



Media Release: Friday, May 1, 2015, 4:30 p.m.

Regional Municipality of Waterloo

Community Services Committee

Agenda

Tuesday, May 5, 2015

1:00 p.m.

Regional Council Chamber

150 Frederick Street, Kitchener

-
- 1. Motion to Reconvene Into Open Session**
 - 2. Declarations of Pecuniary Interest Under The Municipal Conflict of Interest Act**
 - 3. Delegations**
 - a) [PHE-IDS-15-06](#), Harm Reduction Planning, Programs and Services Update
 - i. Lorraine Grenier
 - ii. Don Roth, Canadian Mental Health Association, Waterloo Wellington Dufferin

Consent Agenda Items

Items on the Consent Agenda can be approved in one motion of Committee to save time. Prior to the motion being voted on, any member of Committee may request that one or more of the items be removed from the Consent Agenda and voted on separately.

- 4. Request to Remove Items From Consent Agenda**

5. Motion to Approve Items or Receive for Information

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| a) PHE-CFH-15-02 , Healthy Babies Healthy Children Program Budget and Continuous Quality Improvement Service Targets for 2015 (Approval) | 3 |
| b) PHE-HPI-15-02 , 2015 Vector-Borne Disease Program Update (Information) | 9 |
| c) PHE-HPI-15-04 , Rabies Prevention and Control Program Update (Information) | 16 |
| d) CSD-15-01 , Appointment of the Ontario Works Administrator (Approval) | 20 |
| e) CSD-HOU-15-10 , Revised Terms of Reference for the Waterloo Region Housing Operations Advisory Committee (WRHOAC) (Information) | 22 |
| f) CPC-15-03 , Waterloo Region Violence Prevention Plan: Overview of Accomplishments to Date and Next Steps (Information) | 29 |
| g) PDL-CUL-15-12 , Region of Waterloo Museums Exhibits and Events – May to September 2015 (Information) | 36 |

Regular Agenda Resumes

6. Reports - Public Health and Emergency Services

- | | |
|---------------------------------------------------------------------------------------------------------------|----|
| a) PHE-IDS-15-06 , Harm Reduction Planning, Programs and Services Update (Staff Presentation) | 39 |
| b) PHE-IDS-15-07 , Hepatitis C Colonoscopy Clinic Update (To be Distributed at Meeting) | 53 |

7. Information/Correspondence

- | | |
|---------------------------------------------------------------------------------|----|
| a) Council Enquiries and Requests for Information Tracking List | 63 |
|---------------------------------------------------------------------------------|----|

8. Other Business**9. Next Meeting – May 26, 2015****10. Adjourn**



Report: PHE-CFH-15-02

Region of Waterloo

Public Health

Child and Family Health

To: Chair Geoff Lorentz and Members of the Community Services Committee

Date: May 5, 2015

File Code: P09-80

Subject: Healthy Babies Healthy Children Program Budget and Continuous Quality Improvement Service Targets for 2015

Recommendation:

That the Regional Municipality of Waterloo endorse the 2015 Healthy Babies Healthy Children Post-birth Service Plan and Continuous Quality Improvement Plan for submission to the Ministry of Children and Youth Services, as outlined in Report PH-CFH-15-02, dated May 5, 2015.

Summary:

Public Health Units plan and implement the Healthy Babies Healthy Children Program in collaboration with local community partners. This program is 100% funded by the Ministry of Children and Youth Services and the program is delivered by Region of Waterloo Public Health within this allocation. In 2012, the provincial program was altered to provide assessment and home visiting only with those families most in need; local program changes were implemented in 2013. Service statistics for 2014 are reported, and form the baseline service delivery levels for the local program for 2015. A funding envelope of \$2,864,743 (same level as previous year) and a one-time funding allocation of \$45,000 to support the implementation of remote technology are available for Waterloo Region for 2015.

The Ministry of Children and Youth Services has launched a continuous quality improvement project across all Public Health Units to move toward provincial benchmarks for specific program components, within available resources. The province has been supportive of an incremental approach towards reaching provincial aspirational targets and benchmarks. Region of Waterloo Public Health has identified

two areas in the post-birth period that did not meet the provincial benchmarks in 2014 to work on locally for 2015. Region of Waterloo Public Health is submitting a plan for

- increasing the number of births screened with the Healthy Babies Healthy Children Screen and
- increasing the number of families in the home visiting program with a Family Service Plan initiated,

which will enhance the services received by families. The 2015 Post-birth Service Plan recommended for endorsement by the Board of Health reflects these continuous quality improvement areas of focus within the local program.

Report:

A child's early years, from before birth to age six, are very important to lifelong health and development. Healthy babies are more likely to develop into healthy children, and healthy children are more likely to grow up to be healthy adults.

Healthy Babies Healthy Children is a free and voluntary program for pregnant women and families with young children up to the child's transition to school (or age six). Introduced in 1998, the Healthy Babies Healthy Children program is delivered by Public Health Units across Ontario as mandated by the Ontario Public Health Standards (2008). The purpose of the Healthy Babies Healthy Children program is to help children get a healthy start in life by:

- Screening families before birth, at birth and during early childhood to identify families who might need and benefit from more support. Screening involves gathering information from parents, hospital records and/or service providers, with the family's consent, to identify children potentially at risk for poor child development.
- Providing home visits by public health nurses and family visitors to expectant mothers and new parents who need and want more support and can benefit from the blended home visiting program by learning about:
 - having a healthy pregnancy and birth
 - connecting with their baby
 - how children grow and develop as well as what parents can do to help
 - being a parent
 - breastfeeding, food and healthy nutrition
 - taking care of themselves and their family
 - other services available to parents and their child in their community

Public Health Units plan and implement the Healthy Babies Healthy Children Program locally, in collaboration with community partners (eg. hospitals, child protection agencies, children's services, family support programs). In 2013, the local Healthy

Babies Healthy Children Program transitioned from offering all families a face to face contact with a Public Health Nurse following the birth of their child to offering a face to face contact to only those families identified as potentially 'with risk' on the Healthy Babies Healthy Children Screen, in order to keep within the 100% provincial funding envelope for this program. All families continue to receive information about healthy child development and local services and supports for families, including how to contact a Public Health Nurse with any questions or for additional support. The [New Parent Resource Guide](#) is provided to all families with newborns through local hospitals and midwifery services.

2014 Healthy Babies Healthy Children Service Delivery

A baseline for service delivery of the revised Healthy Babies Healthy Children program was established in 2014. In 2014 in Waterloo Region:

- 5371 children were born to families living in Waterloo Region
- Of the 4291 HBHC screens received, 3761 (88%) had all screen questions answered
- 1934 families identified 'with risk' on the Healthy Babies Healthy Children screen were contacted by a Public Health Nurse within 48 hours of hospital discharge
- 796 families had an more in-depth assessment completed by a Public Health Nurse
- 512 families were confirmed 'with risk' and consented to receive ongoing blended home visiting
- 495 families receiving ongoing Public Health Nurse and Family Visitor home visiting had a Family Service Plan initiated
- 4215 home visits were completed in the blended home visiting program

Continuous Quality Improvement Plan

For 2015, the Ministry of Children and Youth Services has introduced a Continuous Quality Improvement Program to further strengthen Healthy Babies Healthy Children program delivery across the province. The Ministry has identified aspirational or ideal service levels for the provincial program and seven specific service benchmarks for Public Health Units to work toward. The Ministry is supportive of Public Health Units using an incremental approach towards reaching identified provincial benchmarks.

In Waterloo Region, three of the seven service benchmarks were met in 2014. Two of the service benchmarks related to screening before birth and during early childhood were not achieved locally in 2014 within available resources, as planned, and are not a focus for local continuous quality improvement at this time. These program components will be addressed in a future report to Community Services Committee.

Five of the 7 service benchmarks relate to post-birth program components. Appendix A outlines the post-birth program components and demonstrates that 3 of the 5 post-birth benchmarks were achieved locally in 2014. The 2 post-birth program components which did not achieve provincial benchmark levels in 2014 are the focus for continuous quality improvement locally, within available resources, for 2015. Region of Waterloo Public Health is submitting a plan for

- increasing the number of births screened with the Healthy Babies Healthy Children Screen (from 66% to 68% of families giving birth in Waterloo Region for 2015). The provincial benchmark for this is 80%.
- increasing the number of families in the home visiting program with a Family Service Plan initiated (from 84% to 88% of families receiving blended home visiting services for 2015). The provincial benchmark for this is 90%.

In order to achieve these targets, additional training and support will be provided to hospital childbirth nurses to increase the proportion of families who consent to having a screen completed. The quality of service received by families in the post-birth period will be enhanced by reaching more families who consent to the Healthy Babies Healthy Children Program, identifying and confirming their level of risk, and quickly developing a Family Service Plan for each family participating in the blended home visiting program. The 2015 Post-birth Service Projections for Ministry identified program components outlined in Appendix A reflect these continuous quality improvement targets.

Ontario Public Health Standards:

The Ontario Public Health Standards for Child Health indicate “The board of health shall provide all components of the Healthy Babies Healthy Children Program in accordance with the Healthy Babies Healthy Children Protocol 2008 or as current”. The standards which outline the expectations for providing Public Health programs and services, mandates that staff complete screening, assessment, home visiting and referral to community programs and services to meet the needs of families and to help children get the best start in life.

Corporate Strategic Plan:

The Healthy Babies Healthy Children program contributes to the Region’s strategic focus area of Healthy and Inclusive Communities (i.e., to foster healthy, safe, inclusive and caring communities).

Financial Implications:

The Ministry of Children & Youth Services has allocated \$2,864,743 for implementation of the Healthy Babies Healthy Children Program in Waterloo Region for 2015, unchanged from the previous year. As well, a one-time funding allocation of \$45,000

has been allocated in 2015 to facilitate the implementation and use of remote technology to more efficiently and effectively serve families in the assessment and home visiting components of the program.

Other Department Consultations/Concurrence:

Finance has been involved in the development of the budget submission for the Healthy Babies Healthy Children Program.

Attachments

Appendix A: 2015 Healthy Babies Healthy Children Service Plan

Prepared By: **Martha Svacina**, Manager, Child and Family Health
Andrea Reist, Director, Child and Family Health

Approved By: **Dr. Liana Nolan**, Commissioner/Medical Officer of Health

Appendix A: 2015 Healthy Babies Healthy Children Post-birth Service Plan

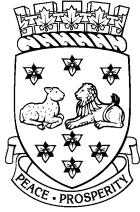
N.B. Shaded rows are the 2 areas of focus for the 2015 continuous quality improvement plan

Healthy Babies Healthy Children Post-birth Service Component	Provincial Aspirational Targets & Provincial Benchmarks*	2014 Actual Service Levels	2015 Projected Service Levels
	Indicator (%)	Number (%)	Number (%)
Post-birth screening	Target- 100% of provincial births screened with HBHC screen Benchmark – 80%**	3669 (66%)	3780 (68%)
Connecting with families 'with risk' after birth	Target- 100% of families identified 'with risk' on the HBHC screen will be contacted within 48 hours of hospital discharge. Benchmark – 80%	1934 (84%)	1934 (84%)
In-Depth Assessments completed at a home visit	Target- 100% of families with an In-Depth Assessment contact who consent to service will have a completed In-Depth Assessment. Benchmark – 70%	698 (75%)	698 (75%)
Blended Home Visiting Services	Target -100% of families confirmed with risk using the In-Depth Assessment and consenting to service receive blended home visiting services Benchmark – 80%	591 (115%)	591 (115%)
Family Service Plan Initiated with Families Receiving Ongoing Home Visiting	Target- 100% of families receiving blended home visiting services have a Family Service Plan initiated Benchmark – 90%***	495 (84%)	519 (88%)

*Provincial Benchmark: values are based on identified provincial performance and/or best practice

** Assumption is that the number of live births which occurred in the health unit area will remain the same as in 2014.

*** Assumption is that the number of families who received HBHC Home Visiting and have received an In-Depth Assessment Contact and In-Depth Assessment will remain the same as in 2014.



Report: PHE-HPI-15-02

Region of Waterloo

Public Health

Health Protection and Investigation

To: Chair Geoff Lorenz and Members of the Community Services Committee

Date: May 5, 2015

File Code: P07-80

Subject: 2015 Vector-Borne Disease Program Update

Recommendation:

For information.

Summary:

The Vector-Borne Disease Program encompasses programming related to two diseases, West Nile Virus and Lyme disease. Public Health is mandated to provide a comprehensive program to minimize vector-borne disease risk to the public. This annual report provides highlights from last year's activities and plans for the upcoming 2015 season.

In 2014, no human cases of West Nile Virus were reported and no positive adult mosquito pools were detected. Given the unpredictable nature of West Nile Virus, and direction from the Ministry of Health and Long Term Care, Public Health will continue mosquito surveillance and control, human case surveillance, and public education programs in 2015. Staff will also examine geographic locations within the region that are more likely to support mosquito breeding sites and may pose a greater risk to residents and visitors. As the region continues to grow, it is likely that more surveillance sites will need to be added in the future. Given current trends, Public Health surveillance and control efforts will be prioritized based on history, best practices and ongoing risk assessments to remain within existing budgets.

Tick species capable of transmitting Lyme disease are not currently established in Waterloo Region; risk of exposure is associated with travel to endemic areas, such as areas of southern Ontario, including Long Point Provincial Park, Turkey Point Provincial Park, Rondeau Provincial Park, Point Pelee National Park, Prince Edward Point

National Wildlife Area, Wainfleet Bog Conservation Area, Rainy River, and St. Lawrence Islands National Park Area. No blacklegged ticks collected as part of a surveillance program in Waterloo Region in 2014 tested positive for Lyme disease. In 2014, one case of Lyme disease acquired outside our Region was reported to Public Health. Lyme disease surveillance will continue in 2015.

Report:

A number of diseases can be transmitted to humans by “vectors” such as mosquitos and ticks which can transmit the infection from one animal to another, including to humans. In Ontario, the vector-borne diseases of relevance are West Nile Virus and Lyme disease. Public Health works to assess and minimize vector-borne disease risk to the public.

West Nile Virus

West Nile Virus is primarily a disease of birds but can be spread to humans through the bite of an infected mosquito. Mosquito development and the West Nile Virus transmission cycle are enhanced by warm temperatures and rainfall. As such, West Nile Virus activity can be difficult to predict. Since 2002, West Nile Virus has been established in the bird population of Waterloo Region, as well as in mosquito species capable of transmitting the virus to humans. The majority of people infected with West Nile Virus show no symptoms. However, one in five infected individuals will develop mild, flu-like symptoms and one in 150 can develop serious neurological symptoms.

In 2014, there were no cases of West Nile Virus reported to Region of Waterloo Public Health. Provincially, there were 13 cases of West Nile Virus documented¹. The last known human cases in Waterloo Region were reported in 2012 (n=3). The rate of disease in Waterloo Region has been consistently lower than the rate of infection for Ontario since the onset of surveillance in 2002. Human case surveillance will continue in 2015 to monitor disease trends.

To contribute to risk assessment in 2014, mosquito specimens were collected across the region and sent to a laboratory for species identification and viral testing. While the majority (78%) of mosquito specimens tested were capable of carrying West Nile Virus, no mosquito pools tested positive for the virus. Seasonal temperatures were colder than average in 2014 and therefore not as conducive to the development of the virus in the mosquito population.

In 2014, a vector control program was employed to suppress mosquito populations and reduce disease risk. Risk assessment of mosquito breeding sites was based on 2014

¹ Ontario and Waterloo Region data for 2014 should be considered preliminary and subject to future revisions.

surveillance and historical trends. The Ministry of Health and Long Term Care supports continued use of mosquito control given the unpredictable nature of West Nile Virus. In 2014, catch basin larvicide treatments were applied to all known municipal catch basins in Waterloo Region (n=150,022) in three treatment rounds. Treatments also were made to natural sites, ditches, and storm water management ponds for a total of 28.2 hectares treated. Complaints about standing water on private property were referred to municipalities with standing water by-laws (Kitchener, Waterloo, Wilmot, Woolwich, and North Dumfries). When complaints could not be referred, staff undertook an on-site investigation to ensure that standing water was treated or drained as appropriate.

The 2015 season will continue comprehensive mosquito surveillance and risk assessment. Beginning in 2015, staff will examine geographic locations within the region that are more likely to support mosquito breeding sites and may pose a greater risk to residents and visitors. As the region continues to grow, it is likely that more surveillance sites will need to be added. Given current trends, Public Health surveillance and control efforts will be prioritized based on history, best practices and ongoing risk assessments to remain within existing budgets.

Lyme Disease

Lyme disease is caused by the *Borrelia burgdorferi* bacterium, which can be transmitted to humans through the bite of a black-legged tick (*Ixodes scapularis*) carrying this bacterium. A circular rash, referred to as a “bull’s-eye” rash (*Erythema migrans*) at the site of the tick attachment to the body is characteristic of Lyme disease infection. Antibiotics can be effective in treating Lyme disease, especially if taken in the early stages of infection, and can prevent long-term neurological, rheumatological, and cardiac complications.

In 2014, one confirmed travel-related case of Lyme disease was reported to Public Health; provincially, there were 228 (confirmed and probable) cases of Lyme disease documented in 2014. In 2014, the rate of Lyme disease was 0.2 cases per 100,000 in Waterloo Region, as compared to 1.7 per 100,000 for the province of Ontario. Human case surveillance will continue in 2015 to monitor disease trends.

The black-legged tick is not currently established in Waterloo Region, but is regularly found (endemic) in areas of southern Ontario, including Long Point Provincial Park, Turkey Point Provincial Park, Rondeau Provincial Park, Point Pelee National Park, Prince Edward Point National Wildlife Area, Wainfleet Bog Conservation Area, Rainy River, and St. Lawrence Islands National Park Area. The black-legged tick can be found in Waterloo Region after travel on migratory birds or other warm-blooded mammals who have visited endemic areas. Staff conducts surveillance for the presence of black-legged ticks in our region, including undertaking “tick dragging” which is the physical process of collecting tick samples. In 2014, no blacklegged ticks collected as

part of the surveillance program tested positive for Lyme disease, which suggests the risk of Lyme disease remains low in our region.

Public Education

The “Fight the Bite” public education campaign provides general health information, risk factors, and recommended personal protective measures to minimize risk of exposure to vector-borne diseases. Print materials were widely distributed to community partners in 2014. A total of four radio interviews were completed providing “Fight the Bite” messages. One media release was issued in May 2014 prior to the Victoria Day long weekend advising residents to take personal protection precautions (see Attachment 1). In the spring of 2014, “Fight the Bite” information was also shared through an interactive display at the EcoFest community event.

In 2014, public health messaging about West Nile virus was enhanced with the creation of a video that provides information on how to protect oneself from acquiring the disease. The video also describes the surveillance and control measures public health undertakes to reduce and eliminate mosquito breeding sites. This video is posted on the Public Health web page <http://bit.ly/ZMANx3>.

Members of the public can call or visit our website for general information, questions, complaints, or requests regarding vector-borne diseases. Public Health Inspectors also provided additional information to the public when needed. In 2014, Regional staff received and responded to 85 calls related to West Nile Virus. A gradual decline in public calls related to West Nile Virus has been observed in Waterloo Region since 2005. In 2014, Regional staff received and responded to 185 calls related to ticks and Lyme disease.

Public Health will continue the “Fight the Bite” campaign in 2015 to inform the public about personal protective measures to minimize risk of exposure to vector-borne diseases.

Ontario Public Health Standards

Public Health conducts mosquito surveillance and control, human case surveillance, and public education as per the Ontario Public Health Standards, to minimize vector-borne disease risk to the public. This report provides information related to the compliance with the Vector-Borne Diseases requirements of the Standards and provides information that supports ongoing education for Board of Health members to help them remain abreast of relevant trends and emerging public health issues.

Corporate Strategic Plan:

Supports: Focus Area 1 – Environmental Sustainability; Focus Area 4 – Healthy and Inclusive Communities; and Focus Area 5 – Service Excellence

Financial Implications:

The budget for the Vector-Borne Disease program is cost shared 75% by the province, 25% regional tax levy. The 2014 regionally and provincially approved budget of \$384,266 (net regional levy of \$96,067) was essentially unchanged from 2013. The 2014 Vector-Borne Disease Program Plan was implemented within the approved base budget allocations of the Region and the Province.

The 2015 Regional base budget included a reduction of \$80,000 to align the budget with historical expenditure patterns; this resulted in a net regional levy reduction of \$20,000. Confirmation of the 2015 provincial approval and cost sharing is anticipated in early summer.

Other Department Consultations/Concurrence:

Nil

Attachments

Attachment 1: West Nile Virus and Lyme Disease Key Messages. From Fight The Bite brochure. Available at:

http://chd.region.waterloo.on.ca/en/healthyLivingHealthProtection/resources/FTB_brochure14.pdf

Prepared By: Lindsay Blashill, Alana Bowering, Public Health Planners

Brenda Miller, Manager, Infection Control, Rabies, Vector-Borne Diseases, Tobacco Enforcement and Kitchener and Area Team

Approved By: Dr. Liana Nolan, Commissioner/ Medical Officer of Health

Attachment 1 – West Nile Virus and Lyme Disease Key Messages

Lyme Disease  **West Nile Virus** 

Lyme Disease is an infection caused by the bacteria *Borrelia burgdorferi*. In Ontario, these bacteria are spread by the bite of black-legged ticks.

What are the symptoms?

A circular rash referred to as a “bull’s-eye” rash could be one of the earliest symptoms of an infection. If you develop a “bull’s-eye” rash, fever, chills or extreme fatigue or feel like you have the flu, it’s important to seek medical attention and if known, to tell your doctor when and where you were bitten. Lyme disease can have serious health consequences if left untreated.



Are there ticks in Waterloo Region?

The ticks that carry Lyme Disease are not commonly found in Waterloo Region at this time. However, they are common in other parts of Ontario, most notably along the north shore of Lake Erie. In particular, Long Point, Point Pelee National Park, Rondeau Provincial Park, Turkey Point, Prince Edward Point National Wildlife Area, St. Lawrence Island National Park, Wainfleet Bog and Rainy River. Black-legged ticks are most active in May, June, and July.

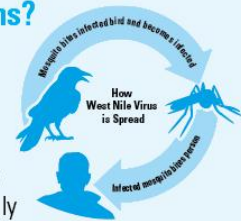


West Nile Virus (WNV) is a virus mainly transmitted to people through the bite of an infected mosquito. Mosquitoes transmit the virus after becoming infected by feeding on the blood of birds that carry the virus.



What are the symptoms?

Most people who are infected with the virus show no symptoms or they experience mild flu-like symptoms, such as fever, headache, body aches or fatigue. The symptoms usually last for a few days. Call your doctor immediately if you notice any symptoms.




Did you know?



If you find a dead bird, **you no longer need to call Public Health**. Dead animals and carcasses are NOT collectable in any of the Region of Waterloo Waste Management collection programs. For removal of a dead animal or a carcass, residents are advised to call a wildlife control company or use a shovel to bury the dead bird at least two feet deep in your yard. Wash your hands thoroughly with soap and water.


When outdoors, use an insect repellent according to manufacturers’ instructions.

Amount of DEET recommended for children and adults

Age group	Suggested % of DEET	Recommended number of applications per day
Newborn to 6 months	DEET is not recommended for this age group. Use netting or limit time outdoors at dusk and dawn to prevent mosquito bites.	
6 months to 2 years	10% or less	Not more than 1 (do not apply to hands or face)
2 years to 12 years	10% or less	Not more than 3
> 12 years	Up to 30%	Follow instructions on label

Rabies	Fact	Act!
	 Rabid animals may be found in Waterloo Region.	Stay away from wild animals and animals acting strangely.
	By law, pets over the age of 3 months must be vaccinated regularly against rabies.	Vaccines need to be updated every 1–3 years. Contact your veterinarian for more information about vaccination. You can be fined if your pet is not up-to-date with rabies vaccination.
	Any animal bite should be reported to Public Health. Doctors who treat your injury must report the incident to Public Health.	Public Health will investigate to assess the risk of rabies. They will place the animal under observation for 10 days to ensure it is rabies-free, and can issue treatment for the person bitten if a physician recommends it.
	If untreated, rabies infection is almost always fatal in animals and humans.	Following a bite or incident, wash the affected area thoroughly with soap and water and contact a health care professional immediately. Get treatment as quickly as possible to prevent the chance of rabies infection.

Lyme Disease	Fact	Act!
	 Ticks are tiny! Before they feed, they are the size of a sesame seed.	<ul style="list-style-type: none"> Wear light-coloured clothing. This makes it easier to find ticks on your body Cover up with long-sleeved shirts and long pants. Tuck your pants into socks
	Tick at actual size  3–5 mm	
	Ticks can't jump or fly. They prefer wooded and bushy areas with high grass and plenty of leaves on the ground. They wait on low vegetation and then attach to hosts.	When hiking, stay on the path and avoid contact with overgrown brush, vegetation and leaf litter. After time outdoors, carefully check your clothing and entire body for ticks.
	Hungry ticks can be deterred!	When outdoors, use an insect repellent containing DEET. Eucalyptus plant compounds and soybean oil are additional options. Always apply according to manufacturers' instructions.
	The longer a tick is attached to your body, the higher the risk of infection with Lyme Disease. If a tick is attached to your skin for less than 24 hours, your chance of getting Lyme Disease is small.	If you find a tick on your body: <ul style="list-style-type: none"> Use fine-pointed tweezers to grab the tick's head and mouth parts as close to your skin as possible Pull slowly. Do not twist or rotate the tick and try not to damage it Place the tick in a plastic container or bag so Public Health can test it Thoroughly wash the area where you were bitten with soap and water
Public Health can test ticks for Lyme Disease.	After removing a tick from your body, call Public Health at 519-575-4400	

West Nile Virus	Fact	Act!
	 Only female mosquitoes bite. They are attracted to dark colours and to carbon dioxide released in your breath.	When outdoors, wear: <ul style="list-style-type: none"> long-sleeved shirts and long pants light-coloured clothing tightly woven clothing
	Hungry mosquitoes can be deterred!	When outdoors, use an insect repellent containing DEET. Eucalyptus plant compounds and soybean oil are other options. Always apply according to manufacturers' instructions.
	Mosquitoes can sneak into your house!	Don't leave unscreened doors and windows open, especially in the evening when mosquitoes are most active. Make sure your screens are in good repair with no gaps or holes.
	Mosquitoes lay their eggs in still water. As adults, they usually stay within 2 km of where they were hatched.	Promptly eliminate any standing water on your property—including water in eaves troughs or shallow containers such as bird baths, spare tires, and flower pots. This will protect you and your neighbours.
A licensed exterminator can apply environmentally-friendly chemicals to standing water to stop mosquito eggs from turning into biting adults.	Call Public Health to report standing water at 519-575-4400	

If you think you may have any of the illnesses above, or have been bitten by an animal, contact your doctor immediately and inform Public Health at **519-575-4400**



Report: PHE-HPI-15-04

Region of Waterloo

Public Health and Emergency Services

Health Protection and Investigation

To: Chair Geoff Lorenz and Members of the Community Services Committee

Date: May 5, 2015

File Code: P21-80

Subject: Rabies Prevention and Control Program Update

Recommendation:

For information.

Summary:

Rabies is a viral disease that can occur in animals and be transmitted to humans, usually through the bite or scratch from an infected animal. Prevention of rabies infection in humans is important, as it is almost always fatal once symptoms develop. The goal of Public Health's Rabies Prevention and Control Program, as mandated by the Ontario Public Health Standards, is to prevent the occurrence of rabies in humans as rabid animals can be found from time to time in Waterloo Region. Public Health staff investigates all reported potential human exposures to the rabies virus (mainly animal bites and scratches). Over 1,000 animal bites and scratches were reported and investigated in the region in 2014 and the local incidence of human rabies cases remains at zero. The number of potential exposures reported has been slightly increasing over the last few years, in line with the region's population growth. Public Health continues to meet this demand.

Report:

Rabies is a viral disease which attacks the nervous system of warm blooded animals, including humans. Once symptoms appear, rabies is almost always fatal to both humans and animals. The rabies virus is concentrated in the saliva of infected animals and is spread when the saliva enters a cut or wound of another animal or human through a bite or scratch. The virus can also be passed through contact with mucous membranes such as the mouth or eyes. Since 1924, there have been 24 Canadians (six
1842584

Ontarians) who have died of rabies. The most recent case in Ontario occurred in April 2012 in a Toronto resident who was exposed in the Dominican Republic, a country in which animal and human rabies have been reported¹.

Public Health's Role

Public Health Inspectors investigate and respond to all reports of potential human exposure to the rabies virus from animal contact. Reports can come from physicians, hospitals, veterinarians, police officers, or from someone who was bitten or scratched. In 2014, staff completed 1,093 investigations, the highest total number of rabies investigations completed in recent years (see Table 1). The total number of potential exposures reported has been slightly increasing over time, in line with the region's population growth. The majority of these incidents involved domestic animals, namely dog (59%) or cat (33%) bites or scratches which broke the human skin.

In most situations, Public Health Inspectors can confine the domestic dog or cat implicated for 10 days, so that the animal's health can be observed during that time. If the animal has rabies, it would show symptoms within 10 days. If the animal remains healthy, the person bitten/scratched would not need to receive treatment to prevent rabies.

In a minority of situations, based on a risk assessment, persons who have been bitten or scratched need to be referred to their physician or urgent care clinic (walk-in) for vaccine to prevent rabies (which consists of rabies vaccine and immunoglobulin). Vaccine to prevent rabies is stored in Public Health offices and staff ensure that physicians' offices have prompt access to it when needed. In 2014, vaccine to prevent rabies was dispensed to 113 people in Waterloo Region (see Table 1).

Public Health actively monitors reports produced by other government agencies such as the Ministry of Natural Resource and Forestry to stay informed about animal rabies trends, provincially and locally. The number of rabid animals found locally has fluctuated in the past 10 years (see Table 1). In 2014, two rabid bats were found in Waterloo Region. As such, there is a need for continued vigilance in investigations of potential human exposure to the rabies virus.

¹Public Health Ontario, *Monthly Infectious disease surveillance report* September 2012 1(10). Accessed April 13, 2015
http://www.publichealthontario.ca/en/DataAndAnalytics/Documents/2012_September_PHO_Monthly_Report.pdf

Table 1. Rabies Prevention and Control Program Summary, Waterloo Region, 2005-2014

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Total rabies investigations*	909	842	845	926	822	834	927	987	1015	1093
Persons issued post-exposure vaccination**	93	114	101	134	68	64	68	106	68	113
Animals testing positive for the rabies virus***	3	5	13	12	8	1	0	1 [^]	1 [^]	2 [^]
Human cases	0	0	0	0	0	0	0	0	0	0

*Includes victims who reside outside of Waterloo Region but were exposed within the Region.

**Source: Region of Waterloo Integrated Public Health Information System. Extracted: April 10, 2015.

***With or without human contact.

[^]Source: The Rabies Reporter. July–December 2014 Issue. Vol. 25. No. 2. Ministry of Natural Resources.

The Rabies Immunization Regulation under the Health Protection and Promotion Act requires that all owners of cats and dogs greater than three months of age have their pet immunized against rabies, and re-immunized as needed. For dogs and cats involved in investigations, Public Health staff follow up with the owners to ensure their pets' immunization, to increase the general level of immunity in the domestic animal population. Staff also communicate with local veterinarians annually in May, Rabies Awareness Month, to support them in reminding their clients of vaccination requirements for animals greater than three months of age.

Public Education and Awareness

Public education and awareness is a key component of the Rabies Prevention and Control Program. Rabies education, specifically information regarding risk to humans, post-exposure preventative measures (such as administration of rabies vaccine), and animal vaccination requirements, is provided by staff to the person(s) involved during rabies investigations. General rabies prevention education is provided through Public Health's website (www.regionofwaterloo.ca/fightthebite) and the "Fight the Bite" public education campaign. "Fight the Bite" provides general health information, risk factors, and recommended personal protective measures to minimize the risk of exposure to rabies. This campaign also encompasses prevention messaging regarding mosquito and tick bites related to West Nile Virus and Lyme disease. Public Health will continue the "Fight the Bite" campaign in 2015.

Ontario Public Health Standards:

Public Health works with community partners and health care providers to manage reports of animal bites and scratches, monitors local trends regarding animal rabies, and communicates with pet owners and veterinarians regarding pet immunization against rabies. This report provides information related to the compliance with the rabies prevention and control requirements of the Standards and provides information that supports ongoing education for Board of Health members to help them remain abreast of relevant trends and emerging public health issues.

Corporate Strategic Plan:

Supports: Focus Area 4 – Healthy and Inclusive Communities; and Focus Area 5 – Service Excellence

Financial Implications:

The budget for the Rabies Prevention and Control program and the activities described within this report are funded within the approved Public Health Department budget which is cost shared 75% by the Province of Ontario and 25% by the Regional Tax Levy.

Other Department Consultations/Concurrence:

Nil

Attachments:

Nil

Prepared By: **Lindsay Blashill & Alana Bowering**, Public Health Planners,
Health Protection and Investigation Division

Brenda Miller, Manager, Infection Control, Rabies, Vector-Borne
Diseases, Tobacco Enforcement and Kitchener and Area Team

Approved By: **Dr. Liana Nolan**, Commissioner/Medical Officer of Health



Report: CSD-15-01

Region of Waterloo
Community Services
Administration

To: Chair Geoff Lorentz and Members of the Community Services Committee

Date: May 5, 2015

File Code: A02-20

Subject: Appointment of the Ontario Works Administrator

Recommendation:

That the Regional Municipality of Waterloo appointment Carolyn Schoenfeldt as Administrator, pursuant to Section 43 of the *Ontario Works Act*, 1997, effective April 27, 2015;

And, that a resolution be forwarded to the Director of Ontario Works for approval as outlined in Report CSD-15-01, dated May 5, 2015.

Summary:

Nil

Report:

Pursuant to Section 43 of the *Ontario Works Act*, 1997, each delivery agent shall, with the approval of the Director of the Ontario Works Branch, appoint an Administrator to oversee the administration of the Act in the delivery agent's geographic area. The Region, through Employment & Income Support of Community Services Department is the delivery agent for Waterloo Region pursuant to a regulation under the *Ontario Works Act*, 1997.

On Monday, April 27, 2015, Carolyn Schoenfeldt commenced employment with the Region as Director, Employment & Income Support. The position of Director carries the added role of Administrator, Ontario Works; hence, the recommendation above and the request for a resolution.

Once the Region of Waterloo confirms its appointment of Ms Schoenfeldt as the Administrator through a Council resolution, it would then be forwarded to the attention of the Ministry Program Supervisor within the Central West Regional Office of the Ontario Ministry of Community and Social Services.

The approval of an Administrator is a five step process:

- A resolution by the delivery agent confirming the appointment.
- The resolution is then sent to the appropriate Regional Office of the Ministry of Community and Social Services.
- The Regional Office then forwards the resolution to the Provincial Director of Ontario Works.
- The Director provides his/her decision on the appointment to the Regional Office.
- Written notification is forwarded by the Regional Office to the delivery agent.

Corporate Strategic Plan:

The appointment and approval of the Administrator addresses the 2011-2014 Corporate Strategic Focus Area 5: Service Excellence; Strategic Objective 5.6: Strengthen and enhance partnerships with area municipalities, community stakeholders and other orders of government.

Financial Implications:

Nil.

Other Department Consultations/Concurrence:

The report has been reviewed by staff in Corporate Resources, Legal Services.

Attachments

Nil.

Prepared By: Douglas Bartholomew-Saunders, Commissioner, Community Services

Approved By: Douglas Bartholomew-Saunders, Commissioner, Community Services



Report: CSD-HOU-15-10

Region of Waterloo
Community Services
Housing Services

To: Chair Geoff Lorentz and Members of the Community Services Committee

Date: May 5, 2015

File Code: D27-80

Subject: Revised Terms of Reference for the Waterloo Region Housing
Operations Advisory Committee (WRHOAC)

Recommendation:

For Information.

Summary:

Nil.

Report:

Waterloo Region Housing manages 2,722 Regionally-owned Community Housing units across 62 sites in the Region of Waterloo.

The mandate of the Waterloo Region Housing Operations Advisory Committee (WRHOAC) is to provide input and information to Regional staff on policy changes that affect the operations of Waterloo Region Housing (WRH), in the following areas:

- Provide a community perspective to Waterloo Region Housing management and a forum to discuss new housing ideas;
- Provide advice and recommendations to Waterloo Region Housing staff regarding operational policies and procedures;
- Advise on communication strategies;
- Advise on priorities, budget and work program;
- Foster tenant involvement and fair practices;

- Monitor progress/trends of initiatives, programs and monthly reports such as tenant placement and unit turnover; and
- Monitor the implementation and effectiveness of operational policy.

The membership includes broad community, geographic and sector representation to provide opportunities for community and tenant members to contribute their knowledge and expertise related to community housing programs. Previous membership included Waterloo Region Housing staff, Regional Council representation, community representatives from cities and townships within Waterloo Region, and tenant representatives. Community representatives have a demonstrated knowledge in areas such as community housing programs, property management and community development, and tenant representatives contribute from their current or past experiences living in community housing. Membership terms are for three (3) years, not to exceed six (6) years, and are solicited through advertisements in local newspapers. Prior to 2015, applications were reviewed by staff, following with recommendations sent to Regional Council for approval.

The previous membership for the committee included the following positions:

• Chair - Manager, Waterloo Region Housing	1
• Regional Councillor	1
• Community appointments from Kitchener, Waterloo and Cambridge	3
• Community appointments from Townships	2
• Tenant Representatives at Large	<u>2</u>
Total Committee Members	9

As of January 2015, the WRHOAC was changed from a Regional Advisory Committee to a Housing Services Program Advisory Committee, as it is primarily an operations committee (see Appendix A – Revised Terms of Reference). This impacted the membership criteria for the committee and the approval process for new members to the committee. The specific changes were:

- Removed the Regional Councillor member position;
- Added a third Tenant Representative at Large position;
- The Commissioner, Community Services, approves new members instead of Regional Council;
- Removed the responsibility to hear appeals on eligibility, internal transfers and for non financial evictions (since the Community Housing Review Committee now does this);
- Reduced the number of meetings from six times to four times per year; and
- Changed quorum to majority of the appointed members (instead of no less than five (5) members).

Corporate Strategic Plan:

The work of the Waterloo Region Housing Operations Advisory Committee is consistent with the Region's Corporate Strategic Plan 2011-2014, Focus Areas 4: Healthy and Inclusive Communities, where the Region of Waterloo will work with community partners to take actions to reduce inequities and enhance community health, safety, inclusion and quality of life; and, Focus Area 5: Service Excellence: Deliver excellent and responsive services that inspire public trust, to ensure Regional programs and services are efficient and effective and demonstrate accountability to the public.

Financial Implications:

The nominal costs associated with operating the WRHOAC are included in the approved Housing Services budget.

Other Department Consultations/Concurrence:

Regional staff from Council and Administrative Services, Planning, Development and Legislative Services and from Finance, Corporate Services, were consulted on this report.

Attachments

Appendix A: Revised WRHOAC Terms of Reference (#1769064)

Prepared By: Deb Schlichter, Director, Housing Services

Approved By: Douglas Bartholomew-Saunders, Commissioner, Community Services

Attachment A



Waterloo Regional Housing Operations Advisory Committee (Wrhoac) Revised Terms of Reference 2015

1.0 Mandate

The Waterloo Region Housing Operations Advisory Committee (WRHOAC) will provide input and information to Regional staff on policy changes that affect the operations of Waterloo Region Housing (WRH). Recommendations may originate from staff, tenants or Committee members and the Committee will provide direction to Waterloo Region Housing staff on matters referred to them.

2.0 Duties and Responsibilities

The Committee will be responsible for the following duties:

- Provide a community perspective to Waterloo Region Housing management and a forum to discuss new housing ideas;
- Provide advice and recommendations to Waterloo Region Housing staff regarding operational policies and procedures;
- Provide advise on communication strategies;
- Provide advice on priorities, budget and work program;
- Foster tenant involvement and fair practices;
- Monitor progress/trends of initiatives, programs and monthly reports such as tenant placement and unit turnover; and
- Monitor the implementation and effectiveness of operational policy.

3.0 Membership

The Committee will be structured to achieve broad community, geographic and sector representation. Representatives of the community and tenants will contribute their knowledge and expertise relating to social housing programs.

3.1 Members

Members on the Committee will include the Manager, Waterloo Region Housing, as Chair; community representative from each of the three cities; two representatives from the townships and tenant representatives. Community Representatives/appointees will

have a demonstrated knowledge in areas such as social housing programs, property management and community development.

Chair - Manager, Waterloo Region Housing	1
Community appointment from each City - Kitchener, Waterloo and Cambridge	3
Community appointment from Townships - North Dumfries, Wellesley, Wilmot, and Woolwich	2
Tenant Representatives at Large	3
Total Committee Members	9

Staff Representation to include Supervisor, Area Operations (2) and other staff as may be required.

Members will be appointed on the basis of their experience and how their knowledge and skills complement the expertise of the Committee. Individuals will be expected to represent a view that encompasses all sectors of the Region as a whole, not any particular geographic or special group.

4.0 Terms of Office

The Terms of Office will be three (3) years not to exceed six (6) years. Membership will be appointed on an annual basis from January 1 to December 31 for a three (3) year term.

Members will be solicited through advertisements in local newspapers with applications being reviewed by staff with a recommendation to the Commissioner, Community Services. This recommendation will be for a three (3) year term on the Waterloo Region Housing Operations Advisory Committee.

5.0 Remuneration

Committee Members shall serve without remuneration, however travel and parking costs will be reimbursed in accordance with Regional Policies.

6.1 Meeting Chair

Meetings will be chaired by the Manager, Waterloo Region Housing

6.2 Minutes and Agenda

The Chair will be responsible for preparing meeting agendas, reports, minutes, notices

of meetings. Distribution of agenda and minutes to the committee members will be no less than one (1) week prior to the meeting.

6.3 Meetings

Meetings will be held on a quarterly basis (every 3 months) or as required, at the office of Waterloo Region Housing currently located at 235 King St. E., Kitchener. The day and time of the meeting will be determined by the Committee members

6.4 Quorum and Voting

The quorum will be a majority of the appointed members. The Chair is not a voting member. Decisions will be made by thorough discussion and majority votes.

6.5 Subcommittees

Members may be expected to sit on subcommittees to review particular issues.

6.6 Delegations

From time to time, the committee may entertain persons or groups to address the Committee and participate in discussions on subjects before the committee. Delegations will be limited to 10 minutes and/or as determined by a majority vote of the committee.

6.7 Reporting and Outcomes

The Waterloo Region Housing Operations Advisory Committee will make recommendations to staff of Waterloo Region Housing. Recommendations may originate from both staff and/or Committee members. The Director, Housing Services and Commissioner, Community Services, will determine which issues will need to go to Regional Council's Community Services Committee or to the Commissioner, Community Services, for approval. Agendas and minutes will be forwarded to the Commissioner, Community Services, for information and review.

7.0 Conflict of Interest

Members are expected to undertake their responsibilities on an impartial and objective basis. Any member whose financial or personal interest could be in conflict with the Region is obliged to disclose the conflict at the meeting. Members will not participate in any discussion or recommendations in which their family has any financial or personal interest except in common with other residents of the municipality.

All members shall adhere to the Conflict of Interest Policy for Advisory Committees, approved by Council on May 28, 2003. All members shall annually review and complete the agreement and signature form attached to the policy. Signature forms are to be returned to the Committee Clerk for safe keeping.



Report: CPC-15-03

Region of Waterloo

Waterloo Region Crime Prevention Council

To: Chair Geoff Lorentz and Members of the Community Services Committee

Date: May 5, 2015 **File Code:** C06-60

**Subject: Waterloo Region Violence Prevention Plan: Overview of
Accomplishments to Date and Next Steps**

Recommendation:

For information

Summary:

This report provides a brief overview of the history, accomplishments and future directions of the Violence Prevention Committee (VPC), a sub-committee of the Waterloo Region Crime Prevention Council.

In 2004 the VPC was tasked with providing leadership for violence prevention planning as part of the Region's planning for human services and growth management into the future. The 2006 report **Reducing Violence by Enhancing Human and Social Development: A 40 Year Plan for Waterloo Region** produced a number of recommendations that were also incorporated into the Region's Human Services Plan at the time. Since then, the VPC has engaged in research and planning and facilitated initiatives to prevent and reduce violence predominately by addressing gaps in services for victims and offenders of interpersonal violence, and by addressing the needs of crossover children. Crossover children are children and youth who are involved in the child welfare system and are subsequently charged with crimes.

The future focus of the VPC will be the development of a framework for measuring, monitoring and reporting on the various forms of interpersonal violence occurring in Waterloo Region over time for the purpose of stimulating actionable changes.

Report:

In 2004 the Waterloo Region Crime Prevention Council (WRCPC) was asked to develop a violence prevention plan as part of the Region's planning for human services into the
1840951

future and the Region's growth management plan. The WRPCPC established the Violence Prevention Plan Implementation Committee (currently named the Violence Prevention Committee) in 2004 to provide leadership for violence prevention planning. A report titled **Reducing Violence by Enhancing Human and Social Development: A 40 Year Plan for Waterloo Region** was produced in 2006, based on 52 key informant/public consultation sessions and review of 200 studies. The plan contained recommendations for creating a safe and secure environment for residents and for reducing interpersonal violence through social development. A number of these recommendations were incorporated into the Region's Human Services Plan. In 2007 the Region provided the WRPCPC with resources to advance the implementation of the violence prevention plan and a staff person was hired.

A central recommendation of the report was an ambitious plan to create a significant philanthropic fund to establish a Centre of Applied Research in Violence Prevention that could serve the community of Waterloo Region and beyond. The Violence Prevention Committee (VPC) explored many options for partnerships and funding sources between 2006 and 2012 in order to implement this recommendation. This included significant efforts through a partnership with Conestoga College to obtain funding from the Ontario government and the subsequent development of a partnership with the Centre for Community Research Learning and Action (Wilfrid Laurier) and the submission of a grant application to the Social Sciences and Humanities Research Council. Ultimately, efforts to procure core resources to establish this Centre were not successful. Since that time, the WRPCPC decided to incorporate the knowledge exchange concept behind the Centre of Applied Research in Violence Prevention into the day-to-day operations of the WRPCPC as part of its evidence based "smart on crime" direction.

In 2008, the VPC finalized a **Violence Prevention Plan Prospectus** that built upon the original 40 year plan and statement of belief:

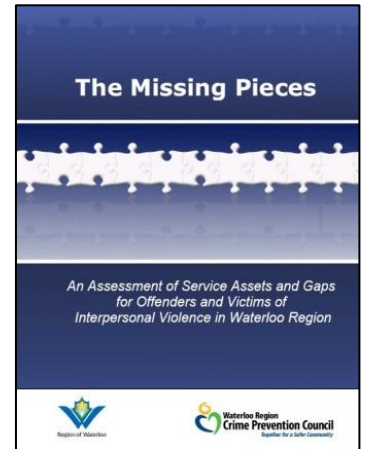
"The prevention of violence cannot focus on violence. Instead it must focus on human and social development. Violence is a symptom of a society out of balance, and unless and until that balance is restored, violence will continue at unacceptable levels."

The **Violence Prevention Plan Prospectus** established six goal areas to guide their continued work in violence prevention. These goals/guiding principles are:

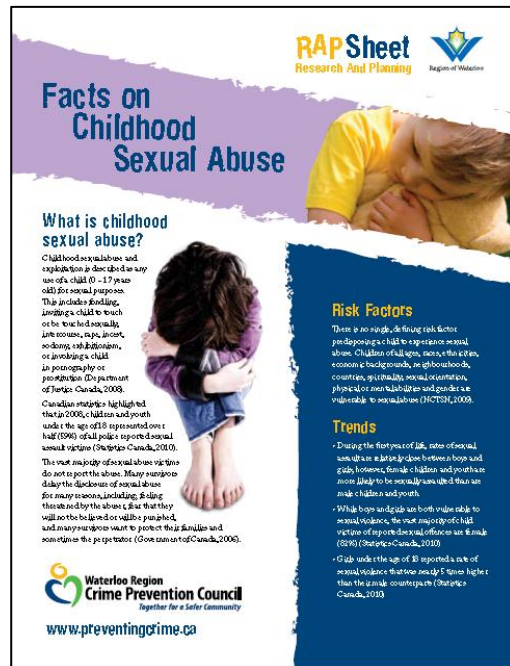
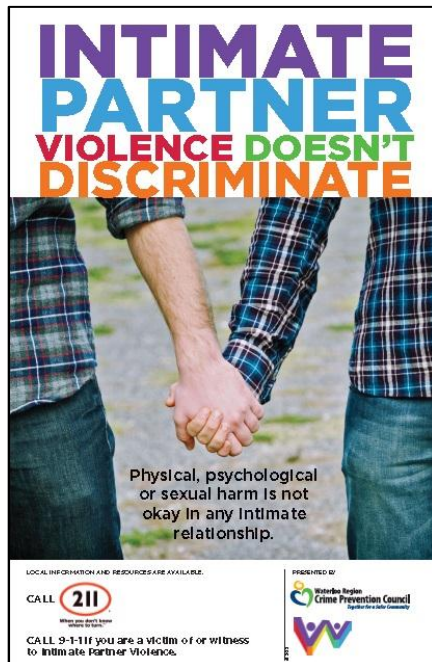
1. Assist During Childhood
2. Address Addiction Issues
3. Support Diverse Communities
4. Reduce Income Inequality
5. Enhance Neighbourhood Capacity
6. Ensure Social Support Services Exist

The VPC initiated research, planning and community actions in the reduction and prevention of violence in several of these six areas between 2008 and 2014.

- The VPC implemented a community planning process that led to the report: **The Missing Pieces: An Assessment of Service Assets and Gaps for Offenders and Victims of Interpersonal Violence in Waterloo Region** (October 2010). The VPC also supported and monitored the implementation of many of the 44 recommendations arising from this report, in strong collaboration with community agencies and partners. A few are highlighted below:



- Training for health professionals to screen clients for signs of interpersonal violence is implemented annually since 2011 with a different population of health providers each year. To date over 200 physicians, midwives, nurses, social workers and dental health professionals have attended the training.
- An education campaign (below left) regarding abuse in same sex relationships was implemented with community partners. In addition, partner agencies reviewed their promotional materials and services to increase accessibility and relevance for LGBTQ individuals who are in an abusive relationship.
- A public awareness campaign (below right) to increase community understanding of the impact of childhood sexual abuse and dispel some of the myths associated with it was designed and released in August 2011.



- Recommendations to increase employment skills and opportunities for persons returning to the community from a correctional facility were realized through entrepreneurship training at the Grand Valley Institution for Women (GVI) by local business partners, providing training sessions for employment counsellors and expanding the Work Release program at GVI.



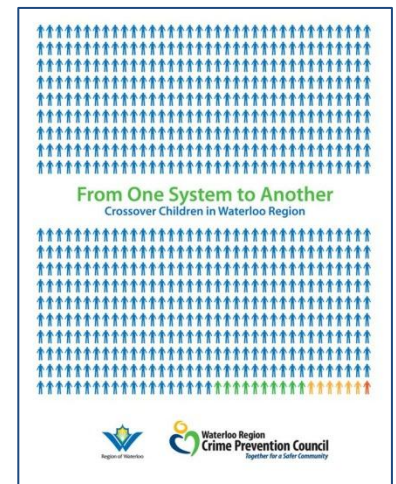
Courtesy Grand Magazine

- A recommendation to develop a circle of support program for men exiting custodial institutions and settling in Waterloo Region is currently under way. A number of community agencies are collaborating in the development of a proposal for funding for such a program.

- In 2011 - 2012, the VPC undertook research on crossover children in Waterloo Region. Crossover children are defined as children and youth living in the care of the child welfare system who are subsequently charged with a criminal offence. In 2012, the report **From One System to Another: Crossover Children in Waterloo Region** was published.

Recommendations implemented from this report include:

- The VPC facilitated a successful bid to obtain funding

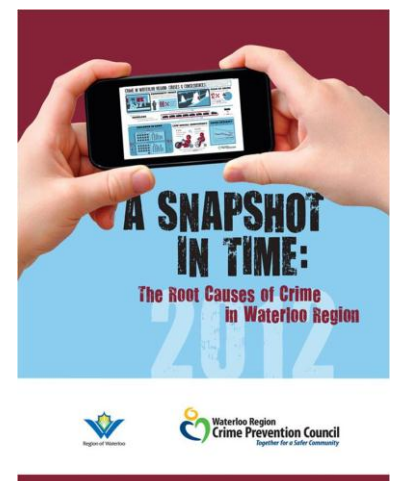


for a program to build healthier relationships between crossover youth and their parents / caregivers, provided by a local agency.

- An extensive **Volunteer Today Public Awareness Campaign** was implemented to encourage adults in Waterloo Region to volunteer as mentors and foster parents. The campaign was made possible with over \$275,000 of in-kind local media support and was developed and distributed in partnership with several key community organizations.



- In 2012, the report **A Snapshot in Time: The Root Causes of Crime in Waterloo Region** was produced to track root causes of crime in Waterloo Region. By monitoring the root causes of crime over time Waterloo Region will be better positioned to implement proactive solutions to reduce crime, victimization and fear of crime. This report will be published with updated data every 4 years.
- In 2013 the VPC began a research and planning project to create a cross sector neighbourhood based report on violence in Waterloo Region. This project (The Spatial Distribution of Crime in Waterloo Region) is currently in progress.



Despite these collective efforts there remain significant gaps in our community knowledge about the nature and extent of interpersonal violence within Waterloo Region. While we have a good understanding of the aggregate risk factors associated with interpersonal violence, there is a need for a more comprehensive overview that will increase our understanding of the issues and trends associated with interpersonal violence in our community to more strategically support planning and action. A regular overview of violence data that can be monitored over time alongside social factors that are known to increase the risk for interpersonal violence would greatly increase public understanding and collective efficacy for prevention.

In the fall of 2014, the WRCPC tasked the VPC to focus on the development of such a framework for measuring, monitoring and reporting on the various forms of interpersonal violence occurring in Waterloo Region over time. The structure and membership of the VPC will be reformulated to provide the expertise required for this particular task. The projects described above that are current or on going, will continue to receive support through the WRCPC into the future.

As the Region continues to grow, it is reasonable to expect that occurrences of interpersonal violence will also increase. However, our ability to understand and monitor the nature and extent of interpersonal violence directly impacts our ability to prevent future incidents through attending to its root conditions. Comprehensive community knowledge will better position us to respond with the most effective prevention and intervention strategies over time.

In Conclusion

The WRCPC remains committed to the development of efforts that prevent interpersonal violence through evidence based approaches. A forty-year plan that was developed over a decade ago set the tone for collaborative actions and increased our community potential to prevent violence before it happens. However, forty-year plans need to be re-examined in light of the experiences over time, the success and challenges of the task at hand and the changed community and social landscape since their inception. Based on such analysis the WRCPC agreed, that while the overall goal of preventing and reducing violence remains, the approach to implementation based on experiences and knowledge gained to date needs to change. This will further advance pro-active measures even in the absence of the ability to resource a violence prevention knowledge center as envisioned in the original plan.

Corporate Strategic Plan:

This report aligns with the 2011-2014 Region's Corporate Strategic Focus Area 4: Healthy and Inclusive Communities; Strategic Objective 4.4 Enhance community safety and crime prevention.

Financial Implications:

The costs of supporting the Region's violence prevention plan are provided for in the WRPCs annual operating budget.

Other Department Consultations/Concurrence:

Nil.

Attachments:

Nil.

Prepared By: Dianne Heise, Coordinator, Community Development and Research,
WRPC

Approved By: Anthony Piscitelli, Supervisor, Planning & Research, WRPC



Report: PDL-CUL-15-12

Region of Waterloo
Planning, Development and Legislative Services
Cultural Services

To: Chair Geoff Lorentz and Members of the Community Services Committee

Date: May 5, 2015 **File Code:** H10-06 (A)

Subject: **Region of Waterloo Museums Exhibits and Events – May to September 2015**

Recommendation:

For information.

Summary:

Region of Waterloo Museums host numerous exhibits and events throughout the year. For promotional purposes, the calendar year has been divided into three seasonal periods. This report highlights summer programming from May through September 2015. Promotion of these activities includes various paid and unpaid advertising opportunities, including the distribution of a printed event listing for each museum. All the museums are promoted through the Region of Waterloo Museums' website www.regionofwaterloo.ca/museums and through various other marketing initiatives including e-newsletters, email blasts, online community listings, newspaper and magazine advertisements, and social media feeds including Facebook, Twitter, YouTube and Flickr.

Some of the events in the upcoming season include: BEER! The Exhibit, an interactive exhibit at the Waterloo Region Museum that explores the history of brewing and selling beer in Waterloo Region, the Waterloo Wellington Children's Groundwater Festival taking place in Doon Heritage Village, the Grand National Quilt Show at Joseph Schneider Haus and Tee Time, a golf exhibit at McDougall Cottage.

Waterloo Region Museum and Doon Heritage Village are open daily. Joseph Schneider Haus is open Wednesday to Sunday and then daily during July and August. McDougall

Cottage is open Wednesday to Sunday. All three museums are open and operational for the summer season. Complete hours of operation are included in this report.

Report:**Doon Heritage Village and Waterloo Region Museum**

Doon Heritage Village opens for the season on May 1. New this year, the village will offer horse-drawn wagon rides Sunday afternoons in July and August. In addition, the Village will again host a Summer Music Series that takes place every Sunday afternoon in July and August featuring many popular local musicians. The village is also host to a number of events during the summer, including The Walk So Kids Can Talk, EcoFest, Canada Day Celebrations and History Under the Trees.

This summer, Waterloo Region Museum is hosting BEER! The Exhibit, open from June 19 to January 3, 2016. The exhibit tells the story of the history of brewing, selling and consuming of beer in Canada, with a focus on more than 175 years of brewing tradition in Waterloo Region. Visitors will learn how beer is made, the impact prohibition had on the brewing industry, and the evolution of craft breweries. From public houses to bars, temperance societies to Mothers Against Drunk Driving, the exhibit explores the cultural and social influences of beer.

The museum has reached out to many craft brewers and related organizations in Waterloo Region to help tell this engaging local story. The museum is partnering with Impact Events Group to host a special Father's Day Craft Beer Festival on Sunday, June 21 that will feature several craft breweries.

Waterloo Region Museum and Doon Heritage are open daily Monday through Sunday from 9:30 a.m. to 5 p.m.

Joseph Schneider Haus

The Grand National Quilt Show is on exhibit at Joseph Schneider Haus from May 10 to September 27. This National juried quilt show, presented in partnership with the Grand National Committee, invites quilt artists from across Canada to participate in a thematic exhibition. The 2015 theme is Connections.

Joseph Schneider Haus hosts a number of other events and guest speakers during the summer including guided Walking Tours through the neighbourhood surrounding the historic house hosted by local historian rych mills.

Joseph Schneider Haus is open Wednesday through Saturday from 10 a.m. to 5 p.m. and Sunday from 1 to 5 p.m. through June 30, and then daily in July and August from 10 a.m. to 5 p.m. Monday through Saturday and 1 to 5 p.m. Sundays. Joseph

Schneider Haus will be open on Canada Day.

McDougall Cottage

Paint the Grand, an annual fundraising event for the Friends of McDougall Cottage in support of the Musician-in-Residence program takes place Sunday, June 7. The event allows visitors to watch local amateur and professional artists paint works of art near the Cottage. A silent auction will take place allowing people to bid on these paintings from early September to December.

Ongoing programs at McDougall Cottage include Ceilidhs on the first Thursday of each month and Tartan Teas also held monthly. The Cottage is open for the season Wednesday through Sunday from noon to 5 p.m. McDougall Cottage will be open on Canada Day.

Area Municipal Consultation/Coordination

Area Municipal staff is informed of events and activities at the museums and they will receive a copy of this report. The museums advertise in the leisure/activity guides published by each of the Cities of Cambridge, Kitchener and Waterloo.

Corporate Strategic Plan:

Supporting initiatives that promote and enhance arts, culture and heritage are directly related to Growth Management Focus Area 2, Action 2.4.2: Provide opportunities to optimize the use of Regional cultural facilities.

Financial Implications:

The initiatives listed for 2015 are funded through budgets administered by Planning, Development and Legislative Services.

Other Department Consultations/Concurrence:

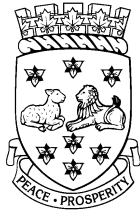
Design and printing of promotional material is administered by Council and Administrative Services in partnership with the museums.

Attachments:

Nil.

Prepared By: Sean Jasmins, Supervisor, Marketing and Partnerships

Approved By: Rob Horne, Commissioner, Planning, Development and Legislative Services



Report: PHE-IDS-15-06

Region of Waterloo

Public Health

Infectious Diseases, Dental and Sexual Health

To: Chair Geoff Lorentz and Members of the Community Services Committee

Date: May 5, 2015

File Code: P25-20

Subject: Harm Reduction Planning, Programs and Services Update

Recommendation:

For information

Summary:

Harm reduction, in a substance use context, refers to programs and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption. Harm reduction benefits people who use drugs, their families and the community,¹ through the provision of non-judgmental health care and supports. Abstinence is not a requirement to receive needed health and social supports.

Harm reduction programs help prevent the spread of blood-borne infections such as human immunodeficiency virus (HIV), hepatitis C, and hepatitis B. Such programs do not increase drug use.

In Waterloo Region, Regional Council serves as the Board of Health. As per the Ontario Public Health Standards, the Board of Health is required to:

- ensure access to a variety of harm reduction program delivery models, including the delivery of a needle syringe program; and
- engage community partners and priority populations in the planning and delivery of harm reduction programs and services.

Region of Waterloo Public Health provides a variety of harm reduction programs and services in collaboration with community partners. These programs and services

include, but are not limited to:

- a needle syringe program
- provision of drug-use equipment
- referrals to treatment and other services, and
- overdose prevention programs

In addition, Public Health and its partners work to adhere to best practice recommendations for harm reduction programs.

Recent work includes collaborating with partners to increase needle syringe disposal options in a variety of community locations (refer to Attachment 1). Public Health is also leading a coordinating committee and two work groups comprised of over 40 individuals from 25 community organizations, including community members, to review, prioritize and develop action plans to implement the harm reduction-related recommendations in the Waterloo Region Integrated Drugs Strategy (refer to Attachment 2).

In addition, to prepare the Board of Health to make decisions related to these future action plans, Region of Waterloo Public Health plans to update its Baseline Study on Substance Use, which was completed in June 2008 (refer to Report PH-08-035). This will allow Region of Waterloo Public Health and the Board of Health to have current information on substance use trends when making future decisions about improving harm reductions programs and services.

Updating this study will also include the development of a surveillance plan so Public Health and its partners can monitor substance use, and its effects, on ongoing basis. Findings from the report will be shared with the Board of Health once completed.

In August 2014, Council also requested staff report back on needle disposal practices, and these are outlined in this report.

Report:

Introduction

Harm reduction, in a substance use context, refers to programs and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption. Harm reduction benefits people who use drugs, their families and the community).¹

The Board of Health is mandated by the Ministry of Health and Long-Term Care, as outlined in the Ontario Public Health Standards (2008)², to:

- “ensure access to a variety of harm reduction program delivery models which shall include the provision of sterile needles and syringes and may include other evidence-informed harm reduction strategies in response to local surveillance,”

and to

- “...engage community partners and priority populations in the planning, development, and implementation of harm reduction programming.”

The intended Board of Health outcomes for these strategies is:

- “priority populations (such as people who use drugs) have access to harm reduction services to reduce the transmission of blood-borne infections,” and
- “priority populations have the capacity to adopt behaviours related to healthy sexuality and the prevention of sexually transmitted infections and blood-borne infections.”

Substantial evidence demonstrates that harm reduction programs help prevent the spread of blood-borne infections such as human immunodeficiency virus (HIV), hepatitis C, and hepatitis B. This evidence comes from scientific studies conducted in Canada and other countries, and with different groups of people (i.e. youth, adults, individuals from different cultures). Experts and practitioners in the field of substance use have examined the results of harm reduction programming, and their effectiveness is widely and consistently reported.^{3 4 5 6 7 8 9 10 11 12} According to researchers, harm reduction programs do not increase drug use.^{9 13 14}

This report, which is a follow-up to the June 2014 report (refer to PH-14-029), will update the Board of Health on Region of Waterloo Public Health’s efforts to:

- Offer harm reduction programs and services to meet the Board of Health’s requirements under the Ontario Public Health Standards
- Adhere to best practices for harm reduction programs
- Increase needle syringe disposal options
- Lead community efforts, under the Waterloo Region Integrated Drugs Strategy, to plan for, and implement, improvements to harm reduction-related programs and services in Waterloo Region

Harm Reduction Programs and Services Offered by Region of Waterloo Public Health

Region of Waterloo Public Health and its community partners offer a range of harm reduction programs and services, including:

- Needle syringe programs
- Provision of clean and sterile drug-use equipment including sterile water, alcohol, swabs, tourniquets, ascorbic acid (vitamin C), and filters
- Condom distribution
- Client-centered counselling
- Skill-building and education sessions

- Referrals to treatment, health and other (social) services
- Opioid overdose prevention program (naloxone distribution, overdose prevention training)

Needle syringe programs (formerly referred to as needle exchange programs) work to distribute new and dispose of used injection equipment and to provide prevention education related to blood borne infections, skin and vein problems, and overdose prevention.³

Locally, the needle syringe program is provided to the community by four community agencies:

- Region of Waterloo Public Health at their offices in Waterloo and Cambridge;
- AIDS Committee of Cambridge, Kitchener, Waterloo & Area (ACCKWA) at their Kitchener office
- oneROOF at their facility
- Cambridge Shelter Corporation at their main office/shelter site

ACCKWA, in partnership with Sanguen Health Centre, also offers this service through their outreach workers at several community locations.

In addition to providing syringes and equipment, staff offering these programs also provide counselling, education and referrals to other services when appropriate.

All community partners that participate in the needle syringe program receive training from Region of Waterloo Public Health staff, primarily from a public health nurse whose work is focused on harm reduction. The nurse also provides ongoing support to partners.

Data collected at Region of Waterloo Public Health's needle syringe program sites in Cambridge and Waterloo, between January 2013 and December 2014, indicates:

- Approximately 70 per cent of clients were male and 30 per cent were female
- The average age of all clients was 35
- There were an average of 116 visits per month in Waterloo and 72 visits in Cambridge

In June 2014, Region of Waterloo Public Health enhanced its harm reduction/overdose prevention programming by distributing Naloxone to interested and qualified individuals. Naloxone is a prescription medication that has the ability to reverse the effects of an opioid (e.g. heroin) overdose, and the distribution of the medication is designed to reduce the number of preventable deaths due to opioid overdose. This program is endorsed and funded by the Ministry of Health and Long-Term Care, and is being implemented by other public health units and other community agencies across the province. Naloxone-based overdose prevention programs involve:

- Education and training (including information about how to recognize the signs of an opiate overdose and naloxone administration)
- Distribution of naloxone kits
- Client follow-up

Naloxone will not cause harm if it is administered to an individual who has not overdosed on an opiate drug.

Naloxone is also being distributed through Sanguen Health Centre in Waterloo.

For a full overview of harm reduction, please refer to Region of Waterloo Public Health Question and Answer Document on Harm Reduction (web link provided under Attachments).

Best Practice Recommendations for Canadian Harm Reduction Programs

Developed by a Canada-wide multi-disciplinary team, the goal of the Best Practice Recommendations for Canadian Harm Reduction Programs is to “improve the effectiveness of harm reduction programs that deliver prevention services to people who use drugs and are at risk for human immunodeficiency virus (HIV), hepatitis C, hepatitis B, and other harms.”³ Based on an extensive review and synthesis of literature, these evidence-informed recommendations are designed to improve the quality, consistency and effectiveness of harm reduction programs.

The best practice document provides recommendations in 11 areas, including:

- Needle and syringe distribution
- Drug equipment distribution (e.g. cookers, filters, ascorbic acid, sterile water, alcohol swabs, tourniquets)
- Safer crack cocaine smoking (safer inhalation) equipment distribution
- Disposal and handling of used drug equipment
- Safer drug use education
- Opioid overdose prevention: education & naloxone distribution

The document recommends (and provides supporting evidence) that syringes and associated drug use equipment be provided to clients who inject or inhale drugs.

Further, the best practice document recommends:

- Equipment, including needles and syringes, be provided with no limit (in terms of supply) for each visit
- Needles be provided without requesting clients to return used needles. Region of Waterloo Public Health educates clients on proper disposal of needles, encourages them to return used needles to us or dispose of them properly elsewhere, and offers bins for needle disposal, but does not require clients to return used needles at the same time as they receive new needles.

- Clients be educated on the safe use of injection and inhalation equipment, and the risks of sharing and reusing
- Drug use equipment be disposed of in accordance with local recommendations on biomedical waste and,
- Multiple, convenient locations for safe disposal of used equipment be provided

Overall, Region of Waterloo Public Health and its community partners follow almost all of the best practice recommendations. One exception is the distribution of safer inhalation equipment, which is not currently included in the Public Health's harm reduction programs and services. There is, however, one community partner providing this equipment to meet priority population demand, and pays for the supplies from their organization's budget. Based on recommendations regarding best practices and requests from both clients and community partners, distribution of safer inhalation equipment is currently under review by Region of Waterloo Public Health, and will be integrated into harm reduction recommendations that will be brought back to Council.

Despite adherence to the Ontario Public Health Standards and almost all of the best practice recommendations, it is recognized that harm reduction programs and services can be improved. This is reflected in feedback from both clients and community partners gathered during the development of the Waterloo Region Integrated Drugs Strategy and other reports. Refer to the Improving Harm Reduction Programs and Services and Next Steps section for additional information.

Increasing Needle Syringe Disposal Options

Public Health Nurses and staff at partner organizations who offer needle syringe programs encourage people who inject substances to return used syringes to the program or to other sites equipped with sharps containers for safe disposal. Public Health provides clients with disposal containers when distributing syringes. Staff also provide information about other less risky methods of storing and disposing of used needles such as placing them in a puncture proof container or a glass jar, laundry detergent or bleach container with lid, and/or taking them to a waste disposal site or pharmacy.

In keeping with best practice recommendations, Public Health and its community partners, particularly the local area municipalities, continually work to increase needle syringe disposal options in order to prevent used equipment being disposed of inappropriately. The desire for increased disposal was also discussed at the August 2014 Community Services Committee meeting.

Since the August meeting, Region of Waterloo Public Health compiled an inventory of needle syringe disposal units by municipality (refer to Attachment 1). A more recent change is the addition of disposal units at City of Kitchener facilities such as community centres, pools, parks and other commonly used buildings. The addition of these units

should allow for improved safe disposal of used drug equipment in those areas.

It is also important to note:

- Disposal units can be used for other purposes (e.g. disposal of diabetes-related equipment)
- There are disposal units at other community locations such as St. John's Kitchen, oneROOF, Cambridge Self-Help Food Bank, Canadian Mental Health Association, Bridges (Cambridge Shelter Corporation), Lutherwood (downtown Kitchener only), and YWCA Emergency Shelter (for residents only)
- Some private companies or organizations also provide disposal units at their facilities

Finally, conversations with local area municipalities and Regional By-Law indicate they receive very few calls or complaints related to inappropriate disposal of drug equipment (e.g. "About 10 occurrences of needles found which would be inside a 6 month window," "We were collecting some sharps (not many)...very few calls"). This trend of infrequent complaints has been consistent at least over the last two years.

Region of Waterloo Public Health will continue to work with its partners and clients to promote the safe disposal of used drug equipment. This is also an area of consideration for future harm reduction work (refer to the next section).

Improving Harm Reduction Programs and Services and Next Steps

In late 2011/early 2012 the Waterloo Region Crime Prevention Council (CPC) finalized the Waterloo Region Integrated Drugs Strategy (herein referred to as "the Strategy") with support from Region of Waterloo Public Health. Upon endorsement of the Strategy by the Crime Prevention Council, Public Health agreed to lead a committee comprised of community partners and representatives to review and prioritize the 23 harm-reduction related recommendations. This is reflected in the harm reduction component of 2011-2014 Corporate Strategic Focus Item 4.2.1 — Work with community partners to improve harm reduction and prevention programming for substance misuse.

In late 2012/early 2013, Public Health initiated a process to establish and recruit members for the Waterloo Region Harm Reduction Coordinating Committee (herein referred to as the Coordinating Committee). Approximately 15 individuals from several community organizations, as well as citizens with an interest in harm reduction, volunteered to serve as members of the Coordinating Committee (refer to Attachment 2 for a list of organizations represented on the committee).

With twenty-three harm reduction-related recommendations to consider, the Committee went through two separate prioritization processes to finalize three recommendations for implementation over the next three years. These include:

- Recommendation #39 — Expand harm reduction programs and services (increase access to services, disposal, initiate a range of harm reduction initiatives that support individuals who inject and/or inhale substances, etc.)
- Recommendation #45 — Increase public awareness of topics related to substance use
- Recommendation #51 — Develop and implement a harm reduction-specific strategy for the health care sector

The Coordinating Committee's mandate and outcome of the prioritization process was approved by the Waterloo Region Integrated Drugs Strategy Steering Committee (WRIDS) in 2014. The Waterloo Region Integrated Drugs Strategy Steering Committee is a committee of the Waterloo Region Crime Prevention Council and will be housed out of the Kitchener Downtown Community Health Centre.

In March 2015, Region of Public Health and the Harm Reduction Coordinating Committee established two work groups to develop action/implementation plans for recommendations #39 and #45. Over 25 individuals from over 20 organizations or groups volunteered to participate (refer to Attachment 2). Both groups have already started to define the scope of their recommendation and initiate their plans. The plans should also address feedback received from clients and partners on improving harm reduction programs and services.

It is anticipated the action plans will be complete by winter 2015. Once endorsed by the Harm Reduction Coordinating Committee and Waterloo Region Integrated Drugs Strategy Steering Committee, they will be sent to the Board of Health for review.

A work group for the last recommendation, recommendation #51, will be established in the coming months.

To prepare the Board of Health to make decisions related to these action/work plans, Region of Waterloo Public Health plans to update its Baseline Study on Substance Use, which was completed in June 2008 (refer to Report PH-08-035). The study allowed Public Health and its partners to better understand the scope and effects of drug use in Waterloo Region. This will allow Region of Waterloo Public Health and the Board of Health to have current information on substance use trends when making decisions about improving harm reductions programs and services.

Updating this study will also include the development of a surveillance plan so Public Health and its partners can monitor substance use, and its effects, on an ongoing basis. Findings from the report will be shared with the Board of Health once completed.

Ontario Public Health Standards:

Harm reduction planning, program and service provision relates to requirements 11 and 12 in Sexual Health, Sexually Transmitted Infections and Blood-borne Infections

(including HIV) Standard:

- Requirement 11 — The board of health shall engage community partners and priority populations in the planning, development, and implementation of harm reduction programming
- Requirement 12 — The board of health shall ensure access to a variety of harm reduction program delivery models which shall include the provision of sterile needles and syringes and may include other evidence-informed harm reduction strategies in response to local surveillance.

Corporate Strategic Plan:

This report relates to 2011-2014 Corporate Strategic Focus item 4.2.1 — Work with community partners to improve harm reduction and prevention programming for substance misuse.

Financial Implications:

The Ministry of Health and Long-Term Care provides 100 per cent funding for needle syringe programs, including equipment and supplies.

Planning and other supports provided by Region of Waterloo Public Health, including the update of its Baseline Study on Substance Use, are or will be covered under the department's existing cost-shared budget (75 per cent provincial, 25 per cent Regional).

Other Department Consultations/Concurrence:

Representatives from the Waterloo Region Crime Prevention Council and Community Services Department were consulted during the development of this report.

Attachments

Attachment 1 — Location of Needle Syringe Disposal Units by Municipality

Attachment 2 — Harm Reduction Coordinating Committee Work Group Membership (by Organization)

Attachment 3 — [Harm Reduction Questions and Answers](http://chd.region.waterloo.on.ca/en/healthylivinghealthprotection/resources/harmreduction_qa.pdf) Document (weblink only — http://chd.region.waterloo.on.ca/en/healthylivinghealthprotection/resources/harmreduction_qa.pdf)

Prepared By: **Chris Harold**, Manager, Information and Planning (IDDSH)
Lesley Rintche, Manager, Sexual Health and Harm Reduction

Approved By: **Dr. Liana Nolan**, Commissioner/Medical Officer of Health

References

- ¹ “What is harm reduction?” International Harm Reduction Association. Accessed 22 April 2015. <<http://www.ihra.net/what-is-harm-reduction>>
- ² “Ontario Public Health Standards.” Ministry of Health and Long-Term Care. Accessed 21 April 2015. <http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/ophprotocols.aspx>
- ³ Strike, C. et al. Best Practice Recommendations for Canadian Harm Reduction Programs that Provide Service to People Who Use Drugs and are at Risk for HIV, HCV and Other Harms (Part 1). Working Group on Best Practice for Harm Reduction Programs in Canada. 2013.
- ⁴ Bluthenthal R.N. et al. Higher syringe coverage is associated with lower odds of HIV risk and does not increase unsafe syringe disposal among syringe exchange program clients. *Drug Alcohol Dependence*. 2007 Jul 10;89(2-3):214-22.
- ⁵ Kerr T. et al. Syringe sharing and HIV incidence among injection drug users and increased access to sterile syringes. *American Journal of Public Health*. 2010 Aug; 100(8):1449-53.
- ⁶ Programs for Injection Drug Users – A harm reduction approach. National Collaborating Centre for Infectious Diseases. March 2008.
- ⁷ Ritter A, and Cameron J. A review of the efficacy and effectiveness of harm reduction strategies for alcohol, tobacco and illicit drugs. *Drug Alcohol Review*. 2006 Nov;25(6):611-24.
- ⁸ Wodak A., and Cooney, A. Do needle syringe programs reduce HIV infection among injecting drug users: a comprehensive review of the international evidence. *Substance Use and Misuse*. 2006. 41:777-813.
- ⁹ Effectiveness of Sterile Needle and Syringe Programming in Reducing HIV/AIDS Among Injecting Drug Users. World Health Organization. 2004.
- ¹⁰ Dolan, K. MacDonald, M., Silins, E. & Topp, L. 2005. Needle and syringe programs: A review of the evidence. Canberra: Australian Government Department of Health and Ageing.
- ¹¹ Kwong J.C. et al. Ontario Burden of Infectious Disease Study Advisory Group; Ontario Burden of Infectious Disease Study (ONBOIDS): An OAHPP/ICES Report. Toronto: Ontario Agency for Health Protection and Promotion, Institute for Clinical Evaluative Sciences; 2010.
- ¹² Public Health Agency of Canada. Hepatitis C in Canada: 2005-2010 Surveillance Report. Centre for Communicable Diseases and Infection Control, Infectious Disease Prevention and Control Branch, Public Health Agency of Canada; 2011
- ¹³ Watters JK ; Estilo MJ ; Clark GL ; Lorvick J. Syringe and needle exchange as HIV/AIDS prevention for injection drug users. *Journal of the American Medical Association* 1994; 271:115-120
- ¹⁴ Strike, C. et al. Ontario needle exchange programs: Best practice recommendations. Toronto: Ontario Needle Exchange Coordinating Committee, 2006.

**Attachment 1 —
Location of Needle Syringe Disposal Units by Municipality**

Cambridge

Parks	Kinsmen Soper Park
Recreation centres/facilities	Allan Reuter Centre David Durward Centre John Dolson Centre WG Johnson Centre William E. Pautler Centre
Other	Cambridge Centre for the Arts Cambridge City Hall Cambridge Farmers Market

Kitchener

Community Centres	Bridgeport Community Centre Centerville Community Centre Chandler Mowat Community Centre Country Hills Community Centre Doon Pioneer Community Centre Downtown Community Centre Forest Heights Community Centre Kingsdale Community Centre Mill Courtland Community Centre Rockway Senior Centre Stanley Park Community Centre Victoria Hills Community Centre Williamsburg Community Centre
Parks	Budd Park Huron Natural Area Kiwans Park MacLennan Park Victoria Park
Pools	Breithaupt Lyle Hallman Forest Heights
Other	Duke and Ontario Garage Washrooms Kitchener City Hall Kitchener Market Kitchener Operations Facility

Waterloo

Recreation centres/facilities	Adult Recreation Centre RIM Park Waterloo Memorial Recreation Complex
Other	Uptown Waterloo Parkade Waterloo City Hall

Regional Municipality of Waterloo

Regional Buildings	150 Main St., Cambridge 99 Regina St. S., Waterloo Select Grand River Transit terminals
--------------------	-----------------------------------------------------------------------------------------------

**Attachment 2 —
Harm Reduction Coordinating Committee and Work Group Membership
(by Organization)**

Harm Reduction Coordinating Committee

AIDS Committee of Cambridge, Kitchener, Waterloo & Area
Cambridge Shelter Corporation
Canadian Mental Health Association
House of Friendship
Kitchener Downtown Community Health Centre
Preventing Overdose Waterloo Wellington (POWW)
Region of Waterloo Community Services
Region of Waterloo Public Health (Substance Misuse Prevention)
Region of Waterloo Public Health (Sexual Health and Harm Reduction)
Sanguen Health Centre
St. Mary's Counselling Service
There are also four community members on the Coordinating Committee.

Harm Reduction Programs and Services Work Group

AIDS Committee of Cambridge, Kitchener, Waterloo & Area
Argus Residence
Grand River Hospital
House of Friendship
Kitchener-Waterloo Health Link
oneROOF
Preventing Overdose Waterloo Wellington (POWW)
Ray of Hope
Region of Waterloo Public Health
Sanguen Health Centre
Sex Workers Action Network (SWAN)
Towards Recovery Clinics
Waterloo-Wellington Addictions and Mental Health Network
YWCA
There are also two community members on this work group.

Public Awareness Work Group

Cambridge Self-Help Food Bank
Kitchener-Waterloo Chamber of Commerce
Lutherwood
Region of Waterloo Public Health (Reproductive Health)
Region of Waterloo Public Health (Substance Misuse Prevention)
Sanguen Health Centre

Supportive Housing of Waterloo (SHOW)

Waterloo Regional Police Service

White Owl Native Ancestry Association

Wilfrid Laurier University

There are also three community members on this work group.



Report: PHE-IDS-15-07

Region of Waterloo

Public Health and Emergency Services

Infectious Diseases, Dental and Sexual Health

To: Chair Geoff Lorentz and Members of the Community Services Committee

Date: May 5, 2015

File Code: P03-30

Subject: Hepatitis C – Tri-City Colonoscopy Clinic Investigation: Final Report

Recommendation:

That the Regional Municipality of Waterloo send a letter and a copy of this report to the Ontario Minister of Health to advocate for funding of early treatment for the clients who acquired hepatitis C at the clinic, as a result of an infection prevention and control lapse in a health care setting.

Summary:

An investigation into cases of hepatitis C among clients of Tri-City Colonoscopy Clinic in Kitchener revealed five cases of hepatitis C among thirteen clients who underwent procedures at the clinic on Dec. 24, 2013. Based on blood testing results, genetic fingerprinting of the hepatitis C samples, clinic inspections, a chart review, and findings from the literature, there is strong evidence that person-to-person transmission of hepatitis C occurred at the clinic on December 24, 2013. The most likely hypothesis based on our findings is that hepatitis C was spread from a client with previously undiagnosed hepatitis C to four other clients. It is hypothesized that a multi-dose vial of the anesthetic medication Propofol was contaminated with the blood of the first client with hepatitis C through an infection prevention and control lapse, which led to the transmission of hepatitis C to four other clients who subsequently underwent procedures the same day.

Region of Waterloo Public has not identified an ongoing risk of disease transmission to clients of this clinic. As a result of the inspections conducted at the clinic, opportunities were identified to further clarify and strengthen best practices in areas of higher risk for transmission of infection (e.g. use of multi-dose vials). Public Health has provided

advice to the clinic on how to further strengthen their infection prevention practices in these areas, and the clinic has implemented the advice provided. We have shared our investigative findings with Public Health Ontario and the College of Physicians and Surgeons of Ontario, who are working to strengthen best practices in these areas. On April 30, 2015, Public Health Ontario published updated guidance on the use of multi-dose vials for the best practices document which is the standard for infection prevention and control in out-of-hospital premises, as set by the College of Physicians and Surgeons of Ontario.¹ The Region does not licence or regulate these clinics and the College has oversight of out-of-hospital premises such as colonoscopy clinics (Appendix 1 outlines the respective roles and responsibilities of the College of Physicians and Surgeons of Ontario and Public Health Units). Tri-City Colonoscopy Clinic has fully cooperated with the investigation and their practices currently meet recommended infection prevention and control standards.

Public Health will share this report with the College of Physicians and Surgeons of Ontario, and will request that they further assess the practice of the physician who administered Propofol on December 24, 2013, and who no longer works at the clinic, to complete all aspects of the investigation, as assessment of physician practice is outside the jurisdiction of Public Health.

Finally, with approval from Region of Waterloo, Public Health will send a letter and a copy of this report to the Ontario Minister of Health, to advocate for access to publicly-funded early treatment of hepatitis C for the clients who acquired their infection through the clinic, as a result of an infection prevention and control lapse in a health care setting.

¹ Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2015). *Updated guidance on the use of multidose vials*. Retrieved from: http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/PIDAC/Documents/Updated_Guidance_Multidose_Vials_2015.pdf

Report:**Initial Case identification:**

As mandated by the Ontario Public Health Standards, Region of Waterloo Public Health follows up on all new diagnoses of hepatitis C in Waterloo Region. Hepatitis C is one of a number of infectious diseases reportable to Public Health. In November 2014 an investigation was initiated as a result of routine follow up with an individual who was recently diagnosed with hepatitis C. (See Appendix 2 for more information about Hepatitis C.) The case reported no risk factors other than a procedure at Tri-City Colonoscopy Clinic in Kitchener. During its investigation, Region of Waterloo Public Health became aware of a second person who was diagnosed with Hepatitis C and also underwent a procedure on the same day, at the same clinic. The hepatitis C blood samples from the two clients were obtained and sent to the National Public Health Lab in Winnipeg for comparison. Expert opinion established there was a high degree of similarity in the genetic fingerprints of the two hepatitis C samples. This raised the possibility that hepatitis C was transmitted at this colonoscopy clinic.

Screening/Additional Case Identification:

To ensure identification of any other cases of hepatitis C, Public Health proceeded to recommend screening for hepatitis C among the other clients who underwent procedures at Tri-City Colonoscopy Clinic on December 24, 2013, clients who underwent procedures the day before, on December 23, 2013, and clinic staff who worked on December 23 and 24, 2013 (as per guidelines for investigating Hepatitis C transmission²). There were no clinics held the day after, on December 25, 2013. Public Health supported and counselled potentially affected clients and staff, and set up special clinics to assist them in receiving their results quickly.

In total, Public Health contacted and screened 39/40 clients (unable to contact 1 client from Dec. 23, 2013) and 11/13 staff (unable to obtain blood samples from 2 staff who worked on Dec. 23, 2013). Twenty-six of the 27 clients from the December 23, 2013 procedure day tested negative for hepatitis C. Similarly, all 11 staff who worked on December 23, 2013 tested negative for hepatitis C. Screening results indicated 3 additional clients who underwent procedures on December 24, 2013, were infected with hepatitis C, bringing the total number of persons with hepatitis C among those who underwent procedures on December 24, 2013 to five out of 13 clients. No staff who worked on December 24, 2013 tested positive for hepatitis C. Table 1.0 presents a summary of the screening results.

Public Health does not have evidence of a risk of infection with hepatitis C to clients

² Centre for Disease Control and Prevention. (2014). *Healthcare Investigation Guide*. Retrieved from: <http://www.cdc.gov/hepatitis/Outbreaks/HealthcareInvestigationGuide.htm>

seen on other days at Tri-City Colonoscopy Clinic. A review of all known hepatitis C cases in Waterloo Region since the clinic's inception (October 14, 2010) has not identified other cases of hepatitis C linked to this clinic.

Table 1: Hepatitis C Screening Results

	# Screened	Hepatitis C Positive	Hepatitis C Negative	Unable to contact or no results
Clients Dec. 23, 2013	26	0	26	1
Clients Dec. 24, 2013	13	5	8	0
Staff Dec. 23, 2013 only	6	0	6	2
Staff Dec. 24, 2013 only	2	0	2	0
Staff Dec. 23 & 24, 2013	3	0	3	0
TOTAL	50	5	45	3

Typing/Genetic Sequencing:

To date, Public Health has received the results of the genetic fingerprinting of 4 out of the 5 cases of hepatitis C among clients who underwent procedures at the clinic on December 24, 2013. The result for 1 out of the 5 cases is pending. The results have found highly similar genetic fingerprinting for all four hepatitis C samples analyzed to date. Based on blood testing results, genetic fingerprinting of the hepatitis C samples, clinic inspections, a chart review, and findings from the literature, there is strong evidence that patient to patient transmission of hepatitis C due to a lapse in infection prevention and control practices occurred at the clinic on Dec. 24, 2013.

Investigation Results:

Between November 17, 2014 and April 21, 2015, Public Health conducted five inspections of Tri-City Colonoscopy Clinic, including an unannounced inspection, to assess the infection prevention and control practices of the clinic. A comprehensive assessment tool, based on the Provincial Infectious Disease Advisory Committee's

(PIDAC) *Infection Prevention and Control for Clinical Office Practice*³ document, was used to guide the inspections.

The last inspection on April 21, 2015 was conducted jointly with the College of Physicians and Surgeons of Ontario (CPSO). Public Health has been working with the College of Physicians and Surgeons of Ontario during the investigation as community colonoscopy clinics are inspected and overseen by the College of Physicians and Surgeons of Ontario. Public Health investigates such clinics only in response to the identification of specific infection control concerns, such as those related to new infections in the community. See Appendix 1 for more information regarding the respective roles of the College of Physicians and Surgeons of Ontario and Public Health Units.

In addition to clinic inspections, a thorough review of patient charts was also undertaken to identify any information that might help explain how patient to patient transmission of hepatitis C occurred.

The chart review identified a pattern in the occurrence of hepatitis C cases and the use of Propofol, an anesthetic drug, which would be consistent with a hypothesis that hepatitis C was transmitted to clients via a contaminated medication vial. Table 2 presents the distribution of hepatitis C cases and of the hypothesized distribution of vials of Propofol used on December 24, 2013. The hypothesized distribution was based on the use by the clinic of multi-patient vials of Propofol of 100 ml each and the amounts of Propofol administered for each client as per their client charts. Blood testing results did not reveal any cases of hepatitis C among staff who worked that day.

Contamination of a vial of Propofol by the blood of the first client with hepatitis C would explain subsequent transmission of hepatitis C to other clients seen later in the day.

As per Table 2, it is hypothesized that all 100 ml of the first vial of Propofol (Vial #1) was used up on the first five clients, none of whom had hepatitis C. It is hypothesized that the second vial of Propofol (Vial #2) was contaminated with the blood of Client #6 who had hepatitis C and was then used on Clients #7, #8, and #10, who were also found to have hepatitis C. This would have left 15 ml of Propofol remaining in Vial #2. It is hypothesized that the last 15 ml of Vial #2 could have been mixed with 5 ml of Propofol from a third vial (Vial #3), in order to have enough Propofol to provide Client #11 (with the 20 ml this client received). The mixing could have contaminated Vial #3, but diluted the amount of contamination within Vial #3. Diluted amounts of contamination could explain why not all of the clients who received Propofol afterwards became infected. Contamination of multi-patient vials has been associated in the literature with

3 Provincial Infectious Diseases Advisory Committee (June 2013). *Infection Prevention and Control for Clinical Office Practice*. Retrieved from: http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/PIDAC/Pages/PIDAC_Documents.aspx

transmission of blood-borne infections like hepatitis C, including in colonoscopy clinics.

Table 2: Colonoscopy Client Medication Map for December 24, 2013.

Client #	Procedure Type	Hep C Result	Genetic Fingerprinting Completed	Medication	Dose (as per client charts)	Volume (deduced from dose administered)	Hypothesized Use of Propofol Vials (100 ml per vial)
1	Colonoscopy	-		Propofol	250mg	25ml	It is hypothesized, that all 100 ml of the first vial of Propofol (Vial #1) was used on the first five clients.
2	Colonoscopy	-		Propofol	150mg	15ml	
3	Endoscopy	-		Propofol	200mg	20ml	
4	Colonoscopy	-		Propofol	200mg	20ml	
5	Colonoscopy	-		Propofol	200mg	20ml	
6	Endoscopy/ colonoscopy	+	√	Propofol	250mg	25ml	It is hypothesized that the second vial of Propofol (Vial #2) was contaminated with the blood of Client #6 with hepatitis C and was then used on Clients #7, #8, and #10.
7	Colonoscopy	+	√	Propofol	200mg	20ml	
8	Colonoscopy	+	Pending	Propofol	200mg	20ml	
9	IV start only	-		None	None	None	
10	Colonoscopy	+	√	Propofol	200mg	20ml	
11	Colonoscopy	-		Propofol	200mg	20ml	It is hypothesized that the last 15 ml of Vial #2 could have been mixed with 5 ml of Propofol from a third vial (Vial #3) to make 20 ml of Propofol for Client #11, thereby contaminating Vial #3, but diluting the amount of contamination. This could explain why not all clients who received Propofol from this vial were infected.
12	Endoscopy/ colonoscopy	-		Propofol	250mg	25ml	
13	Colonoscopy	+	√	Propofol	200mg	20ml	

There were no concerns or deficiencies identified with respect to the use or reprocessing of endoscopes. All endoscopes were cleaned and disinfected appropriately between clients.

Case Management and Treatment of Hepatitis C Cases:

The five clients with hepatitis C were referred to a local specialist for care. Region of Waterloo Public Health has learned that treatment for hepatitis C is not publicly funded

until the disease is at an advanced stage, despite the availability of medications which can improve outcomes when taken early on in the disease process. Early treatment can only be undertaken for clients who can afford the very costly medications or those who have insurance which will cover the cost.

Region of Waterloo Public Health has inquired with the Ministry of Health and Long Term Care (MOHLTC) about public funding for the early treatment of clients who acquired hepatitis C through this clinic. It was confirmed by the Ministry of Health and Long-Term Care that there is no funding currently available. Public Health is advocating to the Ministry for funding of early treatment for clients who acquired their hepatitis C as a result of an infection prevention and control breach at this clinic.

Conclusions:

This is strong evidence of patient to patient transmission of hepatitis C due to a lapse in infection prevention and control practices at Tri-City Colonoscopy Clinic on Dec. 24, 2013, based on blood testing results, genetic fingerprinting of the hepatitis C samples, clinic inspections, a chart review, and findings from the literature. Although it was not possible to definitively determine the cause of hepatitis C transmission in the clinic on December 24, 2013, the most likely hypothesis based on our findings is that hepatitis C was spread from a client with previously undiagnosed hepatitis C to four other clients. It is hypothesized that a multi-dose vial of the anesthetic medication Propofol was contaminated with the blood of the first client with hepatitis C through an infection prevention and control lapse, which led to the transmission of hepatitis C to four other clients who subsequently underwent procedures the same day.

Region of Waterloo Public has not identified an ongoing risk of disease transmission to clients of this clinic. As a result of the inspections, opportunities were identified to further clarify and strengthen best practices in areas of higher risk for transmission of infection (e.g. use of multi-dose vials). With guidance from Public Health Ontario (a provincial, scientific, expert agency), Region of Waterloo Public Health has provided advice to the clinic on how to further strengthen their infection prevention practices in these areas, and the clinic has implemented the advice provided. We have been sharing our investigative findings with the College of Physicians and Surgeons of Ontario, who are working to strengthen best practices in these areas. The Region does not licence or regulate these clinics and the College has oversight of out-of-hospital premises such as colonoscopy clinics. Tri-City Colonoscopy Clinic has fully cooperated with the investigation and their practices currently meet recommended infection prevention and control standards.

Next Steps:

With approval from Region of Waterloo, Public Health will send a letter and a copy of this report to the Ontario Minister of Health, to advocate for access to publicly-funded early treatment of hepatitis C for the clients who acquired their infection through the clinic, as a result of an infection prevention and control lapse in a health care setting.

Public Health will share this report with the College of Physicians and Surgeons of Ontario, and will request that they further assess the practice of the physician who administered Propofol on December 24, 2013, and who no longer works at the clinic, to complete all aspects of the investigation, as assessment of physician practice is outside the jurisdiction of Public Health.

Corporate Strategic Plan:

4. Healthy and Inclusive Communities: Foster healthy, safe, inclusive and caring communities
5. Service Excellence: Deliver excellent and responsive services that inspire public trust

Ontario Public Health Standards:

Under the Health Protection and Promotion Act, Region of Waterloo Council serves as Waterloo Region's Board of Health. Boards of Health are expected to adhere to the Ontario Public Health Standards, which outline the expectations for providing public health programs and services. This report provides information related to an investigation conducted by Public Health in accordance with its mandate outlined in the Ontario Public Health Standards and its associated Protocols, specifically the Infectious Diseases Program Standard. The role of Public Health in these types of investigations is outlined in Appendix 1.

Financial Implications:

The majority of infectious diseases prevention and control activities referred to within this report are funded within existing resources in Region of Waterloo Public Health's cost shared base budget (75% provincial/25% regional tax levy). Following SARS in 2003, the province introduced 100% funding allocations to health units to increase the province's capacity in the area of infectious disease prevention and control. This 100% provincial allocation provides base funding for an additional 5.8 full time equivalent staff who are dedicated to this program.

Other Department Consultations/Concurrence:

Region of Waterloo Legal Services staff were consulted in the preparation of this report

Attachments

Appendix 1: Roles of the College of Physicians and Surgeons of Ontario and Local Public Health Units

Appendix 2: Frequently Asked Questions About Hepatitis C:
<http://www.phac-aspc.gc.ca/hepc/faq-eng.php>

Prepared By: **Kristy Wright**, Manager, Infectious Disease Program

Dr. Hsiu-Li Wang, Associate Medical Officer of Health

Approved By: **Dr. Liana Nolan**, Commissioner/Medical Officer of Health

Appendix 1: Roles of the College of Physicians and Surgeons of Ontario, and Public Health Units:

Role of College of Physicians & Surgeons of Ontario (CPSO) ⁴	Role of Public Health Units
<ul style="list-style-type: none"> • Out of hospital colonoscopy clinics are inspected by the College of Physicians and Surgeons of Ontario. • The College is responsible to consider all issues related to the provision of procedural services within out of hospital premises, such as colonoscopy clinics. • The College’s responsibilities include but are not limited to: <ul style="list-style-type: none"> ○ Developing and maintaining the standards for out of hospital premises ○ Conducting inspection-assessments of the premises and medical procedures to ensure that services for patients are provided according to the standard of the profession ○ Determining the outcome of inspection-assessments ○ Maintaining a current public record of Inspection Outcomes (on the CPSO website) 	<ul style="list-style-type: none"> • Local public health units work to prevent the spread of infectious diseases of public health importance, including Hepatitis C. • As part of this work, Public Health follows up on all cases of hepatitis C infections and looks for potential causes that could be prevented. • Public Health investigates if we receive a complaint, a referral from a regulatory college (such as the College of Physicians and Surgeons of Ontario), or if we suspect there may have been transmission due to receiving reports of infectious diseases. • The Ministry of Health and Long-Term Care will very shortly introduce a new requirement for public health units to report on their websites infection prevention and control lapses they identify in regulated health care settings and personal services settings.

4 College of Physicians and Surgeons of Ontario. (2013). *Out-of-Hospital Premises Inspection Program (OHPIP) - Program Standards*. Retrieved from: http://www.cpso.on.ca/CPSO/media/documents/CPGs/Other/OHP-Standards-Dec19_13.pdf

Council Enquires and Requests for Information				
Community Services Committee				
Meeting date	Requestor	Request	Assigned Department	Anticipated Response Date



fight THE
bite!

For more information on Rabies, Lyme Disease or West Nile Virus, call **519-575-4400** (TTY **519-575-4608**) and speak to a Public Health Inspector, or visit www.regionofwaterloo.ca/ph

Accessible formats of this document are available upon request.



**Protection against
Rabies, Lyme Disease
and West Nile Virus**

Rabies Bites!



Rabies is a **very** serious viral disease which attacks the central nervous system of warm-blooded animals, including humans. Rabid animals don't behave normally. Often they become aggressive or appear depressed. In Ontario, the animals that most often transmit rabies are bats, skunks, livestock, foxes, cats and other wildlife.

How do I get rabies?

You can get the virus when exposed to the saliva of an infected animal. For example, if you are bitten or scratched, or if the animal licks your eyes, nose, or mouth.

How do I protect myself from rabies?

- Have your pet continually immunized against rabies
- Don't approach or touch stray animals, even if they seem friendly
- Don't touch sick or injured animals
- Do not feed wild or stray animals

How can I protect my pet from rabies?

The most important thing you can do to protect your pet is to have it vaccinated. All pets over the age of three months must be immunized against rabies. It's the law and failure to vaccinate your pet can result in a fine of \$90 per day.

Keep your pets under control. Don't let them run free, especially at night. Protect your pets from contact with wildlife.

What do I do if I am bitten or scratched by an animal?

- If the animal is owned by another person, obtain the owner's contact information (e.g. name, address, phone number), so the animal can be located by Public Health
- Wash the area thoroughly with soap and water
- Call your family doctor or seek medical attention immediately
- Report the bite or scratch to Region of Waterloo Public Health at 519-575-4400

What is Region of Waterloo Public Health's role when an animal bites a human?

When notified of a biting incident, health inspectors investigate to determine if there is a risk of rabies exposure. When the animal involved is known, the inspector will place the animal under observation for at least 10 days to ensure it doesn't show any signs of rabies

When the animal involved is not known, the inspector will work with the victim and his/her physician to ensure proper post-exposure care. This often includes vaccination that is given to protect them from the rabies virus.

If the animal involved in the biting incident has since died, the inspector will request that the animal undergo testing for the rabies virus to ensure the safety of the victim.



Lyme Disease



Lyme Disease is an infection caused by the bacteria *Borrelia burgdorferi*. In Ontario, these bacteria are spread by the bite of black-legged ticks.

What are the symptoms?

A circular rash referred to as a "bull's-eye" rash could be one of the earliest symptoms of an infection. If you develop a "bull's-eye" rash, fever, chills or extreme fatigue or feel like you have the flu, it's important to seek medical attention and if known, to tell your doctor when and where you were bitten. Lyme disease can have serious health consequences if left untreated.



Are there ticks in Waterloo Region?

The ticks that carry Lyme Disease are not commonly found in Waterloo Region at this time. However, they are common in other parts of Ontario, most notably along the north shore of Lake Erie. In particular, Long Point, Point Pelee National Park, Rondeau Provincial Park, Turkey Point, Prince Edward Point National Wildlife Area, St. Lawrence Island National Park, Wainfleet Bog and Rainy River. Black-legged ticks are most active in May, June, and July.



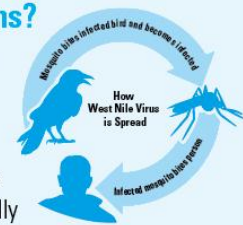
West Nile Virus



West Nile Virus (WNV) is a virus mainly transmitted to people through the bite of an infected mosquito. Mosquitoes transmit the virus after becoming infected by feeding on the blood of birds that carry the virus.

What are the symptoms?

Most people who are infected with the virus show no symptoms or they experience mild flu-like symptoms, such as fever, headache, body aches or fatigue. The symptoms usually last for a few days. Call your doctor immediately if you notice any symptoms.




Did you know?



If you find a dead bird, **you no longer need to call Public Health**. Dead animals and carcasses are NOT collectable in any of the Region of Waterloo Waste Management collection programs. For removal of a dead animal or a carcass, residents are advised to call a wildlife control company or use a shovel to bury the dead bird at least two feet deep in your yard. Wash your hands thoroughly with soap and water.


When outdoors, use an insect repellent according to manufacturers' instructions.

Amount of DEET recommended for children and adults

Age group	Suggested % of DEET	Recommended number of applications per day
Newborn to 6 months	DEET is not recommended for this age group. Use netting or limit time outdoors at dusk and dawn to prevent mosquito bites.	
6 months to 2 years	10% or less	Not more than 1 (do not apply to hands or face)
2 years to 12 years	10% or less	Not more than 3
> 12 years	Up to 30%	Follow instructions on label

 Rabies	Fact	Act!
	Rabid animals may be found in Waterloo Region.	Stay away from wild animals and animals acting strangely.
	By law, pets over the age of 3 months must be vaccinated regularly against rabies.	Vaccines need to be updated every 1–3 years. Contact your veterinarian for more information about vaccination. You can be fined if your pet is not up-to-date with rabies vaccination.
	Any animal bite should be reported to Public Health. Doctors who treat your injury must report the incident to Public Health.	Public Health will investigate to assess the risk of rabies. They will place the animal under observation for 10 days to ensure it is rabies-free, and can issue treatment for the person bitten if a physician recommends it.
If untreated, rabies infection is almost always fatal in animals and humans.	Following a bite or incident, wash the affected area thoroughly with soap and water and contact a health care professional immediately. Get treatment as quickly as possible to prevent the chance of rabies infection.	

 Lyme Disease	Fact	Act!
	Ticks are tiny! Before they feed, they are the size of a sesame seed.	<ul style="list-style-type: none"> Wear light-coloured clothing. This makes it easier to find ticks on your body Cover up with long-sleeved shirts and long pants. Tuck your pants into socks
	Tick at actual size  3–5 mm	
	Ticks can't jump or fly. They prefer wooded and bushy areas with high grass and plenty of leaves on the ground. They wait on low vegetation and then attach to hosts.	When hiking, stay on the path and avoid contact with overgrown brush, vegetation and leaf litter. After time outdoors, carefully check your clothing and entire body for ticks.
	Hungry ticks can be deterred!	When outdoors, use an insect repellent containing DEET. Eucalyptus plant compounds and soybean oil are additional options. Always apply according to manufacturers' instructions.
	The longer a tick is attached to your body, the higher the risk of infection with Lyme Disease. If a tick is attached to your skin for less than 24 hours, your chance of getting Lyme Disease is small.	<p>If you find a tick on your body:</p> <ul style="list-style-type: none"> Use fine-pointed tweezers to grab the tick's head and mouth parts as close to your skin as possible Pull slowly. Do not twist or rotate the tick and try not to damage it Place the tick in a plastic container or bag so Public Health can test it Thoroughly wash the area where you were bitten with soap and water
Public Health can test ticks for Lyme Disease.	After removing a tick from your body, call Public Health at 519-575-4400	

 West Nile Virus	Fact	Act!
	Only female mosquitoes bite. They are attracted to dark colours and to carbon dioxide released in your breath.	<p>When outdoors, wear:</p> <ul style="list-style-type: none"> long-sleeved shirts and long pants light-coloured clothing tightly woven clothing
	Hungry mosquitoes can be deterred!	When outdoors, use an insect repellent containing DEET. Eucalyptus plant compounds and soybean oil are other options. Always apply according to manufacturers' instructions.
	Mosquitoes can sneak into your house!	Don't leave unscreened doors and windows open, especially in the evening when mosquitoes are most active. Make sure your screens are in good repair with no gaps or holes.
	Mosquitoes lay their eggs in still water. As adults, they usually stay within 2 km of where they were hatched.	Promptly eliminate any standing water on your property—including water in eaves troughs or shallow containers such as bird baths, spare tires, and flower pots. This will protect you and your neighbours.
A licensed exterminator can apply environmentally-friendly chemicals to standing water to stop mosquito eggs from turning into biting adults.	Call Public Health to report standing water at 519-575-4400	

If you think you may have any of the illnesses above, or have been bitten by an animal, contact your doctor immediately and inform Public Health at **519-575-4400**

Harm Reduction

Questions and Answers

1. What is harm reduction?

Harm reduction is a public health concept focused on lowering the health consequences resulting from certain behaviours.

We all practice harm reduction strategies in our day to day lives. The choice of designated drivers or the use of a taxi to transport people who have been drinking alcohol are two examples. The harm reduction message is “don’t drink and drive”, not “don’t drink”. Harm reduction is about education and empowering an individual to make better choices.

2. What is harm reduction for substance use?

Harm reduction refers to policies, programs and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption or insisting on abstinence. Harm reduction benefits people who use drugs, their families and the community.¹

Harm reduction offered by public health authorities includes:

- Needle syringe programs
- Provision of clean and sterile drug-using equipment including sterile water, alcohol swabs, tourniquets, ascorbic acid (vitamin C), and filters
- Condom distribution
- Client-centered counselling
- Providing skill-building and education sessions
- Referrals to treatment, health services and other social services
- Opioid overdose prevention program (naloxone distribution)

The above programs and services are recommended in the Best Practices Guidelines for Needle Exchange.^{2,3}

3. Why do people use substances?

There are many reasons why people use substances. For some, they do so to cope with issues such as poverty, homelessness, family dysfunction, mental health problems and a history of childhood abuse.^{4,5} Other reasons can include using substances to try and manage chronic pain. The population of people who use substances has become much more diverse and complex over time.

4. Are health units required to offer harm reduction programs and services?

Yes. Region of Waterloo Public Health is mandated by the Ministry of Health and Long-Term Care, as outlined in the Ontario Public Health Standards⁶, to “ensure access to a variety of harm reduction program delivery models which shall include the provision of sterile needles and syringes and may include other evidence-informed harm reduction strategies in response to local surveillance.”

5. Does harm reduction encourage drug use?

No. Harm reduction is open to all people at any stage in their substance use. We know that some people are going to continue using drugs despite the consequences and whether or not they have access to supplies. Until the individuals are ready for treatment, or can obtain access to treatment, they will likely use substances. Harm reduction programs offer free supplies so financial barriers do not discourage people from safer practices. Harm reduction makes it as easy as possible for people to get help. It empowers individuals to improve their quality of life and make healthier choices.

According to researchers^{2,7} harm reduction programs do not:

- Increase drug use
- Negatively impact drug treatment

6. What is a needle syringe program?

Needle syringe programs work to distribute new and dispose of used injection equipment, and to provide prevention education related to blood-borne infections, skin and vein problems, and overdose prevention.³ These were formerly referred to as needle exchange programs.

Needle syringe programs have existed in Ontario since 1989 and have operated in Waterloo Region since 1995.

7. What are the benefits of needle syringe and related harm reduction programs?

A: Substantial evidence shows that harm reduction programs help prevent the spread of HIV and Hepatitis C. This evidence comes from scientific studies conducted in Canada and other countries and with different groups of people (youth, adults, individuals from different cultures). Doctors, social scientists, experts in substance use, and the leading international health authority⁶ have all examined the results of harm reduction programming, and their effectiveness is widely and consistently reported.^{3,9,10,11,12,13}

In a review of studies in 103 international cities, the Commonwealth Department of Health and Ageing¹⁴ found that cities that introduced needle exchange programs had an average 18.6 per cent decline in HIV infections. In contrast, cities without needle exchange programs had an annual increase in HIV infections of 8.1 per cent.

According to the Ontario Burden of Infectious Disease Study¹⁵ and the Public Health Agency of Canada,¹⁶ effective harm reduction strategies such as needle syringe programs, the provision of clean and sterile drug-equipment, client-centred counselling and condom distribution are essential to preventing the transmission of these viruses, thereby reducing the burden of these illnesses on individuals and society.

Another benefit of harm reduction programs is the link with health care services and treatment programs that can be provided to this hard-to-reach population. For some individuals, this may be the only way they access healthcare services as well as counselling and social services. Key informant interviews in The Baseline Study of Substance Use, Excluding Alcohol in Waterloo Region¹⁷ indicated the importance of harm reduction and outreach programs in helping individuals who use substances to access treatment and other services.

8. Do we need needle syringe and other harm reduction programs in Waterloo Region?

Yes. There is substantial evidence that harm reduction is an important strategy in reducing the negative consequences of substance use, especially by preventing the spread of blood-borne infections. Based on this evidence, the Ministry of Health and Long-Term Care requires health units to offer needle syringe and other harm reduction programs.

In addition, three local studies^{17,18,19} demonstrate that people who use drugs in Waterloo Region share needles and their non-injection equipment (e.g. crack smoking pipes) with others are putting themselves and potentially others at increased risk for HIV and Hepatitis C.

9. Where are needle syringe programs offered in Waterloo Region?

Needle syringe programs are provided to the community by three community agencies:

- Region of Waterloo Public Health at their offices in Waterloo and Cambridge;
- AIDS Committee of Cambridge, Kitchener, Waterloo and Area (ACCKWA) at their Kitchener office
- Cambridge Shelter Corporation at their main office/shelter site

ACCKWA, in partnership with other community organizations, also offers this service through their outreach workers at several locations throughout the community.

10. Where do individuals return used syringes?

Public Health Nurses and staff at other organizations who offer needle syringe programs encourage people who inject substances to return used syringes to the program or to other sites equipped with sharps containers for safe disposal. Public Health provides individuals with disposal containers when distributing syringes. Staff also provide information about other less risky methods of storing and disposing of used needles such as placing them in a puncture proof container or a glass jar, laundry detergent or bleach container with lid, and/or taking them to a waste disposal site.

11. What is Region of Waterloo Public Health doing to ensure syringes are disposed of safely?

Region of Waterloo Public Health recognizes that not all syringes are properly disposed of and discourages people disposing of syringes and equipment inappropriately. As a result, Region of Waterloo Public Health continues to work with our municipal and other partners to encourage safe disposal of syringes, and identify areas where additional disposal units would be helpful.

If there is a complaint about an area in the region, Region of Waterloo Public Health will work with partner agencies to assess the situation and identify strategies to minimize inappropriate disposal of syringes in that area.

12. Who can the public contact if they find a used/discarded syringe?

If you find a used/discarded syringe, contact Region of Waterloo at 519-575-4400. Arrangements will be made to pick up and dispose of the syringe.

13. Why does the number of syringes returned not equal to the number of syringes distributed?

The number of syringes returned is expected to be less than the number of needles distributed for a few reasons:

- People who receive syringes from a needle syringe program do not have to return the used syringes to the program to receive more. According to the Ontario Needle Exchange Programs: Best practice recommendations,³ needle syringe programs should provide needles in the quantities requested by clients:
 - Without requiring clients to return used needles
 - With no limit on the number of needles provided
 - With encouragement to return used needles and/or to safely dispose of them
- Many community businesses, organizations and landlords have been proactive in recognizing the need for safe disposal of harm reduction supplies and have had sharps containers installed at their locations. Many have independent contracts for disposal; therefore, these collected syringes are not counted in the total number of syringes returned.

- Some pharmacies distribute sharps containers and accept them back when filled; these returns are also not counted.
- Due to safety concerns, syringes returned to Region of Waterloo Public Health are not individually counted. The number of syringes returned is estimated based on the size of the disposal container returned.

A 2010 study²⁰ provides evidence for the distribution of needles in the amount requested by the client as an effective way of reducing the incidence and spread of blood-borne infections in the community.

14. How many cases of blood-borne infections are there in Waterloo Region?²¹

Hepatitis C

- In Waterloo Region in 2012, the rate of hepatitis C infection was 20.2 per 100,000 (N=116), making it the second most common of the sexually transmitted/ blood-borne infections in Waterloo Region.
- Since 2007, local incidence rates of hepatitis C have remained fairly stable; the rate in 2012 was similar to that of the previous 5-year average annual rate for 2007–2011 (23.4 per 100,000).
- Of the hepatitis C cases in 2012 in Waterloo Region that had risk factor information available (N=111), the most common risk factors reported included injection drug use (70%), inhalation drug use (34%), and receiving a tattoo/piercing (34%).

HIV

- In 2012, there were 10 HIV/AIDS cases in Waterloo Region with an incidence rate of 2.0 per 100,000. This rate is slightly lower than the previous 5-year annual average rate for 2007–2011 (3.3 per 100,000).

15. How many individuals who use drugs in Waterloo Region have a blood-borne infection?

We don't know how many people use illicit substances in Waterloo Region. As a result, it is not known how many people who use substances have a blood-borne infection. According to the Public Health Agency of Canada,¹⁶ most new hepatitis C infections are attributed to injection drug use.

16. How much funding is provided to Region of Waterloo Public Health to operate its harm reduction programs?

The Ministry of Health and Long-Term Care and Ontario's Hepatitis C Secretariat provide Region of Waterloo Public Health \$50,000 each year to offer its harm reduction programming, primarily for equipment.

Harm reduction programming is provided as part of Public Health's clinical services where multiple services are offered at the same time. Staff salaries are covered under the department's existing cost-shared budget.

Much of Public Health's work is done in partnership with community partners.

17. What is the cost of treating individuals with blood-borne infections?

According to the Canadian Hepatitis C Information Centre, the average lifetime cost for treating one HCV patient without a liver transplant is \$100,000. The cost of a hepatitis C patient with a liver transplant including anti-rejection drugs increases to \$250,000.

A report by the Canadian AIDS Society²² indicates that the health care cost to treat individuals with new HIV infections over their lifetime is \$250,000 per person (2009 dollars).

International studies by economists and experts show that by investing in harm reduction programs, communities and governments can save money.^{23,24}

18. Does the Region have or is the Region planning on having a supervised injection site?

No. There are no supervised injection sites in Waterloo Region. Based on the findings from three local studies,^{17,18,19} the Waterloo Region's Medical Officer of Health does not believe a supervised injection site is warranted.

19. Is the opioid prevention (Naloxone distribution) program part of Waterloo Region's harm reduction strategies?

Yes. Naloxone is a prescription medication that has the ability to reverse the effects of an opioid overdose, and the distribution of the medication is designed to reduce the number of preventable deaths due to opioid overdose. This evidence-informed program³ is endorsed and funded by the Ministry of Health and Long-Term Care, and is being implemented by other public health units and other community agencies across the province.

Naloxone-based overdose prevention programs involve:

- Education and training (including information about how to recognize the signs of an opiate overdose and naloxone administration)
- Distribution of naloxone kits
- Client follow-up

20. Why are opioid prevention (Naloxone distribution) programs necessary?

A recent Canadian study²⁵ found that opioid-related deaths have more than doubled in Ontario over 19 years rising from 127 deaths in 1991 to 550 deaths in 2010. This is the equivalent of approximately one of every 170 deaths in Ontario potentially being related to opioid overdose. For young adults aged 25 to 34, the number of deaths related to opioids rises to one out of every eight deaths. The findings from this study highlight the need for opioid overdose prevention programs such as the distribution of naloxone.

Region of Waterloo Public Health enhanced its harm reduction/overdose prevention programming in June 2014 by initiating the distribution of Naloxone to interested and qualified individuals at our offices in Cambridge and Waterloo.

Naloxone is also being distributed through Sanguen Health Centre in Waterloo.

21. Does Waterloo Region have a plan to address problematic substance use?

Yes. Given the wide-ranging and complex issues persons who use substances experience, several local community organizations worked to develop the Waterloo Region Integrated Drugs Strategy. The strategy can be downloaded from the Waterloo Region Crime Prevention Council's website. <http://www.preventingcrime.net/usercontent/documents/2012-WRIDS-FINAL.pdf>.

The strategy, endorsed and coordinated by the Waterloo Region Crime Prevention Council, is comprised of 99 recommendations to be considered by community partners and members when working to reduce problematic substance use and its consequences. Implementation of this four pillar strategy (prevention, harm reduction, treatment, enforcement and justice) is overseen by the Waterloo Region Integrated Drugs Strategy Steering Committee. Implementation of the pillar specific strategies is led by a Coordinating Committee.

References

- ¹ International Harm Reduction Association, 2010
- ² Strike, C. et al. Ontario needle exchange programs: Best practice recommendations. Toronto: Ontario Needle Exchange Coordinating Committee, 2006.
- ³ Strike, C. et al. Working Group on Best Practice for Harm Reduction Programs in Canada, 2013.
- ⁴ Dr. Gabor Maté. In the Realm of Hungry Ghosts: Close Encounter with Addictions, 2009
- ⁵ Turnbull J, Muckle W, Masters C. Homelessness and health. Canadian Medical Association Journal. 2007;177(9):1065-1066.
- ⁶ Ontario Public Health Standards 2014, Ministry of Health and Long-Term Care.
- ⁷ Watters JK ; Estilo MJ ; Clark GL ; Lorvick J. Syringe and needle exchange as HIV/AIDS prevention for injection drug users. Journal of the American Medical Association 1994; 271:115-120
- ⁸ World Health Organization. Effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among injecting drug users. 2004.
- ⁹ Bluthenthal RN, Anderson R, Flynn NM, Kral AH. Higher syringe coverage is associated with lower odds of HIV risk and does not increase unsafe syringe disposal among syringe exchange program clients. Drug Alcohol Dependence. 2007 Jul 10;89(2-3):214-22.
- ¹⁰ Kerr T, Small W, Buchner C, Zhang R, Li K, Montaner J, Wood E. Syringe sharing and HIV incidence among injection drug users and increased access to sterile syringes. American Journal of Public Health. 2010 Aug; 100(8):1449-53.
- ¹¹ Programs for Injection Drug Users – A harm reduction approach. National Collaborating Centre for Infectious Diseases. March 2008.
- ¹² Ritter A, Cameron J. A review of the efficacy and effectiveness of harm reduction strategies for alcohol, tobacco and illicit drugs. Drug Alcohol Review. 2006 Nov;25(6):611-24.
- ¹³ Wodak A., & Cooney, A. Do needle syringe programs reduce HIV infection among injecting drug users: a comprehensive review of the international evidence. Substance Use and Misuse. 2006. 41:777-813.
- ¹⁴ Dolan, K. MacDonald, M., Silins, E. & Topp, L. 2005. Needle and syringe programs: A review of the evidence. Canberra: Australian Government Department of Health and Ageing.
- ¹⁵ Kwong JC, Crowcroft NS, Campitelli MA, Ratnasingham S, Daneman N, Deeks SL, Manuel DG. Ontario Burden of Infectious Disease Study Advisory Group; Ontario Burden of Infectious Disease Study (ONBOIDS): An OAHPP/ICES Report. Toronto: Ontario Agency for Health Protection and Promotion, Institute for Clinical Evaluative Sciences; 2010.

¹⁶ Public Health Agency of Canada. Hepatitis C in Canada: 2005-2010 Surveillance Report. Centre for Communicable Diseases and Infection Control, Infectious Disease Prevention and Control Branch, Public Health Agency of Canada; 2011

¹⁷ Region of Waterloo Public Health (2008). The Baseline Study of Substance Use, Excluding Alcohol in Waterloo Region 2008. Waterloo, ON <http://chd.region.waterloo.on.ca/en/researchResourcesPublications/resources/SubstanceUse.pdf>

¹⁸The Region of Waterloo Public Health (2010). Hepatitis C Services in Waterloo Region Situational Assessment 2010. Waterloo, ON http://chd.region.waterloo.on.ca/en/researchResourcesPublications/resources/HepC_Report.pdf

¹⁹Leonard, L & Germain, A. Ontario Harm Reduction Distribution Program Final Outcome Evaluation: Waterloo (2011)

²⁰ Jones L, Pickering L, Sumnall H, McVeigh J, Bellis MA. Optimal provision of needle and syringe programmes for injecting drug users: A systematic review. *International Journal of Drug Policy*. 2010 Sep;21(5):335-42.

²¹ Region of Waterloo Public Health (2012). Infectious Diseases in Waterloo Region – Surveillance Report 2012. Waterloo, ON: Arianne Folkema. http://chd.region.waterloo.on.ca/en/researchResourcesPublications/resources/WR_InfectiousDiseaseReport_2013.pdf

²² Kingston-Riechers, JoAnn (2011). The Economic Cost of HIV/AIDS in Canada. Canadian AIDS Society. Accessed July 7, 2014 from [http://www.cdnaids.ca/files.nsf/pages/economiccostofhiv-aidsincanada/\\$file/Economic%20Cost%20of%20HIV-AIDS%20in%20Canada.pdf](http://www.cdnaids.ca/files.nsf/pages/economiccostofhiv-aidsincanada/$file/Economic%20Cost%20of%20HIV-AIDS%20in%20Canada.pdf)

²³ Gold M, Gafni A, Nelligan P, and Millson P (1997) Needle exchange programs: an economic evaluation of a local experience. *Canadian Medical Association Journal* 157(3), 255-262.

²⁴ Laufer FN (2001) Cost-effectiveness of syringe exchange as an HIV prevention strategy. *Journal of Acquired Immune Deficiency Syndromes* 28(3), 273-278.

²⁵ Gomes,T., Mamdani, M., Dhalla, I., Cornish, S., Paterson, J., & Juurlink, D. The burden of premature opioid-related mortality. *Addiction*. Accessed July 7, 2014 <http://onlinelibrary.wiley.com/doi/10.1111/add.12598/full>.

This document is available in accessible formats upon request.

Please call 519-575-4400 (TTY 519-575-4608) to request an accessible format.

07/14 1670900

Region of Waterloo Public Health

Sexual Health and Harm Reduction Program

519-883-2267

www.regionofwaterloo.ca/ph ▪ **519-575-4400** ▪ **TTY 519-575-4608** ▪ **Fax 519-883-2241**