THE REGIONAL MUNICIPALITY OF HALTON
1151 BRONTE ROAD
OAKVILLE, ONTARIO, CANADA L6M 3L1

OFFICE OF THE CHAIRMAN
Tel: 905-825-6115 Fax: 905-825-8273
Toll free: 1-866-4HALTON (1-866-442-5866)

June 3, 2005

The Honourable George Smitherman
Minister of Health and Long-Term Care
Ontario Ministry of Health and Long-Term Care
Minister's Office
Hepburn Block, 10th Floor
80 Grosvenor St.
Toronto, ON M7A 2C4

Dear Minister Smitherman

Re: Mandatory Influenza Immunization of Healthcare Workers and First Responders

At its Regular Meeting of Regional Council on June 1, 2005, Halton's Medical Officer of Health, Dr. Bob Nosal, presented his report on the Universal Influenza Immunization Program for the 2004-2005 influenza season which is attached for your information. Included in the report was the rate of influenza immunization achieved by healthcare workers in hospitals in the region. What is concerning is the low influenza immunization uptake amongst this group that continues despite increased educational efforts during the past campaign. In fact, in some of our facilities, the rate of immunization dropped from that reported during the previous period of 2003-2004.

On November 3, 2004, at the direction of Council, I wrote to you requesting legislation be enacted to require mandatory influenza immunization for all healthcare workers and first responders as the rates achieved during the 2003-2004 were well below the provincial goals established by your Ministry. As far as I am aware, no response to this request was received from your office.

Once again, Regional Council has requested that I write to you expressing its concern about the need for legislation to require immunization for health care workers and first responders. I would therefore ask that you discuss this issue with your colleagues in Cabinet with a view to passing such legislation as soon as possible.

I look forward to your response on this important public health issue.

Sincerely,

Joyce Savoline
Regional Chairman

cc. Dr. Sheela Basrur, Chief Medical Officer of Health for Ontario
Bonnie Brown, MP-Oakville
Gary Carr, MP-Halton
Michael Chong, MP-Wellington-Halton Hills
Paddy Torsney, MP-Burlington
Ted Chudleigh, MPP-Halton
Kevin Flynn, MPP-Oakville
Cam Jackson, MPP-Burlington
Ted McMeekin, MPP-Ancaster-Dundas-Flamborough-Aldershot
Federation of Canadian Municipalities
Association of Municipalities of Ontario
A. B. Marshall, CAO, Halton Region
Dr. Bob Nosal, Medical Officer of Health, Halton Region
Regional Clerk (MO-22-05)

Enclosures - 1

THE REGIONAL MUNICIPALITY OF HALTON

Report To:	Chairman and Members of the Health and Social Services Committee
From:	Bob Nosal, Commissioner & Medical Officer of Health
Date:	May 13, 2005
Re:	Influenza Immunization Campaign, 2004/2005
Report No.:	MO-22-05

RECOMMENDATION

THAT the Regional Chairman write to the Minister of Health and Long-Term Care for Ontario again requesting legislation for mandatory influenza immunization of Healthcare Workers given their continued low influenza immunization rates, as discussed in Report MO-22-05 "Influenza Immunization Campaign, 2004/2005".

REPORT

Purpose

The purpose of this report is to provide Regional Council with details of the 2004-2005 Universal Influenza Immunization Campaign, including disease numbers, immunization coverage data and related costs.

Background

In a previous report to Regional Council, MO-52-04, information was provided on the continuance of the universal influenza immunization program for Ontario for 2004/05. As in the previous years of the campaign, the provincial goal of the program was to immunize 90% of high priority individuals and 60% of the general population. The provincial goal translates into the immunization of approximately 260,000 people in Halton.

In addition to co-ordinating the campaign with its partners, the Health Department was responsible for providing community clinics, and documenting and reporting the influenza immunization coverage rate for hospitals and long-term care facilities. The Health Department managed inventory of the vaccine, its storage under proper conditions, and its distribution to its partners, and collected statistics of those who received the vaccine for the Ministry of Health and Long-Term Care.

Promotion of influenza immunization continues to be an important component of the Influenza Immunization Campaign. The Health Department used various methods to communicate with the general public during the 2004-2005 flu season, including:

- 1 media release/ photo opportunity
- 15 articles generated in local newspapers
- 1 Health Notes column in local newspapers
- 12 advertisements placed in local newspapers

Various communications were targeted to specific locations and populations such as seniors, young children, and health care providers including local hospitals, pharmacies, physicians' offices and other medical facilities. The activities that specifically focused on hospitals and long-term care homes were:

- Meetings held with Occupational Health Nurses of 2 of Halton's 3 hospitals to review and provide suggestions for enhancing influenza immunization promotion activities (one hospital declined the meeting requests)
- Provision of influenza resource material for posting and distribution to staff
- Presentations provided to 2 sites through Lunch-and-Learn sessions at hospitals
- Presentations offered to all long-term care homes and a number of sessions delivered
- Influenza immunization campaign reviewed with all long-term care homes at annual fall seminar
- Encouraged direct access by hospital staff to health department staff for individual question and answer opportunities
- Various hospital units visited by Health Department staff to discuss importance of influenza immunization (walk-about sessions)
- Provided access to influenza education video "The Sensible Solution"
- Influenza immunization activities was requested to be a standing item at the long-term care home Infection Control meetings during the influenza immunization campaign timeframe

Approximately 65,000 schedules of community flu clinics were sent out to community agencies, pharmacists, churches, childcare providers, day care operators, and elementary students. Emphasis was placed on the high-risk category, which for the first time now included healthy children between the ages of 6 to 23 months.

The Ministry of Health and Long-Term Care also increased its communication efforts this influenza season. Their strategy incorporated television, radio and print media throughout the province.

Vaccine Distribution

Over 167,000 doses of influenza vaccine had been distributed through the Health Department's Vaccine Depot Service. The distribution reported in Table I reflects an increase of 2,133 doses of influenza vaccine from the previous year.

Table I

Influenza Vaccine Distribution

Group	Number of Doses Distributed				
	2000/01	**2001/02**	**2002/03**	**2003/04**	**2004/05**
Physicians' Offices	102,754	89,320	85,406	102,090	108,680
Hospitals*	8,730	7,250	6,300	7,150	5,710
Long-Term Care Facilities*	4,290	3, 990	5,382	6,590	6,820
Nursing Agencies*	4,050	7,110	7,819	14,030	17,630
Private Companies*	4,410	1,560	2,450	5,560	3,790
Health Dept. Clinics	20,414	22,030	21,340	29,542	24,465
Total	**144,648**	**131,260**	**128,697**	**164,962**	**167,095**

*Includes doses administered to the general public through agency-sponsored public clinics. This does not include any adjustments for wastage.

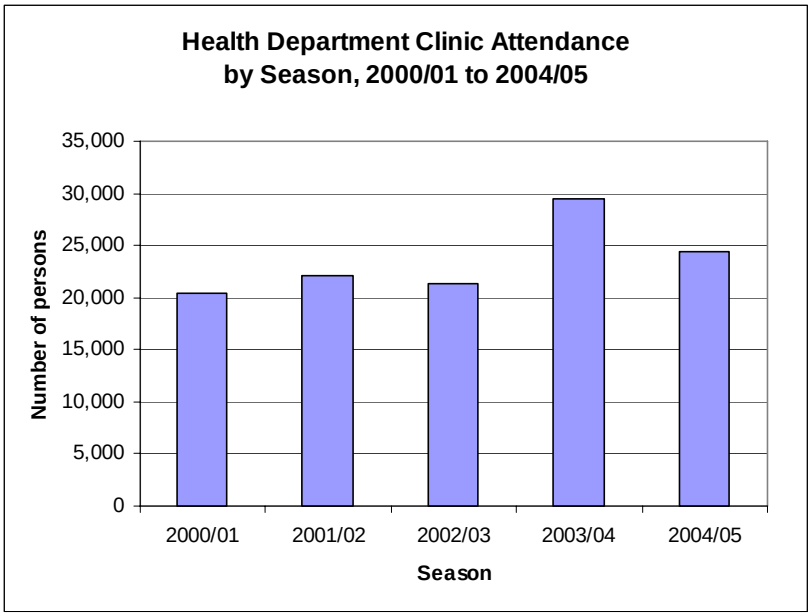
The campaign for 2004-2005, therefore, reached 64% of the target of 260,000 people immunized.

There were more opportunities to receive influenza immunization this year. Pharmacies, businesses, nursing agencies and even department stores were providing immunization clinics. Nursing agencies that provided immunization grew from 8 agencies the previous season to 17 this season. Many people came out earlier this year to get immunized. This was due in a large part to the media coverage on the shortage of influenza vaccine in the United States. Many in our community perceived that the U.S. influenza vaccine shortage might occur here. Also people came out earlier in the season to get immunized, remembering the early arrival (October) and the severity of the influenza strain A/Fujian/411/2002(H3N2)-like virus in the previous season and the long waiting lines in December. The Health Department saw an increase of 20-30% uptake in vaccine orders to physicians' offices, nursing agencies, and at our community clinics up until the third week of November. Then a significant decrease in the demand for influenza vaccine was noted possibly due to reduced media coverage on influenza, public assurance that there was no influenza vaccine shortage in Canada, and public perception that influenza was not a threat this year as it had not yet arrived.

Health Department Community Clinics

The Health Department held two series of community influenza immunization clinics between October 12, 2004 and January 11, 2005, for a total of 47 clinics. The first series comprised 13 daytime clinics from October 12 – October 27th, and targeted immunization of those aged 65 and over, health care and emergency service workers, as well as those with medical problems or a chronic illness. Over 3,170 doses were administered. Clinic attendance at these clinics increased by 22% from the previous season. The second series of clinics comprised 34 early evening clinics from October 25th to January 11th, targeting immunization of the general public where a total of 21,288 doses were given. The Health Department also targeted immunization of college and school personnel at Sheridan College and students at E.C. Drury School for the Deaf. Influenza immunization was also offered through the Community Immunization and Travel Health clinics. Due to poor attendance the previous season, the Health Department discontinued clinics previously held in high schools over the lunch hour and instead focused their resources on running three Saturday clinics. Average attendance at these Saturday clinics was 230, much below what

Figure 1.



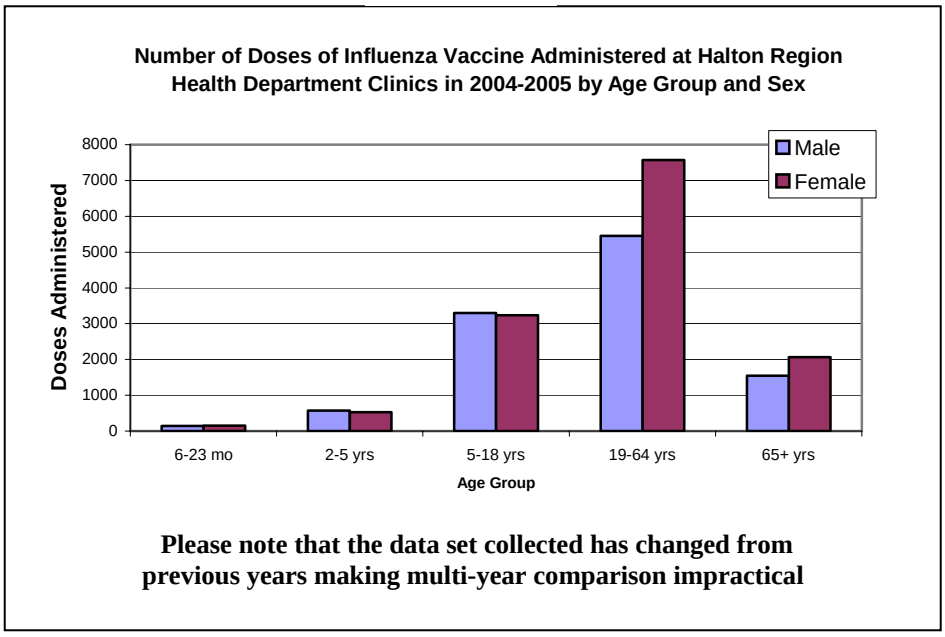
was anticipated. As of the end of the 2004/05 influenza immunization campaign, a total of 24,465 flu doses were given through Health Department clinics, a decrease of 16% from the previous year.

There are a number of factors that can be attributed to the decrease seen at the Health Department clinics. An increase in the number of immunizations administered through physicians' offices was noted in the 2004/05 season as compared to the previous season by over 6,000 doses. This suggests more individuals chose this route to receive the vaccine as compared to receiving the immunization through the Health Department clinics. As well, there were more nursing agency delivered clinics as compared to the previous year providing more access to flu immunization in workplaces. There was an early start to the 2003/04 influenza season with several deaths occurring in children. This produced significant media attention, more than that experienced in this season. The reduced media attention in the 2004/05 campaign may have been a factor affecting awareness of the importance of annual influenza immunization.

Attendance at Health Department Influenza clinics during the last five influenza seasons is shown in Figure 1.

Figure 2.

In Figure 2 the age group and gender of those attending Health Department clinics is also shown. More women than men over 19 years of age received the vaccine at these clinics.



Influenza Immunization Coverage Rates in Halton Healthcare Facilities

Only one of Halton's acute care facilities increased its influenza immunization coverage of healthcare workers in 2004/2005 as compared to the previous season. However, none of Halton Region's hospitals achieved the province's target healthcare worker influenza immunization rate of 70% as can be seen in Table II.

Table II

Influenza Immunization Coverage Rates (%) – Acute Care Facilities						
Name of Institution	**Staff Coverage Rates as reported on December 15th of respective year***					
	2000	**2001**	**2002**	**2003**	**2004**	**Percentage point change over previous year**
Halton Healthcare Services (both sites) (1)	65	53	45	48	41	↓ 7
Joseph Brant Memorial Hospital (2)	72	56	38	47	58	↑11
William Osler Health Care – Georgetown Campus	50	NA	50	52	20	↓ 32

* The Ministry of Health and Long-Term Care requires Health Departments to report influenza immunization coverage rates as of the specified date.

(1) Both sites achieved 45% staff coverage by March 2005

(2) Reached 64% staff coverage rate by March 2005.

Further to a Region Council resolution, Regional Chairman Savoline sent a letter to the Minister of Health & Long-Term Care after the 2003/04 influenza season requesting that legislation for mandatory influenza immunization in health care workers and first responders be enacted. No action has been taken by the Ministry. As can be seen in the 2004/05 campaign, the rate of influenza immunization achieved in health care workers continued to be below the target of 70%. This again identifies that despite education and the recommendations of the National Advisory Committee on Immunization, significant numbers of healthcare workers are not being immunized against influenza. Staff recommend that the Regional Chairman be asked to write once again to the Ministry of Health and Long-Term Care requesting legislation for mandatory influenza immunization of healthcare workers and first responders.

Seven of Halton's long-term care facilities met the Ministry target of 90% immunization coverage for healthcare workers as reflected in Table III. This is an improvement from only three that met the target in the previous season. Significant increases in staff immunization rates (10% or greater improvement) were noted in seven institutions.

Resident immunization rates in 11 of the 17 long-term care facilities met or surpassed the Ministry's target of 95% which is up from 8 facilities meeting the resident target in 2003/04. The remaining facilities were all over 90% immunization coverage of residents as reflected in Table IV.

Table III

Influenza Immunization Coverage Rate (%) – Long-Term Care Facilities						
	Staff Coverage Rates as reported on December 15th of respective year					
Name of Institution	**2000%**	**2001%**	**2002%**	**2003%**	**2004%**	**Percentage point change over previous year**
Allendale	92	91	75	65	96	↑31*
The Bennett Centre	96	93	87	67	90	↑23
The Brant Centre	100	93	94	48	68	↑20
Brantwood Life Care	87	82	83	76	72	↓4
Cama Woodlands	89	85	83	88	92	↑4
Maple Villa	95	94	91	98	94	↓4
Mount Nemo Lodge	99	94	98	99	96	↓3
BurlOak LTCF			47	61	84	↑23
Hampton Terrace			57	56	39	↓17
Northridge			84	72	80	↑8
Village of Tansley Woods			55	51	65	↑14
West Oak LTCF			84	35	43	↑8
Wyndham Manor				80	96	↑16
The Waterford				96	92	↓4
Extendicare Halton Hills				71	87	↑16
New Facilities in 2004						
Bethany					80	
Billings Court					56	

*A new influenza immunization policy was implemented for all staff of Halton's Long-Term Care Homes. The data reflected in the table is for the Village of Allendale only.

Table IV

Resident Influenza Immunization Rate Halton Region Long Term Care Homes				
	2001-2002	**2002-2003**	**2003-2004**	**2004-2005**
Allendale	96%	94%	96%	98%
Bennett Centre	97%	98%	97%	98%
Bethany				93%
Billings Court				91%
The Brant Centre	95%	98%	93%	95%
Brantwood Life Care	97%	97%	98%	95%
Burloak Long Term Care		95%	99%	98%
Cama Woodlands	98%	100%	94%	94%
Extendicare (Halton Hills)			98%	95%
Hampton Terrace	0%	91%	90%	93%
Maple Villa	99%	99%	94%	97%
Mount Nemo Christian Nursing Home	98%	85%	98%	98%
Northridge Long Term Care		94%	95%	97%
Oaklands Regional Centre (not a long-term care home)	91%	91%	90%	90%
Village of Tansley Woods		96%	94%	92%
Waterford (The)			96%	96%
West Oak Village		84%	86%	96%
Wyndham Manor			86%	94%
Total	**96%**	**94%**	**94%**	**95%**

Influenza Illness during 2004/05 Flu Season

Though arguably showing less peak intensity than the 2003/04 season, because of its duration and because of the emergence of influenza A/California, which is not covered in this season's vaccine, the 2004/05 influenza season has been very challenging. Nationally, hospitalizations in children were less than what was seen last season. There was widespread influenza activity reported in parts of Ontario. In Ontario, A/California had largely replaced A/Fujian (one of two influenza A strains covered by this season's vaccine) by February 2005. As of April 14, A/Fujian represented 47% of strain characterized influenza, while A/California accounted for 40% and influenza B 13%. There is a possibility that the A/Fujian component of the 2004/05 vaccine provided some cross-protection against A/California, but this has not been demonstrated as of yet by epidemiologic studies.

Influenza activity arrived in Halton later than in the previous year. There was increased influenza activity in Halton during the months of January and February 2005.

Between November 2004 to February 2005, 147 reports of influenza were received in Halton residents, as compared to 221 reports for the 2003/04 season and 24 reports in 2002/03 in the same time period. Most of the reports were due to influenza A. There were more reports of influenza B in 2004/05 compared to previous seasons. Five individuals died in Halton due to complications associated with influenza in the 2004/05 season as compared to 10 reported in the previous season. As of March 9, 2005, there have been 32 respiratory illness outbreaks between October 2004 and March 2005 investigated by staff that have affected acute and long-term care facilities in Halton of which 15 outbreaks were due to influenza A. During the same surveillance period in 2003/04, 27 respiratory illness outbreaks were investigated and 11 were due in influenza A. In 2002/03, 17 respiratory illness outbreaks were investigated of which none were due to influenza.

FINANCIAL/PROGRAM IMPLICATIONS

Communication was received in September 2004 from the Ministry of Health and Long-Term Care confirming provincial funding of $5/dose administered for the 2004/05 influenza campaign. The total expenditure for the 2004/05 Influenza Immunization Campaign was $143,006. All costs are recovered through the provincially funded $5/dose subsidy.

RELATIONSHIP TO THE STRATEGIC PLAN

This report relates to the Strategic Plan Theme #3 “Services to People”, section 3, Public Health, which identifies the following action items:

- Enhanced immunization programs, and
- Improving the health of Halton residents.

Conclusion

This fifth year of the Universal Influenza Immunization Campaign saw an early demand for influenza immunization which was likely a result of several factors including the U.S. vaccine shortage. The higher attendance at early season clinics was seen not only in those held by the Health Department, but also in the number of doses of influenza vaccine distributed to physicians’ offices and private nursing agencies. There was an increase in clinics offered by pharmacies and department stores.

The immunization rates for health care workers in the various health care facilities in Halton, especially in the acute care facilities, continues to be below the targets of the Ministry of Health and Long-Term Care despite education efforts by the Health Department and the efforts of the hospitals. Low rates of influenza immunization have been seen in health care workers across the province. This clearly identifies that legislation for mandatory influenza immunization of health care workers is required in order to increase the coverage rate in this target group.

Respectfully submitted,

Peter Willmott
Director, Health Protection Services

Robert M. Nosal MD FRCPC
Commissioner and Medical Officer of Health

Approved by

For A. Brent Marshall
Chief Administrative Officer

If you have any questions on the content of this report, please contact:	Peter Willmott	Tel. # 7817
	Mary Anne Carson	Tel. # 7863