

## Renfrew County and District Health Unit

"Optimal Health for All in Renfrew County and District"

## Medical Officer of Health Report to the Board

Tuesday, June 25th, 2024

#### **Health Promotion**

#### **PHN-led CBT Workshop**

Description of Program:

The PHN-led CBT Workshop is a new one-day workshop targeted for clients within Renfrew County and District (RCD) who are pregnant and/or less than 18-months postpartum. The workshop provides an effective, brief option for birthing parents, reducing postpartum depression and anxiety as well as improving social support, the mother-infant relationship, and positive affectivity/surgency in offspring.

#### Background:

Components of the workshop include both cognitive and behavioural techniques, which will provide psychoeducation and support to clients. As a result of the workshop, there is also opportunity for participant referral to the Healthy Babies Healthy Children (HBHC) Program at RCDHU. Follow-up with participants is also included to provide additional support and guidance. There is the option for both virtual and in-person workshop delivery, depending on the needs of the RCD community. Due to the versatility of the workshop, there is future opportunity for community partnership to ensure reach to vulnerable populations within RCD that meet workshop eligibility.

#### Progress on Training:

Four Public Health Nurses (PHNS), all assigned to program areas within Health Promotion at RCDHU, have been training to facilitate the program since January 2024. The training has consisted of pre-reading materials, two full day classroom training days, one full day practice session, one "mock workshop" that was recorded and feedback was provided, and then the final stage of training is the workshop with live participants from RCD.

The first workshop with live participants was held on **June 20**, **2024**. There are two more workshops planned for the fall of 2024.

#### **Substance Use Update**

Renfrew County and District Drug Strategy:

The second steering committee meeting for the development and implementation of the Renfrew County and District Drug Strategy (RCDDS) took place on May 30, 2024. At this meeting an update was provided for the Prevention Pillar by Emma Thompson and Kim MacLeod from the Mental Health and Substance Use Health Network and Renfrew County Child and Youth Services. Members learned about current interventions and programs in mental health promotion and substance use prevention in collaboration with school boards, Youth Wellness Hubs Ontario, RCDHU, Algonquins of Pikwakanagan First Nation, and other community partners. Some initial priorities recommended by the Steering Committee for the Prevention Working Group were to increase access to services, reduce stigma, provide long-term counselling for those aged 17-24, acquire transition beds, develop data indicators, and an ongoing evaluation framework.

In addition, the Steering Committee identified the need to create a Community Safety Working Group to implement recommendations under that pillar of the RCDDS. RCDHU is working with community partners to establish this working group before the next Steering Committee Meeting on June 27, 2024.

#### Mesa Gathering:

RCDHU collaborated with the County of Renfrew and Ottawa Valley Ontario Health Team in the planning of the Mesa Gathering on May 22, 2024, at Miramichi Lodge. The event brought together more than 140 participants from approximately 30 organizations across Renfrew County and District already working to address homelessness, mental health, and substance use.

Attendees heard a powerful message of recovery from members of our community with lived experience, a keynote by CBC reporter and producer Omar Dabaghi-Pacheco on the opioid crisis, and a message of compassion for vulnerable populations from Deirdre Freiheit, former President and CEO of Shepherds of Good Hope in Ottawa.

Renfrew County and District organizations shared information about their programs and services; RCDHU provided an update on the development of the RCDDS and an overview of its Harm Reduction Program. The RCDDS and RCDHU's harm reduction programming are summarized in the infographics attached to this update.

Opioid Overdose Response Plan and Harm Reduction Working Group:

On June 19, 2024, RCDHU chaired the quarterly meeting for partners of the Opioid Overdose Response Plan. This meeting served as a forum for partners to share surveillance data, program information, and knowledge related to surges in opioid overdoses and the detection of any high-potency opioid formulations circulating locally.

At this meeting, partners were offered the opportunity to participate in the Harm Reduction Working Group as part of the RCDDS. Discussion took place to review current

and upcoming harm reduction interventions, define the scope of the working group and identify additional partners that should be included.

#### **General Updates**

#### Ontario Public Health Standards (OPHS) Review

In August of 2023 the Province announced their three-pronged Strengthening Public Health plan, which included a review of the Ontario Public Health Standards that guide all our work as a local public health agency. The aims of this review are to refocus, refine, and re-level public health responsibilities. Re-leveling refers to potentially shifting some responsibilities to the regional or provincial level.

Draft versions of the updated standards and associated protocols were recently provided to health units for comment, with a very limited window to respond to a survey due last week on June 20. An initial internal review was conducted for the potential operational and planning implications. The new standards were originally planned for implementation in January of 2025, but it is unclear when the final standards will be released and if this implementation timeline will still be feasible.

Overall, the changes to the standards were less significant than anticipated. It was also thought that changes to the standards would reduce local public health workload; however, overall, there are increased responsibilities outlined in the draft standards. This could result in implementation challenges due to RCDHU's already strained resources, which has been noted in comments to the province.

Some of the protocols have been combined and reorganized, in particular surrounding health promotion; however, the substantive changes are more limited. There are increased and/or more defined public health responsibilities across some areas, including emergency preparedness, responding to substance use harms, and engagement with Indigenous communities. These changes reflect our local priorities and, in many cases, RCDHU has already shifted focus in accordance with the changes. For example, there is a new leadership role to work with community partners on a comprehensive drug strategy, which has already been undertaken.

RCDHU staff will continue monitoring, reviewing, and planning related to the OPHS review to facilitate implementation next year.

#### **Leveraging Partnerships**

RCDHU staff continue exploring innovative partnerships to enhance public health services in our local communities. One example that started last year is Getakit, a collaboration with the University of Ottawa, that provides online access to health assessment and mailed testing kits for sexually transmitted infections. As an early adopter, RCDHU was recently invited as a co-author on a scientific paper that outlines the implementation and successes of the program thus far. Getakit increased accessibility to testing for priority populations and demonstrated up to a 63% reduction in the system-level cost to provide sexual health services.

Another collaborative initiative that RCDHU is undertaking with Queen's University is The Syphilis Point of Care Rapid Testing and Immediate Treatment Evaluation, or SPRITE. In alignment with our increased outreach efforts, staff will be able to provide rapid testing for Syphilis and HIV to vulnerable populations in Renfrew County and District, including people who are underhoused. This is one new part of an outreach strategy that also includes immunization, harm reduction services, and system navigation alongside our community partners.

Finally, to help support our new Public Health Nurse-led cognitive behavioural workshops for postpartum depression, RCDHU is exploring opportunities to combine and share these services with other East Region health units. This would provide increased accessibility and comprehensiveness of the perinatal mental health services in Renfrew County and District.

More updates on these initiatives and others will be forthcoming shortly.

#### **Health Protection**

#### Infectious Diseases Program

Respiratory Illness:

Respiratory-related outbreak activity continues to be low and steady, with an average of 1 new respiratory outbreak declared each week. There are currently 0 active respiratory outbreaks in RCD (as of June 19<sup>th</sup>).

As of June 10<sup>th</sup>, a total of 107 influenza cases have been reported to RCDHU (77 influenza A cases + 30 influenza B cases) in the 2023-24 respiratory season. Weekly influenza case numbers and percent positivity continue to trend downward at the local and Provincial level. With respect to COVID-19, while overall local activity remains low, a brief increase in percent positivity was observed (up from <5% in April and mid-May to

20% the last week of May), in part due to a recent COVID-19 outbreak and decreased testing volumes. Preliminary data for the week of June  $2^{nd}$  suggest percent positivity will trend back to <5%.

Local Influenza A and B wastewater signals from both Pembroke and Petawawa sampling sites remain low and stable. COVID-19 signals from the Petawawa sampling site have been variable over the past month but remain lower compared to levels observed in December 2023. COVID-19 wastewater signals from the Pembroke site remain low and stable.

Case and Contact Management Software Discontinued:

Early on during the COVID-19 pandemic, the Ministry of Health supported public health units in adopting a modern, highly functional software platform for COVID-19 case, contact, and outbreak management, called the Case and Contact Management Solution (CCM). The software enabled greater efficiency, collaboration, and real-time analytics of disease trends. The software was a key enabler for an effective pandemic response.

On April 25, 2024, the province announced that this novel software platform is being discontinued as of the end of June, 2024, requiring all health units to revert to using an older software platform with less functionality. The rapid changeover has required significant work from staff to transition in a short time period. Additionally, there will now be limited ability to monitor and report on COVID-19 cases unless a new process for reliably capturing this information is developed.

Wastewater Surveillance Funding Discontinued:

The province recently announced that funding is being discontinued for the wastewater disease surveillance program previously supported by the Ministry of Environment, Conservation, and Parks. Locally, we rely on this program to provide information on community spread of COVID-19 and flu in Petawawa and Pembroke. After July 31, 2024, it will no longer be available.

Wastewater surveillance of infectious diseases is a novel approach, and one of the successful innovations scaled up to respond to the COVID-19 pandemic. It is a cost-effective means of providing timely information on disease spread throughout the community that doesn't rely on individual testing, which is costly, has delays, and doesn't reflect the whole community. For example, individual testing for COVID-19 and influenza is limited to a small group of eligible people. Community members across Ontario have voiced the importance of this information to inform their risk assessments, and RCDHU has included it in the new Respiratory Illness Data Summary that is updated weekly.

Additional benefits of wastewater surveillance that are being explored include the ability to rapidly identify emerging pathogens that may be circulating in a community, such as H5N1 (avian flu), and the potential to rapidly identify outbreaks in vulnerable populations, such as long-term care homes.

The province has highlighted that there is a Federal wastewater surveillance system. However, Toronto is the only city included in the Federal program. Without ongoing support from the province, local wastewater surveillance will no longer be possible.

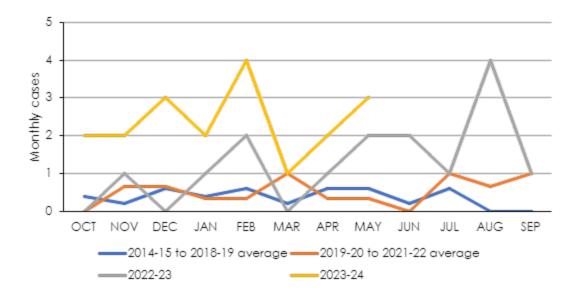
Invasive Group A Streptococcal (iGAS) Disease:

RCDHU, Canada as whole, and multiple other countries have noted significant increases in iGAS infections over the past year and a half. Typical, non-invasive group A streptococcus infections are relatively common (e.g., strep throat) and are not reported to the Renfrew County and District Health Unit (RCDHU). In rare cases, the group A streptococcus bacterium becomes more serious and invasive, infecting the blood, tissues, or muscle. These iGAS infections are reported to RCDHU to enable monitoring and actions to protect others from infection.

So far in the current iGAS season (2023 Oct-2024 May), there have been 19 cases of iGAS in RCD, which is higher compared to the count this time last season (2022-23 with 7 cases) and compared to the average count during the 2014-15 to 2018-19 seasons (4 cases) (see Figure 1). The rate of iGAS cases so far this season in RCD is ~17 per 100,000, which is higher compared to the rate for Ontario (~10 per 100,000).

On a Provincial level, as described in PHO's Enhanced Epidemiologic Summary (May 2024), there was an overall decrease in the number of iGAS cases reported in April 2024 compared to March 2024, continuing the decline from January's peak. Those 65 years of age and older reported the highest incidence rate.

**Figure 1.** Monthly number of confirmed cases of Invasive Group A Streptococcal (iGAS) Disease in Renfrew County and District, current season (2023-24) compared to previous seasons



In response to the increase in iGAS cases, RCDHU has updated its website with information on iGAS and shared prevention messages with local media. RCDHU staff also follow-up with every individual diagnosed with iGAS to provide supports and coordinate antibiotics for close contacts, as needed, to prevent further spread. Public health follow-up for iGAS is complex and staff have been doing an excellent job providing a high standard of care in the context of a significant increase in volume.

Key actions for all of us to prevent iGAS infections include:

- Frequent hand washing, especially before preparing or eating meals and after coughing or sneezing,
- Keeping wounds clean and monitoring for signs of infection, such as marked pain, redness, swelling, and drainage,
- Being vaccinated against viral illnesses that increase the risk of a group A streptococcus infection, including chickenpox, COVID-19 and the flu.

Group A streptococcal infections are treated with antibiotics, unlike most sore throats, which are typically caused by viruses. Prompt treatment of group A streptococcus is important to prevent complications or even death. Anyone who is concerned about a group A streptococcal infection should act quickly and seek advice from their healthcare provider, Renfrew County Virtual Triage and Assessment Centre (RC VTAC), or Health811.

 Prolonged fever and sore throat or fever and sore throat without associated cold symptoms (like cough and runny nose) are typical group A streptococcus symptoms.  Rapidly worsening symptoms or severe symptoms such as trouble breathing, difficulty swallowing, severe pain, or confusion should prompt emergency medical attention.

#### **Immunization Program**

In May, Immunization Program staff began to work with Licensed Child Care Operators in Renfrew County and District (RCD) to assist with immunization surveillance as required under the Child Care and Early Years Act. As of May 2024, RCD has a total of 27 licensed child care facilities with approximately 980 children enrolled. To support surveillance efforts, approximately 250 notices were distributed to parents/legal guardians whose children were either missing immunization information or were not up to date with the required vaccines for child care attendance. Children who require access to immunization services can either book an appointment at an RCDHU community clinic or through their health care provider. It is the responsibility of the parent/legal guardian to report all updated immunizations to both the licensed child care provider and RCDHU.

All second-round grade 7 school-based immunization clinics for the 2023-2024 school year were hosted from the beginning of March to the second week of May. In total, RCDHU hosted 36 school clinics, and provided over 1300 doses of Hepatitis B, Meningococcal, or Human Papilloma Virus vaccines to eligible students. RCDHU staff are currently in the process of doing outreach to students who may have missed the opportunity to be vaccinated at a school-based clinic. These students are offered a catch-up appointment at an RCDHU community clinic or referred to their health care provider to be vaccinated.

RCDHU's Vaccine Inventory Team has started to plan annual cold chain inspections for all facilities that order and store publicly funded vaccines in RCD. It is anticipated that approximately 122 vaccine storage units will need to be inspected in 2024. These cold chain inspections are planned to occur from June to September.

#### Healthy Environments and Emergency Management

#### Avian Influenza:

Avian influenza is being monitored closely across North America. This is a form of the influenza virus, H5N1, that has been circulating primarily among wild birds, with periodic human infections documented since the late 1990s. Sustained human-to-human transmission of H5N1 has not been observed. Over the past 2-3 years, H5N1 has become widespread in wild bird populations across North America, with many different

species of mammals also developing documented infections. Poultry outbreaks and related biosecurity precautions have been a focus during this time. This Spring in the United States, H5N1 infections in cattle have been confirmed for the first time. There have subsequently been 3 human cases of avian flu infection linked to contact with infected cattle.

The new capacity of H5N1 to spread to cattle and then to humans is concerning, as it increases the ongoing potential for crossover spread to humans. Avian flu is monitored closely because there is the potential that it could mutate and spread more easily among humans. Previous influenza pandemics have been caused by such events, when the virus crosses over from animals to humans, because our immune systems are less equipped to deal with the new pathogen.

The Public Health Agency of Canada and the Centers for Disease Control and Prevention have recently updated their risk assessments. The risk of avian flu infection to the general public is low. Fragments of the H5N1 virus have been detected in milk samples in the United States, however, the virus is inactivated by pasteurization. Similar testing has been conducted by the Canadian Food Inspection Agency in Canada, with no virus detected in Canadian samples at this time.

RCDHU has updated the information on avian influenza available on its <u>website</u>. RCDHU staff also sent a memo to all hospitals and healthcare providers in the region with an update on avian influenza and advising them of the enhanced avian flu surveillance requirements at local hospitals. Finally, RCDHU will be conducting a tabletop exercise to prepare for the public health response to any potential local avian flu case or poultry outbreak.

Important precautions to help prevent avian influenza infections include:

- Avoiding direct contact with sick or dead wild birds and other animals.
- As always, not consuming unpasteurized/raw milk.
- Reporting any sick or dead birds to the Canadian Wildlife Health Cooperative at 1-866-673-4781.

#### Food Safety and Farmers' Markets:

Renfrew County and District (RCD) communities offer many new events in the spring, including farmer's markets with delicious local food. As part of the RCDHU mandate in Food Safety, public health inspectors have begun annual conversations with our farmer's market operators to approve their operations for 2024. The health unit's purpose is to monitor the wholesomeness and safety of the food for sale and ensure that they meet minimum food safety standards. At least one annual inspection of each market takes place. Inspectors meticulously review each farmer's market vendor list and provide comprehensive guidelines for the market operators and vendors to follow.

The guidance documents can be found on our <u>website</u>. There are 18 farmer's markets in RCD for the 2024 season.

#### Extreme Heat Event:

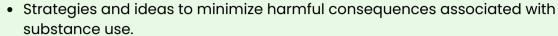
RCD experienced the first heat event of the summer. As per the Health Hazard Response Protocol, RCDHU issued a <u>media advisory</u> to RCD residents to inform them of the Environment and Climate Change Canada declared event and to communicate precautions to take to minimize any adverse health effects that may be experienced from the extreme heat.

Submitted by: Dr. Jason Morgenstern Medical Officer of Health Renfrew County and District Health Unit

# HARM REDUCTION SERVICES



## **Harm Reduction**





- Community based, client driven, non-judgmental, and addresses systems and inequities that isolate and marginalize individuals.
- Guided by the CATIE Working Group on Best Practice for Harm Reduction Programs in Canada.
- Proven to be effective in preventing transmission of blood borne viruses and pathogens such as HIV, Hepatitis C and B, and sexually transmitted infections.

## **Harm Reduction Supplies**

**Safe Injection Supplies** 

Needles, cookers/spoons, sterile water, tourniquets, alcohol swabs, vitamin C

**Safe Inhalation Supplies** 

Stem pipes, bulb pipes, brass screens, pushsticks, mouthpieces

**Safer Sex Supplies** 

Various condoms, lubrication

Safe Disposal of Supplies

Various sizes of sharps containers, including personal sharps

**Other Supplies** 

**Toothbrushes** 

## Ontario Naloxone Program (ONP)

- Distribute nasal spray naloxone kits through participating community-based organizations to:
  - o Individuals at risk of opioid overdose
  - o The individual's friends and family
- Eligible organizations include:
  - Public health units
  - Outreach programs
  - Community Health Centres
  - Hospital emergency departments
  - And many more!
- RCDHU is responsible for onboarding, providing supply of naloxone kits, and reporting to the Ministry of Health
- RCDHU provides training upon request



# HARM REDUCTION SERVICES



## **Community Opioid Overdose Response Plan**

- The plan identifies how the community can respond to opioid related events that have the potential to tax first responders, hospitals, resources, and/or cause harm or death in the community
- It includes the collection and analysis of information on overdose/drug toxicity events from qualitative and quantitative data sources
  - Clients
  - Neighbouring Health Units
  - Ministry of Health
  - o Office of the Chief Coroner of Ontario
  - Community Partner reporting
- Monitor for signs of changes in the toxic drug supply and communicate information to partners, clients, and general public

## Suspect Overdose Drug Toxicity Reporting Form



Use of this form will **increase efficiency** and **reduce workload** for
Community Partners and allow us to **gather more accurate** information.

## Substance Use-Related Harms In Renfrew County and District

The purpose of this dashboard is to provide individuals and community partners with an overview of current substance use-related trends in Renfrew County and District (RCD) such as:



Scan to view

- Opioid overdose-related emergency department visits to local hospitals
- Opioid-related deaths
- Suspect drug poisoning deaths

This dashboard will be updated quarterly (e.g. every 3 months) or as data becomes available. Data for recent years is considered preliminary data and subject to change in future updates. Data is primarily sourced from the Office of the Chief Coroner of Ontario and the National Ambulatory Care Reporting System (NARCS) via the Ministry of Health.

Introduction

Annual data summary

Quarterly data summary

Opioid overdoserelated ED visits Opioid-related deaths

Suspect drug poisoning deaths

### **Future Opportunities**

- Expanding outreach based on needs
- Syphilis Point-of-Care Rapid Testing and Immediate Treatment Evaluation (SPRITE) program
- Point-of-care testing for syphilis and HIV
- Confirmatory serology
- Initiation of treatment for suspected syphilis
- Referral for follow-up

## Other RCDHU Programs



- Healthy Babies Healthy Children
- Immunization
- Infectious Diseases
- Sexual Health
- Healthy Environments
- Dental Healthy Smiles Ontario, Ontario Seniors Dental Care

Contact the RCDHU Harm Reduction Team at: harmreduction@rcdhu.com or 613-602-6056



### WHERE

## **RENFREW COUNTY AND DISTRICT DRUG STRATEGY**



**WHO** 































Establish RCDDS working groups for each of the four pillars.

Advise and direct working groups.

Monitor and evaluate progress.

## **WHAT**

**HOW** 





**Treatment** 



Harm Reduction



Community Safety

Supported by a strong evidence base