

**HALIBURTON, KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT
BOARD OF HEALTH MEETING**

September 19, 2024

MINUTES

The meeting was convened by Mr. Marshall at 9:30 am at the Health Unit's Port Hope office.

Those in attendance were Messrs. Marshall, Logel, Ryall, Perry, and Crate, Mrs. Richardson (virtual – left at 11:29), Dr. Hankivsky (exited at 11:21am), Dr. Bocking, Mr. Vrooman, Mrs. Dickson and Ms. McWalters (Recorder).

Mr. Perry was absent with regrets.

1. LAND ACKNOWLEDGEMENT

The HKPR District Health Unit is situated on the traditional territories of the Michi Saagiig and Chippewa Nations. This includes the territories of Treaty 20 and Williams Treaties. We respectfully acknowledge that these Nations are the stewards and caretakers of these lands and waters for all time and that they continue to maintain this responsibility to ensure their health and integrity for generations to come.

We also recognize that as an organization rooted in a colonial system, we have a responsibility and are committed to building meaningful relationships with Indigenous communities and in improving our understanding of local Indigenous peoples as we celebrate their cultures and traditions, serve their communities, and responsibly honour all our relations.

2. ADOPTION OF AGENDA

Moved by Dr. Hankivsky

Seconded by Mr. Logel

THAT the agenda be adopted as presented.

2024-095
carried

3. DECLARATION OF CONFLICT OF INTEREST

None to declare

4. ADOPTION OF MINUTES

Moved by Mr. Ryall

Seconded by Mr. Crate

THAT the minutes from June 20th, 2024, and July 26th, 2024, open sessions be approved.

2024-096

carried

5. BUSINESS ARISING

Dr. Hankivsky shared that Northumberland County Council approved funding for physician recruitment.

6. MEDICAL OFFICER OF HEALTH UPDATES

Dr. Natalie Bocking shared the Medical Officer of Health Updates PowerPoint presentation.

Fall Respiratory Season Preparedness:

The Haliburton Kawartha Pine Ridge District Health Unit (HKPRDHU) is preparing for the Fall Respiratory Season in the following four areas: data and surveillance, preparedness exercises, vaccination, and public education. The respiratory infections dashboard will be launching this month and the HKPRDHU will monitor data throughout the season and provide updates when needed. Emergency preparedness exercises focused on surges in respiratory illness have been hosted with partners in the City of Kawartha Lakes, Northumberland County and Haliburton County and were well attended.

Fall Respiratory Vaccine Landscape and 2024/2025 Fall Respiratory Vaccine Roll-out:

There are three vaccines that are publicly funded and being offered this Fall Respiratory Season.

COVID vaccine:

- The Moderna SpikeVAX vaccine was authorized by Health Canada on Sept 17, 2024, targeting the KP.2 variant; health units are currently waiting on further approvals and distribution.
- Individuals that are age 65+ and those with high-risk conditions are recommended to receive the vaccine 6 months after their last vaccination or infection. Timing of vaccine receipt may be dependant on risk factors. If eligible for earlier vaccination, it would be a minimum of 3 months.
- Work is being done to ensure primary care providers are prepared. The vaccine will be rolled out via pharmacies, and that will be the primary access point for residents.

Universal Influenza Immunization Program (UIIP):

- Early October roll-out of the flu vaccine for long-term care homes and retirement homes, then highest risk in community, then to general population.
- There are always timing challenges based on vaccine arrival – notifications can be delivered one day prior that delivery is delayed. This can be frustrating for primary care physicians who wish to book clinics.

Respiratory syncytial virus (RSV) vaccine:

- Last year RSV vaccine was available for residents of long-term care homes, retirement homes, individuals with certain high risk medical conditions, and those who could access via private coverage or purchase out of pocket.
- In addition to the adult program, there is a new infant program in 2024. Infant RSV poses a significant amount of emergency department visits, with infants less than 6 months in age at the highest risk. Historically there was a program, but only for very highest risk, with an immunization every month during RSV season. The new program allows for every infant born in 2024 and up to 2 years old with other high-risk conditions access to the vaccine.
- Pregnant women will also have the option of receiving the RSV vaccine between 32-36 weeks pregnant if they do not want their infant to receive the vaccine. The antibodies will pass to the unborn child to ensure higher level of protection.

Other Infectious Disease (ID) Activity:

Pertussis – There has been an increase in pertussis (whooping cough) activity nationally, provincially and locally. Infants under six months old are at higher risk of complications from pertussis resulting in hospital and ICU admissions. There is a vaccine that prevents pertussis that is part of the routine childhood vaccine schedule. A booster is required in adolescence, and not typically needed into adulthood. The HKPRDHU is working with primary care providers to increase access to vaccination for pertussis.

MPOX – There have been 184 cases in Ontario in 2024 (to date), clade IIb (same as previous outbreak). Populations at higher risk of being exposed to Mpox are encouraged to receive 2 doses of vaccine. The World Health Organization recently declared a Public Health Emergency of International Concern due to increase in clade IIa being experienced outside of endemic countries. There have not been any cases of clade Ib in Canada.

Mosquito and Tick-Borne Illness – A reminder about West Nile Virus and Lyme disease in the Health Unit’s jurisdiction. The Health Unit’s website features information regarding protection and prevention.

Rabies – The first domestically acquired case of human rabies since 1967 occurred in the Hamilton region as a result of a bat exposure. The Health Unit provides post exposure prophylaxis and supports individuals to access rabies vaccines. Post exposure vaccine consists of 4 doses at specific intervals. Paramedicine will go to homes to supply 2nd, 3rd and 4th doses to

limit people missing doses. Fall low-cost rabies vaccine clinics, in collaboration with veterinarians, helps to ensure families can get their pets vaccinated.

Central East Infection Prevention and Control (IPAC) Hub:

Funding for IPAC Hubs was introduced as part of the COVID-19 pandemic response and has continued post pandemic. The IPAC Hub provides support/capacity building for IPAC in congregate settings (i.e. long-term care homes, shelters, group homes, etc.) and has been hosted by Peterborough Regional Health Centre (PRHC) since 2020. This is being transitioned to be a joint Peterborough Public Health/ HKPRDHU led hub, effective October 1, 2024.

Back To School:

The School Health Team is providing support to area schools for school-based immunization clinics (HPV, meningitis, hepatitis B) and enforcement of the *Immunization of School Pupils Act*. The team is also supporting schools in the areas of vaping prevention, mental health and wellness promotion, social-emotional learning, prevention of common childhood illnesses, food neutral approach to education, “You’re the Chef” food literacy programming for grades 5-8, and supporting student nutrition programs.

In the summer of 2023, 6000 notices were sent from the Health Unit to families of students who had incomplete immunization records. There was a tremendous effort from Health Unit staff, primary care providers, and educators to bring students up to date. In summer of 2024, only 1500 letters were required to be sent. This is an incredible achievement and shows a great partnership between parents, school boards, and the Health Unit.

Moved by Mr. Logel

Seconded by Mr. Ryall

THAT the Board receive Dr. Bocking’s updates for information.

2024-097

carried

7. REPORTS

7.1 Meghan Bowman, Epidemiologist, presented the Community Health Status Dashboard to the Board of Health.

Public Health Data Dashboards were released July 31st, 2024 and are a suite of data driven dashboards that present local data including: infectious diseases (diseases of public health significance), emergency department visits and hospital discharge data (injuries, selected Chronic diseases), mortality, and Statistics Canadas’ 2021 Census of Population.

Individuals looking at the dashboards are able to drill down information to specify geographical location, age, and sex, which can be broken down into three graphs. Information related to accidental poisonings is coming October 2nd with a substance use dashboard. The mortality dashboard covers accidental poisoning, which opioid poisoning is within currently.

Moved by Dr. Hankivsky

Seconded by Mr. Ryall

THAT the Board receive the presentation on the Community Health Status Dashboard.

2024-098
carried

8. NEW BUSINESS

8.1 Support for Guaranteed Basic Income

Dr. Bocking presented a draft letter for the Board's consideration to endorse support for Bills S-233 and C-233 (An Act to develop a national framework for a guaranteed liveable basic income).

Moved by Mr. Crate

Seconded by Mr. Ryall

THAT the Board of Health endorse Middlesex-London Health Unit's letter supporting Bills S-233 and C-233 and that a letter communicating this endorsement be sent to the Prime Minister of Canada, Deputy Prime Minister and Minister of Finance, Minister of Health, House Leaders, Standing Senate Committee on National Finance, and local Members of Parliament.

2024-099
carried

8.2 Board of Health Q2 2024 Summary

Dr. Bocking reviewed the summary of highlights from the Q2-2024 Board of Health Quarterly Report for Programs and Services that are outlined in the Ontario Public Health Standards.

Moved by Mr. Logel

Seconded by Dr. Hankivsky

THAT the Board of Health Q2 2024 Summary of Programs and Services be received for information.

2024-100
carried

8.3 Corporate Services Update

Mr. Vrooman provided the Board with updates from Corporate Services including Crucial Conversations training for all employees, and revisions to the Code of Conduct policy, which will be circulated to the Board for approval soon.

Mr. Vrooman also briefed the Board on the current operating statements.

Moved by Mr. Crate

Seconded by Mr. JLogel

THAT the updates from Corporate Services including the unaudited operating statements for the eight-month period ending August 31, 2024 in the amount of \$ 14,906,364 be received for information.

2024-101
carried

9. BUSINESS FROM BOARD MEMBERS

None to declare

10. CORRESPONDENCE

Moved by Mr. Crate

Seconded by Dr. Hankivsky

THAT the following correspondence be received for information:

- OPHS Review Response – alPHa
- Disposition of Resolutions 2024 – alPHa
- Ontario Enhancing Tools to Help People Prepare for Respiratory Illness Season2024-102

carried

11. IN-CAMERA

Moved by Dr. Hankivsky

Seconded by Mr. Logel

THAT the Board of Health move in-camera to discuss legal, property, and personnel matters.

2024-103

carried

Moved by Mr. Crate

Seconded by Mr. Logel

THAT the in-camera session be dissolved, and the membership return to the Board of Health open session.

2024-104

carried

Moved by Mr. Logel

Seconded by Mr. Ryall

THAT the in-camera minutes from the June 20th and July 26th, 2024, closed sessions be approved.

2024-105

carried

Moved by Mr. Crate

Seconded by Mr. Logel

THAT information provided under legal, property and personnel item 11.2 be received for information

2024-106

carried

Moved by Mr. Crate

Seconded by Mr. Ryall

THAT the information provided under legal item 11.3 be received for information.

2024-107

carried

12. DATE OF NEXT MEETING

The next meeting of the Board of Health will be held on October 17th, 2024 at the Health Unit's Haliburton Office from 10:00 – 12:00 pm.

13. ADJOURNMENT

Moved by Mr. Crate

Seconded by Mr. Ryall

THAT the meeting be adjourned. The meeting adjourned at: 11:36am

2024-108

Carried

Board of Health Chair
October 17, 2024

Recorder