



Media Release: Friday, May 20, 2016, 4:30 p.m.

## **Regional Municipality of Waterloo**

### **Community Services Committee**

#### **Agenda**

Tuesday, May 24, 2016

Approximately 11:30 a.m. (← **Note Time Change**)

Immediately Following Administration and Finance Committee

Regional Council Chamber

150 Frederick Street, Kitchener, Ontario

- 
- 1. Declarations of Pecuniary Interest under the Municipal Conflict Of Interest Act**
  - 2. Delegations**
    - 2.1 Lorraine Grenier re: Over Distribution of Needle Supplies

#### **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.

- 3. Request to Remove Items from Consent Agenda**
- 4. Motion to Approve Items or Receive for Information**
  - 4.1 [CSD-SEN-16-02](#), Seniors' Services Code of Conduct (Information) 3**
  - 4.2 [CSD-SEN-16-03](#), Seniors' Services Awarded the Ontario Association for Non-Profit Homes and Services for Seniors Innovation and Excellence Award for Workplace Quality (Information) 6**

4.3	<b>CSD-SEN-16-04</b> , P2016-12 Pharmacy and Service Supplies Sunnyside Home Results (Information)	9
4.4	<b>CSD-CHS-16-11</b> , Parent Engagement Strategy Report (Information)	12
4.5	<b>CSD-CHS-16-12</b> , Early Learning and Child Care Salary Report (Information)	19
4.6	<b>PHE-IDS-16-04</b> , Vaccine Preventable Diseases Program Report (2011-2014) (Information)	24
4.7	<b>PHE-HPI-16-04</b> , Rabies Prevention and Control Program Update (Information)	34

<b>Regular Agenda Resumes</b>
-------------------------------

**5. Information/Correspondence**

5.1	Council Enquiries and Requests for Information <a href="#">Tracking List</a>	41
-----	--	----

**6. Other Business****7. Next Meeting – June 14, 2016****8. Motion to go Into Closed Session**

That a closed meeting of the Planning and Works Committee be held on Tuesday, May 24, 2016 immediately following the Community Services Committee in the Waterloo County Room in accordance with Section 239 of the “Municipal Act, 2001”, for the purposes of considering the following subject matters:

- a) receiving of advice that is subject to solicitor-client privilege related to legal liabilities
- b) receiving of advice that is subject to solicitor-client privilege related to legal liabilities

**9. Adjourn**



**Report:** CSD-SEN-16-02

**Region of Waterloo**  
**Community Services Department**  
**Seniors' Services**

---

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

**Date:** May 24, 2016

**File Code:** S06-02

**Subject:** Seniors' Services Code of Conduct

---

**Recommendation:**

For information.

**Summary:**

Nil.

**Report:**

In order to promote and support a safe and respectful environment, Seniors' Services has developed a Code of Conduct Policy (attachment A) for the Sunnyside campus. The Code of Conduct is intended to clearly define expectations for appropriate behaviour for members of the Sunnyside community. The policy applies to anyone who lives on (e.g., tenants, residents) or visits the Sunnyside campus as well as non-Regional employees (e.g., contracted services offered in the Wellness Centre). The policy defines what is considered to be inappropriate behaviours and outlines the procedures for reporting and addressing inappropriate behaviour. The policy was developed in consultation with the Sunnyside Home Resident and Family Councils, the Seniors' Services Volunteer Advisory Committee, Seniors' Services staff as well as staff from Corporate Services and Planning, Development and Legislative Services departments. The policy is being promoted on the campus through the use of posters (see attached), a letter to families and an article in the April edition of the Sunnyside Community Newsletter.

**Corporate Strategic Plan:**

The Seniors' Services Code of Conduct policy supports the Region's 2015 - 2018 Corporate Strategic Plan, Focus Area 4: Healthy, Safe and Inclusive Communities; Objective 4.4: (to) promote healthy living and prevent disease and injury.

**Financial Implications:**

Nil.

**Other Department Consultations/Concurrence:**

The Corporate Services and Planning, Development Legislative Services Departments assisted with the development of the Seniors' Services Code of Conduct policy.

**Attachments**

A - Seniors' Services Code of Conduct Poster

**Prepared By: Connie Lacy**, Director, Seniors' Services

**Kelly Buxton**, Social Planning Associate, Seniors' Services

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

## Attachment A



## Code of Conduct

Seniors' Services promotes a safe, healthy and welcoming environment for everyone who lives, works or visits the Sunnyside campus. This means:

- Respecting each other, public property, and the property of others.
- Using hand sanitizer when entering and exiting the building.
- Smoking in designated areas only.
- Respecting the rules around pets.
- Visiting when you are healthy and staying away when you are sick with an infectious illness.
- Respecting the rules that are in place during an Outbreak.
- Respecting one another's wishes for quiet enjoyment of public areas such as the Sandhills Café.
- Operating motorized wheelchairs and scooters safely.
- Ensuring that young children are supervised.
- Asking for permission before promoting goods or services.
- Being aware that some people have sensitivities to scents and avoiding the use of products with scents or fragrances.
- Abiding with the by-laws of the Region of Waterloo, the laws of the Governments of Ontario and Canada.

If you see behaviour that concerns you, please bring it to the attention of a Sunnyside staff member.

*More than a Home...A Community*





**Report:** CSD-SEN-16-03

**Region of Waterloo**  
**Community Services Department**  
**Seniors' Services**

---

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

**Date:** May 24, 2016

**File Code:** S04-20

**Subject:** **Seniors' Services Awarded the Ontario Association for Non-Profit Homes and Services for Seniors Innovation and Excellence Award for Workplace Quality**

---

**Recommendation:**

For information.

**Summary:**

On April 27, 2016, Seniors' Services was recognized as the recipient of the Innovation and Excellence Award for Workplace Quality by the Ontario Association for Non-Profit Homes and Services for Seniors (OANHSS) at their annual conference.

**Report:**

On April 27, 2016, Seniors' Services received the Innovation and Excellence Award for Workplace Quality by the Ontario Association for Non-Profit Homes and Services for Seniors (OANHSS). This provincial award recognizes a workplace that has developed a creative strategy for fostering workplace excellence that is: innovative; inspires positive change, has positive outcomes, is replicable and has identifiable benefits for residents, tenants and/or staff. Seniors' Services was recognized for its "Share the Care" initiative. The "Share the Care" initiative is an ongoing workplace strategy that identifies ways in which staff teams can work together more effectively, improve resident care and break down the silos between program areas. The name "Share the Care" embodies the spirit of staff from various roles coming together as one team to provide high quality care and service to the residents and clients.

In recent years, Sunnyside Home has been challenged by an increase in resident acuity and care needs. Through the “Share the Care” initiative, the division used (and continues to use) Lean methodology to identify and eliminate waste and excess processing. In so doing, Seniors’ Services has been able to free up staff time to provide direct care/service to residents and clients. Simply put, Seniors’ Services has been able to increase the amount of care/service provided to residents within the existing staff complement by improving work processes.

Some of the completed projects within the “Share the Care” initiative include:

- Freeing up 15 hours of Personal Support Worker time per day by changing the process used for the storage and replenishment of washcloths in resident rooms.
- Standardizing the kitchenettes so that items are stored in the optimal spot and staff who work in more than one of the kitchenettes don’t lose time searching for items.
- Reducing motion waste by providing the Personal Support Workers in two of the home areas with phones so that they don’t need to search for each other when a resident requires two-person care.
- Reducing delays in filling vacated beds to improve long term care bed availability and maximize funding and accommodation revenues.

“Share the Care” is an ongoing initiative and many other projects are planned or in progress. Seniors’ Services was very honoured to be recognized on the provincial level for its efforts to foster workplace excellence and remains committed to innovative, inspiring and positive changes that benefit residents, clients and staff.

#### **Corporate Strategic Plan:**

This receipt of this award supports the Region’s 2015 - 2018 Corporate Strategic Plan, Focus Area 5: Responsive and Engaging Government Services; Objective 5.3: (to) attract, support and retain skilled, engaged and diverse employees and Objective 5.4: ensure regional programs and services are efficient, effective and provide value for money.

#### **Financial Implications:**

Nil.

#### **Other Department Consultations/Concurrence:**

Nil.

#### **Attachments**

A - Photograph of those receiving the award.

2115641

**Prepared By: Connie Lacy, Director, Seniors' Services**

**Kelly Buxton, Social Planning Associate**

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

### Attachment A

Photograph: Left to Right: Helen Eby, Sophie Matern, Connie Lacy, Tish Picard, Kelly Buxton, Tulia Ferreira, CEO/Vice President of Surge Learning (Corporate Sponsor of the Award)





**Report:** CSD-SEN-16-04

**Region of Waterloo**  
**Community Services**  
**Seniors' Services**

---

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

**Date:** May 24, 2016

**File Code:** F18-40

**Subject:** P2016-12 Pharmacy and Service Supplies Sunnyside Home Results

---

**Recommendation:**

For Information.

**Summary:**

On February 3, 2016 proposals were called for Pharmacy and Service Supplies for Sunnyside Home. By-Law 12-017, Schedule A, s.46 allows the Director of Seniors' Services to execute the agreement and documentation as put forth for the Pharmacy and Service Supplies agreement for Sunnyside Home.

The work under this contract includes comprehensive pharmacy services and applicable support for the accurate and safe dispensing of medication for each resident on a timely basis, in accordance with the Long Term Care Homes Act and its Regulations.

Sunnyside Home serves two hundred and sixty-three (263) residents (in 10 home areas) including twenty-five (25) convalescent care clients and two (2) respite clients. Most residents/clients are physically frail and/or cognitively impaired and many are on a fixed income.

The Community Programs operated on the Sunnyside Campus include thirty (30) units of Supportive Housing and the Community Alzheimer Program (CAP) which includes an adult day program and overnight stay program for clients with dementia.

All three areas, Sunnyside Home long-term care residents, Supportive Housing tenants and the Community Alzheimer Program (CAP) require pharmacy services. Pharmacy services are delivered solely by the contracted pharmacy for the long-term care

residents and supportive housing tenants. The clients of the adult day program and overnight stay program are given the choice of using the contracted pharmacy or using their own pharmacy in the community.

The contract is a direct service contract provided to Sunnyside residents with agreement by pharmacy to waive co-payment fees.

Requests for Proposals were called for P2016-12 Pharmacy and Service Supplies Sunnyside Home and were advertised in the Record, on the Ontario Public Buyers Association website and on the Region's website. The proposals were evaluated using pre-determined technical criteria which included implementation, management of contract, medication system process, Quality Control/Risk Management, hardware requirements, customer service/communication and references. The proposal submitted by Remedy Holdings Inc. obtained the highest overall score. The proposals were opened in the presence of J. McCarty, H. Eby and O. Patterson.

The following proposals were received:

Remedy's Holdings Inc.	Cambridge, ON
MediSystem Technologies Inc.	Toronto, ON
Medical Pharmacies Group Limited	Markham, ON
2047944 Ontario Inc. o/a National Pharmacy	Scarborough, ON
Trust Care Pharmacy Inc.	Etobicoke, ON
Hogan Pharmacy Partners Ltd.	Cambridge, ON
Pharmx Rexall Drug Stores Ltd.	Mississauga, ON
W.J. Gagne Drugs Limited	Keswick, ON
London Medical Pharmacy	London, ON
Integrity Pharmacy Inc., o/a iPharm	Brantford, ON
Classic Care Pharmacy a Div. of Centric Health	London, ON

#### **Corporate Strategic Plan:**

Award of this contract meets the 2015-2018 Corporate Strategic Plan objective to promote and support healthy living and prevent disease and injury under Strategic Focus Area 4, Healthy, Safe and Inclusive Communities.

**Financial Implications:**

There are no financial implications for Seniors' Services as purchases of pharmaceutical goods and services are transacted directly between the resident and the pharmacy.

**Other Department Consultations/Concurrence:**

Procurement staff and Legal Services were consulted in the preparation of this report.

**Attachments:** Nil

**Prepared By:** Connie Lacy, Director Seniors' Services, Community Services

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



**Report:** CSD-CHS-16-11

**Region of Waterloo**  
**Community Services**  
**Children's Services**

---

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

**Date:** May 24, 2016

**File Code:** S04-20

**Subject:** Parent Engagement Strategy Report

---

**Recommendation:**

For Information

**Summary:**

Nil

**Report:**

As part of the process of developing the new Early Learning and Child Care Service Plan 2016-2020, a parent engagement strategy was initiated. Using the “Engage Region of Waterloo” platform parents, grandparents and guardians were invited to participate in an on-line survey. The attached document provides a summary of the feedback received through Engage Region of Waterloo as of May 2, 2016.

Over 1,100 citizens responded to the survey to share their thoughts and advice around early learning and child care. General themes emerged from the responses relating to parental preference for child care such as having options close to the neighbourhood in which they lived. The top response in terms of what they would change was cost of care followed by increased availability. This information will be used to begin the process of developing a multi-year service plan.

The next phase in preparing the plan is to engage the licensed Early Learning and Child Care community in forums to determine key priorities for areas of focus in the coming years and to develop solutions to some of the issues families face. A second phase of the parent survey was launched on May 4<sup>th</sup> which asks additional questions of families

based on the themes that have emerged. Staff are very pleased with the response rate utilizing this new platform as an additional way to engage citizens in conversations about Regional services.

**Corporate Strategic Plan:**

This report supports the Region's 2015-2018 Corporate Strategic Plan, Focus Area 4: Healthy, Safe and Inclusive Communities; Strategic Objective 4.1: (to) support early learning and child development.

**Financial Implications:**

Nil

**Other Department Consultations/Concurrence:**

Citizen services has been involved in supporting the launch of this initiative.

**Attachments**

Engage Region of Waterloo – Early Learning and Child Care Parent Engagement  
Phase 1 Summary

**Prepared By: Shannon McIntyre**, Social Planning Associate, Children's Services

**Nancy Dickieson**, Director, Children's Services

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

## Engage Region of Waterloo- Early Learning and Child Care Parent Engagement Phase 1 Summary as of May 2, 2016

As the Consolidated Municipal Service Manager, Children's Services is required by the Province to develop a multi-year plan for early learning and child care (ELCC) services in Waterloo Region. As part of this process, Children's Services prioritized reaching out to families in Waterloo Region to gather their input about the issues that are important to them.



To do so, Children's Services worked with Citizen Service to use the new Engage Region of Waterloo platform to gather feedback from parents, grandparents and guardians across the Region. The survey on Engage Region of Waterloo was promoted through social media (Twitter and Facebook), community partners, and OneList Waterloo Region.

This document summarizes the parent feedback received through Engage Region of Waterloo as of May 2, 2016.

### Parent Feedback- What We Asked

Children's Services asked parents, grandparents and guardians to provide information about their current child care arrangements and the challenges or barriers they have faced in navigating the ELCC system and receiving care child services. In addition, Children's Services asked what factors influenced their choice of child care for their family and what piece of advice they would give to parents entering the ELCC system in Waterloo Region.

### Parent Feedback- What We Heard

As of May 2, 2016 there were **1,418 visits** to the Early Learning and Child Care topic on Engage Region of Waterloo and **1,107 unique responses** to the survey. A summary of results as of May 2 follows.



Document Number: 2126767

Demographics & Current Child Care

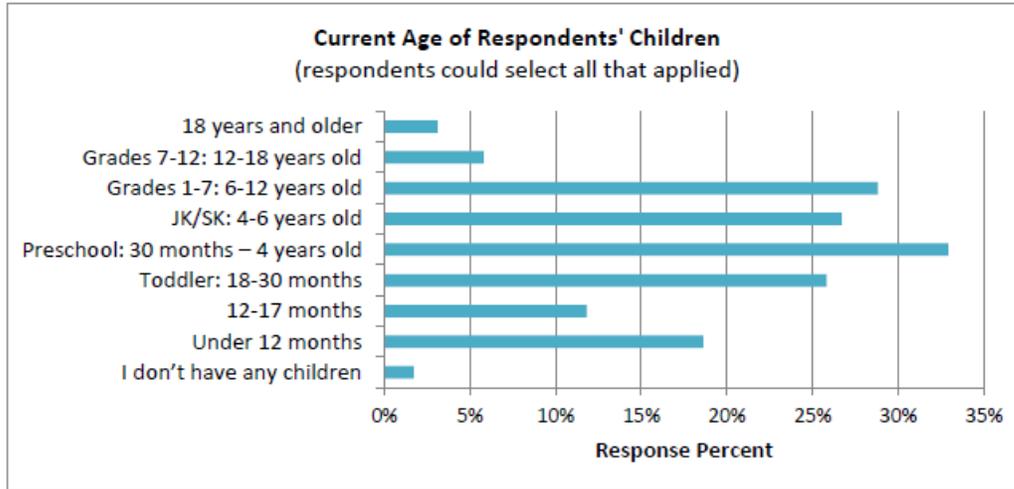


Figure 1: Current Age of Respondents' Children

The survey gathered responses from parents and guardians with children of all ages, and approximately 2% of respondents are currently expecting a child. The majority of respondents had children under age 12.

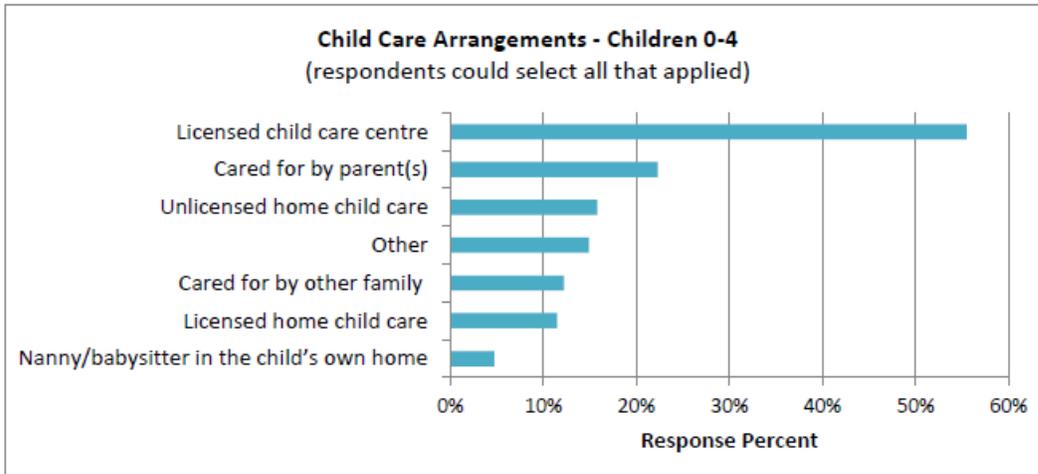


Figure 2: Child Care Arrangements for Children 0-4 Years

The majority of respondents (56%) with children 0 to 4 years of age, use licensed child care centres as a child care arrangement. Approximately 22% of children 0-4 are cared for by parents. There were more respondents using unlicensed than licensed home child care. In most cases, "Other" was selected when respondents did not have children between 0 and 4.

Document Number: 2126767

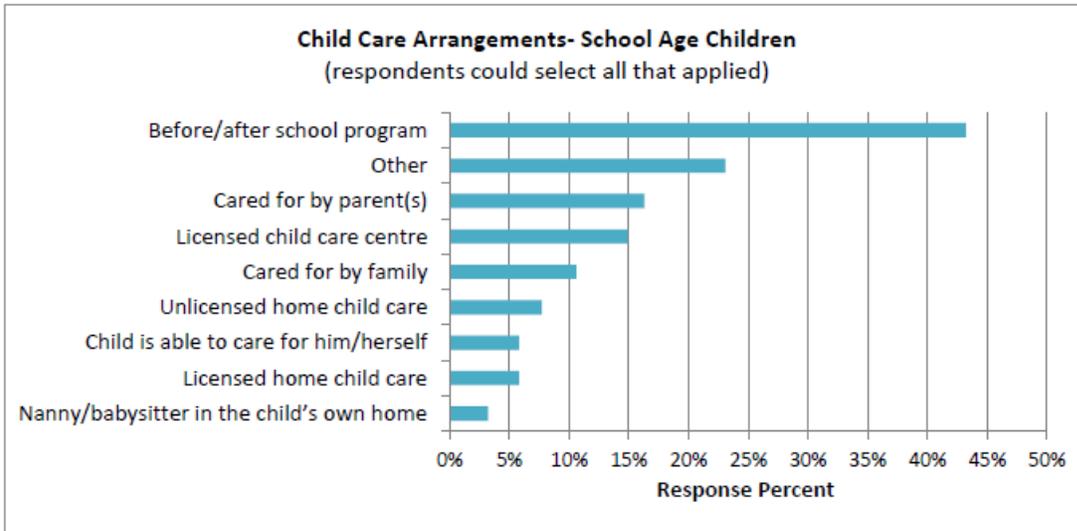


Figure 3: Child Care Arrangements for School Age Children

The most common (43%) child care arrangement of respondents with school age children, was before and after school programs offered by the school boards or third party operators. In most cases, "Other" (23%) was selected when respondents did not have school age children.

**Influences on Child Care Choice & Priorities for Change**

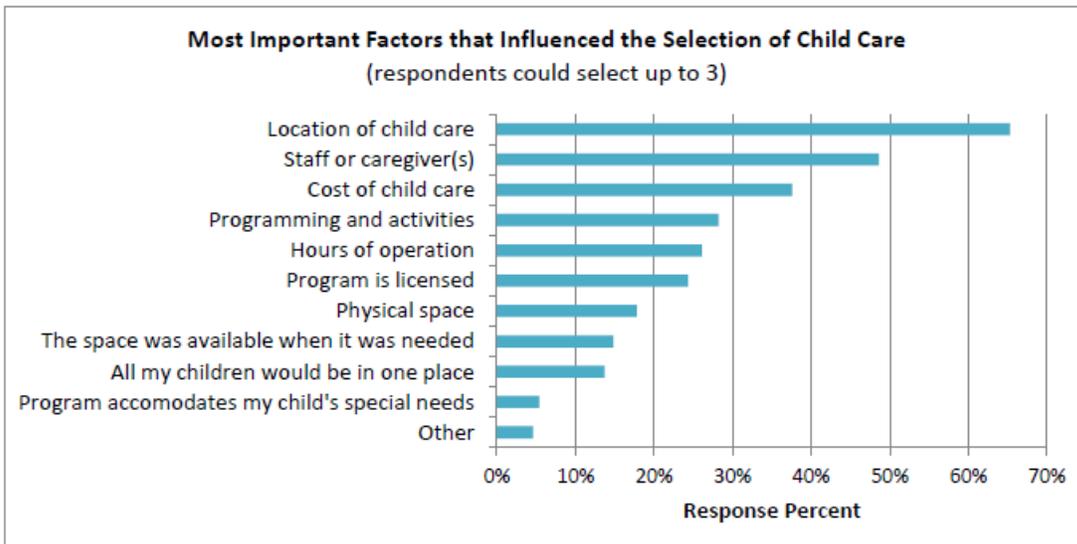


Figure 4: Most Important Factors that Influenced the Selection of Child Care

Document Number: 2126767

Location of child care was the most important factor (identified by 65% of respondents) that influenced the selection of child care for parents who responded to the survey. Staff or caregiver(s) (48%) and the cost of child care (38%) were also very important in the selection of child care for families.

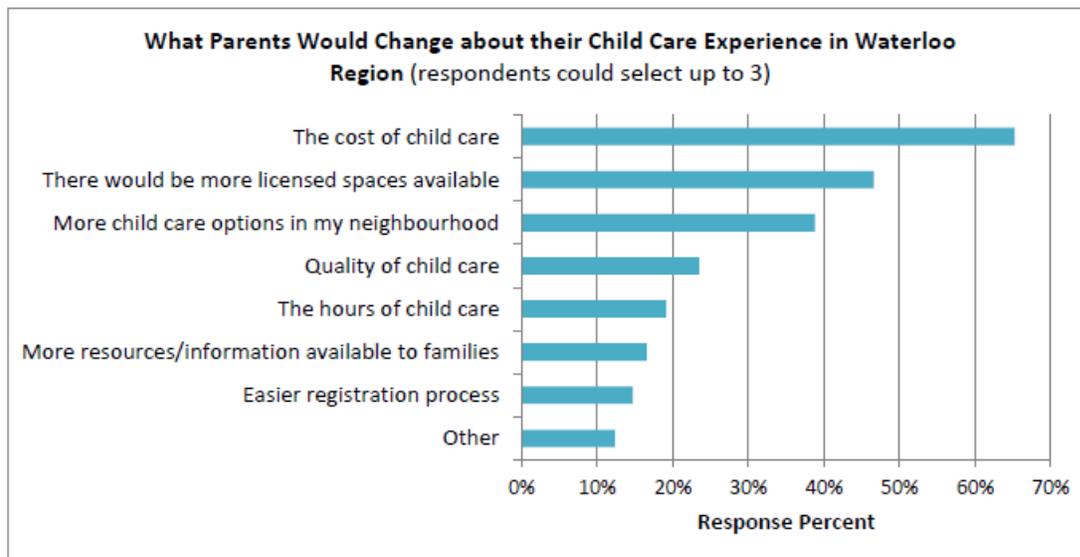


Figure 5: What Parents Would Change about their Child Care Experience

The majority, 65%, of parents and guardians who completed the survey indicated they would like to change the cost of child care. Parents also indicated they would like there to be more licensed space available in the Region (47%) and more options for child care in their own neighbourhood (38%).

#### Advice to New Parents

Parents, guardians and grandparents who responded to the survey were asked to provide a piece of advice related to child care and the early learning and child care system to new parents.

The majority of feedback received to date is themed in three categories: 1. Registering for child care early; 2. Child care space is limited for younger children; and 3. Importance of research.

#### *Start planning for child care early*

There was an overwhelming response that parents must start the child care search and register for child care well in advance of requiring care. Most suggest signing up on OneList Waterloo Region, the Region's centralized child care waitlist, as soon as they find out they are expecting a child. This speaks to the frustration parents have related to the time spent on a waitlist and the disappointment of not being placed in a program of their choice due to lack of options and space.

"As soon as you find out you are pregnant get on a list for a licensed day care - for both my children 20 months was not long enough to get into our preferred facility." – Parent

Document Number: 2126767

Many parents also provided advice related to saving in advance for child care, as the costs can be quite high.

“Start early in order to get on waitlists and save since it's so expensive for infants and parents going back to work.” – Parent

#### ***Child care space is limited for younger children***

Related to registering for child care early, parents indicated that child care spaces are limited for younger children, and that there is a need for more licensed child care spaces. It was noted by many that centre-based spaces for infants are especially limited in the Region.

“Sign up early for infant spots as there is a huge shortage in the region.” - Parent

#### ***Research is important***

Parents and guardians also stressed the need for new parents to do their research into child care. The early learning and child care system is complex; the comments provided by parents echoed this sentiment. There are many options in terms of providers, types of care, quality for child care. Parents stressed the importance of researching the options to ensure parents find the best fit for their family.

“Research all your options, and decide on what is best for your child and your family. Keep looking until you find an arrangement with which you are truly comfortable.” – Parent

### **Next Steps**

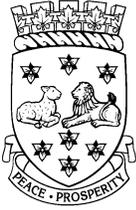
The survey will close on May 9, 2016 at 11:59pm. A follow-up survey (Phase 2) was launched on May 4, 2016 through Engage Region of Waterloo. This survey asks questions about some of the emerging themes from the Phase 1 survey such as location of child care, cost and priorities.

A more detailed report summarizing both Phases of parent engagement will be compiled once the surveys are complete and responses have been thoroughly analyzed.

The feedback gathered through this process, as well as additional engagement with community and internal partners, will help shape the priorities identified in the new Early Learning and Child Care Service Plan for 2016-2020, expected to be released in June 2016.

For more information or to request this document in an alternative format (e.g. larger text) please contact Shannon McIntyre, Social Planning Associate at 519-575-4400 ext. 2301 or [ShMcIntyre@regionofwaterloo.ca](mailto:ShMcIntyre@regionofwaterloo.ca)

Document Number: 2126767



**Report:** CSD-CHS-16-12

**Region of Waterloo**  
**Community Services**  
**Children's Services**

---

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

**Date:** May 24, 2016

**File Code:** S04-20

**Subject:** Early Learning and Child Care Salary Report

---

**Recommendation:**

For Information

**Summary:**

Nil

**Report:**

This report is provided in response to a request from Community Services Committee to provide greater detail on the current salary levels being paid to staff working in licensed Early Learning and Child Care (ELCC) Centres in Waterloo Region. Each year this data is collected from ELCC operators and relayed back to the ELCC community through an annual report. A copy of the most recent report is attached. The most recent data available is based upon 2015 salary levels; data for 2016 will not be available until later in the year when operators do their financial reporting.

The salary report serves a number of purposes from a system perspective such as: monitoring compliance; verifying financial claims and submissions; and supporting system planning and tracking of wage trends. In addition, many ELCC operators use the report for benchmarking to determine annual salary levels for staff.

The data in the report provides the number of full time equivalent staff, as well as the lowest and highest hourly wage currently being paid for different positions. Given the number of staff and variation of wages within each employer's salary grid, it is not possible to report a true average hourly rate. The report shows that a great deal of

variability in wages exists within the local ELCC sector. For example, for a Registered Early Childhood Educator (RECE), the lowest hourly pay in 2015 was \$11.00 per hour and the highest hourly rate was \$35.16.

Salaries, benefits and working conditions are all factors that influence work satisfaction and job retention. Research shows that low staff turnover or consistency in staff working with young children is a key factor influencing the quality of a program. Data does not exist locally to track staff turnover rates at each ELCC program to provide more quantitative evidence, but it would be safe to assume that those programs with lower salary levels would experience higher staff turnover rates.

**Corporate Strategic Plan:**

This report supports the Region's 2015-2018 Corporate Strategic Plan, Focus Area 4: Healthy, Safe and Inclusive Communities; Strategic Objective 4.1: (to) support early learning and child development.

**Financial Implications:**

Nil

**Other Department Consultations/Concurrence:**

Nil

**Attachments**

Appendix 1: 2015 ELCC Salary Report

**Prepared By: Bethany Wagler- Mantle**, Social Planning Associate

**Nancy Dickieson**, Director, Children's Services

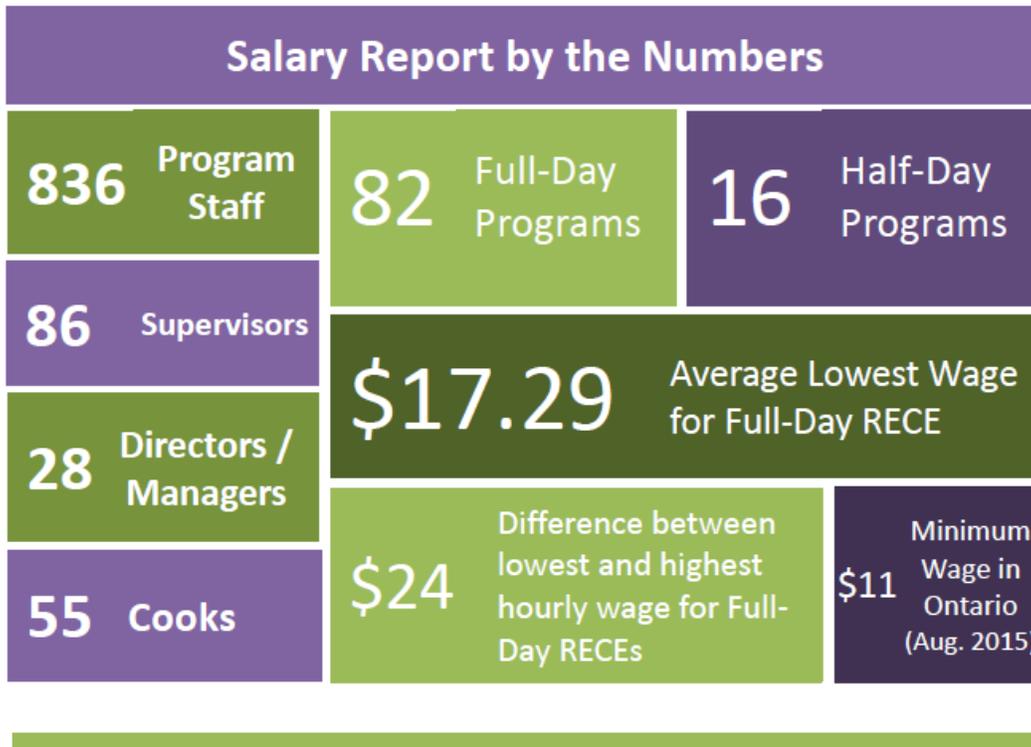
**Approved By: Douglas Bartholomew-Saunders**, Commissioner, Community Services

## 2015 ELCC Salary Report

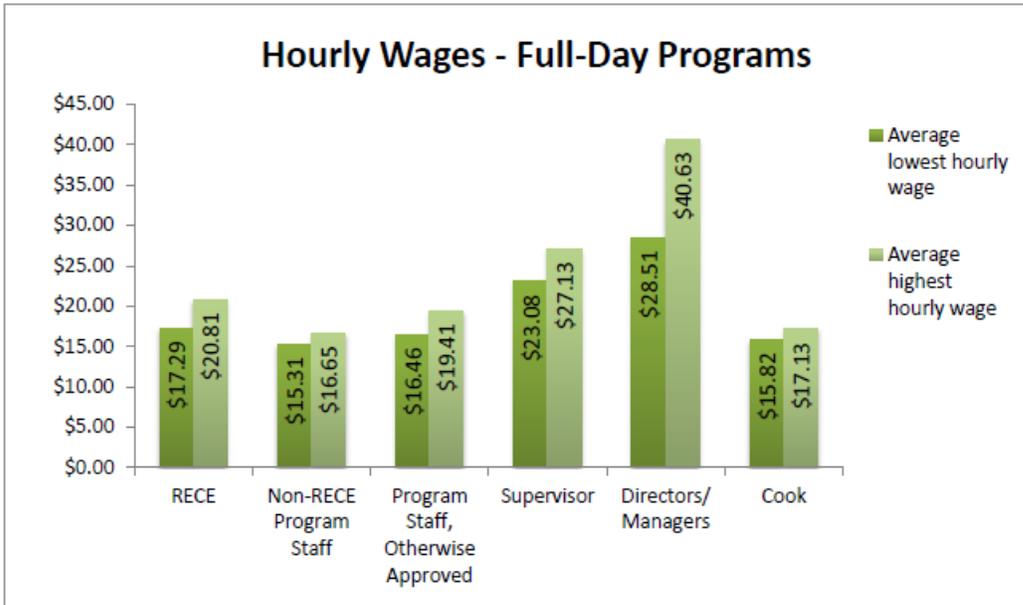


Each year licensed Early Learning and Child Care (ELCC) programs in Waterloo Region submit documentation to Children's Services in order to receive funding. This Salary Report summarizes submitted hourly wage information from ELCC programs (programs exclusively for school-aged children are not included). Position definitions are included on page 3.

The Salary Report is used for a number of purposes. Children's Services uses the salary information collected to verify funding allocations and monitor compliance with Provincial minimum wage requirements. Child care operators can use the information presented in the Salary Report as a reference when reviewing and setting salary rates. Additionally, the Salary Report provides a local summary of one factor (wages of staff) research has shown to be associated with high quality child care. Fair working conditions, supported by adequate wages, increase job satisfaction and staff retention and improve the quality of care for children. Insufficient wages reduce the likelihood of trained Registered Early Childhood Educators (RECEs) remaining in their positions and decrease the number of people who are attracted to work in the field. High staff turnover leads to inconsistency for children attending ELCC programs and directly impacts the quality of care provided.



## 2015 ELCC Salary Report



Hourly Wages for Full-Day and Half-Day Programs				
Position	Lowest hourly wage Full-day/Half-day	Average lowest hourly wage Full-day/Half-day	Highest hourly wage Full-day/Half-day	Average highest hourly wage Full-day/Half-day
<b>RECE Program Staff</b>	\$11 / \$15	\$17.29 / \$18.07	\$35.16 / \$36.48	\$20.81 / \$20.83
<b>Non-RECE Program Staff</b>	\$11	\$15.31	\$24.90	\$16.65
<b>Program Staff to take the place of an RECE (otherwise approved)</b>	\$13	\$16.46	\$21.76	\$19.41
<b>Supervisor</b>	\$13 / \$15	\$23.08 / \$23.59	\$50.50 / \$43.35	\$27.13 / \$25.10
<b>Directors / Managers</b>	\$15	\$28.51	\$47.41	\$40.63
<b>Cook</b>	\$11	\$15.82	\$28.93	\$17.13

Data Notes: Not all programs employed staff in each position. Half-day program wages are only reported for positions with greater than 2 FTEs (RECE and Supervisor). The reported hourly wages do not include wage enhancement, where applicable.

## 2015 ELCC Salary Report

Position Definitions	
<b>RECE Program Staff:</b>	This person has an Early Childhood Education (ECE) diploma or equivalent and is a registered member of the College of Early Childhood Educators.
<b>Non-RECE Program Staff:</b>	This person provides supervision of children under the direction of a RECE.
<b>Program Staff to take the place of an RECE (otherwise approved):</b>	This person is not a RECE but has received Director's Approval to take the place of an RECE. Typically this person would have related training or credentials (e.g. Montessori training).
<b>Supervisor:</b>	This person has an ECE diploma and/or equivalent and has at least two years of experience working with children. This person is responsible for the day-to-day operations for one or more child care centres and works directly with children.
<b>Directors / Managers:</b>	These positions involve the management of one or more child care centres, but do not involve working directly with children
<b>Cook:</b>	This person is responsible for purchasing groceries as well as preparing meals and snacks for the ELCC program.

If you have questions about the Salary Report, please contact Bethany Wagler-Mantle, Social Planning Associate at 519-575-4400 ext. 5684 or [bwagler-mantle@regionofwaterloo.ca](mailto:bwagler-mantle@regionofwaterloo.ca)

This report is available in alternate formats (e.g., large text) by request.

Released September 2015 DOCS#1966615



Report: PHE-IDS-16-04

## Region of Waterloo

### Region of Waterloo Public Health

### Infectious Diseases, Dental and Sexual Health

---

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

**Date:** May 24, 2016

**File Code:** P14-80

**Subject: Vaccine Preventable Diseases Program Report (2011-2014)**

---

#### **Recommendation:**

For information

#### **Summary:**

The Vaccine Preventable Diseases Program Report (2011-2014) provides an overview of the activities carried out by the Program to promote immunizations, and prevent the acquisition and transmission of vaccine preventable diseases in Waterloo Region. This includes:

- 1) Surveillance of vaccine preventable diseases and their presence in Waterloo Region, including adverse events following immunization
- 2) Inventory management and distribution of vaccines to health care providers (e.g. hospitals, physician offices) in Waterloo Region, including vaccine storage and handling, and efforts to promote vaccine safety and efficacy;
  - a. Includes annual inspections of all refrigerators in Waterloo Region that store publicly funded vaccine
- 3) Administering hepatitis B and meningococcal vaccines to grade 7 students and human papilloma virus (HPV) vaccine to grade 8 female students<sup>1</sup> in Waterloo Region schools (herein referred to as the School Immunization Program);
- 4) Enforcing the Immunization of School Pupils Act by ensuring students are up-to-date as per mandatory immunizations in Ontario's publicly funded immunization

---

<sup>1</sup> In April 2016, the Ministry of Health and Long-Term Care announced that HPV immunization will be provided to grade 7 males starting in the 2016-2017 school year. In addition, HPV immunization provided to females will be transitioned from grade 8 to grade 7 in that same school year.

- schedule;
- 5) Collecting and maintaining the immunization records of children enrolled in licensed child care centres;
  - 6) Clinic-based services;
  - 7) Implementing the annual Universal Influenza Immunization Program; and
  - 8) Health promotion activities and services for health care providers and community partners, including, but not limited to family physicians, pharmacies, hospitals, long-term care homes, and members of the public.

It is anticipated that the Ministry of Health and Long-Term Care will continue to expand program expectations into the future. For example they have recently announced the expansion of the HPV school-based immunization program to grade 7 males starting in the 2016-2017 school year.

Outcomes required of the Vaccine Preventable Diseases Program are clearly outlined in the Board of Health Outcomes in the Ontario Public Health Standards (refer to Attachment 1). These are the requirements that public health units are to achieve to ensure vaccine safety, promote immunizations, and prevent the acquisition and transmission of diseases in the community.

In terms of outcomes, select highlights from the Vaccine Preventable Diseases Program include:

- Ensuring vaccine safety as 100 per cent of cold chain incidents (i.e. incidents where vaccine is exposed to temperatures outside the required ranges) reported between 2011 and 2014 were investigated
- Met its Ministry of Health and Long-Term Care accountability agreement indicator targets, to monitor and inspect refrigerators in Waterloo Region that store publicly funded vaccine, ensuring they store vaccine safely
- Achieving low rates of elementary and secondary student suspensions from school under the Immunization of School Pupils Act (1 per cent and 2 per cent respectively in the 2013-2014 school year)
- High immunization coverage rates for vaccines covered under the Immunization of School Pupils Act (ISPA) in the 2012-2013 school year (92 per cent or higher) High coverage rates offer greater protection against disease acquisition and transmission. (Data is not available for subsequent years due to the transition to a new provincial information system. Coverage rate reporting will resume in the winter of 2016-2017.)

Region of Waterloo Public Health will be producing an updated local school immunization coverage rate report once the new provincial immunization reporting system has been fully implemented, the data validated, and local data cleaned. The local immunization rate report will be enhanced for the 2015-2016 school year through

the reporting of coverage rates at the school level (previously, reports were only available for students of a specific age cohort). It is anticipated Public Health will be able to produce the local coverage report by the end of 2016.

Overall, local (Waterloo Region) incidence rates of most reportable vaccine preventable diseases were generally similar to, or lower than, provincial rates.

## Report:

### Background

Infectious diseases are illnesses caused by microorganisms such as bacteria, viruses and parasites which may cause serious illness or be transmitted to other individuals. Many of these diseases, such as diphtheria, tetanus, polio, measles, mumps, rubella, hepatitis B, meningitis, and human papilloma virus (HPV)<sup>2</sup> can be prevented through immunization. The Public Health Agency of Canada reports that immunization is one of the most important advances in public health and is estimated to have saved more lives in Canada over the past 50 years than any other health intervention.<sup>3</sup> Given the effectiveness of immunization, the Government of Ontario, through the Ministry of Health and Long-Term Care, mandates public health units to provide a range of programs and services to ensure vaccine safety, promote immunizations, and prevent the acquisition and transmission of vaccine preventable diseases in their communities.

### Required Public Health activities for vaccine preventable diseases

The Ontario Public Health Standards (OPHS) establish requirements for all public health programs and services. The Vaccine Preventable Diseases Program is responsible for implementing the 13 requirements outlined in the Vaccine Preventable Diseases Standard and the two associated protocols.

In order to meet its requirements, the Vaccine Preventable Disease Program provides a variety of programs and services related to residents and visitors of Waterloo Region. These services include:

- 1) Surveillance of vaccine preventable diseases and their presence in Waterloo Region, including adverse events following immunization
- 2) Inventory management and distribution of vaccines to health care providers (e.g. hospitals, physician offices) in Waterloo Region, including vaccine storage and handling, and efforts to promote vaccine safety and efficacy;
  - a. Includes annual inspections of all refrigerators in Waterloo Region that store publicly funded vaccine
- 3) Administering hepatitis B and meningococcal vaccines to grade 7 students and

---

<sup>2</sup> List is not exhaustive.

<sup>3</sup> Public Health Agency of Canada (2013). Canadian Immunization Guide (Benefits of Immunization). Accessed on March 28, 2016 at <http://www.phac-aspc.gc.ca/publicat/cig-gci/p01-02-eng.php>.

- human papilloma virus (HPV) vaccine to grade 8 female students in Waterloo Region schools (herein referred to as the School Immunization Program)<sup>4</sup>;
- 4) Enforcing the Immunization of School Pupils Act by ensuring students are up-to-date as per mandatory immunizations in Ontario's publicly funded immunization schedule;
  - 5) Collecting and maintaining the immunization records of children enrolled in licensed child care centres;
  - 6) Clinic-based services;
  - 7) Implementing the annual Universal Influenza Immunization Program; and
  - 8) Health promotion activities and services for health care providers and community partners, including, but not limited to family physicians, pharmacies, hospitals, long-term care homes, and members of the public.

### Highlights of program activities and outcomes from 2011 to 2014:

#### Vaccine Management, Distribution, Storage, and Handling:

- Maintained and operated a vaccine ordering system for approximately 200 health care providers that administer publicly funded vaccine, and ensured each provider adhered to vaccine storage guidelines before filling an order
- Worked to meet accountability agreement indicators related to minimizing wastage of HPV and influenza vaccine

#### School Immunization Program (Hepatitis B, HPV and Meningitis):

- Provided over 9,000 hepatitis B immunizations, over 5,000 meningitis immunizations, and over 3,000 HPV immunizations in the 2014-2015 school year

#### Immunization of School Pupils Act:

- Issued 8,100 to 9,589 notices to parents/children stating their immunization record was not up-to-date in the 2011-2012 to 2013-2014 school years. This increased to 20,415 notices in the 2014-2015 school year when three new immunizations (meningococcal, pertussis, varicella) were added to the legislation
- Implemented Panorama, a new provincial information system to maintain and assess immunization records of children and youth

#### Child Care:

- Collected and maintained immunization records of children attending licensed child care centres as per the Day Nurseries Act.<sup>5</sup>

<sup>4</sup> In April 2016, the Ministry of Health and Long-Term Care announced that HPV immunization will be provided to grade 7 males starting in the 2016-2017 school year. In addition, HPV immunization provided to females will be transitioned from grade 8 to grade 7 in that same school year.

<sup>5</sup> The Child Care and Early Years Act was passed in 2014 and replaced the Day Nurseries Act in August 2015. No significant changes to immunization programs and services resulted from this updated

**Clinical Services:**

- Offered routine immunization clinics to individuals who do not have a primary care provider. Clinic dates and hours varied by year and visits ranged from 1722 to 2769 over the 2011 to 2014 time period.
- Offered a multi-cultural immunization clinic targeted to immigrants and new Canadians every second month from 2012 to 2014. Clinic attendance ranged from 141 to 314 per year.
- Offered school program catch-up clinics to individuals eligible for school program immunizations, but did not receive them in school. Clinic dates and hours varied by year, and visits ranged from 560 to 1229.
- Closed Public Health's travel clinic on January 1, 2014 after a thorough review of the service and after considering other options available in the community (refer to Report PH-12-023). Resources had been provided on a cost recovery basis, and the associated budget reductions were made at that time.

**Universal Influenza Immunization Program (UIIP):**

- Implemented the UIIP by offering community clinics, developing and implementing a vaccine distribution plan (as demand exceeds supply at the start of the season), and managing UIIP inventory
- Successfully added 98 pharmacies to the program from 2012-2013 to 2014-2015. The Ministry of Health and Long-Term Care permitted pharmacists to administer influenza vaccine to individuals 5 years of age or older in 2012

**Health Promotion:**

- Responded to questions and concerns of health care providers through a dedicated phone line. The phone line provided support regarding vaccine storage handling and supported both clinic practice and provider administration of publicly funded vaccines;
- Developed and distributed physician advisories on urgent matters of public health importance and held physician forums typically when new vaccines were introduced; and
- Developed and distributed fact sheets on vaccine preventable diseases

**Outcomes:**

Outcomes required of the Vaccine Preventable Diseases Program are clearly outlined in the Board of Health Outcomes in the Ontario Public Health Standards. These are the requirements that public health units are to achieve to ensure vaccine safety, promote immunizations, and prevent the acquisition and transmission of diseases in the community. The Board of Health required outcomes for the VPD Program are listed in Attachment 1.

---

legislation. A review of regulations is currently underway.

In terms of outcomes, the Vaccine Preventable Diseases Program:

- Ensured vaccine safety as 100 per cent of cold chain incidents (i.e. incidents where vaccine is exposed to temperatures outside the required ranges) reported between 2011 and 2014 were investigated. In addition, recommendations were provided to health care providers if clients who were immunized with compromised vaccine needed to be re-immunized
- Also contributed to vaccine safety by meeting the program accountability agreement indicator targets to monitor and inspect refrigerators in Waterloo Region that store publicly funded vaccine. This includes the 90+ pharmacies that were added to the Universal Influenza Immunization Program
- Low rates of elementary and secondary student suspensions from school under the Immunization of School Pupils Act (1 per cent and 2 per cent respectively in the 2013-2014 school year)
- High immunization coverage rates for vaccines covered under the Immunization of School Pupils Act (ISPA) in the 2012-2013 school year (92 per cent or higher) High coverage rates offer greater protection against disease acquisition and transmission. (Data is not available for subsequent years due to the transition to a new provincial information system. Coverage rate reporting will resume in the winter of 2016-2017)

Program activities are also offered to prevent the acquisition and transmission of vaccine preventable diseases. Local (Waterloo Region) incidence rates of most reportable vaccine preventable diseases were generally similar to, or lower than, provincial rates. One exception is invasive pneumococcal disease (IPD) among older adults with other underlying conditions. While local invasive pneumococcal disease rates have been decreasing since 2012, they are generally higher than the provincial average. The Vaccine Preventable Disease Program will enhance health promotion initiatives in 2016 to increase immunization rates among high risk older adults, in an effort to decrease the number of vaccine preventable cases of invasive pneumococcal disease in the community.

A full program report of these services over the 2011 to 2014 time period is available at: [http://chd.region.waterloo.on.ca/en/researchResourcesPublications/resources/VPD\\_Report16.pdf](http://chd.region.waterloo.on.ca/en/researchResourcesPublications/resources/VPD_Report16.pdf).

### **Program challenges**

Despite program achievements and outcomes, continual changes introduced by the Ministry of Health and Long Term Care have resulted in ongoing challenges to the Vaccine Preventable Diseases Program. These include:

- The introduction of accountability agreements with the Ministry of Health and

- Long-Term Care with several indicators for the Vaccine Preventable Diseases Program, and more indicators to be added in 2016-2017 (refer to Attachment 2)
- Significant growth in the number of vaccines covered under Ontario's publicly funded schedule and offered by the program
    - A vaccine added to the schedule increases vaccine management, handling and storage issues. It is also another vaccine for which Public Health would provide support to health care providers administering the vaccine.
  - The addition of three new vaccines to the Immunization of School Pupils Act, which substantially increased the number of student records that need to be analyzed and maintained each year
  - Ongoing changes to the School Immunization Program
  - The introduction of Panorama, a new provincial information system to maintain and analyze immunization records, and to manage vaccine inventory
  - The addition of pharmacists to the Universal Influenza Immunization Program
    - The addition of pharmacists to this program results in additional orders for staff to process and the number of refrigerators to inspect. It can also increase the number of requests for education and support.
  - Immunization of the surge in government sponsored Syrian refugees recently welcomed to our community
  - The program budget is a mix of base budget funding (cost-shared) and cost recovery (consisting of a per dose reimbursement by the province), the latter of which can fluctuate yearly, adding complexity.

Given the growing Ministry expectations, it has been challenging for the Program and has required repeated prioritization and re-prioritization of resources. While the Program is currently undergoing a re-engineering process to streamline and improve processes where possible, it is anticipated that the Ministry will continue to expand program expectations into the future.

Community Services Committee will be kept apprised of provincial and local program changes of significance and their impacts. Regular program reports will be completed approximately every two years.

### **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 relates to requirement #1 (assess, maintain records and report on the

immunization status of children attending schools and licensed child care) and requirement #2 (conducting surveillance and monitor trends over time) in the Vaccine Preventable Diseases Standard.

### **Corporate Strategic Plan:**

This report relates to strategic objective 4.4 (Promote and support healthy living and prevent disease and injury) in the Healthy, Safe and Inclusive Communities focus area in the 2015-2018 Strategic Plan.

### **Financial Implications:**

A majority of the programs and services offered by the VPD Program are covered under the department's existing base budgets for Public Health Mandatory Programs; the budgets are established by Regional Council (as the Board of Health) and are funded up to 75% by the province with the remainder funded by the local tax levy.

The School Immunization Program is offered on a cost-recovery basis; that is, Public Health invoices the Ministry for each dose given. This is the same for any influenza immunizations given by Public Health staff under the Universal Influenza Immunization Program. The funds recovered offset but do not fully cover the cost of providing the programs.

There has also been one time funding allotments (100% Ministry funded) to support provincial changes. This includes the purchase of new refrigerators, the introduction of the Panorama information system, funding to support the introduction of three immunizations to the Immunization of School Pupils Act, and the introduction of pharmacists to the Universal Influenza Immunization Program. The one time funding supports only immediate implementation needs, and not the ongoing operating costs associated with the additional work.

### **Attachments**

Attachment 1 — Board of Health Outcomes for the Vaccine Preventable Diseases Standard

Attachment 2 — Accountability Agreement Indicators for the Vaccine Preventable Diseases Program

**Prepared By:**       **Chris Harold**, Manager, Information and Planning (IDDSH)  
                              **Linda Black**, Manager, Vaccine Preventable Diseases

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

### Attachment 1

#### Board of Health Outcomes for the Vaccine Preventable Diseases Standard

- The board of health achieves timely and effective detection and identification of children susceptible to vaccine preventable diseases, their associated risk factors, and emerging trends.
- The board of health achieves timely and effective detection and identification of priority populations facing barriers to immunization, their associated risk factors, and emerging trends.
- The board of health is aware of and uses epidemiology to influence the development of healthy public policy and its programs and services to reduce or eliminate the burden of vaccine preventable diseases.
- The public is aware of the importance of immunization across the lifespan.
- Health care providers report adverse events following immunization to the board of health.
- Health care providers are knowledgeable of improved practices related to proper vaccine management, including storage and handling.
- Target coverage rates for provincially funded immunizations are achieved.
- The board of health effectively responds to vaccine preventable disease outbreaks.
- The public is aware of the availability of travel health services, including immunizations for travellers.
- Health care providers adhere to proper vaccine management, including storage and handling practices and inventory management.
- Vaccines are distributed in an equitable and timely manner that adheres to proper vaccine management, including storage and handling practices.
- The board of health achieves timely and effective detection and identification of adverse events following immunization.
- Children have up-to-date immunizations according to the current Publicly Funded Immunization Schedules for Ontario and in accordance with the Immunization of School Pupils Act and the Day Nurseries Act.

## Attachment 2 Vaccine Preventable Disease Accountability Agreement Indicators

As of the end of calendar year 2014, Region of Waterloo Public Health is accountable to the Ministry of Health and Long-Term Care for 27 indicators (11 indicators categorized as 'Health Promotion' and 16 indicators categorized as 'Health Protection'). The indicators are variable in terms of whether they are starting to gather baseline data, monitored for trends, or tracked against set targets.

Six of the 16 health protection indicators related to Vaccine Preventable Disease Program activities. The full list of indicators is below.

Indicator	Indicator Type
% of refrigerators storing publicly funded vaccines that have received a completed routine annual cold chain inspection	Tracked indicator
% of school aged children who have completed immunizations for hepatitis B	Monitored for trends
% of school aged children who have completed immunizations for HPV	Monitored for trends
% of school aged children who have completed immunizations for meningococcus	Monitored for trends
% of vaccine wasted by vaccine type that is stored/administered by the Public Health Unit (Human Papillomavirus (HPV))	Tracked indicator
% of vaccine wasted by vaccine type that is stored/administered by the Public Health Unit (influenza)	Tracked indicator

Three additional accountability agreement indicators will be added in 2016:

Indicator	Indicator Type
% of wastage of publicly funded measles, mumps, and rubella (MMR) vaccine that is stored, transported, or administered by PHUs and health care providers	Baseline data
% of 7 or 8 year old students in compliance with ISPA	Baseline data
% of 16 or 17 year old students in compliance with ISPA	Baseline data



Report: PHE-HPI-16-04

**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 24, 2016 **File Code:** P21-80

**Subject:** Rabies Prevention and Control Program Update

---

**Recommendation:**

For information.

**Summary:**

Rabies is a viral disease that can occur in warm-blooded animals and be transmitted to humans, usually through the bite or scratch from an infected animal. While the risk of acquisition of rabies in Ontario and Canada is low, it is almost always fatal once symptoms develop. That is why the prevention of rabies infection in humans is critical. 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 have been found on occasion in Waterloo Region. Public Health staff investigate 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 2015 and the local incidence of human rabies cases remains at zero.

Recently, there has been an increase in rabies cases in racoons and other wildlife in Hamilton and the surrounding areas. In response, the Ministry of Natural Resources and Forestry has undertaken a spring wildlife rabies vaccine-baiting program as a means of increasing immunity to rabies virus in the wildlife population. The spring wildlife-baiting program will include the majority of Waterloo Region. This strategy is aimed at lowering the risk of rabies to individuals who are exposed to wild animals.

While the risk for the general public of acquiring rabies remains low in Waterloo Region,

the recent increase in positive rabies cases in wildlife in the surrounding areas means that individuals bitten or scratched by racoons, skunks and other wildlife or stray animals should continue to receive prompt assessment in order to determine the possible need for rabies post exposure vaccine.

**Report:**

This report outlines key components of the rabies prevention program in Public Health and its outcomes.

**Rabies Virus Background**

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.

There are several strains of the rabies virus. Any animal can contract a particular strain of rabies, and any strain is transmissible to humans<sup>1</sup>. Recently, racoons and skunks have tested positive for the racoon strain of rabies in Hamilton and Haldimand regions. This is the first time since 2005 that racoons have tested positive for racoon rabies in Ontario.

Since 1924, there have been 24 Canadians (six 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 reported<sup>2</sup>.

The majority of rabies investigations in Waterloo Region involve the bite or scratch of a domestic animal. To ensure human safety and prevention of rabies in the human population, it is important for pets to be vaccinated from the rabies virus. The Rabies Immunization Regulation under the Health Protection and Promotion Act requires that all owners of cats and dogs which are greater than three months of age have their pets immunized against rabies, and re-immunized as needed. In addition to this legislation,

---

<sup>1</sup> Ministry of Natural Resources and Forestry. (2016). Rabies. Retrieved 21 April, 2016, from <https://www.ontario.ca/page/rabies>

<sup>2</sup> Public 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](http://www.publichealthontario.ca/en/DataAndAnalytics/Documents/2012_September_PHO_Monthly_Report.pdf)

Region of Waterloo Public Health and Emergency Services promotes rabies prevention and pet vaccination through a variety public awareness and education methods.

### Rabies Prevention Program and Outcomes

Region of Waterloo Public Health investigates every potential human exposure to the rabies virus from animal contact within 24 hours, as mandated by the Ministry of Health and Long-Term Care. Reports of rabies exposure can come from physicians, hospitals, veterinarians, police officers, or from a member of the public who was bitten or scratched. The number of exposures reported in Waterloo Region since 2013 has remained relatively steady between 1000 to 1100 cases per year. In 2015, staff completed 1,037 investigations. See Table 1 for a summary of the key statistics of the rabies prevention and control program from 2005 to 2015.

In 2015, the Health Unit met the Ministry of Health and Long-term Care Accountability Agreement indicator (98%) by achieving a 98.3% rate for contacting cases within one calendar day.

**Table 1. Rabies Prevention and Control Program Summary, Waterloo Region, 2005-2015**

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Total rabies investigations*	909	842	845	926	822	834	927	987	1015	1093	1037
Persons issued post-exposure vaccination**	93	114	101	134	68	64	68	106	68	113	98
Animals testing positive for the rabies virus***	3	5	13	12	8	1	0	1 <sup>^</sup>	1 <sup>^</sup>	2 <sup>^</sup>	1 <sup>^</sup>
Human cases	0	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 20, 2016.

\*\*\*With or without human contact.

<sup>^</sup>Source: The Rabies Reporter. July–December 2014 Issue. Vol. 25. No. 2. Ministry of Natural Resources.

The majority of rabies incidents involved domestic animals, namely dog (57%) or cat (33%) bites or scratches which broke the human skin. Other cases involved livestock (e.g., cow, donkey, horse, sheep); wildlife (e.g., bat, racoon, bear, chipmunk, squirrel, mouse, rat, mink); and other domestic animals (e.g., ferret, guinea pig, monkey).

When an unvaccinated pet is found during an investigation, Public Health Inspectors will work with the pet owner to inform them of the importance and legal requirement of pet vaccination. The vast majority of unvaccinated pets found during rabies investigations are vaccinated by their owners by the end of the investigation. The minority of cases where vaccination is not possible may occur when the animal cannot be located or is a stray.

In most cases of potential human exposure to rabies, Public Health Inspectors are able to confine a domestic dog or cat that has been implicated for 10 days, so that the animal's health can be observed during that time. If the animal has rabies, it will develop symptoms within 10 days, indicating the need for human vaccination. If the animal remains healthy, the person bitten/scratched does not need to receive vaccination to prevent rabies. In a minority of situations, based on a risk assessment, persons who have been bitten or scratched may need to be referred to their physician or urgent care clinic (walk-in) for vaccine to prevent rabies. Vaccine to prevent rabies is stored in Public Health offices and staff ensure that physicians' offices have prompt access to it when needed. In 2015, vaccine to prevent rabies was dispensed to 98 people in Waterloo Region, representing 9% of the total investigations completed (see Table 1). This percentage is consistent with that found in previous years (roughly 10% of animal bite investigations), and is usually due to instances such as when the implicated animal is a stray or wild animal that cannot be contained for observation or testing.

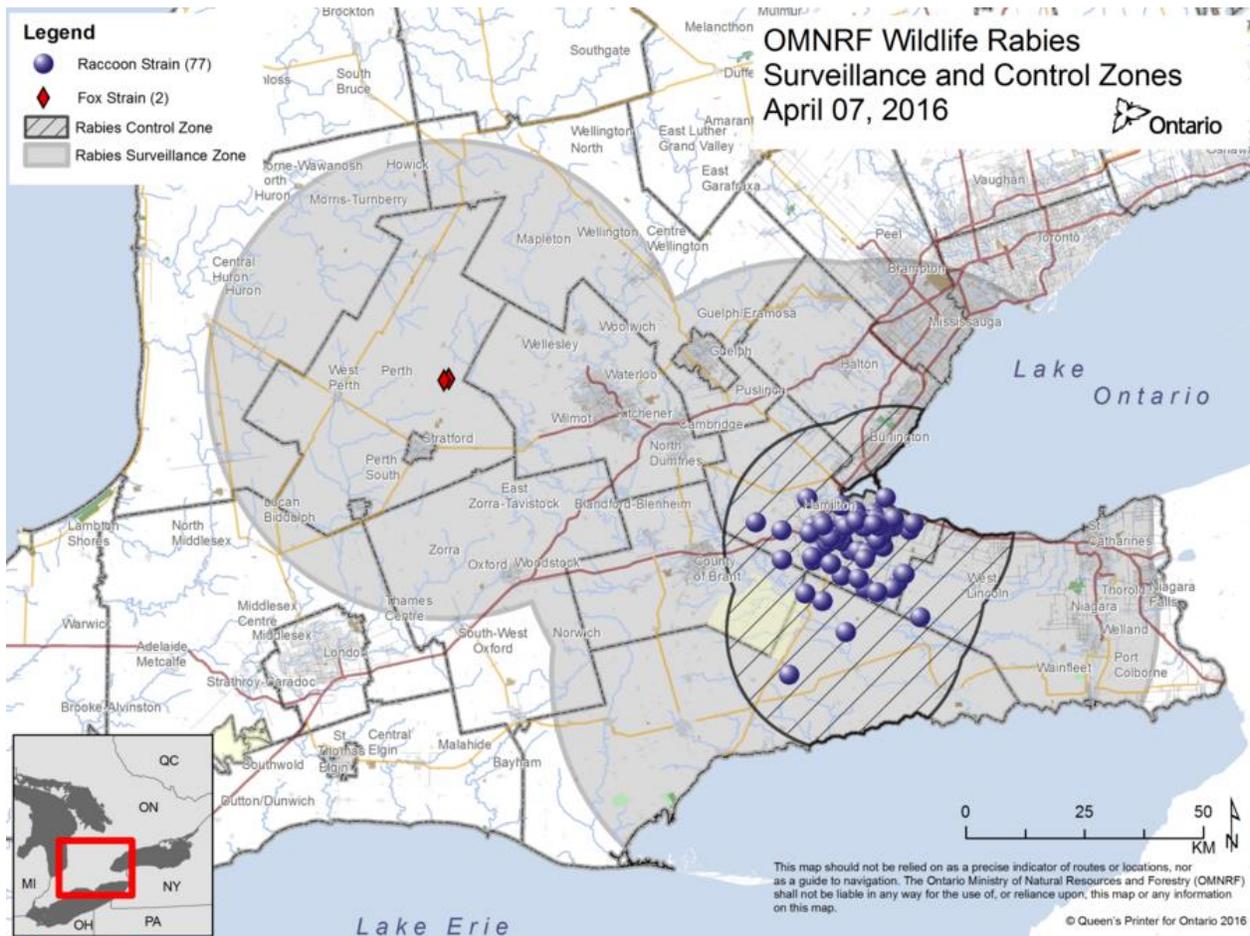
### **Increase in Rabies Cases in Wildlife in Hamilton and Surrounding Areas**

Public Health actively monitors Ministry of Natural Resources and Forestry surveillance reports to stay informed about animal rabies activity, provincially and locally. The number of rabid animals found locally (in Waterloo Region) has fluctuated over the past 10 years but currently remains at low (see Table 1). In 2014, two rabid bats were found in Waterloo Region, and one bat was found in 2015. The rabid bat found in 2015 did not have any contact with humans. Although there were no human interactions with animals that tested positive for rabies in Waterloo Region in 2015, the presence of the rabies virus in wildlife has increased in areas that surround the region to the west and the southeast. Cases of "Raccoon strain" rabies have been confirmed in the Hamilton area (the first cases in Ontario since 2005). In addition, "arctic fox strain" of rabies has been confirmed in Perth County (the last case in southern Ontario was in 2012). See Figure 1 for the wildlife rabies surveillance and control zones in Southern Ontario (current as of April 7, 2016).

In response to the confirmed cases of rabies in wildlife and as part of the routine wildlife surveillance program, the Ministry of Natural Resources and Forestry has undertaken a spring wildlife rabies vaccine-baiting program as a means of increasing immunity to rabies virus in the wildlife population. The spring wildlife-baiting program will include the majority of Waterloo Region. This strategy is aimed at lowering the risk of rabies to individuals who are exposed to wild animals.

While the overall risk of rabies in Ontario to the general public remains low, the recent increase in positive rabies cases in wildlife in the surrounding areas means that individuals with an exposure (e.g. bite or scratch) to raccoons, skunks and other wildlife or stray animals should continue to receive prompt assessment in order to determine the possible need for rabies post exposure vaccine.

**Figure 1: Wildlife Rabies Surveillance and Control Zones Surrounding Waterloo Region, April 2016**



Retrieved from <https://www.ontario.ca/page/rabies>

## Public Awareness and Education

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](http://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 2016.

In order to increase awareness about the rabies virus and rabies prevention locally, Public Health also maintains the public website, [www.regionofwaterloo.ca/rabies](http://www.regionofwaterloo.ca/rabies), with

current information and continues to update the public as new rabies surveillance and prevention programs are implemented in the surrounding areas. Social media (Twitter: @ROWPublicHealth and Facebook) has also been a useful tool to share information with the public about rabies prevention, pet vaccination, and provincial rabies cases and programming. “Rabies Bites” posters were developed in 2015 and distributed to community stakeholders including animal control shelters and veterinarian’s offices to raise community awareness. Public Health also shares information with local physicians through the Physician’s Update. In May 2016, information was shared with physicians about the increase in rabies cases in wildlife in Hamilton and surrounding areas emphasizing the provincial effort to monitor and mitigate spread of the disease in the animal populations and prevent the spread to humans ([http://chd.region.waterloo.on.ca/en/researchResourcesPublications/resources/PHYSUP\\_MAY16.pdf](http://chd.region.waterloo.on.ca/en/researchResourcesPublications/resources/PHYSUP_MAY16.pdf)). 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 and to increase the general level of immunity in the domestic animal population.

**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 compliance with the Rabies Prevention and Control requirements of the Ontario Public Health 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, Safe and Inclusive Communities

**Financial Implications:**

Expenditures for the Rabies Prevention and Control program and the activities described within this report are covered under the department’s existing base budgets for Public Health Mandatory Programs; the budgets are established by Regional Council (as the Board of Health) and are funded up to 75% by the province with the remainder funded by the local tax levy.

**Other Department Consultations/Concurrence:**

Nil

**Attachments:**

Nil

**Prepared By:** **Brandie Bevis**, 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

<b>Council Enquires and Requests for Information</b>				
<b>Community Services Committee</b>				
<b>Meeting date</b>	<b>Requestor</b>	<b>Request</b>	<b>Assigned Department</b>	<b>Anticipated Response Date</b>
Feb 2/2016	CS Committee	That staff review options and previous resolutions in relation to a basic income guarantee and report back to the Committee	Community Services	May/June 2016