

Medical Officer of Health: Report to The Board of Health

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Table of Contents

Medical Officer of Health Update	2
Ontario Health Teams – Local Update.....	2
COVID-19 Update.....	3
Public Health Physician Update – Dr. Carol Zimbalatti	4
COVID-19 and Substance Use Update	4
Update on Blood-Borne and Sexually Transmitted Infections in the North Bay Parry Sound District Health Unit Region.....	5
Clinical Services	5
Communicable Disease Control.....	5
Oral Health.....	6
Sexual Health and Clinical Information	6
Vaccine Preventable Diseases	8
Community Services	8
Corporate Services	9
Human Resources.....	9

Medical Officer of Health Update

Ontario Health Teams – Local Update

In 2019, the former 14 Local Health Integration Networks (LHINs), Cancer Care Ontario, HealthForceOntario, Health Quality Ontario, Trillium Gift of Life, eHealth, and Health Shared Services transitioned into the Ontario Health Agency (OHA) through the *Connecting Care Act, 2019* legislation.

With a goal of “Ending Hallway Medicine”, the government envisioned the creation of Ontario Health Teams to ensure services are delivered in communities in a way that puts the patient at the centre of health care service delivery. Ontario health teams would consist of a group of health care providers working together to deliver a coordinated continuum of care to a defined population. They would include at least three of the following:

- Acute care (Hospital)
- Primary care
- Mental health or addictions
- Home care
- Community care
- Long-term care
- Palliative care

Public health’s involvement with Ontario Health teams was determined on a provincial and local level to act in a consultative/parallel manner rather than as a member. Public health would provide advice and data on population health and health equity planning for Ontario Health Teams. Having a separate governance and funding structure for public health and the Ontario health teams would ensure public health’s scarce resources and focus on population health and prevention would not be eroded over time by a system centered on access to primary care services. Secondly, existing legislation *Health Protection and Promotion Act, 1990* pertaining to public health governance and funding would preclude public health from becoming an Ontario health team member unless changed. Both systems are important to the health and well-being of Ontarians and are currently functioning well in parallel with collaborative efforts in areas of overlap.

With the onset of the pandemic, much of the Ontario Health team’s planning was halted. Recently, there has been a renewed effort by the OHA to move forward with Ontario Health teams. Public health has been invited to planning sessions for the Near North Health and Wellness Ontario Health Team (NNHW). These meetings were attended by the Board of Health Chair, another Board member, and myself in an advisory capacity only, and not as a NNHW member. The establishment of local Ontario health teams is in its initial stages of formulating a governance and funding agreement among members. It is anticipated to be a long-term enterprise.

The implementation of Ontario Health teams should not be confused with the government’s public health modernization initiative, which was also paused due to the pandemic. They are separate. Public health modernization is the government’s plan to regionalize public health services, governance, and

funding throughout Ontario. To what extent of completion of the work that was being led by a consultant through surveys with stakeholders and in-person consultation when COVID-19 postponed the process is unknown. It is unclear as to when these efforts will resume.

COVID-19 Update

The second wave of the pandemic continues to escalate throughout the province, most prominently in southern Ontario. The north is experiencing increases but to a much lesser extent. Case numbers, test positivity percentages, hospitalizations, Critical Care Unit admissions and, ventilator use continues to worsen. While there are no reports of the health care system being overrun, public health units have struggled in districts with significant increases in cases. They have reached out to other health units to assist with case and contact management, as they are unable to keep up with the demand. Our Health Unit is currently aiding Peel Public Health.

The Health Unit district is experiencing an increase in the spread of the virus. Over the past couple of weeks, the majority of our cases are related to the Nipissing University athletic outbreak. As of December 3, 2020, the outbreak includes 18 individuals.

As of the same date, the Health Unit has 87 cases (NBPSDHU 67/100,000 vs. Ontario 830/100,000), 10 of which are active. In the majority of cases, the spread of the virus is traceable due to exposure with those who are known to have tested positive, high-risk contacts, or associated with an outbreak. Exposure settings are most often households or when socializing. Travel has also been an issue.

The Health Unit district currently has one positive individual whose exposure cannot be determined. This, by definition, is community spread. As a result, more cases are anticipated within our district. The Health Unit is currently able to follow up with cases and contacts within 24 hours of notification of a positive 100% of the time ensuring their isolation and testing of high-risk contacts. This significantly reduces the risk of transmission. There are no current outbreaks or cases in long-term care homes, retirement homes, congregate settings, or schools within the Health Unit district.

As you would be aware from our November 3 internal news, the province created a COVID-19 Response Framework to ensure that public health measures are targeted, incremental and responsive to help limit the spread of COVID-19. The five (5) level colour-coded framework is also intended to make it easier for the public to understand the level of protective measures required to be followed for their district.

The Ministry of Health (Ministry) regularly reviews several indicators and ascertains the corresponding level for each health unit on a weekly basis, according to the thresholds within the framework. When there is a change in the trend, up or down, they connect with the Medical Officer of Health to discuss the situation and collectively make decisions regarding the appropriate category to be placed. Local Medical Officers of Health can also request the Ministry to increase the level for their district based on local context and/or add their own regional restrictions or requirements.

The Health Unit's COVID-19 Surveillance Team is independently analyzing and monitoring the indicators used within the Ministry framework with every new case so that the Health Unit can be prepared to adjust to an increased level, and/or add our own regional restrictions or requirements if

required. The Health Unit district is currently at the Green-Prevent level, and any change to this will be communicated internally and externally.

Although our district is in the Green-Prevent level, the recommendations (non-enforceable) continue to urge the public to ACT NOW:

- Assume everyone outside your home has COVID-19 and take precautions.
- Avoid socializing for now.
- Limit travel outside the home to:
 - Attending school or work - if unable to work from home.
 - Essential trips for groceries, medication, and medical appointments.
- Avoid travel outside of our district, especially to areas with high numbers of COVID-19 cases, unless for emergencies or urgent medical appointments.
- Keep a distance of two (2) metres between yourself and anyone outside of your home. (However, if you live alone, you may consider having close contact with another household)
- Wear a face covering if you need to be closer than two (2) metres from someone outside your home during essential trips. Being in close contact to someone has the highest risk of transmitting COVID-19, along with being in closed or crowded spaces.
- Wash or sanitize your hands often, cough or sneeze into your sleeve and if you feel unwell stay home and arrange to be tested.
- Limit exercise and recreation to outdoor spaces where physical distancing is possible.

Public Health Physician Update – Dr. Carol Zimbalatti

COVID-19 and Substance Use Update

In November, the Office of the Chief Coroner reported that during the pandemic, the Health Unit district has sustained one of the steepest increases in incidence of opioid related deaths of all the health units. According to Nipissing-Parry Sound Overdose Incident Reports, the top four substances causing harm (overdoses and negative drug reactions) locally August 10 to November 8, 2020 were purple heroin (32), fentanyl (27), alcohol (12), and non-opioid pharmaceuticals (10). The Health Unit published the Needle Exchange Needs Assessment in October 2020 (based on a survey conducted in May and June of 2019). The report highlighted the pervasiveness of the use of stimulants, as well as the high volume of needles being improperly disposed of in regular garbage.

To address the issue of improperly disposed needles, more needle disposal bins are being installed. By the end of the year, a bin will be in place in North Bay, one in Parry Sound, a second bin in West Nipissing, as well as the existing four bins in First Nations communities.

To address the high rate of overdose-related harms in our service area; the Health Unit, in conjunction with community partners, is currently planning a study to seek the perspectives of people with lived experience. Additionally, the availability of naloxone in the area is being increased, by providing online naloxone training to local businesses and the general public. It is now possible to distribute multiple doses of naloxone at a time so the effects of more potent opioids may be reversed. When naloxone is

distributed or needle syringe programs are accessed, client education is occurring around overdose prevention and responding to opioid overdoses. Multi-media campaigns are also being directed at reducing stigma associated with drug use.

Update on Blood-Borne and Sexually Transmitted Infections in the North Bay Parry Sound District Health Unit Region

For over a year, the Health Unit has been monitoring an increase in blood-borne infections and sexually transmitted infections in the region, particularly HIV, Hepatitis C, and Syphilis.

There has been a greater than expected number of HIV cases 2018-2020 in the Nipissing and Parry Sound districts based on the five-year average; a cluster of HIV cases has been identified in the Town of Parry Sound and surrounding area. These cases share similar demographics and risk factors. Most of the cases are co-infected with Hepatitis C. Injection drug use has been identified as the most common risk factor for HIV and Hepatitis C among residents in the region.

A greater than expected number of cases of syphilis have also been identified in Nipissing and Parry Sound districts in 2019 and 2020. Risks related to local syphilis transmission include men who have sex with men, and adult individuals who have sexual contact with an outbreak confirmed infectious syphilis case.

The Health Unit is engaging in mitigation and health promotion strategies that include:

- HIV testing drives (three conducted to date) among high-risk individuals,
- Multiple public health bulletins to health care and social service providers,
- Increasing awareness among population re: syphilis (transmission, testing, etc.),
- Working with individuals with lived experience to tailor messaging and harm reduction approaches,
- Distribution of information to needle syringe services, and
- Researching internet-based contact tracing methods.

Clinical Services

Communicable Disease Control

The primary focus for Communicable Disease Control's remains on COVID-19 activities, specifically case management and contact tracing. Over the past couple of weeks, there has been an increase in the number of positive cases reported in our district.

The new software that the Ministry has implemented for Case and Contact Management (CCM program) is working well. Staff are comfortable with the system and becoming experts in its use.

We continue to recruit, and when possible, train additional staff to support case and contact management work. All case management and contact tracing continues to be managed within 24 hours of receiving notification of a positive case.

For the past several weeks, staff have also been assisting Peel Health Unit in their case and contact management process, when time permits.

Oral Health

Clinical dental services for children, adults, and seniors has resumed. We are limited on the number of patients that are seen due to increased precautions implemented due to COVID-19 (fallow-times).

Currently, the rooms are required to settle for 1.5 hours before being cleaned and reused. Air purifiers are on order, which will significantly decrease this wait time.

Hygiene services continue to be on hold while we modify the dental operatories to meet the College of Dental Hygienist of Ontario (CDHO) practice requirements. CDHO requires a closed door in order for hygienists to be allowed to practice. In the meantime, the Registered Dental Hygienists continue to be redeployed to assist with the COVID-19 response (call-center and obtaining results).

Wait Times

Seniors – There are approximately 71 seniors on the waitlist to see a dentist or denturist. We have been successful in recruiting a dentist to fill the vacant 0.5 FTE position and will begin servicing clients shortly. Additionally, we have formed partnerships with a number of dentists across the district who will see these patients through Ministry funding.

Adults – There are approximately 412 adults on the waitlist at this time. We are prioritizing emergency care (those with pain, swelling, and/or broken teeth), and these patients are seen within a week. Although adults on Ontario Works (OW) and Ontario Disability Support Program (ODSP) have some dental coverage, low-income adults who do not qualify for OW or ODSP often have no coverage at all. Patients without coverage experience some challenges finding services outside of the Health Unit

Children – There is approximately a two and a half week waitlist for children.

Sexual Health and Clinical Information

Regular work that has resumed includes:

Clinical Services:

- Contraceptive counselling and provision of products (new and existing clients), sexually transmitted infection (STI) screening of asymptomatic clients, STI testing for clients with symptoms, routine pap testing, trans-gender client consults and referrals, pre-exposure prophylaxis (PrEP), emergency contraception, pregnancy testing options counselling and referrals, STI treatment (HPV, herpes), repeat pap testing for high-risk clients

Case Management:

- Follow up on all diseases of public health significance for STI's (HIV, syphilis, gonorrhea, chlamydia, hepatitis B and C (Sexual Health clients)
- Clinical services for case management clients and contacts (testing, treatment)
- Outbreak Work:
 - HIV outbreak (testing drives, and health promotion work)

- Syphilis outbreak (health promotion work related to physician education and public health bulletins)

Revisions to Medical Directive, Work Instructions, Procedures:

- This work has been critical due to changes in service delivery as a result of COVID-19 (telephone appointments, contraception during pandemic, and changes to processes)
- Implementation of a nurse practitioner in Sexual Health has required a significant amount of review to ensure the current documents fall in line with both the nurse practitioner scope and Sexual Health Clinic processes

Sexual Health Services on Hold:

- IUD clinics (until the nurse practitioner is trained), school Sexual Health clinics (due to COVID-19 restrictions), regular Sexual Health campaign work, presentation requests, after-hours clinics on Tuesday evenings due to Sexual Health staff capacity. This is scheduled resume in January.

Clinical Information (Harm Reduction)

Services that have continued throughout COVID-19:

- Needle Syringe Program (needles, safe injection supplies, harm reduction kits)
- Naloxone Distribution-spray, refills, injectable
- Clinical Information availability to clients via phone/drop-in for requests for information that fall outside of Health Unit program requests

Clinical Information Services on Hold:

- Needle exchange services on Tuesday evenings, due to Sexual Health staff capacity. This is scheduled resume in January.

Wait Times

Sexual Health Nursing Clinic appointments: 3 weeks in North Bay, 1 week in Parry Sound

Doctor or nurse practitioner appointments: 2 months in North Bay, 1 month in Parry Sound

It is anticipated that wait times will be shorter once the nurse practitioner is completely licensed.

Other challenges that have affected Sexual Health clients due to COVID-19 are:

- Shortage of STI kits for gonorrhoea and chlamydia testing.
- Shortage of Bicillin (penicillin G benzathine for syphilis treatment). This is concerning due to the syphilis situation in the district
- Increase in referrals for surgical abortions and medical abortions due to lack of client access to appropriate contraception and a decrease in access to health care providers,
- Harm reduction sites closures or changes in regular hours

Vaccine Preventable Diseases

Vaccine Administration

The Vaccine Preventable Diseases program has resumed most of its regular activities. In-house clinics for school vaccines, flu vaccines, and regular and high-risk clients have been provided. Travel vaccines and counselling continue to be provided as requested; however, there has been a dramatic decrease in access to this service. It is anticipated that this decrease in service will continue for the next while.

Record Assessments

Regular receipt and review of immunization records for childcare and school-aged children are being completed.

Other activities

Daily intake services for telephone inquiries from the public and health care providers have increased significantly, especially in relation to flu vaccine.

Weekly vaccine distribution to health care providers, as requested, has resumed to normal levels.

Wait Times

We were able to accommodate both influenza vaccination appointments and regular vaccination appointments within 2 weeks.

Community Services

Overview of Overdoses in Nipissing and Parry Sound Districts

The Health Unit region has the third highest opioid-related death rate in Ontario (20.88 per 100,000).¹ The Health Unit region experienced a significant increase in opioid-related deaths per capita pre-COVID-19 to the COVID-19 pandemic cohort (5.4 to 13.2 deaths per 100,000).² For the city of North Bay, opioid-related death rates have risen substantially. Between January and July 2019, the city experienced 9.7 opioid-related deaths per 100,000. From January to July 2020, this rate grew to 36.9 deaths per 100,000.³ Overall, preliminary data has shown that the Health Unit region has had 27 opioid-related deaths in the first seven months of 2020 (19 in North Bay and several others in First Nation communities) compared to all of 2019 which had 18 deaths total.^{1,4}

Addressing Drug Use and Overdoses in Nipissing and Parry Sound Districts

The Health Unit, in collaboration with local community partners, are currently undertaking the following efforts to reduce overdoses and overdose-related mortalities across our region. These include (but are not limited to):

- Expansion of the Ontario Naloxone Program including Expanded Access Program during COVID-19 (Health Unit as lead) – On-going
- Prioritization of harm reduction work with First Nations communities (Health Unit, AIDS Committee of North Bay & Area, and First Nation Health Centre partnership) – On-going

- Providing online naloxone trainings for the general public and local businesses (pharmacy, ACNBA, and Health Unit partnership) – Since April 2020. Expansion to businesses January 2020
- Creation and dissemination of harm reduction information via Health Unit webpage, social media, and cards in harm reduction kits (Health Unit as lead; ACNBA as support) – Started spring 2020
- Participation in Safer Supply Working Group (led by AIDS Committee of North Bay & Area; Health Unit and Community Drug Strategy of North Bay & area as support) – Started November 2020
- Naloxone Community of Practice (CoP) which includes distributing partners, pharmacies and first responders (Health Unit as lead) – Started November 2020
- Community Drug Strategy of North Bay & Area Anti-stigma Campaign (Health Unit staff was project lead) – Campaign complete. Evaluation implemented December 2020
- Urgent Public Health Needs Site Working Group (Health Unit as lead; Community Drug Strategy of North Bay & Area and ACNBA as supports) – Started December 2020
- COM-CAP Community Initiative Application – Grant Proposal (Health Unit as lead; ACNBA and Community Drug Strategy of North Bay & Area as support) – Submitted December 2020

Upcoming Projects:

- Creation of a window decal to denote naloxone on-site and available for use in case of an emergency (i.e., for businesses and agencies) (Health Unit and ACNBA partnership) – Complete. To be implemented starting January 2021
- Research study exploring Changes in Substance Use Behaviour Patterns in North Bay Area and Solutions to Address Overdoses during COVID-19 – Research Study (Health Unit as lead; ACNBA as support) – Ethics submitted. Will begin January 2020
- Normalizing Naloxone Community Campaign (Health Unit and ACNBA partnership) – In progress. Will launch February 2020

1 – Officer of the Chief Coroner for Ontario. (Extracted November 18, 2020). Coroner's opioid investigative aid, January 2020 to July 2020.

2 – Ontario Drug Policy Research Network, The Office of the Chief Coroner for Ontario, Public Health Ontario, and Centre on Drug Policy Evaluation. (2020). Preliminary patterns in circumstances surrounding opioid-related deaths in Ontario during the COVID-19 pandemic. Retrieved from: <https://www.publichealthontario.ca/-/media/documents/o/2020/opioid-mortality-covid-surveillance-report.pdf?la=en>

3 – The Office of the Chief Coroner of Ontario, Personal communication, 2020.

4 – Office of the Coroner for Ontario. (Extracted October 5, 2020). Coroner's opioid investigative aid, May 2017 to June 2020.

Corporate Services

Corporate Services continues to support COVID-19 IMS response efforts, expanding virtual operations incrementally to delivering services for programs at various levels of operation. This has required constant capacity adjustments based on competing priorities resulting in response delays to service requests.

Human Resources

Below is a summary of staffing changes related to management positions, nursing, and other positions, as well as the deployment of certain positions to various COVID-19-related roles.

1. Management Positions:

The Executive Director, Clinical Services/Chief Nursing Officer, Cathy Menzies-Boulé, retired on October 1, 2020.

The Program Manager, Vaccine Preventable Diseases and Acting Executive Director, Clinical Services/Chief Nursing Officer, Andrea McLellan, is retiring effective January 1, 2021.

The Program Manager, Communicable Disease Control, the Program Manager, Vaccine Preventable Diseases, and the Nursing Practice Manager are vacant or are becoming vacant because they have been filled by internal nurses on a temporary basis for a number of months. We were not previously successful in filling them on a permanent basis because of the uncertainty related to public health modernization.

You will find below that status of management positions:

Incumbent Name	New Position and Current Position (if applicable)	Tentative Start Date
Shannon Mantha	Executive Director, Clinical Services/Chief Nursing Officer; currently Executive Director, Community Services	January 2021
Louise Gagné	Executive Director, Community Services; currently Manager, Planning, Evaluation and Communications	January 2021
Marlene Campsell	Program Manager, Vaccine Preventable Diseases; currently Program Manager, Healthy Schools and Interim Call Centre Manager	January 2021
Dave Perrault	Program Manager, Communicable Disease Control; currently Senior Public Health Inspector, Environmental Health	December 2020
To be determined; interviews scheduled the week of November 30, 2020	Manager, Planning, Evaluation and Communications Services	ASAP
Sandee Guindon	Interim Program Manager, Healthy Schools; currently Community Health Promoter, Healthy Schools	August 2020 to August 2021
Terry Smith	Interim Nursing Practice Manager	January 2021 to December 2021

2. School Health Nurses and Other Nursing Positions:

In August 2020, the Ministry of Health provided funding for the equivalent of 7.0 FTE nursing positions to assist the schools during the pandemic. The funding is from September 1, 2020, to July 31, 2021.

Experienced nurses were assigned to these positions and temporary nurses were hired to backfill their positions. Some retired nurses returned to assist until we hired and trained these new temporary nurses.

So far, we have been able to backfill 5.4 FTE of the 7.0 FTE nurses assigned to School Health positions. We continue our efforts to recruit nurses for remaining positions but the number of qualified applicants is quite limited.

In addition to the positions mentioned above, there are four other nursing positions to fill as a result of permanent vacancies, leaves of absence, and internal transfers to temporary management positions. We have been successful in filling vacant permanent nursing positions.

3. Deployment of Staff to COVID-19 Functions and Temporary Staff Hired:

Since early August, we have posted 32 job postings and have hired 24 employees, either to assist with various functions related to our response to the pandemic or to fill vacancies as a result of internal transfers or leaves of absence.

The majority of the Health Unit's service areas are very involved in supporting staff and programs in our response to the pandemic, to support staff to work from home, to ensure occupational health and safety measures are in place, and ensure that we have sufficient personal and protective equipment (PPE). The service areas providing these supports include Human Resources, (which includes Occupational Health & Safety), Building and Maintenance, Information Technology, Finance, Planning and Evaluation, and Communications.

Executive directors, program managers, and service managers have also been redeployed to Incident Management Structure (IMS) roles in addition to their regular roles.

To assist with our response, we have redeployed a number of staff to various COVID-19-related functions as outlined below:

COVID-Related Functions	Redeployment of Current Staff (on a full-time or part-time basis)	Temporary/Casual Staff Hired or to be Hired
Active Screening and Data Entry	Family Home Visitors, Program Administrative Assistants, Certified Dental Assistants	Program Administrative Assistants (2) until December 31, 2020
Call Centre	Manager, Registered Dental Hygienists, Community Health Promoters, Public Health Dietitians	3 part-time staff until December 31, 2020
Verification of test results	Registered Dental Hygienists	N/A
Communications	Community Health Promoters	Bilingual Media Relations Coordinator (1) (vacant) – until December 31, 2021

COVID-Related Functions	Redeployment of Current Staff (on a full-time or part-time basis)	Temporary/Casual Staff Hired or to be Hired
		Content and Copywriter Coordinator (1) – until December 21, 2021
Case Management and Contact Tracing	Public Health Inspectors, Public Health/Registered Nurses	Public Health Inspector, Public Health/Registered Nurses, or other job classifications (3) (vacant) – until June 30 2021
Influenza Immunization Clinics (increase in volume due to COVID-19)	Public Health/Registered Nurses	Casual Registered Nurses (6)
COVID-19 Response (team)	Public Health Nurse, Community Health Promoters	N/A
Support to the Medical Officer of Health	N/A	Public Health Physician

We are currently evaluating our needs for 2021 to ensure that we have sufficient staff to continue to respond to the pandemic.

Approved by

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