clinical Office Practice, Provincial Infectious Diseases Advisory Committee (PIDAC) revised April 2015.  
[http://www.publichealthontario.ca/en/eRepository/IPAC Clinical Office Practice 2013.pdf](http://www.publichealthontario.ca/en/eRepository/IPAC%20Clinical%20Office%20Practice%202013.pdf)

7. Centers for Disease Prevention and Control: Influenza Vaccination Information for Health Care Workers.  
[https://www.cdc.gov/flu/professionals/healthcareworkers.htm?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fflu%2Fhealthcareworkers.htm](https://www.cdc.gov/flu/professionals/healthcareworkers.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fflu%2Fhealthcareworkers.htm).
8. Ministry of Health and Long-Term Care: Control of Respiratory Infection Outbreaks in Long-Term Care Homes (November 2018).  
[http://www.health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/docs/reference/RESP\\_Infectn\\_ctrl\\_guide\\_LTC\\_2018\\_en.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/reference/RESP_Infectn_ctrl_guide_LTC_2018_en.pdf)

## **PETERBOROUGH PUBLIC HEALTH BOARD OF HEALTH – STAFF REPORT**

<b>TITLE:</b>	<b>Drug Poisoning Update</b>
<b>DATE:</b>	<b>October 11, 2023</b>
<b>PREPARED BY:</b>	<b>Jocelyn Qualtrough, Health Promoter, Family and Community Health Carolyn Doris, Manager, Family and Community Health</b>
<b>APPROVED BY:</b>	<b>Hallie Atter, Acting Director, Health Promotion Division Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

### **PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health:

- receive the staff report, *Drug Poisoning Update*, for information; and,
- write a follow-up letter to the Minister of Health and Associated Minister of Health and Addictions, with copies to local MPPs, requesting a status update on progress regarding safe inhalation being made available at provincially funded Consumption and Treatment Services Sites (CTS).

### **FINANCIAL IMPLICATIONS AND IMPACT**

There are no financial implications arising from this report.

### **DECISION HISTORY**

The Family and Community Health Team has provided updates at Board of Health Meetings through 2022 and early 2023 regarding the drug poisoning crisis. Presentations have focused on sharing of local data, sharing information regarding the Peterborough Drug Strategy, updates on the local CTS. Most recently, there has been advocacy to the Minister of Health and Associate Minister of Health and Addictions related to the need for inhalation services with CTS.

### **BACKGROUND**

Staff within the Family and Community Health Team continue to focus efforts with partners to address the poisoning crisis. The focus of activities are on substance use prevention and harm reduction as mandated through the Ontario Public Health Standards and as an “Our Community” priority of the 2022-2025 Peterborough Public Health Strategic Plan.

Staff have also responded to a number of requests from the Office of the Chief Medical Officer of Health to inform an upcoming report to Legislature and review of Ontario Public Health Standards and accompanying Consumption and Treatment Services Compliance and Enforcement Protocol.

## **Inhalation Services**

The preference for using drugs by inhalation rather than injection continues to be a trend in our community and across Ontario. A review of supervised inhalation sites in Canada, developed by the Ontario HIV Treatment Network in 2022, states that "In Ontario between March and December of 2020, 33.7% (n=678) of opioid-related deaths had "evidence of pipe/foil for inhalation only", while 14.1% (n=284) had "evidence of injection only."<sup>4</sup>

A recent review of local data indicates that the number of syringes/needles being distributed and collected through the Needle Exchange Program is decreasing, while the number of foils, pipes, and stems distributed have increased.<sup>5</sup> The Consumption and Treatment Services Site (CTS) at 220 Simcoe Street, Peterborough, reports a decrease in safe injection in recent reports to the community (Appendix A). It must be noted that service hours were reduced over the summer months, however, this is likely continued trend towards inhalational drug use that is not serviced at the CTS.

Despite evidence pointing towards increasing changes in the method of consumption of substances, of the 37 safe consumption sites in Canada with exemptions from Health Canada under section 56.1 of the Controlled Drugs and Substances Act (CDSA), only two are authorized to offer supervised inhalation.<sup>6</sup> These are 'Casey House Day Health Program Supervised Consumption Services' in Toronto (not provincially funded as a CTS) and 'Prairie Harm Reduction' located in inner-city Saskatoon, Saskatchewan.<sup>7</sup>

At its November 9, 2022, meeting, the Board of Health received a report regarding the need for provincially funded inhalation services. As an action, on November 21, 2023, a letter was sent to the Minister of Health and Associate Minister of Health and Addictions, cosigned by the Board Chairs of Peterborough Public Health and FourCAST. Provincial support and funding for supervised inhalation services to be integrated within the Consumption and Treatment Services site (CTS) at 220 Simcoe Street was requested. To date, no response to this request has been received.

In July 2023, PPH partnered with the CTS to survey service users to further understand the need for inhalation services locally among people who use drugs. Of the 62 survey participants, 96% said they would use a safe space like the Consumption and Treatment Services site to smoke drugs, if it was available.<sup>8</sup> The majority (58%) noted that they would use this service over 4 times per day.<sup>9</sup> When asked to select preferred methods of consuming drugs, inhalation was chosen 57%, while injection was selected only 15.7% of the time.<sup>10</sup>

Safe inhalation clearly continues to be a need and a gap in our community for supporting those who use drugs.

## **Treatment**

A staff report regarding barriers to treatment will be coming to the November 8, 2023, Board of Health Meeting for information.

## **RATIONALE**

### **Early Warning and Surveillance System**

PPH staff continue to manage an Early Warning and Surveillance System (EWSS) that includes monitoring drug poisoning 911 calls for service, emergency room visits and suspected deaths.

<b>Month</b>	<b>911 Calls for Service</b>	<b>ED Visits</b>	<b>Drug Poisoning Suspected Deaths</b>
January	26	33	11
February	33	31	5
March	24	34	11
April	24	38	3
May	15	25	3
June	25	32	6
July	37	36	4
August	52	50	2
September	29	37	3
<b>TOTAL</b>	<b>265</b>	<b>316</b>	<b>48</b>

**Table 1.** Peterborough's Opioid Harms Data, January 2023 to September 2023 <sup>1</sup>

From September 2022 to August 2023, 49% of 911 calls were made between 4pm and 12 am and 38% of calls were for people outdoors.<sup>2</sup> For this same time period, on average, a person died from a drug poisoning every 6 days.<sup>3</sup> Drug poisonings continue to be a reality for people who use drugs due to the toxic drug supply. Drug checking is now occurring for services users of the CTS and results are being integrated by PPH as part of the EWSS.

## **STRATEGIC DIRECTION**

This report applies to the following strategic direction:

- Our Community - People who use drugs (PWUD) have enhanced access to public health services and supports in our collaborative response to the drug poisoning crisis.

## **REFERENCES:**

1. Peterborough Public Health. Early Warning and Surveillance System - Opioid Harms Data Portal. <https://www.peterboroughpublichealth.ca/your-health/drugs-and-harm-reduction/opioids/opioids-data/>. Updated September 2023. Accessed October 5, 2023.
2. Opioid Harms Data Portal. Accessed October 5, 2023.
3. Ibid.

4. Ontario HIV Treatment Network. A review of supervised inhalation services in Canada. [https://www.ohtn.on.ca/wp-content/uploads/2022/07/RR171\\_supervised-inhalation\\_July212022.pdf](https://www.ohtn.on.ca/wp-content/uploads/2022/07/RR171_supervised-inhalation_July212022.pdf). Published July 12, 2022. Accessed October 5, 2023
5. NEO 360. Needle Exchange – Items Dispensed, PARN & PARN Outreach (Mobile). <https://live.neo360.ca/Secure/Report/Section.aspx>. Updated October 5, 2023. Accessed October 5, 2023.
6. Ontario HIV Treatment Network. Accessed October 5, 2023.
7. Ibid.
8. Peterborough Public Health. Inhalation Needs Survey. Updated July 2023. Accessed October 6, 2023.
9. Peterborough Public Health. Accessed October 6, 2023.
10. Ibid.

#### **ATTACHMENTS**

- a. The Frontline June - July 2023 Stats: A snapshot of key statistics tracked at Peterborough's Consumption and Treatment Services site (CTS) at 220 Simcoe Street.

## June Overview

June was a quiet month at the CTS. The warm weather has significantly reduced the number of service users. Service Users report using in these tents and in other outdoor locations. We continue to see an increase in inhalation use in the community. CTS staff and security personnel consistently redirect service users from inhalation use outside the CTS in the parking lot. Service users continue to express interest in inhalation services at the Fourcast CTS.

CTS Program Manager and Security staff have worked on improving CTS Security procedures and have implemented improved 'lockdown' and 'hold and secure' protocols. In addition we have improved panic alarm policies and radio usage for safety protocols.

**746**  
Total Visits

**724**  
Total Consumptions

### Clients in June

# of Unique Clients 111

# New CTS Clients 26

### Drug Testing

CTS staff are able to dip test for Fentanyl, Benzodiazepine and Xylazine. Of the 12 samples tested, 7 tested positive for Benzodiazepine.

10

Tested pre-consumption

2

Tested post-consumption

# The Frontline

## JUNE '23 STATS

A snapshot of some key statistics tracked at Peterborough's Consumption and Treatment Services site (CTS) at 220 Simcoe St.

### Drugs Most Commonly Consumed

**Fentanyl** 277

**Methamphetamine** 145

**Speedball** 131

**Dilaudid** 97

**Cocaine** 66

**Overdose Events Onsite** 1

## July Overview

The month of July witnessed a decrease in total number of consumptions, which may be attributed to the increase in nicer weather and individuals increasing in inhalation versus injection - there's no specific data on this.

There was the need for security to continue to move individuals out of the parking lot and out of perimeter of the CTS in response to attempts to use substances by inhalation within the outdoor space of the CTS (Parking Lot). We continued to see an increase in inhalation throughout the community during the month of July and continued discussion from service users for the desire of inhalation services within the CTS. Throughout the community we saw a significant uptake in the distribution of inhalation equipment and a decrease in distribution of injection equipment.

Staff now wear panic buttons while on shift at the CTS. This also includes the Medics and Nursing staff. On-going discussion with neighbouring agency's and community partners, including advisory groups continues to occur to monitor feedback, concerns and positives.

652  
Total Visits

602  
Total Consumptions

### Clients in July

# of Unique Clients 99

# New CTS Clients 13

### Drug Splitting & Sharing

Another activity that is tracked at the CTS. Some clients will choose to consume their drugs by splitting/sharing.

81 → Total number of sharing visits

38 → Total number of unique clients who participated in drug sharing/splitting

0 → Total number of overdoses/drug emergencies that occurred that followed during drug sharing/splitting

# The Frontline

## JULY '23 STATS

A snapshot of some key statistics tracked at Peterborough's Consumption and Treatment Services site (CTS) at 220 Simcoe St.

### Drugs Most Commonly Consumed

Fentanyl 228

Methamphetamine 144

Speedball 96

Dilaudid 90

Cocaine 44

Overdose Events Onsite 2  
(non-fatal)

**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Correspondence for Information</b>
<b>DATE:</b>	<b>October 11, 2023</b>
<b>PREPARED BY:</b>	<b>Alida Gorizzan, Executive Assistant</b>
<b>APPROVED BY:</b>	<b>Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health receive the following for information:

- a. Letter dated September 26, 2023 from the Board Chair to Minister Jones regarding Section 50 Agreements.
- b. Letter dated October 6, 2023 from the Board Chair to Minister Parsa regarding support for Student Nutrition Programs.
- c. Letter dated October 6, 2023 from the Board Chair to Ministers Sudds, MacCaulay and Holland regarding implementation of a Federal School Food Policy.
- d. Letter dated October 6, 2023 from the Board Chair to Minister Jones regarding strengthening public health in Ontario.

September 26, 2023

The Honourable Sylvia Jones  
Deputy Premier of Ontario  
Minister of Health  
[sylvia.jones@ontario.ca](mailto:sylvia.jones@ontario.ca)

**Re: Section 50 Agreements**

Dear Minister Jones:

With the August 22, 2023 provincial announcement to refine and clarify the roles of local boards of health, and the opportunity to voluntarily merge local public health agencies, Peterborough Public Health (PPH) would like to request the system protect and maintain requirement for boards of health to foster and create meaningful relationships with Indigenous Peoples.

Meaningful engagement with Indigenous Peoples and their communities is essential to addressing health inequities. This is acknowledged in the 2018 Ontario Public Health Standards where the Health Equity Standard specifically requires all boards of health to build relationships with Indigenous communities, organizations and First Nations and ensure it is done in a culturally safe way.<sup>1</sup> More recently, arising from post-pandemic evidence, this has been further reinforced within reports from both the Ontario Chief Medical Officer<sup>2</sup> of Health and Canada's Chief Public Health Officer.<sup>3</sup>

Our local experience indicates that statutory requirements and provincial standards make a difference. PPH enjoys formal relationships with Hiawatha First Nation and Curve Lake First Nation, as a result of Section 50 agreements in place since 1995. Over the last ten years we have sought to strengthen our relationship with Indigenous Peoples through the establishment of an Indigenous Health Advisory Circle that welcomes participation by the broader Indigenous community to ensure we are attending to all interests and needs regardless of where people reside within the region.

Through these actions, PPH has experienced growth in trust and partnership, not only with the two First Nation communities but also with the urban Indigenous community. But there is more work to be done and we have acknowledged this work in our current Strategic Plan.<sup>4</sup>

Therefore, in view of the Ministry of Health's current goal to deliver more equitable health outcomes, PPH would like to recommend that the Ministry of Health:

1. Ensure continued opportunity for Section 50 agreements within the Health Promotion and Protection Act;
2. Seek to revise the HPPA to be inclusive of urban Indigenous peoples and their health needs under that Act so they have equal opportunities to help shape board of health decision-making; and
3. Ensure the review and revisions of the Ontario Public Health Standards maintains directives for engagement with Indigenous Peoples.

As we look towards a future where Indigenous Peoples experience greater health equity, we urge the Provincial Government to continue to support boards of health so that they are able to act as better allies with Indigenous communities and amplify their voices.

Miigwech,

***Original signed by***

Councillor Kathryn Wilson  
Chair, Board of Health

/ag

cc: Local MPPs  
Dr. Kieran Moore, Ontario Chief Medical Officer of Health  
The Association of Local Public Health Agencies  
Ontario Boards of Health

**References**

1. [Ontario Public Health Standards, 2021](#)
2. [Being Ready: 2022 Annual Report of the Chief Medical Officer of Health of the Legislature of Ontario, 2022](#)
3. [Principles for Engaging with First Nations, Inuit and Metis: Chief Public Health Officer Health Professional Forum, 2023](#)
4. [Strategic Plan 2022-2025: Peterborough Public Health](#)

September 26, 2023

The Honourable Michael Parsa  
Minister of Children, Community and Social Services  
[MinisterMCCSS@ontario.ca](mailto:MinisterMCCSS@ontario.ca)

Dear Minister Parsa:

**Re: Funding for Student Nutrition Programs in Ontario**

At its September 13, 2023 meeting, the Board of Health for Peterborough Public Health agreed to endorse correspondence from Huron Perth Public Health regarding the need to increase funding for Student Nutrition Programs (SNP) for future school years.

As noted in correspondence sent in 2021 by the Board of Health supporting the [six recommendations](#) of CODE/COMOH, increased provincial funding is vital to adequately sustain programs to ensure access to nourishing food at school for all students.

SNP providing universal access to nutritious food at school, are a valued step towards attaining health equity. Increasingly seen as vital contributors to students' physical and mental health, SNP also support academic success (academic performance, attendance, improved student behaviour).

In Ontario, there has not been a substantial increase to core SNP funding since 2014. Significantly less than half of program costs are covered by the Ministry of Children, Community and Social Services (MCCSS); the remainder is mostly funded by corporate donors and local grants. Donations from the community, local businesses and school fundraisers make up the rest. Insufficient fundraising results in less food served and early closure of programs. Locally, SNP have been operating for over 30 years. As new SNP open in other regions, Peterborough's long-standing programs are impacted by a reduction in their share of provincial funding, at a time when the cost of food is rising dramatically.

In the Peterborough region, 51 schools (96% of publicly funded schools) offer nourishing food to almost 19,000 elementary and high school students at school each day. Last year, 802 staff and volunteers contributed 1,119 hours a week to serve 2,248,285 meals to hungry students. Without a change in funding support, it is anticipated that many local programs may be forced to close before the end of the school year due to insufficient funds.

I trust you will consider our efforts, as well as the advocacy of others, who continue to voice their support to ensure adequate funding for universal student nutrition programs for all hungry students.

Sincerely,

***Original signed by***

Councillor Kathryn Wilson  
Chair, Board of Health

/ag  
Encl.

cc: Local MPPs  
Ontario Boards of Health  
Association of Local Public Health Agencies (alPHA)

October 6, 2023

The Honourable Jenna Sudds  
Minister of Families, Children and Social Development  
[jenna.sudds@parl.gc.ca](mailto:jenna.sudds@parl.gc.ca)

The Honourable Lawrence MacCaulay  
Minister of Agriculture and Agri-Food  
[lawrence.maccaulay@parl.gc.ca](mailto:lawrence.maccaulay@parl.gc.ca)

The Honourable Mark Holland  
Minister of Health  
[mark.holland@parl.gc.ca](mailto:mark.holland@parl.gc.ca)

Dear Ministers Sudds, MacCaulay and Holland:

**Re: Implementation of a Federal School Food Policy**

At its September 13, 2023 meeting, the Board of Health for Peterborough Public Health endorsed correspondence from Huron Perth Public Health in support of the development of a universal, cost-shared school food program for Canada. We share our concerns about the current state of student nutrition programs in Ontario and our region.

As noted in correspondence sent in 2019 by the Board of Health in support of a national school food program universally accessible to students, nourishing food at school can improve students' food choices and support their academic success (including academic performance, reduced tardiness and improved student behaviour). An important step towards health equity, universal healthy school meals contribute to students' physical and mental health. Its success requires all levels of government to be engaged and supportive. Canada is the only G7 country that does not provide federal funding or resources to support school food and nutrition programs.

In Ontario, there has not been a substantial increase to core Student Nutrition Program funding since 2014. Significantly less than half of program costs are covered by the Ministry of Children, Community and Social Services (MCCSS); the remainder is funded by corporate donors, local grants and donations from the community, local businesses and school fundraisers. Insufficient fundraising results in less food served and closure of programs. As new SNP open in other regions, Peterborough's long-standing programs are impacted by a reduction in their share of provincial funding, at a time when the cost of food is rising dramatically.

In our region, 51 schools (96% of publicly funded schools) offer nourishing food to almost 19,000 elementary and high school students at school each day. Last year, 802 staff and volunteers contributed 1,119 hours a week to serve 2,248,285 meals to hungry students. Without a change in funding support, it is anticipated that many local programs may be forced to close before the end of the school year due to insufficient funds.

I trust you will consider our efforts, as well as the advocacy of others, who continue to voice their support for a federal school food policy to work towards a comprehensive, cost-shared, universally accessible National School Food Policy and national school meal program with provinces, territories, municipalities, Indigenous partners and stakeholders.

Sincerely,

***Original signed by***

Councillor Kathryn Wilson  
Chair, Board of Health

/ag  
Encl.

cc: Local MPs  
Ontario Boards of Health  
Association of Local Public Health Agencies (aPHa)

October 6, 2023

The Honourable Sylvia Jones  
Deputy Premier of Ontario  
Minister of Health  
[sylvia.jones@ontario.ca](mailto:sylvia.jones@ontario.ca)

**Re: Strengthening Public Health in Ontario**

Dear Minister Jones:

On behalf of the Board of Health for Peterborough Public Health I am writing to express appreciation for your commitment to strengthening the public health system in Ontario and the specific commitments to addressing funding and capacity concerns. The role of public health in protecting and promoting the health of every Ontarian and decreasing the demand for health care has never been more important. The need to “be ready” for future threats to public health has also been clearly articulated in Ontario’s Chief Medical Officer of Health report.

The restoration of 47 million dollars removed as part of the Public Health Modernization Plan and the confirmed 1% base increase for the next three years will help to offset some of the additional financial burden on municipal and First Nation funders. While the base increase is below inflation, both financial announcements you have made will provide predictability for our Board to apply in future planning.

The provincial financial support offered to local public health agencies that wish to merge is also appreciated. We would ask that in addition to these commitments, the Ministry provide assurances that the increased demand on respiratory disease programs created by COVID are resourced through increased, sustainable funding.

Thank you for recognizing the value and impact of public health and its integral role in keeping Ontarians well. We look forward to continuing to work with you and the staff at the Ministry of Health, as partners in public health delivery to achieve your goal of a strengthened public health system in Ontario.

Sincerely,

***Original signed by***

Councillor Kathryn Wilson  
Chair, Board of Health  
/ag

cc: Local MPPs  
Ontario Boards of Health  
Association of Local Public Health Agencies (aLPHA)