

## Board Correspondence

December 2021

Date	From	Subject
November 4, 2021	Windsor-Essex County Health Unit	Ltr to Ministry of Health – to ask the Government to provide an increase in base funding for mandatory programs and provide one-time funding to support recovery and catch-up efforts over a multi-year 2022-2024.
November 5, 2021	Peterborough Public Health	Ltr to Ministry of Health – to support the City of Hamilton’s correspondence regarding the importance and preference of a local vs regional governance model for Public Health in Ontario.
November 16, 2021	Algoma Public Health	Ltr to Ministry of Health – request to annualize IPAC Hub funding and increase in provincial base funding.
November 18, 2021	Haliburton, Kawartha, Pine Ridge District Health Unit	Ltr to Ministry of Health and Ont. Ass. Of Optometrists (OAO) – urging the Ministry and (OAO) to re-enter discussions to restore vision services for vulnerable Ontarians.
November 23, 2021	Windsor-Essex County Health Unit	Ltr to Minister of Health – to recommend that the Province of Ontario amend the Immunization of School Pupils Act to include COVID-19 as a designated disease.

November 4, 2021

The Hon. Christine Elliott  
Ministry of Health, Deputy Premier  
Ministry of Health  
College Park 5<sup>th</sup> Floor  
777 Bay St. Toronto, ON M7A 2J3

The Hon. Doug Ford  
Premier of Ontario  
Legislative Building  
Queen's Park  
Toronto, ON M7A 1A1

Dear Minister Elliott,

The Board of Health for the Windsor-Essex County Health Unit (WECHU) would like to express its gratitude for the funding received over the course of the COVID-19 pandemic. Additionally, the WECHU would like to take this opportunity to acknowledge the recent approval of mitigation funding for 2022. The extension of the mitigation funding is a recognition of the impact of the COVID-19 pandemic in our community.

Windsor and Essex County (WEC) has been disproportionately impacted by the COVID-19 pandemic. To date, total confirmed cases of COVID-19 were 20,350, and 462 residents of Windsor-Essex have died. While the WECHU continues to be heavily focused on the COVID-19 response in the community of WEC, preliminary work has commenced on recovery and catch-up efforts including:

- Planning of a community needs assessment and review of surveillance data to identify priorities in our community, informing priorities for program restart and program development.
- Continued focus on such initiatives as the establishment of a consumption and treatment site in the community of WEC. Throughout the COVID-19 pandemic, there has been an escalation in opioid related incidents.
- On-going COVID-19 response efforts including case and contact management, vaccinations and enforcement of regulations.
- Conducting an internal review of human and other resources to inform internal capacity during recovery. This includes an assessment of the internal readiness for a shift from COVID-19 pandemic-related activities to COVID-19 endemic-related activities.

- Catching up on the back log of services including but not limited to:
  - School-based catch-up clinics, 5,863 doses of Men C, 8,127 HPV, 8,287 HB are outstanding. With regards to new grade 7 cohorts, 4,329 doses of Men C, 4,437 HPV, 3,909 HB are outstanding.
  - More than 15,000 students have not received oral health screening.
  - Approximately 4,000 students in senior kindergarten have not received vision screening.

Public health has been instrumental in the response to the COVID-19 pandemic. The WECHU like other public health units have redeployed staff, hired additional staff and have stopped important programming to the communities' health in response to pandemic pressures. To facilitate recovery efforts in a comprehensive and sustainable manner the WECHU Board of Health asks the Government of Ontario to provide an increase in base funding for mandatory programs specifically to support:

- Ongoing COVID-19 related expenses and sustainability
- Increases in wages, benefits and operational costs
- Recovery efforts and increased demand and need for programming including but not limited to substance use, mental health, healthy growth and development.

Additionally, the WECHU implores the Government of Ontario to provide one-time funding to support recovery and catch-up efforts over a multi-year period (2022 to 2024), recognizing that certain communities were more negatively impacted by the COVID-19 pandemic than others.

Sincerely,



Gary McNamara  
Board of Health

c: Premier Doug Ford  
Association of Local Public Health Agencies (ALPHA)

November 5, 2021

The Honourable Christine Elliott  
Deputy Premier and Minister of Health  
[christine.elliott@ontario.ca](mailto:christine.elliott@ontario.ca)

Dear Minister Elliott:

**Re: Support for Local Boards of Health**

At its meeting held on October 13, 2021, the Board of Health (BOH) passed a resolution that Peterborough Public Health support the position articulated in the City of Hamilton's Board of Health's correspondence, dated September 15, 2021 regarding the importance and preference of a local versus regional governance model for public health in Ontario.

Our BOH has historically supported this view, both in its [response to the Report of the Minister's Expert Panel on Public Health \(2017\)](#), as well as in its [Position Paper on the Modernization of Public Health in Ontario \(2020\)](#). An Executive Summary of the latter has been appended, for your reference.

Local responsiveness, knowledge and partnerships have been critical throughout the COVID-19 pandemic. These should be explored further and assessed as part of a comprehensive post-pandemic review. As recently recommended by the Ontario Medical Association, the Province should proceed with "carrying out an independent and unbiased review of Ontario's response to the pandemic including the public health system, its strengths and weaknesses during pandemic and non-pandemic times, along with its roles and responsibilities, before considering any changes."<sup>1</sup>

Our Board looks forward to working with you and your Ministry to explore ways in which local governance can continue to contribute to and strengthen the delivery of public health services in Ontario.

Sincerely,

**Original signed by**

Mayor Andy Mitchell,  
Chair, Board of Health

/ag  
Encl.

cc: Local MPPs  
Council of Medical Officers of Health  
Association of Local Public Health Agencies  
Ontario Boards of Health

---

<sup>1</sup> Ontario Medical Association (2021). *Prescription for Ontario: Doctors' 5-Point Plan for Better Health Care*.  
<https://www.oma.org/uploadedfiles/oma/media/public/prescription-for-ontario-doctors-5-point-plan-for-better-health-care.pdf>



OFFICE OF THE MAYOR  
CITY OF HAMILTON

September 15, 2021

Honourable Christine Elliott  
Minister of Health and Long-Term Care  
10<sup>th</sup> Floor, 80 Grosvenor Street,  
Toronto, ON M7A 2C4  
[Christine.Elliott@pc.ola.org](mailto:Christine.Elliott@pc.ola.org)

**RE: Support for a Local Board of Health**

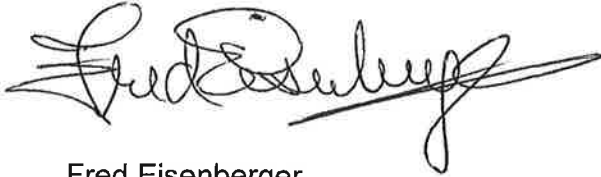
Dear Minister Elliott,

As the province of Ontario and Public Health Unit's across the province continue to respond to the COVID-19 pandemic, the City of Hamilton's Board of Health has been reflecting on our local pandemic response. COVID-19 has highlighted the importance of public health local responsiveness, particularly when dealing with local outbreaks. During the past eighteen months we have seen how local knowledge and partnerships has strengthened the pandemic response by better understanding the needs in the community and leveraging trusted relationships. The strength, timeliness, and flexibility of local collaboration can be seen through the implementation of various strategies, including increased public health measures, equitable access to COVID-19 testing, and an extremely complex and targeted vaccination strategy.

We are writing this letter to reiterate our position that a local, rather than regional governance is preferred to inform planning on how to strengthen and modernize the public health system. One of the current strengths of the governance system in Hamilton is the ties to the municipal sector which has a direct influence on opportunities for health where people live. As a governing body, the Hamilton Board of Health / Council can remain flexible and make decisions to increase, decrease or change service delivery based on local need. This has been particularly important throughout the pandemic as regular public health programs had to be flexible with the level of their operations to allow for resources to be shifted to essential services and the COVID-19 response. Maintaining the local voice supports ongoing advocacy of local need to ensure that priorities in the community are met, for example, the collection of local Social Determinants of Health Data which has allowed public health efforts to more effectively reach those who are disproportionately affected by the pandemic.

It is believed that if there is a shift to a regional board of health model, there will be a reduced local leadership voice in decision making. Due to this, it is important that public health governance remains local while ensuring accountability to municipalities, the province and the local population. Leveraging local responsiveness during the pandemic has reinforced our position that a local rather than regional governance remains the preferred model.

Sincerely,

A handwritten signature in black ink, appearing to read 'Fred Eisenberger', with a long horizontal flourish extending to the right.

Fred Eisenberger  
Mayor

**CC:**

Andrea Horwath, MPP, Hamilton Centre  
Paul Miller, MPP, Hamilton East – Stoney Creek  
Monique Taylor, MPP, Hamilton Mountain  
Sandy Shaw, MPP, Hamilton West – Ancaster – Dundas  
Donna Skelly, MPP, Flamborough – Glanbrook  
Council of Ontario Medical Officers of Health  
Association of Local Public Health Agencies (ALPHA)  
Ontario Boards of Health



Peterborough  
Public Health

# The Modernization of Public Health in Ontario

A Position Paper:  
Recommendations from the Board of Health  
for Peterborough Public Health

Serving the residents of **Curve Lake** and **Hiawatha First Nations**,  
and the **County** and **City of Peterborough**

January 8, 2020

## Executive Summary

---

Ontario's public health system delivers value for money, and helps to ensure Ontarians are fully able to contribute to a prosperous, sustainable and healthy future. Investments in public health are vital to maximizing prevention efforts in order to protect the Province and reduce demands for downstream health care services. Public health recognizes that it plays an important role in reducing hallway health care.

Peterborough Public Health (PPH) does not support the changes to the Ontario public health system put forward by the Provincial Government as part of its April 2019 budget. Although modifications to the system designed to make it more effective should be considered, the proposals of the Provincial Government were overly broad and did not target key areas for reform. If adopted, their impact would have significantly and irrevocably damaged the governance and delivery of public health services in the province. They were akin to using a sledgehammer to crack open a peanut. Public health in Peterborough is not broken – with the exception of issues related to capacity and funding, our communities benefit from services that are responsive, timely and effective.

PPH has worked hard to inform the Province and other stakeholders about its concerns including:

- Responding to local media in order to inform the public and local stakeholders on the potential negative impacts
- Making written submissions to the Minister and Ministry
- Engaging local government MPPs in discussion with the board and local political leaders
- Developing and presenting an emergency resolution to the Annual General Meeting of the Association of Local Public Health Agencies (alPHa)
- Engaging in discussions with neighbouring boards of health
- Engaging in the Eastern Ontario Wardens Caucus resolution
- Engaging in the formal Provincial consultation
- Completing the Ministry survey on public health modernization
- Engaging decision makers at both the Association of Municipalities of Ontario (AMO) and Rural Ontario Municipal Association (ROMA) conferences

We applaud the Provincial Government for seeking public input before proceeding with any structural changes however PPH continues to express concern that the Government is continuing with its plan to transfer \$180 million of public health costs unto the local tax base, although at a slower pace than originally announced.

### Principles of Reform

PPH believes that public health in Ontario must be shaped and delivered at the local level and that any proposed changes to public health governance and delivery need to be consistent with the following principles:

1. The enhancement of health promotion and disease prevention must be the primary priority of any changes undertaken;
2. Investments in public health must be recognized as a critical strategy in reducing the need for hallway health care;



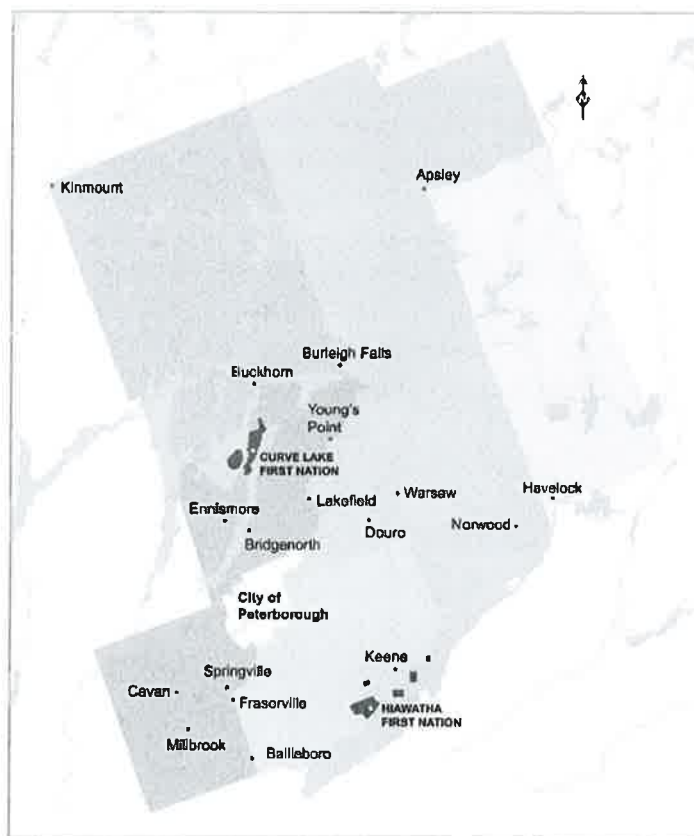
3. Any consolidation of public health units should reflect a community of interests which include distinguishing between rural and urban challenges and facilitates the meaningful participation of First Nations;
4. Adequate provincial funding is necessary to ensure effective health promotion and prevention activities in Ontario. Funding should be predictable and consider factors such as equity, population demographics and density, rural/urban mix and increase to meet new demands;
5. Local funding needs to consider a municipality's ability to pay in the context of the broad range of changes in funding arrangements between the Province and municipalities;
6. As public health is a joint municipal-provincial venture, its governance structure must provide accountability to the local councils that are required to fund local public health agencies;
7. Changes undertaken need to be evidenced based and not ideologically driven; and,
8. Change must be driven from the bottom up, in a process that respects both Provincial and local interests and facilitates genuine collaboration. Change management impact must be acknowledged in this process.

## Recommendations

In addressing the reform of public Health in Ontario, PPH has developed a series of recommendations in **three** broad thematic areas consistent with the principles noted above:

### 1. Structure and Governance

- 1.1. Negotiate boundaries for a local public health agency (LPHA) with an optimal size of 300,000 to 500,000<sup>1</sup> that reflects a community of interests and recognizes the rights and interests of First Nations.
- 1.2. Structure negotiations in a manner that respects local concerns and is responsive to local priorities.
- 1.3. Mandate municipal board representation and accountability that reflects municipal fiscal contributions.
- 1.4. Consider the establishment of regional structures to assist local boards in the delivery of programming and cost containment (i.e., back office integration, mutual aid agreements, issue-specific expertise).
- 1.5. Enhance Public Health Ontario's (PHO) coordination role as it relates to knowledge and technical support; central analytics; evidence generation; and, performance measurement.



<sup>1</sup> Mays et al. Institutional and Economic Determinants of Public Health System Performance. Amer J Pub Health 2006;96;3;523-531.

## 2. Program Delivery

- 2.1. Ensure health promotion and prevention programming is designed to reduce future health care use and costs.
- 2.2. Ensure stable and predictable provincial funding is provided that reflects demographic, equity and other local conditions, responsive to increased or emerging demands.
- 2.3. Ensure local financial contributions are reflective of municipalities' abilities to pay.
- 2.4. The Province should provide LPHAs with training and human resource support to ensure frontline staff have core competencies consistent with provincial standards.
- 2.5. The local delivery of public health programming should include:
  - Community engagement in design and delivery;
  - Nurturing of local relationships with delivery partners;
  - Supporting local decision makers with healthy public policy;
  - Program delivery which encompasses consistent local staffing;
  - Promotion of provincial policy development based on local needs and issues;
  - Delivery of health promotion campaigns that reflect local conditions and are built on local strategies;
  - Ensuring the social determinants of health are a lens through which local policies are developed; and,
  - Undertaking local applied research that is disseminated at a provincial level for the benefit of all LPHAs.

## 3. Implementation

- 3.1. Provide sufficient time to implement any proposed changes.
- 3.2. Build on best practices learned from past amalgamations.
- 3.3. Ensure sufficient provincial financial support is available to meet one-time implementation costs.
- 3.4. Implement changes using an integrated and comprehensive approach.

Ontario experienced a prolonged drought for public health that was brought to light with the tragedies of both SARS and Walkerton. We hope that important lessons have been learned and that the neglect that occurred in the past will not be repeated. In order to do that, boards of health need to know that the Province is committed to investing in public health in order to protect its citizens and keep our communities open for business.



*Peterborough Public Health provides catch up vaccinations for new Canadians, including this boy originally from Syria.*

November 16, 2021

The Honorable Christine Elliott,  
Deputy Premier and Minister of Health  
[christine.elliott@ontario.ca](mailto:christine.elliott@ontario.ca)

Dear Minister Elliott:

**RE: Request for Annualized IPAC Hub Funding and Increase in Provincial Base Funding for Local Public Health**

On October 27, 2021, at a regular meeting of the Board of Health for the Algoma Health Unit, the board approved a resolution requesting that the:

Board of Health for the District of Algoma Public Health write to the Ontario Minister of Health to request that the provincial government **commit to increased base funding to local public health units, with particular attention to addressing longstanding public health human resource challenges in the north**, such that public health units are able to both continue a robust pandemic response, and restore the delivery of mandated public health services to Ontario citizens.

Motion No.: 2021-92      Moved by: L. Mason      Seconded by: E. Pearce

---

On behalf of the Board of Health for the District of Algoma Health unit, we thank you and your government for your leadership and financial support during the COVID-19 pandemic. We have appreciated the province's announcements to date for 2022, which have included one-time reimbursement to local public health units for extraordinary COVID-19 expenses and one-time mitigation funding to offset the impacts of the cost-sharing formula change to municipalities. We also express gratitude for the recent approval of 2021-2022 one-time funding for the Infection Prevention and Control (IPAC) Hub Program at Algoma Public Health.

I am writing today to request provincial government commitment to **(a) annualize IPAC funding for northern PHUs to sustainably support IPAC hubs and (b) increase base funding to local public health units, with particular attention to addressing longstanding public health human resource challenges in the north**, to reflect the rising pressures on local public health unit resources. These pressures include:

- The need to routinize COVID-19 response activities, recognizing that COVID-19 will likely become a disease of public health significance and increase baseline public health work going forward;
- Increased wage, benefit, and operational costs due to inflation; and
- Increased demand for health units to restore mandatory programs to pre-pandemic capacity, address the backlog of services, and support population recovery from the COVID-19 pandemic.

Since the start of the COVID-19 pandemic, Algoma Public Health (APH) has provided a robust pandemic response to prevent and mitigate the spread of COVID-19. To date, APH has (a) managed 613 confirmed cases of COVID-19

---

**Blind River**  
P.O. Box 194  
9B Lawton Street  
Blind River, ON P0R 1B0  
Tel: 705-356-2551  
TF: 1 (888) 356-2551  
Fax: 705-356-2494

**Elliot Lake**  
ELNOS Building  
302-31 Nova Scotia Walk  
Elliot Lake, ON P5A 1Y9  
Tel: 705-848-2314  
TF: 1 (877) 748-2314  
Fax: 705-848-1911

**Sault Ste. Marie**  
294 Willow Avenue  
Sault Ste. Marie, ON P6B 0A9  
Tel: 705-942-4646  
TF: 1 (866) 892-0172  
Fax: 705-759-1534

**Wawa**  
18 Ganley Street  
Wawa, ON P0S 1K0  
Tel: 705-856-7208  
TF: 1 (888) 211-8074  
Fax: 705-856-1752

in Algoma residents and non-Algoma residents temporarily in Algoma, 2506 high-risk close contacts of cases, and 30 COVID-19 related outbreaks, (b) fielded numerous community concerns regarding infection prevention and control and enforcement for COVID-19 measures, and (c) responded to over 42,000 COVID-related inquiries through our dedicated COVID-19 phone lines. Moreover, APH has coordinated COVID-19 mass immunization across the district, with **86.0% of eligible residents (12+) in Algoma now fully vaccinated** (as of November 8, 2021). Local public health knowledge, responsiveness, and partnerships have allowed for a flexible, equitable, and tailored pandemic response in Algoma that has strengthened our ability to achieve pandemic goals as a community.

However, to resource urgent pandemic response and immunization program needs, APH has diverted resources from moderate to low risk public health services to ensure a timely response to COVID-19 and maintenance of high-risk programming. Similar to other areas of the health sector, this has resulted in significant service **backlogs that unless addressed in the short-term and resourced appropriately, will continue to grow and result in negative community health impacts**. For perspective, the backlog of services includes, but is not limited to:

- 105 individuals on the waitlist for smoking cessation, which is equivalent to a 1-year waiting period.
- 14, 200 doses of vaccine to complete grade 7 catch-up along with 3370 doses required among newly eligible grade seven students.
- A 45 % reduction in food safety inspections completed in 2021, as compared to 2019 (pre-pandemic).
- An 18-month backlog in school dental screening and oral health preventative clinics for children.

As a local public health unit, if we do not start to catchup on the backlog of services and restore programming, the backlog will become too large to overcome.

#### **Limitation of One-Time IPAC Hub Program Funding**

As of October 19, 2021, APH received the 2021-2022 updated funding letter with one-time funding to continue the IPAC Hub program. One-time funding provided by the provincial government has been invaluable in supporting immediate IPAC needs in community based congregate living settings in Algoma. However, to date, these needs have been addressed by the existing staff complement, as the one-time nature of the IPAC funding has limited our ability to hire skilled, qualified professionals to support this work in the north. Therefore, as further detailed below, to ensure **sustainable resourcing and commitment to IPAC Hub support**, we are asking that the province commit to annual IPAC Hub Program funding for northern PHUs.

#### **Need to Strengthen and Stabilize Public Health Human Resources**

Ontario health systems continue to face many complexities, **with health human resources (HHR) being the biggest challenge**. Layered on the provincial HHR struggle includes the significant and longstanding challenges with recruitment and retention of skilled public health professionals in northern Ontario, similar to the unique HHR challenges of the health care sector in the north.

SARS demonstrated that our **most valuable resource in public health is our HHR** and the high level of expertise that exists at the central and local levels of public health.<sup>1</sup> In addition, as per recommendations from the post-SARS commission, there is need for attention and resourcing of a **public HHR and capacity building strategy**, alongside funding.<sup>1</sup>

Prior to COVID-19, local public health agencies had received only one increase to base funding in the past five years. Despite this, several new programs were introduced to the *Ontario Public Health Standards*. In addition,

---

<sup>1</sup>The SARS Commission. (2004). SARS and public health in Ontario. Retrieved from [http://www.archives.gov.on.ca/en/e\\_records/sars/report/v4.html](http://www.archives.gov.on.ca/en/e_records/sars/report/v4.html)

inflation, wage, benefit, and operating costs continued to increase. This means that we were **under-resourced to respond to an infectious disease emergency and implement routine public health priorities prior to the pandemic**, and will remain under-resourced to sustain response, program restoration, and recovery on the go forward unless base funding increases to match public health pressures.

To date, one-time funding has been geared towards curtailing the pandemic, as opposed to annual funding for the hiring of permanent staff to build long-term public health capacity to manage the emergency of today, and prepare for the public health emergencies of tomorrow. This comes at a detriment to northern Ontario, as when one-time funding is available, retention and recruitment continue to pose barriers to fulsome service delivery by public health (i.e., highly skilled professionals unlikely to move to the north for, or with the uncertainty of, a 4-month IPAC position contract).

One-time funding is inadequate to sustainably recruit, hire, and retain skilled, qualified public health professionals in northern Ontario to provide a robust pandemic response, and simultaneously fulfil a provincial mandate of providing core public health programs and services.

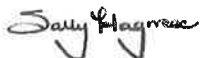
Without sustainable increases to provincial base funding, alongside municipal funding support to stabilize and strengthen the local public health workforce for the long-term, with strategies for recruitment and retention that align to northern Ontario, **local public health will be unable to sustain the COVID-19 response and immunization program while restoring mandated public health programming** to meet the needs of our communities and prepare for future health crises without further risk of exhausting existing human resources.

The COVID-19 pandemic has demonstrated the instrumental role that local public health agencies play in preventing and mitigating the spread of infectious diseases. Now, more than ever, communities need a robust public health system to not only respond to the threat of newly emerging infectious diseases, but also help the population recover from the many collateral harms that have resulted throughout the pandemic response (e.g., increase in opioid overdose deaths, children's mental health).

For the above reasons, the Board of Health of Algoma Health Unit urges the provincial government to **commit to (a) annualized IPAC Hub funding and (b) increase base funding to local health units, with particular attention to addressing longstanding public health human resource challenges in the north**, such that public health units are able to both continue pandemic response and restore mandatory public health services to Ontario citizens.

Thank you for considering this urgent matter.

Sincerely,



Mayor Sally Hagman  
Chair, Board of Health

Cc: The Hon. Doug Ford, Premier  
The Hon. Ross Romano, MPP Sault Ste. Marie  
Michael Mantha, MPP Algoma-Manitoulin  
Terry Sheehan, MP, Sault Ste. Marie  
Carol Hughes, MP Algoma-Manitoulin-Kapuskasing  
Dr. Kieran Moore, Ontario Chief Medical Officer of Health  
Dr. Charles Gardner, Chair, Council of Medical Officers of Health  
Association of Municipalities of Ontario  
Ontario Boards of Health  
Loretta Ryan, Association of Local Public Health Agencies

November 18, 2021

Honourable Christine Elliott, Deputy Premier  
Minister of Health, Ontario  
Hepburn Block 10th Floor 80 Grosvenor Street  
Toronto, ON M7A 1E9  
Sent via email: [christine.elliott@pc.ola.org](mailto:christine.elliott@pc.ola.org)

Ontario Association of Optometrists  
Dr. Sheldon Salaba  
20 Adelaide St East  
Box 16, Suite 801  
Toronto, ON M5T 2T6  
Sent via email: [oaoinfo@otom.on.ca](mailto:oaoinfo@otom.on.ca)

Dear Minister Elliott and Dr. Salaba,

As partners in visual health as per the Ontario Public Health Standards, the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit (HKPRDHU) is writing to express concern over the current lack of vision services for patients under the Ontario Health Insurance Plan (OHIP).

As you are aware, as of September 1, 98 per cent of optometrists have discontinued services for the 2.9 million patients covered for eye care under OHIP, including children under 19, people 65 and older and those with certain eye conditions. This is of particular concern given the concurrent suspension of many public health unit run vision screening programs for children across the province due to the COVID-19 pandemic. These programs aim to detect vision issues amongst senior kindergarten students and refer them to local optometrists for follow-up. Even if public health programs were to be reinstated, with no optometrist services available for referrals, children will continue to be left at risk of undetected vision issues as well as other missed diagnoses.

The Board of Health for the HKPRDHU urges the Ministry of Health and the Ontario Association of Optometrists (OAO) to re-enter discussions with the goal of restoring vision services as soon as possible for vulnerable Ontarians.

Sincerely,

*Original signed by Mr. Elmslie*  
Doug Elmslie  
Chair, Board of Health  
Haliburton, Kawartha, Pine Ridge District Health Unit

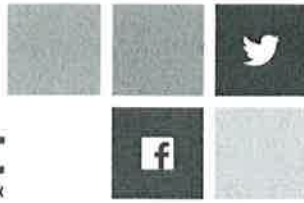
cc (via email): The Honourable Doug Ford  
MPP, Laurie Scott  
MPP, David Piccini  
Association of Local Public Health Agencies

PROTECTION · PROMOTION · PREVENTION

**HEAD OFFICE**  
200 Rose Glen Road  
Port Hope, Ontario L1A 3V6  
Phone · 1-866-888-4577  
Fax · 905-885-9551

**HALIBURTON OFFICE**  
Box 570  
191 Highland Street, Unit 301  
Haliburton, Ontario K0M 1S0  
Phone · 1-866-888-4577  
Fax · 705-457-1336

**LINDSAY OFFICE**  
108 Angeline Street South  
Lindsay, Ontario K9V 3L5  
Phone · 1-866-888-4577  
Fax · 705-324-0455



November 23, 2020

Delivered via email: [christine.elliott@ontario.ca](mailto:christine.elliott@ontario.ca)

Hon. Christine Elliott, Deputy Premier  
Minister of Health  
Ministry of Health  
College Park 5th Flr,  
777 Bay St, Toronto, ON M7A 2J3

Dear Minister Elliott:

On November 18, 2021, the Windsor-Essex County Board of Health passed the following Resolution regarding the **COVID-19 Vaccine and the Immunization of School Pupils Act (ISPA)**. **WECHU's resolution is outlined below where the Windsor-Essex County Board of Health recommends that the Province of Ontario amend the Immunization of School Pupils Act to include COVID-19 as a "designated disease":**

**Windsor-Essex County Board of Health**

**RECOMMENDATION/RESOLUTION REPORT**

**COVID-19 Vaccine and the Immunization of School Pupils Act (ISPA)**

**November, 2021**

**ISSUE**

On Thursday October 28, 2021, Chief Medical Officer of Health Dr. Kieran Moore indicated during a news briefing that the Province of Ontario would not be adding COVID-19 to the list of nine diseases that public school students must be immunized against.

Currently, there is no requirement for eligible students to provide proof of vaccination against COVID-19 for school attendance. Schools are a high-risk setting for COVID-19 and other communicable diseases as they bring together large numbers of individuals for long and extended periods of time increasing the likelihood transmission of certain diseases. As of November 15<sup>th</sup>, there have been more than 450 cohorts of students dismissed through schools and daycares due to COVID-19 exposure. The Immunization of School Pupils Act (Ministry of Health, 2021) requires that children and youth attending school be immunized against designated diseases, unless they have a valid exemption. The addition of COVID-19 as a "designated disease" within the Immunization of School Pupils Act would support a number of important public health priorities including:

- Increased uptake of the vaccine, providing protection for those who are too young or medically unable to be vaccinated in school communities and beyond. This will result in a safer learning environment for students, staff, their families and the broader community.
- A systematic framework for parental vaccine education.

**BACKGROUND**

Vaccines are the safest and most efficient way to guard against communicable diseases and prevent outbreaks. The Immunization of School Pupils Act (ISPA) R.S.O. 1990 (Ministry of Health, 2021) requires that specified vaccines to be given for a child to attend school in Ontario making sure that all school aged children are protected from vaccine

preventable diseases. Currently under the ISPA, students must be immunized against measles, mumps, rubella, diphtheria, tetanus, meningococcal, varicella and polio, or have a valid Medical, or Conscience or Religious Belief exemption on file at the Health Unit. There is no cost for vaccines covered by the publicly funded immunization program in Ontario.

## MOTION

**Whereas** available COVID-19 vaccines have been approved by Health Canada to be safe and effective for students born in 2009 or earlier; and

**Whereas** additional approval by Health Canada to vaccinate individuals born after 2009 with COVID-19 vaccine is anticipated by the end of 2021; and

**Whereas** the COVID-19 pandemic is a global pandemic;

**Whereas** the Windsor-Essex region has been disproportionately affected by the COVID-19 pandemic; and

**Whereas** the Windsor-Essex region has lower rates of vaccination against COVID-19 particularly among eligible children and youth; and

**Whereas** the purpose of the Immunization of School Pupils Act is to increase the protection of the health of children against the diseases that are designated diseases; and

**Whereas** the IPSA requires that students be immunized for “designated diseases”: diphtheria, measles, mumps, poliomyelitis, rubella, and tetanus, unless a specific exemption is sought through the act.

**Now therefore be it resolved** that the Windsor-Essex County Board of Health recommends that the Province of Ontario amend the Immunization of School Pupils Act to include COVID-19 as a “designated disease”.

References:

Ministry of Health. (2021, April 19). *Immunization of School Pupils Act, R.S.O. 1990, c. 1.1*. Retrieved from Government of Ontario Laws: [ontario.ca/laws/statute/90i01](http://ontario.ca/laws/statute/90i01)

We would be pleased to discuss this resolution with you and thank you for your consideration.

Sincerely,



Gary McNamara  
Chair, Board of Health



Nicole Dupuis  
Chief Executive Officer

c: Hon. Stephen Lecce, Minister of Education  
Dr. Kieran Moore, Chief Medical Officer of Health  
Association of Local Public Health Agencies – Loretta Ryan  
Greater Essex County District School Board – Erin Kelly  
Windsor Essex Catholic District School Board – Emelda Byrne  
CSC Providence (French Catholic) – Joseph Picard  
Conseil Scolaire Viamonde (French Public) – Martin Bertrand  
WECHU Board of Health  
Windsor City Council and Essex County Council