

Getting Children Back on Track: Vaccine Preventable Diseases Program Recovery

Presentation to the Board of Health

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Transitional structure July to December 2022



R: July 1, 2022

Public Health's 4 recovery priorities

Getting children back on track

This includes:

- Oral health among school-aged children
- Healthy Babies Healthy Children programming including healthy eating supports
- Prenatal and parenting programs, services, and supports
- Children's mental health and resiliency
- Childhood immunizations and other vaccine-preventable diseases
- School health promotion including the Northern Fruit and Vegetable Program



Fostering mental health gains

This includes:

- Public Mental Health Action Framework including anti-stigma initiatives
- Internal mental health literacy competencies and supports targeting Public Health staff
- Community Drug Strategy collaboration and prevention programs
- Eating disorders prevention, promotion, and early interventions
- Healthy behaviours, supportive environments, movement, and physical activity



Levelling up opportunities for health

This includes:

- Health equity and racial equity programs, services, and supports including allyship training
- Sustainable food systems and food security
- Municipal engagement and Indigenous engagement activities
- Senior's health including dental health services and Stay on Your Feet programming



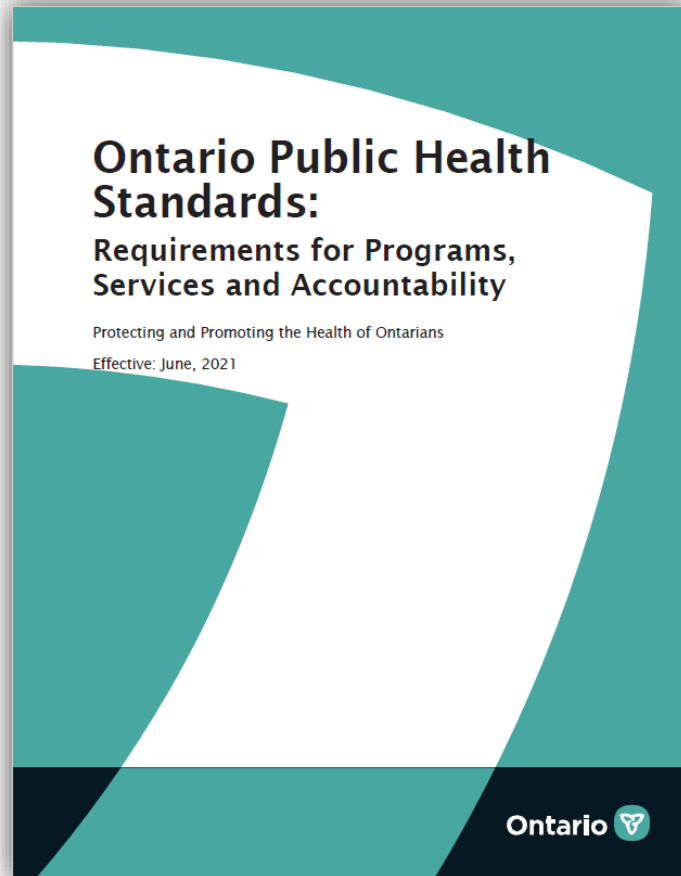
Supporting safe spaces

This includes:

- Healthy built and natural environments including health hazards prevention and mitigation
- Inspections of high-risk premises including safe food and water inspections
- Routine inspections of childcare facilities
- Community Drug Strategy including the Needle Exchange Program
- Infectious and communicable disease prevention and control programs and services
- Sexual health programs and services



Vaccine preventable diseases (VPD) programming



Immunization

Goal

To reduce or eliminate the burden of vaccine preventable diseases through immunization.

Program Outcomes

- Timely and effective detection and identification of children susceptible to vaccine preventable diseases, their associated risk factors, and emerging trends.
- Children have up-to-date immunizations according to the current Publicly Funded Immunization Schedules for Ontario, and in accordance with the *Immunization of School Pupils Act* and the *Child Care and Early Years Act, 2014*.
- Timely and effective detection and identification of priority populations facing barriers to immunization, their associated risk factors, and emerging trends.
- Eligible persons, including underserved and priority populations, have access to provincially funded immunization programs and services.
- Improved uptake of provincially funded vaccines among Ontarians.
- Reduced incidence of vaccine preventable diseases.
- Effective inventory management for provincially funded vaccines.
- Health care providers report adverse events following immunization to the board of health.
- Timely and effective outbreak management related to vaccine preventable diseases.
- Increased public confidence in immunizations.

Legislated childhood vaccinations

Immunization of School Pupils Act (ISPA)

- **Purpose:** To increase the protection of the health of children against diseases that are designated under this Act.
- **Designated diseases:** meningococcal disease, pertussis, varicella (for children born in 2010 or later), diphtheria, tetanus, polio, measles, mumps and rubella.
- Exemptions are permitted under this Act. There are two types of valid exemptions: medical reasons and conscience or religious belief. Exemptions are filed with Public Health while allowing them to continue to attend school under ISPA.

Child Care and Early Years Act (CCEYA)

- **Purpose:** To foster the learning, development, health and well-being of children and to enhance their safety.
- **Vaccines required:** pneumococcal, Hib, rotavirus, meningococcal disease, pertussis, varicella, diphtheria, tetanus, polio, measles, mumps and rubella.

There are a number of vaccines for children and youth funded by the Province of Ontario



Ontario's Publicly Funded Immunization Schedule

Age at vaccination	Vaccine														
	Diphtheria	Tetanus	Pertussis	Polio	Haemophilus B (Hib)	Pneumococcal -C-13	Rotavirus	Measles	Mumps	Rubella	Varicella (Chickenpox) [^]	Meningococcal -C	Meningococcal -ACYW	Hepatitis B	Human Papillomavirus
2 months	✓	✓	✓	✓	✓	✓	✓								
4 months	✓	✓	✓	✓	✓	✓	✓								
6 months	✓	✓	✓	✓	✓		✓								
12 months* <small>On or after 1st birthday</small>						✓		✓	✓	✓		✓			
15 months											✓				
18 months	✓	✓	✓	✓	✓										
4-6 years* <small>On or after 4th birthday</small>	✓	✓	✓	✓				✓	✓	✓	✓				
Grade 7													✓	✓	✓
14-16 years	✓	✓	✓												

- ▶ Boxes filled with the same colour are given as one single needle.
- ▶ Vaccines seen in **YELLOW** above are required for school attendance under the Immunization of School Pupils Act (ISPA).
- ▶ Vaccines should be given at the correct ages as improper spacing may require doses to be repeated.

* Starred age groups require that the vaccines be administered on or after the child's 1st or 4th birthday or they may not be valid for school attendance.

[^] Children born on or after January 1, 2010 must be immunized against Varicella (Chickenpox) for school attendance. If a child has had Chickenpox infection, a valid medical exemption is required.

Common vaccine names

Pediacel (DTaP-IPV-Hib)	Prevna 13 (Pneu-C)	Rotarix (Rota-1 - 2 doses) or Rotateq (Rota-5 - 3 doses)	Priorix or MMR II (MMR)	Menjugate or NeisVac-C (Men C-C)	Varivax III or Varilrix (Var)
Adacel-polio or Boostrix-polio (Tdap-IPV)	Priorix Tetra or Pro-Quad (MMRV)	Menactra or Nimenrix (Men-C-ACYW-135)	Engerix-B or Recombivax (HB) (2 doses 6 months apart)	Gardasil 9 (HPV9) (2 doses 6 months apart)	Adacel or Boostrix (Tdap)

The COVID-19 pandemic has created a backlog in childhood immunizations

Example	Backlog estimate
Vaccination records data entry	<ul style="list-style-type: none"> In early 2022, estimated 4 000 <u>outstanding</u> records to enter
Grade 7, 8, and 9 student vaccinations for meningococcal disease	<ul style="list-style-type: none"> Beginning of the 2021 school year: <ul style="list-style-type: none"> Estimated 1 723 of 4 288 Grade 8 and 9 students (born in 2007 and 2008) <u>overdue</u> for immunization against meningococcal disease Estimated 1 979 Grade 7 students (born in 2009) were <u>due</u>
Grade 11 and 12 student vaccinations for TDaP vaccine	<ul style="list-style-type: none"> As of August 24, 2022: <ul style="list-style-type: none"> estimated 1 181 of 4 127 Grade 11 and 12 students (born in 2004 or 2005) are <u>overdue</u> for TDaP vaccine
HPV vaccination	<ul style="list-style-type: none"> An estimated 5 938 of 1 2667 youth aged 12 to 17 (born between 2005 and 2010) are <u>eligible</u> for immunization against HPV
Additional backlog related to other vaccines required under <i>Immunization of School Pupils Act (ISPA)</i> and <i>Child Care and Early Years Act (CCEYA)</i>	

There are many reasons for the VPD backlog

- Redeployment of Public Health vaccine preventable disease (VPD) staff to COVID-19 response
- Reduced promotion of and attention on non-COVID-19 vaccinations
- Decreased engagement with essential partners—schools and health care providers—for VPD programming
- Barriers to access (for example, fewer face-to-face clinical appointments, public health measures to stay at home, illness)
- Vaccine fatigue and vaccine hesitancy



Strategies to address the backlog

Vaccination record data entry

- Ongoing efforts to enter backlogged vaccination records into our data system (PANORAMA)
- Additional human resources hired
- Ongoing training and cross-training of staff for vaccination record entry
- Backlogged data entry must be completed prior to assessing compliance with legislation or starting any enforcement activities under ISPA or CCEYA
- Development of data solutions to better capture data overall

Since the spring of 2022, we have entered 2 000 of 4 000 backlogged vaccination records into our data system (PANORAMA)

Grade 7 and 8 school immunization program

- Catch-up opportunities for **school-based immunizations** (That is, Grade 7, 8, 9, and 10 students who missed first or second doses of **hepatitis B, HPV, or meningococcal** vaccines in Grade 7)
 - School clinics in May and June
 - Summer clinics using COVID-19 vaccine clinics to co-administer
 - In-house Public Health clinic appointments to support overdue youth

Since May 2022:

1 730 appointment opportunities created

4 198 vaccine doses provided (meningococcal, hepatitis B and HPV)

Vaccines for designated diseases

- Routine immunization for 12 to 18 year olds available at community clinics
- Daycare-aged children can book at Public Health on-site clinics
- In-house clinic appointments to support overdue youth prioritized
- Reminder calls to parents or guardians of overdue students
- Media campaign to reach parents or guardians about the importance of routine immunizations and catch-up opportunities

By end of this summer, 505 reminder calls made to parents or guardians.
Between May and August, a total of 1 535 individuals were vaccinated and of these 41% or
633 individuals were immunized at Public Health clinics.

Partnerships essential to reduce vaccine backlog

- **Engagement with school boards**

- Letters to advertise recovery clinics
- Recovery clinics offered in schools in May and June.

- **Engagement with health care providers**

Three **Advisory Alerts (AA)** to **primary care partners** issued to support vaccination efforts

- **March:** resumption of Public Health routine immunization services
- **May:** increased eligibility criteria for 2 publicly funded vaccines
- **June:** updated guidance for routine immunization services during COVID-19.

Additional strategies to address the backlog

- **Building capacity:** training additional immunizers
- Increased **opportunities** for all vaccinations—including co-administration at expanded COVID-19 community clinics (June, July, and August)
- Increased **promotion** of clinics and opportunities

37 VPD clinics offered from June 7 to August 10
173 catch-up immunization appointments completed



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The path forward for VPD recovery

What is outstanding for 2022/23?

Vaccines	Estimated backlog	Who
Grade 7/8 meningitis, HPV, HBV	<ul style="list-style-type: none"> • 1 899 of 12 667 Grade 7 to 12 students¹ are <u>due</u> for meningococcal disease immunization and 1 607 are <u>overdue</u>. • 5 938 of 12 667 Grade 7 to 12 students¹ are <u>eligible</u> for HPV immunization • 5 455 of 12 667 Grade 7 to 12 students¹ are <u>eligible</u> for hepatitis B immunization 	<ul style="list-style-type: none"> • Public Health school-based program
Grade 9 to 11 Tdap	<ul style="list-style-type: none"> • 267 of 8 339 Grade 9 to 12 students² are <u>due</u> for Tdap vaccine, and 2 923 are <u>overdue</u>. 	<ul style="list-style-type: none"> • Public Health • Primary care
Routine childhood vaccines	<ul style="list-style-type: none"> • 7 107 (93% of 7613) children aged 0 to 4 are <u>behind</u> on their TDaP vaccination (and likely other vaccines) • 3 658 (35% of 10 376) school-aged children from SK to Grade 4 are <u>behind</u> on their TDaP vaccination (and likely other vaccines) 	<ul style="list-style-type: none"> • Public Health • Primary care

¹born between 2005 and 2010; ²born between 2005 and 2008

Ongoing considerations for VPD recovery

- **Balancing** of VPD recovery and COVID-19 response
- **Integration** of COVID-19 vaccine into VPD program and clinic operations
- **Being prepared** for fall/winter surge:
 - Influenza program
 - COVID-19 booster doses and pediatric doses
 - Grade 7 school clinics (meningococcal, HPV, HBV)
 - ISPA/CCEYA assessments and enforcement
- **Expansion** of routine immunization services to pre-pandemic service levels
- Ongoing **engagement** of essential partners—schools, health care providers, child care centres
- **Partnerships** with area health care providers

**Newly Renovated Clinic Space = More Opportunities for Immunization
= Protecting Our Kids!**





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