



Vaccine Preventable Diseases (VPD) Program

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Objectives

- Updates on:
 - School-based Immunization Program (SBIP)
 - Child Care Early Years Act (CCEYA)
 - Immunization of School Pupils Act (ISPA)
- Provincial and HKPR Landscape:
 - SBIP Coverage Rates
 - ISPA
- What do we *need* to do?
- What *can* we do?
- What role can you play?

Ontario Public Health Standards

- Promote and provide publicly-funded immunizations through school clinics.
- Assess, maintain and report on immunization records of children in licensed daycares and schools.
- Enforce the Immunization of School Pupils Act (ISPA) and Child Care and Early Years Act (CCEYA).

[Ontario Public Health Standards: Requirements for Programs, Services and Accountability \(gov.on.ca\)](http://gov.on.ca)

SBIP 2022/2023 School Year

- Fall 2022 – 42 school clinics over 22 days.
- Spring 2023 – 38 school clinics over 22 days.
- Approximately 2000 doses each of Hepatitis B (HB), Human papillomavirus (HPV) and Meningitis vaccines administered to Grade 7 and 8 students.
- Collaborative work between VPD and School Health Team Nurses.

Child Care Early Years Act (CCEYA)

- Pre-pandemic enforced each year in the Fall.
- On average, 500 letters to parents of overdue daycare children.
- No enforcement since 2020.

ISPA 2022/2023

- Grade 3 and Grades 9-11.
- 3643 1st notices mailed.
- 1774 2nd notices mailed.
- No suspensions.
- Approximately 1400 still outstanding.

Provincial Landscape

- COVID-19 pandemic decreased/eliminated access to routine childhood immunizations.
- Children access immunizations through HCPs and PHUs mainly through school program.
- Gaps in immunization coverage rates increase risk of community outbreaks of VPDs:
 - Avoidable medical appts
 - Avoidable hospitalizations/deaths
 - Increased pressure on tapped health care system.

[Strategies to Facilitate Catch-Up on Routine Childhood Immunizations \(publichealthontario.ca\)](https://publichealthontario.ca)

SBIP Vaccine Coverage Rates

- HB: Approximately 60%, compared to avg. 65-70% for other PHUs.
- HPV: Approximately 55%, compared to avg. 60-65% for other PHUs.
- Meningitis (ISPA-required): Approximately 75%, compared to avg. 80-85% for other PHUs.

[Immunization Coverage Report for School-Based Programs in Ontario: 2019-20, 2020-21 and 2021-22 School Years with Impact of Catch-up Programs \(publichealthontario.ca\)](#)

ISPA – Overdue Students

Cohort/Grade	Total Overdue for Cohort/Grade	Running Total
2019 – JK	11	11
2018 – SK	757	768
2017 – Grade 1	706	1474
2016 – Grade 2	841	2315
2015 – Grade 3	1065	3380
2014 – Grade 4	352	3732
2013 – Grade 5	747	4479
2012 – Grade 6	139	4618
2011 – Grade 7	83	4701
2010 – Grade 8	44	4745
2009 – Grade 9	440	5185
2008 – Grade 10	516	5701
2007 – Grade 11	631	6332

What do we need to do?

- Increase our cohorts for enforcement of the ISPA.
- Environmental scan – 15/36 PHUs responded, 12 out of 15 ISPA all grades, all vaccines.
- Increase SBIP vaccine coverage rates.
- Re-establish CCEYA program with daycares (offline since 2020).
- Catch children up on their immunizations – daycare and students.
- Provide access through multiple channels.

What *can* we do?

- Offer in-house clinics throughout the Summer 2023.
- Engage with HCPs to ensure access.
- Inform parents of upcoming ISPA enforcement in 2024.
- Enforce ISPA all grades, all vaccines in 2024.
- Re-store enforcement of the CCEYA.
- Presentations to students/parents re: importance of SBIP vaccines.

What role can you play?

- Essential (“shall”) OPHS work with limited resources.
- Advocate for sustainable funding to meet the resource demands for vaccine preventable diseases programs.



‘Healthy People, Healthy Communities.’

Reach Out to Us

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