

Infectious and Communicable Diseases Prevention and Control Program Annual Service Plan

A. Community Need and Priorities

- We are situated rurally with no access to walk in clinics and access to health care can be difficult for high risk populations due to transportation. When possible we create partnerships to provide service e.g. pharmacies for needle exchange.
- Chlamydia, gonorrhoea and syphilis are increasing in LGL. Risk factors identified were no condom use, more than one sex contact in past 6 months as well as repeated sexually transmitted infections. High risk behaviours related to substance use is evident in the increase in Hepatitis B and C trends, and high number of requests for needles, safe inhalation equipment and naloxone kits.
- Emergency room visits for opioid use is sharply increasing in our region and deaths related to overdose have occurred.
- Long Term Care and Retirement Homes depend on our leadership and support for infection prevention and control issues and knowledge, skills, and ability to manage institutional respiratory and enteric outbreaks.
- Rabies remains a high priority to our communities with the proximity and access to Northern New York State with animal rabies cases.
- Cases of Lyme disease are increasing.
- Health care providers regularly contact the Health Unit for advice on testing and treatment for communicable diseases. The Reportable Disease Toolkit is regularly used on the Health Unit website.

Local priorities for programs and interventions are based on:

- Request for information/education
- Reportable diseases surveillance data (iPHIS) locally and provincially
- Suspect cases and outbreaks reported
- Health Unit clinic statistics
- Syndromic surveillance data
- Coroner data on opioid related deaths
- Pregnancy and abortion data

B. Key Partners/Stakeholders:

Internal partners include HU staff that support ongoing program planning and delivery of services which includes:

- communications,
- creative team,
- health information team, and
- PHN from other departments that provide support to clinical service delivery in the areas of both sexual health and harm reduction.
- On call managers
- Clinic physician
- MOH
- PHI's
- Administrative Assistants

External partners include:

- Public Health Ontario
- Ministry of Health and Long-Term Care
- Ontario Harm Reduction Distribution Program
- Public Health Lab
- Primary Health Care/Health Care Providers/Allied Health Care
- Hospitals
- Pharmacies
- Addictions and Mental Health
- School board (Upper Canada/Catholic/French)
- First Responders (EMS, Fire, Police)
- HIV Regional Services, Kingston
- Interval House
- Change Healthcare- Methadone Program
- Community Health Centers
- Youth Centers
- Long-Term Care Facilities/Retirement Homes
- Ministry of Natural Resources
- CFIA
- Ontario Ministry of Agriculture
- Municipalities/Counties
- University of Guelph
- Local Veterinarians
- Rabies Response Unit

Program	Interventions	Intervention Description	Objectives	Indicators of success
Information/ Education	Intervention 1 Information and Education to Health care Professionals (HCP)	<ul style="list-style-type: none"> • Providing surveillance data and when possible epidemiological analysis of trends as it relates to infectious and communicable disease prevention and control. • Support in the identification and management of infectious and communicable diseases of public health importance including reportable diseases, their associated risk factors, and emerging trends. • Communicate from Medical Officer of Health on urgent issues, and ongoing availability for consultation at the local and regional level. • Maintenance of a health professional website that includes resources to support the identification and management of infectious and communicable diseases. 	Timely and effective detection, identification, and management of exposures and local cases/outbreaks. Reduced transmission of infections and communicable diseases.	# of reports provided to HCP # of consultations provided to HCP # hits on website
	Intervention 2 Public Information	<ul style="list-style-type: none"> • Providing public education on infection prevention and control measures, including but not limited to respiratory etiquette and hand hygiene, and other relevant issues. • Communication with website, media campaigns/social media, and the availability for consultation. 	Increase awareness and knowledge of infection prevention and control measures. Reduced transmission of infections and communicable diseases.	# of media releases # of media campaigns # of social media posts # of HU website hits # of public consultations

Program	Interventions	Intervention Description	Objectives	Indicators of success
Program 2 Infection Prevention and Control Nurses Initiative	Intervention 1 Outbreak management	<ul style="list-style-type: none"> • Providing education/training, support and resources to assist in the identification and management of a confirmed or suspected outbreak of infectious disease of public health importance within the community (long-term care and retirement homes, schools, childcare settings and the community). 	<p>Timely and effective detection, identification, and management of exposures and local cases/outbreaks. Effective case management results in limited secondary cases.</p>	<p># of education sessions/training provided to institutions # of communique's sent to institutions # of institutional lab confirmed outbreaks # of suspected infectious disease outbreaks that were not lab confirmed</p>
	Intervention 2 Case /contact management	<ul style="list-style-type: none"> • Monitoring for and management of, case and contacts of infectious disease of public health concern in accordance with the appropriate protocols. • Case management includes determination of the source of disease when possible, risk factors, exposures and the provision of disease prevention, counseling, facilitation of chemoprophylaxis, immunization or immune-globulin and or advice to seek medical care and submission of clinical specimens. • Contact identification, tracing and notification as appropriate and management which may include those interventions similar to case management. 	<p>Timely and effective detection, identification and management of exposures and local cases of infectious and communicable disease of public health importance, including reportable disease, their associated risk factors and emerging trends. Effective case management resulting in limited secondary cases. Reduced transmission of infections and communicable diseases. Reduced progression from latent tuberculosis infection to active tuberculosis disease. Reduced development of acquired drug resistance among active TB cases.</p>	<p># and type of infectious diseases of public health concern reported in iPHIS # of contacts of infectious diseases of public health concern reported in iPHIS # of ceftriaxone prescriptions distributed for treatment of gonorrhoea annually # and rate of new active TB infections annually # of acquired drug resistant active TB # cases of LTBI that are initiating prophylaxis and /or the number completing treatment</p>

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<p>Program 3 Infection Prevention and Control Nurses Initiative</p>	<p>Intervention 1 Infection Control Leadership</p>	<ul style="list-style-type: none"> • Provide infection prevention and control leadership and support internally as well as externally among community partners/service providers and public. • Assisting in policy development, establish/review processes related to infection prevention and control as well as support audits for infection prevention and control practices. • Developing/supporting training and education, development of resources, materials, tools on infection prevention and control practices. • Active participant/liaison on provincial, organizational and community committees that address infection prevention and control practices as required. • Participating in external infection prevention and control audits based on compliant protocol as well as assist in the management of outbreaks, case and contacts of reportable diseases. 	<p>The Board of Health is aware of and uses local data to influence and inform the development of local public health policy and its programs and services for the prevention of infectious and communicable diseases. Board of Health programs are designed to address the identified needs of the community, including priority populations, associated with infectious and communicable diseases. Timely and effective detection, identification, and management of exposures and local cases/outbreaks. Effective case management results in limited secondary cases.</p>	<p># of internal consultations to support infection prevention and control practices # of education/training sessions provided internally # of education/training sessions provided externally # of committees with active participation/liaison role # of infection control lapses investigated</p>
<p>Program 4 Needle Exchange Program Initiative</p>	<p>Intervention 1 Smart Works</p>	<ul style="list-style-type: none"> • Distribution of injection and smoking equipment, safer drug • Use education and overdose prevention information to illicit substance users. • Collaborating with and engaging healthcare providers, community and other relevant partners and priority populations to access people who could benefit from the program. 	<p>Reduced transmission of infections and communicable diseases.</p>	<p># of clients # of syringes, safe inhalation equipment distributed # and types of referrals # of partners satellite sites operating needle exchange # of pickups /cost of Stericycle Sharps Disposal</p>

Program	Interventions	Intervention Description	Objectives	Indicators of success
<p>Program 5 Harm Reduction Program Enhancement</p>	<p>Intervention 1 Naloxone Distribution and Training</p>	<ul style="list-style-type: none"> • Naloxone distribution to individuals who currently use opioids, have used in past or family/friends of individuals who are at risk of opioid overdose. • Responding to injection-related complications. • Providing testing and treatment for STIs, and immunizations (Hep A/B, HPV, TdP, Influenza). • Health Unit led naloxone training and ongoing distribution to eligible community organizations that meet the criteria of the Harm Reduction Program Enhancement • Health Unit led naloxone training and ongoing distribution to eligible first responders who meet the criteria of the Expansion of Ontario Naloxone Program to Fire & Police Services 	<p>Increase awareness and knowledge of opioid overdose prevention strategy. Increase access to naloxone kits for those at risk of opioid overdose. Increase access to family & friends for those at risk of opioid overdose. Increase in community organization trained to provide their at risk clients with naloxone kits. Increase in first responders trained to administer naloxone in order to respond to opioid overdose.</p>	<p># of clients entered into Ontario Harm Reduction Database # opioid overdoses and deaths # ED visits related to opioid use # of individuals who have received a naloxone kit-client/family/friend # naloxone kits being used # of community organizations who received training to dispense kits # of kits dispensed to community organizations # of high risk clients receiving vaccines # of first responders (fire/police) trained in responding to an opioid overdose # of clients who received naloxone from a first responder (fire/police) for an opioid overdose</p>

Program	Interventions	Intervention Description	Objectives	Indicators of success
<p>Program 5 Harm Reduction Program Enhancement (cont)</p>	<p>Intervention 3 Harm Reduction Community Engagement</p>	<ul style="list-style-type: none"> • Harm Reduction Steering Committee with community partners. • Conducting/reviewing situational assessment. • Ongoing surveillance that includes an early warning system allowing for timely identification of and response to a surge in opioid overdoses. • Development of a local opioid response plan that includes ongoing surveillance including an early warning system to identify a surge in opioid overdoses as well as a coordinated community response. 	<p>Increase public awareness and education related to prevention of substance use, harm reduction, treatment and enforcement.</p> <p>Increase community capacity to respond to drug and opioid related challenges.</p>	<p># and type of community partners engaged in community response plan</p> <p># of community partners trained to use Overdose Reporting Tool (early warning system)</p> <p># of Overdose Reporting Tool forms received.</p>
<p>Program 6 Sexual Health Services</p>	<p>Intervention 1 Sexual Health/STI clinics</p>	<ul style="list-style-type: none"> • Education, counselling re sexual health and safe sexual practices. • Providing contraceptives, pregnancy testing and counselling. • Screening, monitoring, diagnosis, treatment and counselling of cases and contacts. • Providing STI-related vaccines according to provincial eligibility criteria. • Collaborating with other health care providers regarding case/contact notification strategies, education and follow up counselling, • Redistributes publicly funded drugs for treatment of STI to healthcare providers who manage patients with STIs. 	<p>Timely and effective detection, identification, and management of exposures and local cases/outbreaks.</p> <p>Effective case management results in limited secondary cases.</p> <p>Priority populations have increased knowledge and access to sexual health services and supports that prevent exposure to and the transmission of sexually transmitted infections and blood-borne infections.</p>	<p># of clients who were screened and tested for STI</p> <p># of cases/contacts who received STI treatment</p> <p># of clients who received pregnancy tests/pregnancy counselling & provide contraceptives including emergency contraception</p> <p># of STI drugs and STI related vaccines provided to HCP to effectively manage cases and contacts</p>

Program	Interventions	Intervention Description	Objectives	Indicators of success
Program 7 Enteric Disease and Infection Control Lapses (iPAC Lapses)	Intervention 1 Outbreak Management	<ul style="list-style-type: none"> • Follow-up outbreaks – identifying source, doing epi analysis by time, place and person, doing analyses of suspect food, and recommending response measures. • IPHIS reporting of cases. • Inspect food or other premises that are linked to cases. • Education to service providers re infection control measures. • Inspecting Personal Service Settings, Child Care Centres, Recreational Camps, Group Homes. 	<p>Increased awareness and use of infection control practices in settings that require inspection.</p> <p>Timely and effective detection, identification, and management of exposures and local cases/outbreaks.</p> <p>Effective case management results in limited secondary cases.</p> <p>Increase staff, community partner/service providers and public awareness & knowledge of infectious diseases and infection prevention and control practices.</p>	<p># of education sessions/training provided to institutions at risk for infectious disease outbreaks</p> <p># of communique’s sent to institutions related to prevention/management/c control of infectious disease outbreaks</p> <p># of institutional lab confirmed infectious disease outbreaks</p> <p># of suspected infectious disease outbreaks that were not lab confirmed</p>
	Intervention 2 CD Case/Contact Management	<p>Follow-up cases of enteric infections. Assess risk factors and recommend management to prevent the spread.</p> <p>Inspect food or other premises that are linked to cases.</p> <p>IPHIS reporting of cases.</p>	<p>Effective case management results in limited secondary cases.</p> <p>Timely and effective detection, identification, and management of exposures and local cases/outbreaks.</p>	<p># and type of infectious diseases of public health concern reported in iPHIS</p> <p># of contacts of infectious diseases of public health concern reported in iPHIS.</p>

Program	Interventions	Intervention Description	Objectives	Indicators of success
Program 7 Enteric Disease and Infection Control Lapses (iPAC Lapses) (cont)	Intervention 3 Responding to iPAC lapse complaints	<ul style="list-style-type: none"> • Inspect location associated with complaint. • Identify where clients may have been exposed to potential blood borne pathogens. • Provide service provider with Adhering to Best Practice Guidelines for services. • Follow-up with exposed clients to assess their health risk and provide information on risk. Recommend blood testing and/or immunization if appropriate. • Re-inspect to ensure compliance with iPAC best practices. • Education on iPAC best practices to Regulated Health Professionals and Personal Service Setting Operators. 	Effective and efficient management and mitigation of public health risk associated with infection prevention and control lapses.	<ul style="list-style-type: none"> # investigations for suspect iPAC lapse # of inspections with infractions # of re-inspections with no infractions listed # of in services provided # of attendees to education sessions # type of iPAC lapses by location
	Intervention 4 Routine Inspections	<ul style="list-style-type: none"> • Inspection of licensed child care centres, personal services settings as per child care setting protocol and personal services setting protocol. • Provide education as needed. • Follow-up on infractions. 	Increased awareness and use of infection control practices in settings that require to be inspected.	<ul style="list-style-type: none"> # of inspections # of re-inspections # of orders

Program	Interventions	Intervention Description	Objectives	Indicators of success
Program 8 Rabies Prevention	Intervention 1 Respond to animal bite/scratch reports	<ul style="list-style-type: none"> • Investigate all biting/scratching incidents, conduct risk assessment and confine and observe the health of the implicated animals. • Provide consultation to health care providers on rabies prophylaxis and provide access to RHIG and vaccine. • Follow up animal vaccination according to Rabies immunization Regulation and issue tickets if needed. • Education to the public and bodies i.e. Doctors, Vet, Police obligated to report animal biting/scratching incidents 24/7 on call as per protocol. 	The public, community partners, and health care providers report all potential rabies exposures.	# of animal bite investigations # of clients receiving PEP # of animals that are current on their rabies vaccination at time of bite # potential rabies exposures investigated annually
	Intervention 2 Support Annual Low Cost Rabies clinics	Continue to support low cost vaccination clinics with partner veterinarians	Increased number of cats and dogs in our region vaccinated against rabies.	# of animals vaccinated at the clinics.
Program 9 Vector Borne Disease Program	Intervention 1 Surveillance and Education	<ul style="list-style-type: none"> • Active tick dragging yearly. • Weekly Mosquito trapping/monitoring. • Communicate with local government partners for WNV control measures. • Provide information to Health Care Providers (HCP) on ticks and Lyme Disease. • Provide information to the public through media releases, information sessions, and the Website. 	Reduced transmission of infections and communicable diseases.	# of new tick areas of risk identified # of human cases of WNV, EEE, Lyme # of media releases/social media posts, website hits # of presentations