

TO: Chair and Members of the Board of Health

FROM: Dr. Gayane Hovhannisyanyan, Acting Medical Officer of Health
Laura Di Cesare, Acting Chief Executive Officer

DATE: 2017 April 20

SUMMARY INFORMATION REPORT FOR APRIL

Recommendation

It is recommended that Report No. 022-17 re: Summary Information Report for April 2017 be received for information.

Key Points

- Since April 2016, the Middlesex-London Health Unit (MLHU) has observed an increase in invasive Group A Streptococcal (iGAS) disease cases, largely among people who inject drugs (PWID) and people with precarious housing. A field epidemiologist from the Public Health Agency of Canada was deployed to support the investigation of this outbreak.
- The BOH directed MLHU staff to engage with key stakeholders to determine next steps related to implementation of Supervised Injection Services in London. Key stakeholders were consulted and a local leadership group is being formed, as well as an advisory committee.

Invasive Group A Streptococcal Disease Outbreak Investigation

Since April 2016, the Middlesex-London Health Unit (MLHU) has observed an increase in invasive Group A Streptococcal (iGAS) disease cases, largely (in over 40% of reported cases) among people who inject drugs (PWID) (see [Appendix A](#)). Also, many cases are associated with individuals who are homeless or have precarious housing (over 25%). As of March 31, 2017, thirty-one iGAS cases had been reported in 2017, exceeding the 2011–15 average of twenty-five cases per year. The MLHU requested a field epidemiologist from the Public Health Agency of Canada to support its team in investigating this outbreak. Dr. Catherine Dickson was mobilized to MLHU from March 6 to 31. During this time, she analyzed our iGAS data to better understand the risk factors that may be contributing to the iGAS increase, and worked with the hospital and public health labs to assess whether the observed infections were from a common iGAS strain. A field visit was made to the Salvation Army Centre of Hope, where the team noted open wounds among most residents.

As a part of this investigation, we created an enhanced surveillance questionnaire, reviewed literature for effective evidence, consulted with the Chief Medical Officer of Health (CMOH) office and contacted Toronto Public Health and the Alaska Division of Social Services to learn from their experiences with increased iGAS in similar populations. We have reached out to key stakeholders who work with PWID and under-housed populations to increase awareness of iGAS, and to provide information on how to access wound-care services for clients. We are engaging with Community Care Access Centres and London Intercommunity Centres to organize wound care in shelters, potentially combining this with GAS testing to determine colonization rates in this population.

Supervised injection Services (SIS): Next Steps

In 2016, a survey was conducted to determine feasibility and willingness among PWID to use a supervised injection site, and acceptability and feasibility of SIS from community stakeholders' perspectives. The study recruited 199 local PWID and interviewed twenty stakeholders. Study results found that 72% of participants had injected in public, while one in four reported a history of non-fatal overdose. Risks for infectious disease transmission were also evident, with 22% participants noting that they had borrowed and/or loaned used syringes in the previous six months. The majority of the participants (86%) expressed willingness to use a supervised injection site if available. The stakeholders were supportive of SIS in general; however, their opinions varied on the location and model of SIS.

Following direction from the Board of Health to explore next steps in assessing the feasibility of the integrated SIS model for London (see Supervised Injection Services Feasibility report, [Report No. 005-17](#)), initial meetings were held with key stakeholders, such as the Mayor's Office, the London Police Service, the Regional HIV/AIDS Connection (RHAC), the Ontario HIV/AIDS Treatment Network (OHTN) and the CMOH office. The MLHU also consulted with Ottawa Public Health and Toronto Public Health to learn from their experiences in implementing SIS in their jurisdictions. Agreement was reached on establishing a local leadership group with representation from the London Police Service, the Mayor's Office, RHAC and MLHU. In addition, an advisory group will be established with representatives from OHTN, the principal investigator of the SIS feasibility study and the Deputy CMOH of Ontario, to provide guidance on public and stakeholder consultations. Other stakeholders, including members of the business community and health and social services, will also be consulted extensively throughout the process. In addition, it was agreed that an external agency will be hired to conduct public consultations to allow for a transparent, unbiased process.



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