

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 012-17

- TO: Chair and Members of the Board of Health
- FROM: Dr. Gayane Hovhannisyan, Acting Medical Officer of Health Laura Di Cesare, Acting Chief Executive Officer

DATE: 2017 March 16

VACCINE PREVENTABLE DISEASES PROGRAM REVIEW

Recommendation

It is recommended that Report No. 012-17 re: Vaccine Preventable Diseases Program Review be received for information.

Key Points

- The Vaccine Preventable Diseases (VPD) Team conducted a review of its programs due to an identified imbalance between existing resources and demand for service.
- The review yielded sixteen recommendations, five of which are in the process of being implemented.
- As a result of the recent change in eligibility criteria announced by the MOHLTC, the Health Unit is no longer administering Tuberculin skin tests (TSTs) to those who require them for admission to educational institutions.

Background

Over the past few years, changes to the provincial vaccination program have placed increased demands on the MLHU's Vaccine Preventable Diseases Team. Implementation of the Panorama provincial immunization database, changes to the Immunization of School Pupils Act, including an increase in the eligible cohort for several vaccinations such as HPV, and new recommendations from the Province's Immunization 2020 document, led the team to conduct a program review to identify opportunities to better balance the services provided with the resources available.

Review Components

The VPD program review explored several objectives, including:

- Reviewing the alignment of VPD program activities to the Ontario Public Health Standards and related protocols.
- Exploring the reasons why individuals and families seek immunization services from the Health Unit rather than from their primary Health Care Provider (HCP) or community clinics.
- Exploring the reasons why individuals seek tuberculin skin testing (TST) services from the Health Unit rather than from their HCP or community clinics.
- Assessing the impact of reportable disease case investigations on the VPD Team's work.
- Exploring the alignment of current Team practices of refugee immunization with best-practice clinical guidelines (Refugee Screening Guidelines).

Key Findings

Among the program review's key findings was the identification of services provided by the VPD Team that could be provided by HCPs or community clinics. Tuberculin skin tests (TSTs) and immunizations are offered to eligible clients in the community through the Health Unit's Immunization Clinic in order to

provide enhanced access to these services. Additionally, TSTs are offered to several groups on a fee-forservice basis, including clients requiring the test for school, work, or volunteer activities. In a survey of clients, more than half of those requesting TSTs stated they required the test for admission to an educational program, and more than eighty percent of those seeking immunizations stated that they currently had an HCP. The full summary of key findings from the review can be found in Appendix A (Section A).

Recent Development: Tuberculin Skin Testing

Via a memorandum from the Ministry of Health and Long-Term Care sent February 10, 2017, the MLHU was notified that Tubersol (the solution used for TSTs) was now publicly funded for several population groups, including students who require the test as a condition of enrolment. The MLHU charges a fee for providing this test to recover costs, both of the Tubersol itself and the staffing cost of administering the test. Now that Tubersol is publicly funded for students, the MLHU need no longer charge a fee for providing this service to students, and therefore cannot recover the associated staffing costs. While the MLHU will no longer be able to provide this service to students, it is anticipated that there will be a resultant increase in community capacity to provide this service, as HCPs are able to bill OHIP and will now be provided the Tubersol for this cohort without charge.

Recommendations and Next Steps

In total, the review yielded sixteen recommendations, which may be found in <u>Appendix A</u> (Section B). The following actions have been prioritized as staff begin to implement the recommendations:

- The Health Unit is no longer administering TSTs for admission or continuation in educational institutions, as there is now increased capacity in the community, and no Health Unit mandate or resources, to provide this service.
- Follow-up of reportable diseases is being transferred to the Infectious Diseases Control Team effective June 1, 2017.
- Individuals and families with HCPs are being encouraged to seek immunization and TST services from their primary HCP.
- Staff have begun to discuss strategies to engage HCPs to identify their needs and barriers, and to provide support to enhance their capacity.
- Work has also begun to identify priority populations and collect data to determine the reach of the immunization clinic.

Other recommendations will be prioritized once the above recommendations have been implemented and assessed for their impact.

This report was submitted by the Program Planning and Evaluation Team, Foundational Standards Division and the Vaccine Preventable Diseases Team, Environmental Health and Infectious Diseases Division.

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