

**AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH**

Thursday, March 18, 2021, 7:00 p.m.
Microsoft Teams

MISSION - MIDDLESEX-LONDON HEALTH UNIT

The mission of the Middlesex-London Health Unit is to promote and protect the health of our community.

MEMBERS OF THE BOARD OF HEALTH

Ms. Maureen Cassidy (Chair)
Ms. Aina DeViet (Vice-Chair)
Mr. John Brennan
Ms. Kelly Elliott
Ms. Tino Kasi
Ms. Arielle Kayabaga
Mr. Bob Parker
Mr. Matt Reid
Mr. Mike Steele
Mr. Aaron O'Donnell

SECRETARY-TREASURER

Dr. Christopher Mackie

DISCLOSURE OF CONFLICTS OF INTEREST

APPROVAL OF AGENDA

MINUTES

Approve: February 18, 2021 – Board of Health meeting

Receive: March 4, 2021 – Finance and Facilities Committee meeting
February 18, 2021 – Governance Committee meeting

Item #	Delegation	Recommendation	Information	Report Name and Number	Link to Additional Information	Overview and Lead
Reports and Agenda Items						
1.	X	X	X	Finance and Facilities Committee Meeting Summary Report from March 4, 2021 (Report No. 12-21)	March 4, 2021 Agenda	To provide an update about the March 4, 2021 Finance and Facilities Committee meeting. Lead: Mr. Matt Reid, Chair, Finance & Facilities Committee
2.	X		X	Overview of Health Unit Programs (Verbal)		To provide the Board of Health a brief overview of programs at the health unit. Lead: Dr. Christopher Mackie, Medical Officer of Health
3.	X		X	Summary Information Report – March 2021 re: Concentrations of Nicotine in Vaping Products Regulations (Report No. 13-21) Program Updates: Southwest Tobacco Control Area Network and Chronic Disease Prevention and Tobacco Control	Appendix A	To provide an update on the Concentrations of Nicotine in Vaping Products Regulations. Lead: Ms. Maureen MacCormick, Director, Healthy Living
4.	X		X	Cold Chain Incident Report (Report No. 14-21) Program Update: Vaccine Preventable Disease	Appendix A	To provide an update on a vaccine fridge incident. Lead: Mr. Stephen Turner, Director, Environmental Health & Infectious Disease
5.	X		X	COVID-19 Disease Spread and Vaccine Update (Verbal)		To provide an update on COVID-19 matters within Middlesex-London. Lead: Dr. Alexander Summers, Associate Medical Officer of Health

6.		X	X	Vector-Borne Disease Program: Request for Proposal (Report 16-21) Program Update: Procurement and Operations	Appendix A	To provide an update on the Request for Proposal, for the Vector-Borne Disease program. Lead: Ms. Emily Williams, Director, Healthy Organization
7.			X	Medical Officer of Health Activity Report – March 2021 (Report No. 15-21)		To provide an update on external meetings attended by the Medical Officer of Health since the last Board of Health meeting. Lead: Dr. Christopher Mackie, Medical Officer of Health
Correspondence and Information Items						
8.			X	March 2021 Correspondence		To endorse item a) and receive items b) through g) for information.

OTHER BUSINESS

Next Board of Health Meeting is Thursday, April 15, 2021 at 7 p.m.

CONFIDENTIAL

The Middlesex-London Health Unit's Board of Health will move in a closed session to consider matters regarding personal matters about an identifiable individual, including municipal or local board employees, labour relations or employee negotiations, and to approve confidential minutes from previous Board of Health and Committee meetings.

ADJOURNMENT



PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH

Thursday, February 18, 2021, 7:00 p.m.
Microsoft Teams

MEMBERS PRESENT: Ms. Maureen Cassidy (Chair)
Ms. Aina DeViet (Vice-Chair)
Mr. Matt Reid
Mr. John Brennan
Ms. Arielle Kayabaga
Mr. Bob Parker
Ms. Kelly Elliott
Mr. Mike Steele
Mr. Aaron O'Donnell

REGRETS: Ms. Tino Kasi

OTHERS PRESENT: Dr. Christopher Mackie, Medical Officer of Health (Secretary-Treasurer)
Ms. Stephanie Egelton, Executive Assistant to the Board of Health and Communications Coordinator (Recorder)
Dr. Alexander Summers, Associate Medical Officer of Health
Ms. Emily Williams, Director, Healthy Organization
Mr. Dan Flaherty, Manager, Communications
Ms. Heather Lokko, Director, Healthy Start/Chief Nursing Officer
Mr. Alex Tyml, Online Communications Coordinator
Mr. Stephen Turner, Director, Environmental Health and Infectious Disease
Dr. Michael Clarke, Interim CEO
Ms. Maureen MacCormick, Director, Healthy Living
Mr. Joe Belancic, Manager, Procurement and Operations
Mr. Mirek Pawelec, Manager, Finance

Chair Maureen Cassidy called the meeting to order at **7:01 p.m.**

DISCLOSURE OF CONFLICT OF INTEREST

Chair Cassidy inquired if there were any disclosures of conflicts of interest. None were declared.

APPROVAL OF AGENDA

It was moved by **Ms. Aina DeViet**, seconded by **Mr. Aaron O'Donnell**, that the *AGENDA* for the February 18, 2021 Board of Health meeting be approved.

Carried

APPROVAL OF MINUTES

It was moved by **Mr. Bob Parker**, seconded by **Ms. Kayabaga**, that the *MINUTES* of the January 21, 2021 Board of Health meeting be approved.

Carried

It was moved by **Mr. Parker, seconded by Ms. Kayabaga**, that the *MINUTES of the January 27, 2021 Special Governance Committee meeting be received.*

Carried

It was moved by **Mr. Parker, seconded by Ms. Kayabaga**, that the *MINUTES of the January 28, 2021 Special Governance Committee meeting be received.*

Carried

It was moved by **Mr. Parker, seconded by Ms. Kayabaga**, that the *MINUTES of the February 4, 2021 Finance and Facilities Committee meeting be received.*

Carried

It was moved by **Mr. Parker, seconded by Ms. Kayabaga**, that the *MINUTES of the February 11, 2021 Finance and Facilities Committee meeting be received.*

Carried

REPORTS AND AGENDA ITEMS

Finance and Facilities Committee Meeting Summary (Report No. 09-21)

Mr. Matt Reid, Chair of the Finance and Facilities Committee presented the meeting summary from February 4 and February 11, 2021.

It was moved by **Mr. Matt Reid, seconded by Ms. Kelly Elliott**, that the Board of Health approve Report No. 01-21FFC re: “Finance & Facilities Committee – Terms of Reference and 2021 Reporting Calendar.”

Carried

It was moved by **Mr. Reid, seconded by Ms. Elliott**, that the Board of Health receive Report No. 02-21FFC: “Employee and Family Assistance Program (EFAP) Services Contract Extension” for information.

Carried

It was moved by **Mr. Reid, seconded by Ms. Elliott**, that the Board of Health:

- 1) Receive Report No.03-21FFC re: “FoodNet Canada Ontario Sentinel Site Update and Memorandum of Agreement”; and
- 2) Direct staff to renew the contract with FoodNet Canada for an additional one-year term.

Carried

Dr. Mackie provided a brief presentation to the Board regarding the budget.

The presentation included the following:

- Due to COVID-19, the Ministry of Health has provided contingency funding to health units
- Municipal funding base (2019) = \$6.1 million + \$1.2 million)
- City of London increase = \$30,000
- County of Middlesex increase = \$6,000
- PBMA Investments (2021) = \$762,000 (updated December 30, 2020)
- Ministry of Health Cost-Shared (2019) \$21.1 million
 - First half of 2020 downloading = \$610,000 + \$116,000
 - Second half of 2020 downloading = \$610,000 + \$116,000
- Other funding sources to the health unit include MCCSS, PHAC and general revenue

It was moved by **Mr. Reid, seconded by Mr. Brennan**, that the Board of Health:

- 1) Approve the 2021 Proposed Budget in the gross amount of \$42,657,163 as appended to Report No. 04-21FFC re: "2021 Proposed Budget"; and
- 2) Forward Report No. 04-21FFC to the City of London and the County of Middlesex for information; and
- 3) Direct staff to submit the 2021 Proposed Budget in the various formats required by the different funding agencies.

Carried

It was moved by **Mr. Reid, seconded by Mr. Steele**, that the Board of Health:

- 1) Receive Report 05-21FFC, the 2021 Financial Situation Report; and
- 2) Direct staff to enter into negotiations to extend the Health Unit's rotating credit facility.

Carried

February 18, 2021 Governance Committee Meeting Update (Verbal)

Mr. Bob Parker, Chair of the Governance Committee provided a verbal update on reports received during the February 18, 2021 meeting.

It was moved by **Mr. Bob Parker, seconded by Mr. Steele**, that the Board of Health:

- 1) Receive Report No. 02-21GC re: "Governance Committee Reporting Calendar & Meeting Schedule";
- 2) Approve the 2021 Governance Committee Reporting Calendar (Appendix B).

Carried

It was moved by **Mr. Parker, seconded by Ms. Elliott**, that the Board of Health receive Report No. 03-21GC re: "Governance Committee Accountability for Policy Review".

Carried

It was moved by **Mr. Parker, seconded by Mr. Brennan**, that the Board of Health receive Report No. 04-21GC re: "Annual Report on Privacy Program" for information.

It was moved by **Mr. Parker, seconded by Mr. Reid**, that the Board of Health:

- 1) Receive Report No. 05-21GC for information;
- 2) Approve the 2020 Middlesex-London Health Unit Risk Management Report (Appendix A).

Carried

It was moved by **Mr. Parker, seconded by Mr. Reid**, that the Board of Health:

- 1) Receive Report No. 06-21GC re: "Strategic Planning Update";
- 2) Approve the Strategic Priorities and Objectives included as Appendix B; and
- 3) Direct MLHU staff to work with the Governance Committee as required to set goals that meet these objectives and finalize the MLHU Provisional Strategic Plan.

Carried

Verbal COVID-19 Update

Dr. Alexander Summers and Dr. Mackie presented the verbal COVID-19 update.

Discussion about this verbal report included:

- COVID-19 cases continue to decrease due to stay-at-home order and participation in public health measures
- The unknown impact regarding the variants of COVID-19 (such as the UK variant), and seeing more in Ontario

- Schools are back in session
- The region received the largest amount of vaccine to date, and opened the Mount Brydges clinic

It was moved by **Mr. Parker, seconded Mr. Brennan**, *that the Board of Health receive the verbal report on COVID-19 update for information.*

Carried

Medical Officer of Health Activity Report for February 2021 (Report No. 10-21)

Dr. Mackie presented Medical Officer of Health Activity Report for February 2021.

It was moved by **Mr. Reid, seconded by Ms. Elliott**, *that the Board of Health receive Report No. 10-21 re: "Medical Officer of Health Activity Report for February 2021" for information.*

Carried

CORRESPONDENCE

It was moved by **Mr. Reid, seconded by Ms. Elliott**, *that the Board of Health receive correspondence items a), b), d), e), f), and g).*

The Board of Health briefly discussed the correspondence received on January 21st from MPP Peggy Sattler, regarding Bill 239, the *Stay Home If You Are Sick Act*.

Further, it was moved at the January 21st Board of Health meeting by **Mr. Parker, seconded by Mr. O'Donnell**, *that the Board of Health defer the correspondence item from MPP Peggy Sattler, regarding Bill 239 to the February 18, 2021 Board of Health Meeting.*

It was moved by **Mr. Reid, seconded by Ms. Kayabaga**, *that the Board of Health endorse item c) re: correspondence item from MPP Peggy Sattler, regarding Bill 239.*

Failed

It was moved by **Mr. Reid, seconded by Ms. DeViet**, *that the Board of Health receive item c) re: correspondence item from MPP Peggy Sattler, regarding Bill 239.*

Carried

It was moved by **Ms. Elliott, seconded by Mr. Parker**, *that the Board of Health endorse item i) re: correspondence item from the Association of Local Public Health Agencies re: Paid Sick Leave as a Public Health Measure.*

Carried

OTHER BUSINESS

- Annual Confidentiality Declaration
 - Lead: Emily Williams, Director, Healthy Organization
- Next Board Meeting is Thursday March 18th, at 7 p.m.

CONFIDENTIAL

At **8:55 p.m.**, it was moved by **Mr. Reid, seconded by Ms. DeViet**, *that the Board of Health will move in-camera to consider matters regarding identifiable individuals, a proposed or pending acquisition or disposition of land by the municipality or local board, a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the municipality or local board, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere*

significantly with the contractual or other negotiations of a person, group of persons, or organization, and to approve confidential minutes from previous Board of Health meetings.

Carried

At **10:28 p.m.**, it was moved by **Mr. Parker**, seconded by **Mr. O'Donnell**, that the Board of Health rise and return to public session.

Carried

ADJOURNMENT

At **10:28 p.m.**, it was moved by **Ms. DeViet**, seconded by **Mr. Steele**, that the meeting of Board of Health be adjourned.

Carried

MAUREEN CASSIDY
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer

DRAFT



**PUBLIC MINUTES
GOVERNANCE COMMITTEE**

Microsoft Teams
Thursday, February 18, 2021 5:30 p.m.

MEMBERS PRESENT: Mr. Bob Parker (Chair)
Ms. Aina DeViet
Ms. Maureen Cassidy
Ms. Arielle Kayabaga
Mr. Mike Steele

OTHERS PRESENT: Dr. Christopher Mackie, Secretary-Treasurer
Ms. Stephanie Egelton, Executive Assistant to the Board of Health
and Communications Coordinator (Recorder)
Ms. Emily Williams, Director, Healthy Organization
Dr. Michael Clarke, Interim CEO
Ms. Nicole Gauthier, Privacy Officer
Ms. Kendra Ramer, Manager, Strategic Projects
Ms. Kelly Elliott, Board Member
Mr. Alex Tysl, Online Communications Coordinator

At **5:30 p.m.**, Dr. Christopher Mackie called the meeting to order and opened the floor to nominations for Chair of the Governance Committee for 2021.

It was moved by **Ms. Aina DeViet**, seconded by **Mr. Mike Steele**, *that Mr. Robert (Bob) Parker be nominated for Chair of the Governance Committee for 2021.*

Carried

Mr. Parker accepted the nomination.

Dr. Mackie called three times for further nominations. None were forthcoming.

It was moved by **Ms. Maureen Cassidy**, seconded by **Ms. DeViet**, *that Mr. Bob Parker be acclaimed as Chair of the Governance Committee for 2021.*

Carried

DISCLOSURES OF CONFLICT OF INTEREST

Chair Parker inquired if there were any disclosures of conflict of interest. None were declared.

APPROVAL OF AGENDA

It was moved by **Mr. Steele**, seconded by **Ms. Cassidy**, *that the **AGENDA** for the February 18, 2021 Governance Committee meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by **Ms. Cassidy**, seconded by **Ms. DeViet**, *that the **MINUTES** of the October 15, 2020 Governance Committee meeting be approved.*

Carried

It was moved by **Ms. Cassidy**, seconded by **Ms. DeViet**, *that the **MINUTES** of the December 21, 2020 Governance Committee meeting be approved.*

Carried

It was moved by **Ms. Cassidy, seconded by Ms. DeViet**, that the **MINUTES** of the January 27, 2021 Governance Committee meeting be approved.

Carried

It was moved by **Ms. Cassidy, seconded by Ms. DeViet**, that the **MINUTES** of the January 28, 2021 Governance Committee meeting be approved.

Carried

NEW BUSINESS

2021 Reporting Calendar and Terms of Reference (Report No. 02-21GC)

Ms. Emily Williams, Director, Healthy Organization presented the 2021 Reporting Calendar and Terms of Reference for the Governance Committee.

It was moved by **Ms. DeViet, seconded by Ms. Cassidy**, that the Governance Committee:

- 1) Receive Report No. 02-21GC re: "Governance Committee Reporting Calendar & Meeting Schedule"; and
- 2) Recommend that the Board of Health approve the 2021 Governance Committee Reporting Calendar (Appendix B).

Carried

Governance Committee Accountability for Policy Review (Report No. 03-21GC)

Ms. Williams presented Governance Committee Accountability for Policy Review report.

It was moved by **Ms. Cassidy, seconded by Ms. Arielle Kayabaga**, that the Governance Committee make a recommendation to the Board of Health to receive Report No. 03-21GC re: "Governance Committee Accountability for Policy Review".

Carried

Annual Privacy Program Report (Report No. 04-21GC)

Ms. Nicole Gauthier, Privacy Officer spoke to the Annual Privacy Program report.

It was moved by **Ms. Kayabaga, seconded by Mr. Steele**, that the Governance Committee receive Report No. 04-21GC re: "Annual Report on Privacy Program" for information.

Carried

2020 Risk Management Report (Report No. 05-21GC)

Ms. Williams presented the 2020 Risk Management report. It was noted that it is legislated to report any high risks annually that the health unit has.

It was moved by **Mr. Steele, seconded by Ms. Kayabaga**, that the Governance Committee:

- 1) Receive Report No. 05-21GC for information; and
- 2) Recommend that the Board of Health approve the 2020 Middlesex-London Health Unit Risk Management Report (Appendix A).

Carried

Strategic Planning Update (Report No. 06-21GC)

Dr. Mackie provided a brief update on the strategic planning process, including the consultant report from the January 27 and January 28 Special Governance Committee meetings.

It was also noted that Kendra Ramer, Manager, Strategic Projects supported the work and bringing the products between the half day sessions.

It was moved by **Ms. Cassidy, seconded by Ms. DeViet**, *that the Governance Committee make a recommendation to the Board of Health to:*

- 1) *Receive Report No. 06-21GC re: "Strategic Planning Update"; and*
- 2) *Approve the Strategic Priorities and Objectives included as Appendix B; and*
- 3) *Direct MLHU staff to work with the Governance Committee as required to set goals that meet these objectives and finalize the MLHU Provisional Strategic Plan.*

Carried

OTHER BUSINESS

The next meeting of the Governance Committee will be held on Thursday, April 15, 2021 at 6 p.m.

CONFIDENTIAL

At **6:13 p.m.**, it was moved by **Ms. Cassidy, seconded by Mr. Steele**, *that the Governance Committee will move in-camera to consider matters regarding identifiable individuals.*

Carried

At **6:33 p.m.**, it was moved by **Ms. DeViet, seconded by Ms. Cassidy**, *that the Governance Committee rise and return to public session from closed session.*

Carried

ADJOURNMENT

At **6:34 p.m.**, it was moved by **Ms. Cassidy, seconded by Ms. Kayabaga**, *that the meeting be adjourned.*

Carried

At **6:34 p.m.**, Chair Parker *adjourned the meeting.*

ROBERT PARKER
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer



PUBLIC MINUTES
FINANCE & FACILITIES COMMITTEE
Microsoft Teams
Thursday, March 4, 2021 9:00 a.m.

MEMBERS PRESENT: Mr. Matt Reid (Chair)
Ms. Aina DeViet
Ms. Maureen Cassidy
Ms. Tino Kasi

REGRETS: Mr. Aaron O'Donnell

OTHERS PRESENT: Dr. Christopher Mackie, Secretary-Treasurer/Medical Officer of Health
Ms. Lynn Guy, Executive Assistant to the Medical Officer of Health (Recorder)
Ms. Stephanie Egelton, Executive Assistant to the Board of Health and Communications Coordinator
Ms. Emily Williams, Director, Healthy Organization/Interim CEO
Mr. Mirek Pawelec, Manager, Finance
Mr. Stephen Turner, Director, Environmental Health and Infectious Disease
Ms. Lil Marinko, Public Health Nurse/COVID-19 Outbreaks and Facilities Supervisor
Mr. Jake Jeffery, Media, CFPL

Chair Matt Reid called the meeting to order at **9:03 a.m.**

DISCLOSURES OF CONFLICT OF INTEREST

Chair Reid inquired if there were any disclosures of conflict of interest. None were declared.

APPROVAL OF AGENDA

Chair Reid noted that there was a walk on report to add to the agenda. Report No. 09-21-FFC Single Source Contract Award – KPMG.

It was moved by **Ms. Cassidy, seconded by Ms. Kasi**, that the amended **AGENDA** for the March 4, 2021 Finance & Facilities Committee meeting be approved.

Carried

APPROVAL OF MINUTES

It was moved by **Ms. Kasi, seconded by Ms. DeViet**, that the **MINUTES** of the February 11, 2021 Finance & Facilities Committee meeting be approved.

Carried

NEW BUSINESS

Public Sector Disclosure Act – 2020 Record of Employee’s Salaries and Benefits (Report No. 06-21FFC)

Ms. Williams noted the report shows an increase in staff on the list from the previous year because of overtime worked due to COVID-19. She noted that non-union management staff were paid straight time for their extra hours worked and unionized staff were paid time and a half as per their collective agreement language. Also noted was that these payments were paid for by the Ministry and not the Health Unit. It is not known at this time whether or not the Ministry will compensate non-union staff in the same way in 2021. Ms. Williams advised that staff have been asked to track their over-time regardless.

Chair Reid indicated that during this time, the Health Unit is one of the organizations that should be compensated for their time. Ms. Cassidy echoed his statement. There was discussion in regard to media interest.

It was moved by **Ms. Kasi, seconded by Ms. Cassidy**, that the Finance & Facilities Committee make a recommendation to the Board of Health to receive Report No. 06-21FFC “Public Sector Salary Disclosure Act – 2020 Record of Employee’s Salaries and Benefits” for information.

Carried

2020 Vendor/VISA Payments (Report No. 07-21FFC)

Ms. Williams provided the update for this report. She noted that this report shows a list of vendors that received payments totalling \$100,000 or more from MLHU in 2020. It also provides a summary of purchases that were made using Corporate Visa cards.

It was moved by **Ms. DeViet, seconded by Ms. Kasi**, that the Finance & Facilities Committee make a recommendation to the Board of Health to receive Report No. 07-21FFC, re: “2020 Vendor / VISA Payments” for information.

Carried

2020 Board of Health Remuneration (Report No. 08-21FFC)

Ms. Williams noted that the Health Protection and Promotion Act outlines the reimbursement for Board of Health members.

It was moved by **Ms. Cassidy, seconded by Ms. DeViet**, that the Finance & Facilities Committee make a recommendation to the Board of Health to receive Report No. 08-21FFC, “2020 Board of Health Remuneration” for information.

Carried

Single Source Contract Award - KPMG (Report 09-21FFC)

Ms. Williams provided the update for this walk on report. She noted that London Health Sciences Centre retained the services of KPMG in 2020 when they were setting up the Agriplex Vaccination Clinic and needed to initiate a Centralized Vaccine Inventory Management Process to support it. In January of this year, MLHU assumed oversight of the vaccine campaign at the Provinces direction. To ensure continuity at the clinics, MLHU retained KPMG to complete the Centralized Vaccine Inventory Management Process.

It was moved by **Ms. DeViet, seconded by Ms. Kasi**, *that the Finance & Facilities Committee make a recommendation to the Board of Health receive Report No. 09-20FFC, re: "Single Source Contract Award - KPMG" for information.*

Carried

OTHER BUSINESS

The next meeting is April 1, 2021.

ADJOURNMENT

At **9:25 a.m.**, it was moved by **Ms. Cassidy, seconded by Ms. Kasi** *that the meeting be adjourned.*

Carried

MATTHEW REID
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer

DRAFT



MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 12-21

TO: Chair and Members of the Board of Health
FROM: Christopher Mackie, Medical Officer of Health
DATE: 2021 March 18

FINANCE & FACILITIES COMMITTEE MEETING – March 4, 2021

The Finance & Facilities Committee (FFC) met at 9:00 a.m. on Thursday, March 4, 2021. A summary of the Committee’s discussions can be found in the draft minutes.

Reports	Recommendations for Information and Board of Health Consideration
Public Sector Disclosure Act – 2020 Record of Employee’s Salaries and Benefits (Report No. 06-21FFC)	It was moved by Ms. Kasi, seconded by Ms. Cassidy , <i>that the Finance & Facilities Committee make a recommendation to the Board of Health to receive Report No. 06-21FFC “Public Sector Salary Disclosure Act – 2020 Record of Employee’s Salaries and Benefits” for information.</i> Carried
2020 Vendor/VISA Payments (Report No. 07-21FFC)	It was moved by Ms. DeViet, seconded by Ms. Kasi , <i>that the Finance & Facilities Committee make a recommendation to the Board of Health to receive Report No. 07-21FFC, “2020 Vendor / VISA Payments” for information.</i> Carried
2020 Board of Health Remuneration (Report No. 08-21FFC)	It was moved by Ms. Cassidy, seconded by Ms. DeViet , <i>that the Finance & Facilities Committee make a recommendation to the Board of Health to receive Report No. 08-21FFC, “2020 Board of Health Remuneration” for information.</i> Carried
Single Source Contract Award - KPMG (Report 09-21FFC)	It was moved by Ms. DeViet, seconded by Ms. Kasi , <i>that the Finance & Facilities Committee make a recommendation to the Board of Health to receive Report No. 09-20FFC, “Single Source Contract Award - KPMG” for information.</i> Carried

This report was prepared by the Office of the Medical Officer of Health.

Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie Medical Officer of Health

DATE: 18 March 2021

SUMMARY INFORMATION (MARCH 2021) REPORT
RE: CONCENTRATIONS OF NICOTINE IN VAPING PRODUCTS REGULATIONS

Recommendation

It is recommended that Report No. 13-21 re: Summary Information (March 2021) report re: “Concentrations of Nicotine in Vaping Products Regulations” be received for information.

Key Points

- On December 19, 2020, Health Canada issued a Consultation, seeking comments on the Proposed Concentrations of Nicotine in Vaping Products Regulations.
- Health Unit staff prepared a submission for consideration by Health Canada on behalf of MLHU, attached as Appendix A, to offer input on the proposed regulations.

Background

On December 19, 2020, Health Canada announced measures to address vaping by Canadian youth. A Consultation was issued, and Health Canada opened a 75-day consultation period, which ended on March 4th, 2021. The Consultation endeavored to obtain feedback on the Proposed Concentrations of Nicotine in Vaping Products Regulations (CNVPR).

Emerging evidence is suggesting that youth uptake of vapour products is on the rise across Canada. In 2018-2019, 29% of students in grades 10-12 were found to have vaped in the past 30 days and 40% of these students were daily users of vaping products (Health Canada, 2018). In Ontario the Ontario Student Drug Use and Health Survey, 2019 (OSDHUS) shows that 23% of students, which is an estimate of 184,200 students, have used an electronic cigarette in the past year (Boak, et al., 2019). This number has doubled from 11% in 2017 (Boak, et al., 2019).

Nicotine is a highly addictive substance that can have adverse effects on the developing brain (Health Canada, 2019). Compared to the adult brain, an adolescent brain finds nicotine more rewarding and will progress faster to nicotine dependence and addiction (Goriounova & Mansvelter, 2012; Health Canada, 2019). Some vapour devices have the capability of delivering higher amounts of nicotine compared to conventional cigarettes, which could put young people at even greater risk of developing nicotine dependence and adverse health effects (U.S. Department of Health and Human Services, 2016).

Both the Southwest Tobacco Control Area Network and the Chronic Disease Prevention and Tobacco Control Teams at the Middlesex-London Health Unit have prepared a submission to Health Canada providing comments on the CNVPR ([Appendix A](#)).

This report was prepared by the Healthy Living Division.



Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health

February 24, 2021

Manager, Regulations Division
Tobacco Products Regulatory Office
Tobacco Control Directorate
Controlled Substances and Cannabis Branch
Health Canada
0301A – 150 Tunney's Pasture Driveway
Ottawa, Ontario K1A 0K9
Email: hc.pregs.sc@canada.ca

**RE: SUBMISSION TO HEALTH CANADA CONSULTATION ON THE PROPOSED
CONCENTRATION OF NICOTINE IN VAPING PRODUCTS REGULATIONS (CNVPR)**

Dear Sir or Madame;

The Middlesex-London Health Unit shares Health Canada's concerns regarding the rapid increase in vapour product use by young people caused in part by the availability of high-nicotine concentration vaping products in Canada. The Middlesex-London Health Unit commends Health Canada for its commitment to work with provincial and territorial partners to enhance national collaborative and cooperative efforts to reduce youth vaping.

In Ontario, local Public Health Units play an important role in working with parents, schools, community and social service agencies, and municipalities to prevent youth, young adults, and non-tobacco users from using vaping products, and to promote compliance and ensure enforce the provisions outlined under the *Smoke-Free Ontario Act, 2017*. The enactment of the proposed *Concentration of Nicotine in Vaping Products Regulations (CNVPR)*, published in the Canada Gazette, Part I on December 19, 2020 would be an important step forward to help reverse the increase in youth initiation of vaping in Canada. The Middlesex-London Health Unit welcomes the opportunity to provide comments on how to strengthen the proposed *Concentration of Nicotine in Vaping Products Regulations*. Our submission is attached for your consideration.

While the proposed regulations along with the recommended improvements we have suggested will help to prevent youth, young adults and non-smokers from initiating vapour product use, additional regulatory, legislative and policy changes are needed to effectively curb the rapidly growing epidemic of youth vaping. The Middlesex-London Health Unit looks forward to continuing to work in partnership with our federal public health partners to address this emerging public health issue of significant concern. For more information or to discuss further, please do not hesitate to contact me or Donna Kosmack, Program Manager for Chronic Disease Prevention and Tobacco Control at (519) 663-5317 ext. 2302.

Sincerely,



Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health

Attachment

February 19th, 2021

Comments on the Proposed *Concentration of Nicotine in Vaping Products Regulations*

The Middlesex-London Health Unit (MLHU) applauds Health Canada's efforts to prevent the initiation of vaping by youth, young adults, and non-smokers by limiting the concentration of nicotine in vaping products to a maximum of 20 mg/ml and welcomes the opportunity to provide feedback on the proposed *Concentration of Nicotine in Vaping Products Regulations*. The proposed regulations would offer consistent protection from nicotine addiction for youth across Canada by aligning a patchwork of provincial regulations, many of which do not currently meet this standard of protection.

This maximum limit has already been implemented in British Columbia and Nova Scotia, as well as 33 other countries, including the United Kingdom and all European Union member nations.

The Youth Vaping Crisis in Canada

Overall, the regulations, once implemented, will help to reduce youth vaping and will be a significant advancement to the status quo; however, the timeliness of enactment is imperative. Data from the 2018-19 Canadian Student Tobacco Alcohol and Drugs survey (CSTADS, 2019) shows that 20.2% of Canadian students (approximately 418,000) had used an e-cigarette (with or without nicotine) in the past 30 days. Students that reported vaping (with or without nicotine) in the past 30 days are vaping regularly, with approximately 40% reporting daily or almost daily use (Health Canada, 2019).

This same research has indicated that vaping has led to an overall increase in nicotine use by youth, which suggests that vaping has not replaced smoking behaviours among young people. In fact, the total prevalence of vaping and smoking among young people today is much higher than the prevalence of smoking in that population a decade ago. By far, the majority of youth in Canada who vape are using devices that contain nicotine; 87.6% of all current grade 7 – 12 students who vape use nicotine, and that number rises to 91.2% among students in grade 10 – 12. Young people also make up a disproportionate percentage of vapers in Canada; 48% of those who vape are between the ages of 15-24. The measures outlined in the proposed regulations will help reverse the increase in youth initiation of vaping in Canada and should be adopted as soon as possible.

The Health Impacts of Nicotine

Along with the rise in prevalence of youth vaping has come a rise in the popularity of products with very high nicotine concentrations, with many products on the market today containing three times the proposed maximum. Health Canada has reported that in 2016, only 10% of the Canadian market was comprised of products with a nicotine concentration of higher than 20 mg/ml; by 2019, this had increased to 62%.

In addition to being highly addictive, nicotine has negative impacts on health, increasing blood pressure which is a leading risk factor for heart disease and stroke. Other health impacts include the potential for increased risk of the spread of breast cancer to the lungs, impacts on adolescent brain development, and adverse effects of the use of high concentrations of nicotine, including vomiting, headaches, dizziness, nausea and in extreme cases, fainting and nicotine poisoning.

Another significant concern is the potential for vaping to lead to increased rates of youth smoking. Substantial research has indicated that the use of nicotine vaping products make youth more prone to smoking.

The Regulatory Impact Assessment Statement (RIAS) identified high nicotine products as one of the key factors contributing to the rapid rise in youth vaping.

Other Proposed Policy Options

Health Canada inspections have revealed widespread non-compliance by specialty vape stores regarding federal legislative provisions applying to e-cigarettes. The Health Canada Vaping Compliance and Enforcement Report for July-September 2019 found that fully 83% of specialty vape stores inspected were non-compliant with federal legislation. For October-December 2019, fully 84% of specialty vape stores were found to be non-compliant.

In addition to the outright ban of products over 20 mg/ml implemented in Nova Scotia and British Columbia, other provinces have taken measures to limit access to high nicotine products. In Ontario, for example, products containing more than 20 mg/ml have been limited for sale to specialty stores accessible only to those over 19 years of age. The MLHU has noticed that this measure has not gone far enough to protect young people from obtaining vape products with higher concentrations. It is not uncommon that MLHU receives complaints from the public that store operators are selling illegal products to familiar under age customers to avoid being caught by a test shopper. This makes it very difficult for tobacco enforcement to use test shopping practices to ensure compliance. Additionally, MLHU has had numerous accounts of individuals of legal age, including parents, who are purchasing products to sell or supply to underage individuals.

Therefore, the MLHU strongly support the proposed federal Regulation to limit nicotine concentration in vaping products to a maximum of 20 mg/ml.

Vaping Products and Smoking Cessation

One common argument against limits on nicotine concentrations higher than 20 mg/ml is the potential for vaping products to support smoking cessation. One systematic review, which indicates a moderate level of evidence that vapes may be effective cessation devices, is often cited to support this argument. However, four of the five randomized control trials in this review used products with nicotine concentrations of less than 20 mg/ml, with the moderate level of effectiveness. A 20 mg/ml threshold therefore would be supported by current evidence around the use of vaping products by smokers for the purposes of cessation.

Implementation, Compliance and Enforcement

According to the enforcement standards outlined in this consultation, retailers and manufacturers would have 15 days from publication of the final regulations in Canada Gazette II to move to the new regulations. After the 15-day period, the final regulations would come into force. The MLHU is strongly supportive of the 15-day transition period following publication of the final regulations in Canada Gazette II and of the testing method as described in the Canada Gazette I and compliance surveillance that would occur once regulations are in force.

Conclusion

The current patchwork of provincial regulations around nicotine concentrations does not offer sufficient protection to youth across Canada. The proposed Regulation to create a maximum 20 mg/ml limit is well supported by evidence. Not only is this proposed regulation well supported by the evidence it would ensure that young people across Canada all experience the same level of protection from the harms of high nicotine concentrations.

As of January 7, 2020, there have been 15 cases of confirmed or probable vaping-related severe pulmonary disease in Canada. A growing number of these incidences and a lack of confirmed evidence regarding the specific cause of these illnesses, suggests there is a need to increase awareness about the potential consequences of vaping. The MLHU supports the continued regulation of vapour products to help curb the initiation of youth vaping as the body of evidence regarding the health consequences of vaping grows. However, the health unit also encourages Health Canada to also continue and increase educational efforts regarding the potential dangers of using these products.

Additional Comments

The proposed regulations, along with the recommendations outlined within this submission, will help to prevent the initiation of vapour product use by youth, young adults and non-smokers; however, further regulatory and legislative changes are needed. This Regulation should be followed swiftly by other policy measures such as limiting online sales, and flavours.

- Many youth who vape report that they obtain these products online. Online vendors may be both less able and less inclined to take effective measures to limit sales to minors; some online vendors accept a simple declaration of a client's age. Strict age-verification measures are required for online sales, including age-verification at time of purchase and proof of legal age at delivery. Active enforcement of online sales to assess compliance with age restriction laws is also required.
- "Flavor is a multisensory perception" that involves taste, aroma, and feelings of cooling and burning within the mouth and throat (Small, D.M. and Green, B.G., 2012). Youth and young adults are particularly influenced by flavours (Mennella, J.A., Pepino, M.Y., and Reed, D.R., 2005). Due to pervasive marketing and promotion tactics, and the addition of attractive candy and fruit flavours to vapour products, sales of e-cigarettes are growing rapidly across Canada and around the world, with over one thousand e-liquid flavours available in the marketplace under the banner of 460 different brands (Euromonitor International, 2015). The MLHU recommends that Health Canada strengthens the current approach to regulating flavoured e-substances to include tighter prohibitions on the manufacturing and sale of e-substance flavours that are attractive to youth and adolescents, with an overall reduction/market cap on the number of flavours available for sale in Canada. Nicotine replacement therapy is only available in a limited number of flavours; therefore, the inventory of vapour product flavours should be limited.

The MLHU applauds the continued efforts of Health Canada to introduce timely and responsive legislation to prevent youth vaping initiation. The MLHU looks forward to continuing to work in partnership to reduce the negative impact that tobacco and vaping product use is having on our community.

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TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health
Emily Williams, Chief Executive Officer (Interim)

DATE: 2021 March 18

VACCINE COLD CHAIN INCIDENT RESULTING IN PRODUCT LOSS

Recommendation

It is recommended that the Board of Health receive Report No. 14-21 re: “Vaccine Cold Chain Incident Resulting in Product Loss” for information.

Key Points

- Storage and handling of publicly funded vaccine is prescribed by the Ministry of Health.
- Public health units play a key role in the distribution and administration of vaccines.
- A “cold chain” incident as a result of a refrigerator failure on February 9th resulted in the loss of \$132,891.50 worth of vaccine. None of the vaccine was COVID-related.
- Staff have reported the incident to the Ministry of Health and are currently replacing the refrigerator.

Background

Public Health Units are responsible for the administration and distribution of Ontario’s publicly funded vaccines. These vaccines are delivered to health units from the Ontario Government Pharmacy (OGP) and are administered through on-site or mobile clinics, or distributed onward to third parties such as family physicians or Long-Term Care homes. The process of transporting vaccine is regulated through the [Vaccine Storage and Handling Protocol](#) of the Ontario Public Health Standards.

To ensure vaccine safety for patients, a key element of vaccine storage and handling is the “vaccine cold chain”. This describes the strict adherence of keeping the vaccine within its proper temperature range from the point of manufacture to the point of delivery to a patient. For most of the vaccines handled by public health units, this temperature range is from 2°C to 8°C. Throughout the cold chain, temperatures are continuously monitored and recorded.

At the Middlesex-London Health Unit (MLHU), cold chain monitoring is achieved by confirming the temperature logs for vaccines received at MLHU from couriers, using redundant thermometers and alarms on health unit refrigerators, adhering to proper transport techniques and monitoring when delivering vaccines in mobile clinics, logging temperatures during distribution to third parties such as family doctors’ clinics, and inspecting the receiving refrigerators and logs at those clinics.

Each refrigerator at MLHU is purpose built and maintains a precise temperature within a range of +/- 0.5°C. Preventative maintenance and calibration is performed on the refrigerators on a regular basis. The refrigerators have internal audible alarms to warn of temperature excursion from the set range of 2°C to 8°C, auxiliary thermometers which show current temperature as well as the minimum and maximum temperature attained. This is augmented by a cellular/wifi redundant, continuously web-monitored thermometer which sends text and email alerts to staff should temperature excursion or signal inactivity occur. This is further backed up by an after-hours answering service who will call identified managers when an alarm is activated.

Electricity to the refrigerators is secured by backup generators which ensures an uninterrupted supply of power. Storing vaccine in multiple refrigerators also helps to mitigate the risk of loss if one should fail.

Cold Chain Incident at MLHU

At 9:34 pm on February 9, 2021, a temperature alarm was triggered on the refrigerator used to store the vaccine that is distributed to community health care providers. A sudden drop in temperature below 0°C had occurred. Staff were alerted by the answering service and responded back to the health unit to investigate arriving at the malfunctioning refrigerator within approximately 40 minutes. The temperature in the refrigerator was confirmed to be at -10°C at that point. Staff removed and transferred all vaccine from the refrigerator to another operable refrigerator and quarantined the vaccine pending further investigation.

The total value of vaccine in the refrigerator at the time of the excursion was \$233,761.66 ([Appendix A](#)). After discussions with the vaccine manufacturers and the Ontario Government Pharmacy, it was determined that \$100,870.16 of vaccine was able to be salvaged without compromising its viability however \$132,891.50 of vaccine was deemed not salvageable and was returned to the OGP. The value of the loss is borne by the Province and is not a liability to MLHU.

The refrigerator that malfunctioned had been serviced and inspected on January 4th of this year. It has since been removed from service and a replacement has been ordered. One-time funding for the replacement of vaccine refrigerators can be requested from the Province through the Annual Service Plan and Budget Submission process.

While vaccines have some tolerance to temperature excursions above the prescribed range, they are very sensitive to temperatures below freezing, providing very little time to respond and intervene should the latter occur. Temperature drops in refrigerators, which may be attributable to faulty sensors or overactive compressors, are much less common than temperature increases which can be caused by power interruptions or doors left ajar.

Conclusion and Next Steps

The Ministry of Health was satisfied that appropriate action had been taken in response to the incident and that all reasonable precautions had been in place to ensure the security of vaccine and proper maintenance of cold chain. Staff will evaluate the remaining refrigerators and determine whether they should be replaced in light of this event.

This report was prepared by the Environmental Health and Infectious Disease Division.



Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health



Emily Williams, BScN, RN, MBA
Chief Executive Officer (Interim)



Vaccine Cold Chain Incident Exposure/Wastage Report

Section A – Public Health Unit Information

Name of public health unit Middlesex London Health unit	Date report completed (yyyy/mm/dd) 2021/02/10
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Report completed by

First Name Dana	Last Name Alhassan
Telephone Number 519 663-5317 ext.	Email Address jody.paget@mlhu.on.ca

Section B – Premises Information

Name of premises Middlesex-London Health Unit- Distribution Fridge

Premises Contact

First Name Jody	Last Name Paget	Telephone Number 519 663-5317 ext. 2354
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Premises type

<input type="checkbox"/> Physician office (FP solo)	<input type="checkbox"/> Community Health Centre	<input type="checkbox"/> Long-term care home	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Physician office (Ped solo)	<input type="checkbox"/> Correctional facility	<input type="checkbox"/> Nursing agency	<input type="checkbox"/> Retirement home
<input type="checkbox"/> Physician office (FP group)	<input type="checkbox"/> First Nations facility	<input type="checkbox"/> Occupational health	<input type="checkbox"/> School
<input type="checkbox"/> Physician office (Ped group)	<input type="checkbox"/> Hospital	<input checked="" type="checkbox"/> Public health unit	<input type="checkbox"/> Other _____

Client ID 200215	Date of Most Recent Inspection (yyyy/mm/dd) 2020/07/15	<input type="checkbox"/> Detected on Annual Inspection	Date public health unit notified (yyyy/mm/dd) 2021/02/09
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Section C – Incident Description

Date and time of last known temperature consistently between +2°C to +8°C	Date (yyyy/mm/dd) 2021/02/09	Time (hh:mm) 9:25PM
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Date and time of incident	Temperature at time of incident	Current
Date (yyyy/mm/dd) 2021/02/09	Minimum -9 C	5 C
Time (hh:mm) 9:45 PM	Maximum 5.12 C	

Estimated duration of exposure(hours). 45 minutes	For multiple incidents please describe the event including date and time of incident(s), temperature at time of incident(s) and estimated duration of exposure(s).
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Event Information

<input type="checkbox"/> Power Failure: How long was the power disrupted What was the cause of the disruption What time of day was the disruption	_____
<input checked="" type="checkbox"/> Fridge malfunction (e.g. sensor, compressor)	_____
<input type="checkbox"/> Equipment malfunction (e.g. thermometer, alarm)	_____
<input type="checkbox"/> Human Error (e.g. fridge door left open, fridge unplugged)	_____
<input type="checkbox"/> Other (describe)	_____

Section D – Actions Taken by Public Health Unit Staff

Request premises to forward the following to the public health unit as soon as possible:

- Copy of previous 2 weeks of temperature logs;
- Provide inventory of affected vaccines;
- Bag all vaccine and label "DO NOT USE" and move to the required storage conditions (monitored refrigerator or insulated container);
- Determine vaccine stability and report finding to premises;
- Advise **premises** to return expired and spoiled vaccine to the public health unit. Public health unit is to complete the Non-reusable (expired or spoiled) Vaccine Return Record
(Form 3150E – [http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetFileAttach/014-3150-64E~5/\\$File/3150-64E.pdf](http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetFileAttach/014-3150-64E~5/$File/3150-64E.pdf);
- Toronto Public Health only – Advise premises to return expired and spoiled vaccine to OGPMS by completed the Non-reusable (expired or spoiled) Vaccine Return Record
(Form 3296-64E – [http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetFileAttach/014-3296-64E~5/\\$File/3296-64E.pdf](http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetFileAttach/014-3296-64E~5/$File/3296-64E.pdf);
- Public health unit/premises must mark reusable vaccine to indicate an exposure to a cold chain incident and public health unit must advise premises to use exposed vaccine first.

Section E - Vaccine Inventory

Vaccine	Lot number	Number of doses	Expiry date (yyyy/mm/dd)	Previous exposure (✓ if yes)	Can be used (✓ if yes)	Comments	Price per dose	Value of returned vaccine(s)
Act-Hib®		21	2021/06/29	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Uj328	\$44.21	
Adacel®		340	2021/06/30	<input type="checkbox"/>	<input type="checkbox"/>	C5644AL	\$32.09	\$10,910.60
Adacel®-Polio		120	2021/09/30	<input type="checkbox"/>	<input type="checkbox"/>	T3A151V	\$46.13	\$5,535.60
Bexsero®				<input type="checkbox"/>	<input type="checkbox"/>		\$103.35	
Boostrix®				<input type="checkbox"/>	<input type="checkbox"/>		\$29.03	
Boostrix®-Polio				<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	
Engerix B® Adolescent/Adult		35	2022/10/03	<input type="checkbox"/>	<input type="checkbox"/>	AHBVC297AA	\$23.06	\$807.10
Engerix B® Pediatric		125	2021/09/30	<input type="checkbox"/>	<input type="checkbox"/>	AHBVC827AQ	\$11.40	\$1,425.00
Engerix B® Pediatric				<input type="checkbox"/>	<input type="checkbox"/>		\$11.40	
Gardasil® 9		65	2021/09/30	<input type="checkbox"/>	<input type="checkbox"/>	AHBVC827AQ	\$161.77	\$10,515.05
Havrix® Adult		4	2022/01/31	<input type="checkbox"/>	<input type="checkbox"/>	AMVA252A	\$17.36	\$69.44
Havrix® Adult		73	2022/07/31	<input type="checkbox"/>	<input type="checkbox"/>	AHAVC033AA	\$17.36	\$1,267.28
Havrix® Adult		31	2021/05/31	<input type="checkbox"/>	<input type="checkbox"/>	AHAVC029AA	\$17.36	\$538.16
Havrix® Pediatric		24	2021/12/31	<input type="checkbox"/>	<input type="checkbox"/>	AHAVC010AB	\$23.46	\$563.04
Imovax® Polio		38	2022/05/31	<input type="checkbox"/>	<input type="checkbox"/>	T3E4410M	\$45.21	\$1,717.98
Imovax® Rabies		67	2021/04/30	<input type="checkbox"/>	<input checked="" type="checkbox"/>	RID111M	\$168.47	
Menactra®		89	2021/11/23	<input type="checkbox"/>	<input type="checkbox"/>	U6390B13	\$89.49	\$7,964.61
Menjugate®		50	2022/07/31	<input type="checkbox"/>	<input type="checkbox"/>	AMCA99AE	\$35.84	\$1,792.00
Menveo®				<input type="checkbox"/>	<input type="checkbox"/>		\$104.09	
MMR® II		650	2022/02/06	<input type="checkbox"/>	<input checked="" type="checkbox"/>	T004564	\$32.24	
NeisVac-C®				<input type="checkbox"/>	<input type="checkbox"/>		\$80.20	
Pediacel®		175	2022/02/28	<input type="checkbox"/>	<input type="checkbox"/>	C5700BA	\$52.37	\$9,164.75
Pneumovax® 23		10	2023/03/28	<input type="checkbox"/>	<input checked="" type="checkbox"/>	T022568	\$22.90	
Prevnar® 13		70	2023/02/28	<input type="checkbox"/>	<input type="checkbox"/>	DR7160	\$92.44	\$6,470.80
Priorix®				<input type="checkbox"/>	<input type="checkbox"/>		\$29.32	
Priorix-Tetra™		60	2021/09/30	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2979N	\$91.31	
ProQuad®				<input type="checkbox"/>	<input type="checkbox"/>		\$109.50	
RabAvert®		89	2021/11/23	<input type="checkbox"/>	<input checked="" type="checkbox"/>	R2MBD00273	\$176.00	
Recombivax HB® Adolescent/Adult				<input type="checkbox"/>	<input type="checkbox"/>		\$22.54	
Recombivax HB® Pediatric				<input type="checkbox"/>	<input type="checkbox"/>		\$11.40	
Recombivax HB® Renal				<input type="checkbox"/>	<input type="checkbox"/>		\$184.80	
Rotarix™				<input type="checkbox"/>	<input type="checkbox"/>		\$84.45	
Rotateq®		100	2022/04/10	<input type="checkbox"/>	<input checked="" type="checkbox"/>	T026175	\$59.79	
Td Adsorbed		895	2022/02/28	<input type="checkbox"/>	<input type="checkbox"/>		\$21.69	\$19,412.55
Td Polio				<input type="checkbox"/>	<input type="checkbox"/>		\$61.55	
Tubersol®		700	2022/02/28	<input type="checkbox"/>	<input type="checkbox"/>	C5694AB	\$18.13	\$12,691.00
Vaqta® Adult				<input type="checkbox"/>	<input type="checkbox"/>		\$48.31	
Vaqta® Pediatric				<input type="checkbox"/>	<input type="checkbox"/>		\$24.16	
Varilix®				<input type="checkbox"/>	<input type="checkbox"/>		\$61.56	
Varivax® III		630	2022/01/30	<input type="checkbox"/>	<input checked="" type="checkbox"/>	T003705	\$77.15	
Zostavax®		160	2022/08/31	<input type="checkbox"/>	<input type="checkbox"/>	X5429	\$176.77	\$28,283.20
FluLaval Tetra		550	2021/08/31	<input type="checkbox"/>	<input type="checkbox"/>	H243K	\$13.27	\$7,298.50
Flumist® Quadrivalent				<input type="checkbox"/>	<input type="checkbox"/>		\$18.00	
Fluzone® HD				<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	
Fluzone® Quadrivalent				<input type="checkbox"/>	<input type="checkbox"/>		\$11.95	

Vaccine	Lot number	Number of doses	Expiry date (yyyy/mm/dd)	Previous exposure (✓ if yes)	Can be used (✓ if yes)	Comments	Price per dose	Value of returned vaccine(s)
Nimenrix		83	2022/07/31	<input type="checkbox"/>	<input type="checkbox"/>	DC8082	\$99.48	\$8,256.84
Total Value of all Returned Vaccines								\$132,891.50

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health
Emily Williams, Chief Executive Officer (Interim)

DATE: 2021 March 18

VECTOR-BORNE DISEASE PROGRAM: REQUEST FOR PROPOSAL

Recommendation

It is recommended that the Board of Health:

1. Receive Report No. 16-21 re: Vector-Borne Disease Program: Request for Proposal;
2. Approve award of the contract for the Vector Borne Disease Program, *Part A - Larval Mosquito Surveillance & Control*, to Canadian Centre for Mosquito Management (CCMM) Inc. in the amount of \$89,460 (before taxes); and
3. Approve award of the contract for the Vector Borne Disease Program, *Part B - Mosquito Identification and Viral Testing*, to Entomogen Inc. in the amount of \$21,025 (before taxes).

Key Points

- A Request for Proposal (RFP) was issued to renew two contracts to deliver services for the Vector-Borne Disease program.
- The recommended proposals will not result in a net change in the Vector-Borne Disease budget cost over the previous RFP (\$1,265 increase for Part A and \$1,641 annual decrease for Part B).

Background

The Vector Borne Disease (VBD) Team delivers a surveillance and control program to monitor West Nile Virus (WNV), Eastern Equine Encephalitis (EEE), Zika Virus (ZV) and Lyme disease (LD) activity in Middlesex London. This program is made up of the following components: mosquito larval surveillance, larviciding, adult mosquito trapping, human surveillance, responding to public inquiries, public education, and active and passive tick surveillance. The tasks of larval mosquito surveillance and control, along with mosquito identification and viral testing, are performed by contracted agencies on behalf of MLHU.

In January 2018, the Board of Health (BOH) approved the award of the contract for Larval Mosquito Surveillance & Control (Part A) to G.D.G. Canada in the amount of \$88,195. In addition, the BOH also approved award of the contract for Mosquito Identification and Viral Testing (Part B), to G.D.G Canada in the amount of \$22,666.25. The length of these contracts was two years.

These activities were completed in accordance with the Ministry of Health and Long-Term Care's (MOHLTC) West Nile Virus Preparedness and Prevention Plan for Ontario, and Regulation 199/03 (Control of West Nile Virus) of the Health Protection and Promotion Act.

Request for Proposal

On February 2nd, 2021, staff issued a Request for Proposals (RFP) for both Larval Mosquito Surveillance and Control (Part A), and Mosquito Identification and Viral testing (Part B). Notice of the procurement opportunity was provided to known service providers.

Bidders had the option of bidding on Part A, Part B, or both Parts A and B. The RFP closed on March 3rd, 2021 and four submissions were received. Two proponents bid on Part A, and two proponents bid on Part B.

An evaluation committee consisting of members from the Safe Water, Rabies Prevention and Control, and Vector Borne Disease Team and the Procurement Team evaluated all bids using a predetermined set of evaluation criteria. These criteria included personnel, experience, qualification, methodology, cost, timelines, reports, products, software programs, resources, and value added benefits. Scoring for the RFP is included in [Appendix A](#).

For Part A, the evaluation committee recommends the contract be awarded to the Canadian Centre for Mosquito Management (CCMM) in the amount of \$89,460 (exclusive of HST). This firm provided the lowest bid for Part A. This represents an increase of \$1,265 over the previous contract. CCMM partnered with Pestalto to bid on this RFP and have long histories of providing mosquito control services for the management of West Nile virus in Ontario. In 2020, these companies provided mosquito control services to the City of Toronto, the Durham Region Health Department, the Regional Municipality of York, Southwestern Public Health, Chatham-Kent Public Health Services, Windsor-Essex County Healthy, the Regional Municipality of Peel, the City of Hamilton, the Regional Municipality of Niagara, and the Regional Municipality of Halton, among others. In addition, CCMM also provided lead services for mosquito surveillance and control to the MLHU in the past (2010-12 and 2013-15).

For Part B, the evaluation committee recommends the contract be awarded to Entomogen Inc. in the amount of \$21,025 (excluding HST). This represents a decrease of \$1641 over the previous contract. Entomogen Inc. has been involved with mosquito identification and viral testing in the province of Ontario since the inception of the program in 2001. They have worked closely with most public health units for diagnostic testing of West Nile Virus including Windsor-Essex County Health Unit, Niagara Region Public Health and Emergency Services, and North Bay Parry Sound District Health Unit.

Both contracts were issued for a (2) two-year term with the Health Unit having sole discretion for an optional third year. If the extension option is exercised, a 2% increase would be issued for Part A. Costs would not increase if the extension was issued for Part B. The contracts will stipulate that future years' services will be contingent upon staff receiving funding approvals for the program.

Next Steps

As a result of the Request for Proposal process undertaken, Health Unit staff are recommending that the Board of Health award contracts to CCMM Inc. in the amount of \$89,460 (Part A) and Entomogen Inc. in the amount of \$21,025 (Part B).

This report was prepared by the Safe Water, Rabies Prevention and Control, and Vector Borne Disease team, Environmental Health and Infectious Disease Division and the Procurement and Operations Team, Healthy Organization Division.



Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health



Emily Williams, BScN, RN, MBA
Chief Executive Officer (Interim)

RFP #21-01 – Vector Borne Disease Program: Part A/B		PROPONENT:	EVALUATOR	
	Selection Criteria	Evaluation Factors/Scoring Criteria	Comments	Score 100
	Proficiency Panel Test Sample Data Collection Process Sample Database Sample Final Report	Were all samples submitted		
1	Experience Personnel and Qualifications	Verifiable references for work done on similar projects, and in similar environments, will be evaluated Proponents must identify the personnel that will work on the project. The qualifications and experience of these personnel are paramount, as is the commitment of the proponent to utilize the named personnel in the project.		30
2	Methodologies and Approaches	The MLHU will evaluate established methodologies, approaches and techniques. However, innovation is also encouraged. Proponents should demonstrate these established methodologies, approaches, techniques and innovative ideas.		10
3	Reasonableness of Costs Delivery	Costs will be evaluated not just on the lowest costs, but on the value of the proposed work to be done and the costs for this work. Proponents are therefore encouraged to submit detailed information on what work will be done and at what costs.		35

RFP #21-01 – Vector Borne Disease Program: Part A/B		PROPONENT:	EVALUATOR	
	Selection Criteria	Evaluation Factors/Scoring Criteria	Comments	Score 100
		The MLHU have defined business goals and deadlines. It is imperative that the proposed work be done within reasonable timelines. Proponents are encouraged to define requirements of MLHU staff in their proposals so that the proponent may meet their proposed timelines.		
4	Reports	Proponents should demonstrate their abilities to complete formal reports, contract documents etc. MLHU will evaluate content, form and ease of usefulness for the MLHU.		10
5	Training Programs	Proponents' ability to provide training to MLHU staff as well as their own that meets all requirements under various legislative bodies.		5
6	Products Resources	Proponent's choice of materials to meet the requirements of the proposal. Proponents staff resources (time and number of employees) as well as capital assets to complete the work. Identify HU resources required.		5
7	Value Added Benefits	Proponents should describe what sets them above other proponents; what value added services they provide that could distinguish them from other proponents.		5
TOTAL POINTS SCORE				100



TO: Chair and Members of the Board of Health
FROM: Christopher Mackie, Medical Officer of Health
DATE: 2021 March 18

MEDICAL OFFICER OF HEALTH ACTIVITY REPORT FOR MARCH

Recommendation

It is recommended that the Board of Health receive Report No. 15-21 re: “Medical Officer of Health Activity Report for March” for information.

The following report presents activities of the Medical Officer of Health (MOH) for the period February 5, 2021 to March 4, 2021.

The MOH’s time since the last report has been spent primarily on COVID-19 vaccine campaign planning and ramping up vaccinating capacity in this region.

To respond to the COVID pandemic, increased meetings and webinars were necessary to keep up with the ever-changing landscape. The MOH continued to participate in external and internal pandemic related meetings. These included calls daily, every other day, or weekly with Middlesex County, the City of London, local health partners, the Association of Local Public Health Agencies (ALPHA), the Ministry of Health, Ontario Health West, the Southwest LHIN, the Office of the Chief Medical Officer of Health, and Public Health Ontario. The MOH and London Mayor Ed Holder continue to provide regular weekly COVID-19 virtual media briefings.

The MOH and the Associate Medical Officer of Health (AMOH), along with other members of the Senior Leadership Team continue to host a weekly MLHU Staff Town Hall and present on many topics, including COVID-19.

The following events were also attended by the MOH:

- February 5 Participated on the Association of Local Public Health Agencies (ALPHA) Board meeting call
- February 8 Call with Chief Medical Officer of Health, Dr. David Williams
Ad-Hoc meeting of the Council of Medical Officers of Health (COMOH) Section Committee
Ad-Hoc meeting of the (COMOH) Section Executive Committee
- February 10 Monthly meeting with Board Chair, Maureen Cassidy
Call with London & District Catholic School Board in regard to school safety
Call with Thames Valley District School Board in regard to school safety
Call with the Chief Medical Officer of Health
- February 11 Attended the Finance & Facilities Committee meeting
Attended a meeting with General Hillier in regard to COVID vaccine distribution

- February 12 Participated on the COMOH Executive Committee call
Meeting with Dr. Robin Williams in regard to Case and Contact Management
- February 16 Attended the virtual State of the City Address
Participated on a COMOH Executive Committee meeting for a COVID-19 Variants of Concern (VOC) update
Attended an ad hoc meeting of the Public Health Measures Table (PHMT) Members and the COMOH Executive Committee in regard to VOC
- February 17 Participated in the COMOH Section meeting
- February 18 Call with Dr. David Williams in regard to Variants of Concern and schools
Budget meeting with City of London finance staff
Attended the Board of Health meeting
- February 19 Regular coaching session with Janine Higgins
- February 23 Interview with Jennifer Bieman, London Free Press (LFP) in regard to restriction levels
Participated on the TVDSB Board meeting Q & A session
- February 25 Participated in the City of London Ward 12 Community Town Hall meeting
- February 26 Hosted a media briefing in regard to moving from Red to Orange COVID restriction levels
- March 1 Interview with CBC London, Rebecca Zandbergen in regard to several COVID-19 issues
- March 2 There were several media interviews today in regard to booking COVID-19 vaccine appointments. These included: London Free Press, Jennifer Bieman; CBC London, Chris Dela Torre; Mike Stubbs, Global News Radio AM980 CFPL; Nick Paparella, CTV London; Heather Rivers, London Free Press; Sofia Rodrigues, CBC Radio
- March 4 Interview with NewsTalk 1290 CJBK's "Ask Me Anything" show regarding COVID vaccine
Attended the Finance and Facilities Committee meeting

This report was submitted by the Office of the Medical Officer of Health.



Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health

CORRESPONDENCE – March 2021

- a) Date: February 19, 2021
Topic: Keeping Ontario Safe and Open
From: Association of Local Public Health Agencies
To: Premier Doug Ford

Background:

On February 19, 2021, the Association of Local Public Health Agencies (alPHa) wrote to Premier Doug Ford in regards to the recent decision to begin easing the recent province-wide shutdown and stay-at-home orders in the context of the rapid emergence of COVID-19 Variants of Concern (VOCs). Concerns were expressed about the timing of loosening the restrictions in many areas underestimates the imminent and considerable threat posed by the VOCs. A slower approach to returning to the COVID-19 Response Framework that allows for the development of clear public health messaging that reinforces the seriousness of the pandemic is recommended.

Recommendation: Endorse.

- b) Date: February 12, 2021
Topic: Food Literacy for Students Act
From: Peterborough Public Health
To: Premier Doug Ford, Minister Christine Elliott, Minister Stephen Lecce

Background:

On February 12, 2021, the Board of Health for Peterborough Public Health wrote to Premier Ford, Minister Elliott and Minister Lecce in support for Bill 216: Food Literacy for Students Act, 2020. The proposed Bill will require school boards to offer experimental food literacy education to all Ontario students in grades 1 through 12.

Recommendation: Receive.

- c) Date: February 12, 2021
Topic: Paid Sick Leave During an Infectious Disease Emergency
From: Peterborough Public Health
To: Premier Doug Ford, Minister Christine Elliott, Minister Stephen Lecce

Background:

On February 12, 2021, the Board of Health for Peterborough Public Health wrote to Premier Ford, Minister Elliott and Minister Lecce in support of the introduction of paid sick leave during an infectious disease emergency. Peterborough Public Health is requesting that the Ontario government immediately introduce paid sick leave as an essential component to the legislated emergency unpaid leave currently available as per Regulation 228/20. In addition, Peterborough Public Health urges the government to provide funding to enable all employers to provide this important public health measure to their employees as per the principals outlined in Bill 239

(Stay Home if You Are Sick Act, 2020).

Recommendation: Receive.

- d) Date: March 1, 2021
Topic: Provincial Employment Standards Reform for Provision of Paid Sick Days
From: Simcoe Muskoka District Health Unit
To: Premier Doug Ford

Background:

On March 1, 2021, the Board of Health for Simcoe Muskoka District Health Unit wrote to Premier Doug Ford regarding the concern about the absence of paid sick leave standards for workers in the province and urges the government to update the Employment Standards Act, 2000 to include paid sick days for all workers.

Recommendation: Receive.

- e) Date: March 3, 2021
Topic: Provincial Appointments to the Board of Health
From: Peterborough Public Health
To: Minister Christine Elliott

Background:

On March 3, 2021, the Board of Health for Peterborough Public Health wrote to Minister Elliott expressing concern about the current lack of provincial representation on their Board of Health, creating a lack of board capacity and impairs the board from comprehensively fulfilling its governance responsibilities. Peterborough Public Health requests that provincial appointments be a minimum of two years (ideally three as was previously the norm), given the time and effort necessary to onboard these representatives. Longer terms will allow for members to feel that they have had adequate time to be oriented to their responsibilities and will provide them with an opportunity to meaningfully engage in public health decisions for their community.

Recommendation: Receive.

- f) Date: February 16, 2021
Topic: Paid Sick Leave During COVID-19 Pandemic and Beyond
From: Chatham-Kent Public Health
To: Premier Doug Ford

Background:

On February 16, 2021, the Chatham-Kent Board of Health passed a motion to endorse the Toronto Board of Health position that the Government of Ontario require employers to provide no less than five paid sick days annually to workers after three months of employment and provide necessary funding to employers so that all workers in Ontario have access to no less than

10 paid sick days annually in the event of a declared infectious disease emergency, such as COVID-19 pandemic.

Recommendation: Receive.

- g) Date: February 22, 2021
- Topic: Mandatory Paid Sick Leave for Ontario Workers
- From: Windsor-Essex County Health Unit
- To: Premier Doug Ford

Background:

On February 22, 2021, the Windsor-Essex County Health Unit Board of Health wrote to Premier Ford in support for the paid sick leave during the COVID-19 pandemic. Refer to correspondence item c) above.

Recommendation: Receive.