

# Medical Officer of Health: Report to The Board of Health

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# Medical Officer of Health Update

## Measles Update

Public Health Ontario is reporting the largest weekly increase in measles cases in Ontario for the week of April 3-9, 2025, since the start of the outbreak. While most cases are still being reported in the southwestern region of Ontario, North Bay Parry Sound has also reported concerning exposure locations in recent weeks where large numbers of members of the public, including high-risk individuals, were likely exposed. The response has been robust, with significant overtime incurred to organize and implement appropriate control measures, including staffing a measles exposure call centre.

As of April 9, the Health Unit has reported 12 measles cases in 2025, our first cases since 1995.

The key to halting transmission of measles is vaccination, and effective isolation of cases and contacts is also critical. Various sections of this report detail the ongoing efforts the Health Unit has been engaged in over the past few months on both fronts.

## Nipissing Wellness Ontario Health Team Membership

The Health Unit joined the Nipissing Wellness Ontario Health Team (NWOHT) in March. I have been elected as the Chronic Disease Prevention lead on the Primary Care Network of the NWOHT, and the Health Unit will have representation on other councils within the OHT. This membership allows the Health Unit to engage more collaboratively in health planning and ensures that disease prevention and health equity remain key components of this system planning.

## Reorganization Update

The Health Unit continues to move forward with the recommendations from the Organizational Review to build health promotion capacity across the organization. We will be moving health promotion-focused positions from the newly minted Community Health program (previously Healthy Schools and Healthy Living) into the Organizational Effectiveness portfolio, under the newly renamed Foundational Services (previously Planning and Evaluation). Organizational need, capacity, alignment of work, and cost-neutrality were key factors in deciding the staffing allocation and position types.

This centralized health promotion function will enhance our ability to integrate and coordinate health promotion across all Health Unit programs and services, as well as with community partners. One health promotion specialist and two health promotion planner positions have been created in Foundational Services, with equivalent roles being eliminated from Community Health. We aim to have the positions filled by May 2025.

# Programs and Services Updates

## Corporate Services

### *Emergency Management*

- The recently updated Emergency Management Plan is being effectively utilized for the measles outbreak.
- The Health Unit continues to monitor Ontario Vigilance Bulletins from Environment Canada for extreme cold weather warnings. As per policy, an Extreme Cold Weather Alert is issued when:
  - Environment Canada forecasts a temperature of -15 degrees Celsius or colder, or
  - Wind chill values reach -20 degrees Celsius or colder Alerts are communicated to Community Emergency Management Coordinators and the District of Nipissing Social Services Administration Board's Cold Weather and Housing Response Program.
- In February and March, a total of 17 Cold Weather Alerts were issued to the District of Nipissing Social Services Administration Board's Cold Weather and Housing Response Program.

### *Facilities Operations*

#### **2025 Priorities Addressed:**

##### **North Bay**

- Developing a Facilities Operational Policy.
- Reviewing quotations for two vaccine fridges, including installation, monitoring, shipping, and disposal.
- Researching alternative products and solutions to potentially replace U.S. products.

##### **Parry Sound**

- Collaborating with the generator maintenance company to implement alert status notifications for the backup generator

### *Information Technology*

#### **2025 Priorities Addressed:**

- Migrated Telus Electronic Medical Records (EMR) to a hosted platform.
- Applied critical security updates applied to virtual infrastructure.
- Completed major version updates for cloud backup infrastructure.
- Applied critical security updates to on-site backup infrastructure.

- Conducting planning and preparation for upcoming network changes by our Internet Service Provider

## *Human Resources*

### **Employee and Labour Relations**

- ONA negotiations are scheduled for May 21-22 and June 24-25, 2025.
- OPSEU negotiations will take place in the fall.

### **Occupational Health and Safety**

In response to recent measles cases in the district, Occupational Health and Safety has been supporting staff to ensure their immunizations are up to date.

### **Professional Development**

Recent *Learning Together Circles* peer-to-peer learning sessions:

- Microsoft To Do – 15 participants
- Microsoft Planner -15 participants
- Microsoft Planner -21 participants

### **Staffing**

In addition to filling temporary and permanent vacancies for existing positions, the following, new permanent position was recently filled:

- **Public Health Nurse, Communicable Disease Control (0.80 FTE)** - effective March 17, 2025. This position represents an increase in FTE, created through IPAC Provincial HUB Funding.

Like other public health employers, we are experiencing increased competition for talent, leading to longer vacancy periods. Limited funding also affects our ability to remain competitive in compensation, resulting in job seekers being recruited elsewhere. Human Resources remains actively involved in *Priority 1 – Organizational Well-being*, from the strategic plan, contributing to three of the four strategies.

## **Clinical Services**

### *Communicable Disease Control*

In early March, the North Bay Parry Sound District Health Unit (Health Unit) confirmed its first case of measles since 1995. The infected individual was an unvaccinated adult who had been exposed to a confirmed case outside of our district. Since then, several additional confirmed cases have been confirmed, and public exposure locations have been identified.

In response to the initial measles case confirmation, the Health Unit activated its Emergency Management Plan and Incident Management System (IMS) structure. Staff from across programs worked closely with infected individuals, close contacts, and community partners to reduce the risk of further local spread. Given the sharp rise in measles cases in Ontario and across Canada and the recent exposure events that have occurred, we anticipate additional local cases and exposures in 2025.

Measles is a highly contagious virus that spreads through the air and can remain in the air or on surfaces for up to two hours after an infected person has left the area. Among susceptible individuals, the secondary attack rate is over 90%. For this reason, measles continues to pose a risk to the region. The Health Unit remains focused on measles preparedness, working collaboratively with internal teams and external partners.

### *Professional Practice*

Professional Practice is leading Strategic Priorities P1S1 and P1S2, advancing initiatives that support professional development, performance management, and succession planning. Student placements remain a key priority, with ongoing coordination of nursing, education, and dietetic student experiences to create meaningful learning opportunities within public health.

In collaboration with colleagues across the organization, work is underway to develop an internal Continuous Quality Improvement (CQI) guidance document, providing a structured framework and approach to support staff in strengthening their CQI initiatives. Work with clinical programs is also ongoing to review and update medical directives and procedures to align with best practices and regulatory requirements. Additionally, support is being provided to the Oral Health/Vision Screening program to update and convert work instructions into the formal policy and procedure format, ensuring consistency and alignment with organizational standards.

### *Oral Health and Vision Screening*

#### **Enhancing Electronic Communication for School Dental Screenings**

In response to the growing preference for electronic communication among parents and guardians, the school screening team working in collaboration with Foundational Services and Information Technology, has developed a secure electronic submission option for the *Healthy Smiles Ontario Emergency and Essential Services Stream* (HSO-EESS).

Children identified with urgent dental conditions during school screenings now receive a report card featuring a QR code and a dedicated website link. This provides families with a secure and convenient way to upload required forms and applications. The platform supports multiple formats, including PDF, JPEG, GIF, and PNG, to ensure accessibility and ease of use.

Additionally, a new email contact, [schoolscreenings@healthunit.ca](mailto:schoolscreenings@healthunit.ca) has been introduced to serve as a direct communication channel for parents and guardians to connect with a Registered Dental Hygienist regarding school screening activities.

### *Sexual Health*

The internal HIV Urgent Response Group continues to plan and implement activities to address increased HIV rates in the Parry Sound area. Most recently, we have identified the need to mobilize cross-program collaboration with the Communicable Disease Control (CDC) team to coordinate infection prevention messaging and other public health interventions. This is due to common populations at risk for HIV and invasive Group A Streptococcal disease (iGAS).

A public health bulletin was recently distributed to health care and social service providers in the Parry Sound area to inform them of the increase in HIV cases and to encourage both testing and preventative measures.

Looking ahead, a community health event is planned for April 2025 in Parry Sound, in partnership with ACNBA and Parry Sound Community Paramedicine. The event includes broad-stream education (e.g., wound care 101) and will provide free HIV testing (with pre-test counselling), harm reduction supplies, wound care kits, games, and snacks.

### *Harm Reduction Services*

We are in the final steps of implementing the *Our North Bay Health Box* (ONBHB) vending machine at our 345 Oak Street West location in North Bay, with a launch anticipated for June 2025. The ONBHB will offer low-barrier, stigma-free access to health and wellness items, as well as community health and social service information.

Through this innovative platform, individuals can anonymously access take-home HIV self-testing kits, harm reduction supplies (such as Naloxone), hygiene products (e.g., toothbrushes, soap, menstrual products), socks, and condoms. The ONBHB will also feature rotating health promotion messaging, drug alerts, and an interactive service navigation map.

In addition, the Health Unit's Safe Sharps Handling and Disposal Campaign, "**Community Safety. That's the Point**", will relaunch in April to align with Earth Day. The campaign will be promoted in conjunction with community Safe Sharps Handling and Disposal training. Community members can pick up a free sharps pick-up kit at the Health Unit to help address sharps being discarded in the community.

The campaign goals are to:

- Empower community members to contribute to a safer community.
- Provide the tools and education needed to confidently and safely pick up and dispose of found sharp.

- Reduce potential health and safety risks associated with improperly discarded sharps.

## *Vaccine Preventable Diseases*

### **Protecting Children from Vaccine Preventable Diseases**

The Immunization of School Pupils Act (ISPA) is Ontario legislation designed to protect school aged children from serious diseases. Under the Act, the following diseases are designated as requiring immunization:

- Measles
- Mumps
- Rubella
- Tetanus
- Diphtheria
- Polio
- Pertussis
- Meningococcal,
- Varicella (for those born in or after 2010)

As part of this legislation, elementary school students who were overdue for their vaccines or did not have an exemption were suspended from school. This school year, 172 elementary school students in the district were suspended for non-compliance with ISPA. This is a vast improvement over the previous school year where 372 elementary students were suspended.

In the weeks leading up to the suspension dates and throughout the suspension period, we worked closely with the school communities to reduce barriers to immunization so that students can return to school as soon as possible. This includes meeting clients at their child's school, at an alternate space in their home community, having ample in-house appointments, and walk-in privileges for any student at risk for suspension.

To help preserve the health of school-aged students and keep outbreaks at bay, the Health Unit has traditionally chosen to implement the suspension process for all grades rather than select grades. Vaccination rates for childhood vaccines in our district are above the provincial average and among the highest in the province ([Public Health Ontario Immunization Data Tool](#)).

## **Community Services**

### *Environmental Health*

#### **Pool and Spa Inspections**



Environmental Health continues to conduct pool and spa inspections this quarter to ensure compliance with the newly implemented regulatory changes under *Ontario Regulation 565 Public Pools*. The recent modification to the regulation introduces several key requirements that impact the operation of public swimming pools, spas, and recreational water facilities.

Key Changes Include:

- A requirement for a black disc to be permanently affixed at the deepest point of a pool.
- An expanded acceptable range for total alkalinity for certain types of water bodies
- An increased allowable range for total bromine used in disinfection.

In addition, the regulation now provides specific requirements for new categories of pools, such as cold plunge pools, hot water pools, flotation pools, and flotation tanks. Environmental Health has communicated these updates to pool and spa operators and continues to offer guidance and support to help facilities make necessary upgrades to meet these enhanced standards.

### **Food Handler Training and Certification**

So far this year, seven food handler courses have been conducted and 17 exams proctored, resulting in the certification of 139 food handlers. The average mark achieved was an impressive 90.5%.

This initiative not only meets community needs but also empowers individuals interested in pursuing careers in the food industry. Having more certified food handlers will provide a strong foundation for safe food handling practices within the industry.

## *Healthy Families*

### **Spotlight on Community Partnerships**

The Healthy Growth & Development standard focuses on achieving optimal preconception, pregnancy, newborn, child, youth, parental, and family health. Community partnerships and multi-sectoral collaboration are essential to designing and implementing evidence based universal and targeted strategies to impact children and families (OPHS, 2021). The importance of community partnerships is also highlighted in the NBPSDHU **Strategic Plan Priority 3, Strategy 3.**

The Healthy Families team works collaboratively with stakeholders and community partners in both direct service delivery and health promotion activities. Our role varies but can include leading, facilitating, or participating in community planning tables. Public Health supports data provision, evidence-informed decision making, planning, project management, evaluation, and content expertise. Stakeholders include health, education, municipal, non-governmental, social, and other relevant sectors. Examples of Health Families community partnerships are provided below.

| Community Planning and/or Implementation Group  | Purpose   | HU lead or member |
|---|---|-------------------|
| Muskoka Nipissing Parry Sound Community Planning Table (CYPT)                                     | Evidenced-based strategy- collaborative planning to improve wellbeing 0-18 years    | Co-Chair          |
| CYPT Positive Parenting Priority strategy (CYPT-PP)   | Strategy-optimal childhood development through parenting (risk, protective factors) | Chair             |
| CAPP-Comprehensive Approach to Positive Parenting   | Coordinate and implement integrated service system of parenting services            | Chair             |
| CYPT- Adverse childhood experiences & resiliency (ACER)   | Strategy - ACEs prevention and mitigation   | member            |
| Prenatal Providers collaboration  | Coordinate prenatal education services  | Chair             |
| Nipissing-Parry Sound Perinatal Mental Health (PMH) Committee                                     | Systems, strategy, education regarding PMH  | Chair             |
| Hospital Liaison – North Bay Regional Health Centre; West Parry Sound Health Centre; and midwives | Information, collaboration- ‘hospital to home’ care for infants and families        | Chair             |
| Basics Program Coalition  | Advisory – strategy and implementation  | Chair             |
| Old Order response  | Health needs-Powassan Amish community   | Chair             |

Healthy Families also collaborates with numerous provincial Public Health Best Practice groups that share information, data, interventions, evaluation, and research to increase efficiencies and reduce duplication across PHUs.

### *Community Health*

Household food insecurity continues to be a pressing public health issue in the North Bay Parry Sound District and across Ontario. Most recent estimates from 2023 show that over one in three households experience some level of household food insecurity in the North Bay Parry Sound District. This includes a range from worrying about running out of food, to limiting food choices, to reducing food intake or going without food, all due to not having enough money.

Household food insecurity is associated with an increased risk of a wide range of negative health outcomes and increased health care costs. As mandated by the Ontario Public Health Standards, public health agencies monitor food affordability by conducting the nutritious food basket survey and analyzing this information within the context of local rent rates and a variety of household income scenarios. Year after year, this data concretely demonstrates that households relying on social assistance programs (Ontario Works and the Ontario Disability Support Program) do not have enough money for the basic costs of living.

The Community Health program has recently created two new factsheets highlighting this information, which are now available on our website. Staff have also supported the development of a 2024 provincial report on household food insecurity and food affordability, produced by Public Health Ontario and the Ontario Dietitians in Public Health. The release of

this report was delayed due to the provincial election but is projected to be available in April and will be linked on our website.

## Organizational Effectiveness

### Communications

- Supported the Health Unit's measles response efforts by securing media coverage with various local outlets. Managed information on internal and external-facing platforms to help maintain manageable call volumes.
- Initiated discussions between Communications, Harm Reduction Services, the Executive Team and ReachNEXUS to plan for the public launch of "Our North Bay Health Box", set to arrive in late May or early June 2025.
- Collaborated with Harm Reduction Services to coordinate the re-launch of *Community Safety. That's the point!* - a campaign created in 2024 to bring awareness to safe sharps pick up and disposal. The re-launch will align with Earth Week and run throughout April 2025, in conjunction with sharps training opportunities offered by the Health Unit.
- Developed plans to utilize social media to drive awareness of key themes during Canadian Public Health Week, Earth Week, Emergency Preparedness Week, and Immunization Awareness Week.
- Prepared for the launch of the Health Unit's revitalized Instagram account, aimed at engaging a previously underserved demographic. This account is on track to become operational this summer.

### Foundational Services

#### Population Health Assessment & Surveillance

- Between February 23 and March 8, 2025, a higher-than-expected number of fentanyl overdoses were identified in the Health Unit area. On March 12<sup>th</sup>, 2025, a Community Alert was distributed, alerting the public of the situation. Click [here](#) to view the Nipissing Parry Sound Overdose Early Warning System Dashboard for more details.
- Throughout March, epidemiological and surveillance support was provided to manage and control measles cases and contacts. This involved generating epidemiological summaries, linking immunization data, monitoring syndromic surveillance data, and drafting a process for identifying and managing contacts.
- An internal opioid dashboard was finalized, merging two projects that aimed at consolidating multiple data sources and formalizing the communication process for communicating community drug alerts. The dashboard includes data on emergency department visits, opioid related deaths provided by the Ontario Chief Coroner's Office, and figures from the Health Unit's Overdose Early Warning System.

## **Effective Public Health Practice**

- The Muskoka, Nipissing and Parry Sound Data Collaborative has finalized a list of measures for the next set of indicators related to adverse childhood experiences. These will be added into the Social Determinants of Health Dashboard in the coming months. Further, a second working group is being established to start development on the Learning domain, as outlined in the shared data framework with the Muskoka, Nipissing and Parry Sound Child and Youth Planning Table.

## **Strategic Planning**

- The mobilization of the 2024-2027 [Strategic Plan](#) is progressing, with strategy workgroups meeting regularly to complete their work plans. Currently, the main focus - supported by the Foundational Services team - is to develop a strategy across workgroups for data collection. This approach aims to streamline efforts and minimize contact points with common target audiences, such as staff, community partners, and individuals with lived and living experience.