

Clinical Services During the COVID-19 Pandemic

To: Chair and Members of the Board of Health

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Recommendations

It is recommended that the Board of Health:

1. Receive this report for information.

Key Points

- Wellington-Dufferin-Guelph Public Health's (WDGPH) Clinical Services adapted service delivery to support both the Victoria Nail Salon Infection Control Lapse and the Agency response to COVID-19;
- Key services continue to be offered within the Clinical Service Program, specifically for immunization and case management follow-up of Sexually Transmitted and Blood Borne Infections; and
- Re-introduction of limited Clinical Services are planned for 2021.

Discussion

The Clinical Services Program offers routine immunizations including: TB skin tests, vaccines and travel counseling, birth control options, testing and treatment for sexually transmitted infections (STI), testing for blood borne infections (BBI), and distribution of naloxone to partners and the community. All services are offered at on-site clinics with modified services offered at outreach sites such as: the Community Van, selected high schools and partner locations such as ARCH (HIV/AIDs Resources & Community Health).

Programs were offered, as noted above, for January and February 2020. However, in March, services shifted to a responsive mode for an infection control lapse and managing COVID-19.

In early March, the Clinical Services team supported the agency response to the Infection Control Lapse at Victoria Nails. Staff were diverted from the delivery of regular service plans to providing individual client appointments for blood borne infection counseling and bloodwork. While this was part of an agency response to this lapse, the follow-up on all the bloodwork reports was covered by the Clinical Services team. During this time, WDGPH also began staff deployment to support the COVID-19 pandemic response which included Clinical Services staff. By mid-March, clinics were reduced and focussed on providing immunizations and TB skin tests to the following populations: health care providers and other people seeking employment in health care facilities, high risk individuals, people who were mid-vaccine series and those requiring immunization or testing prior to medical intervention. Case and contact management for STIs and BBIs and distribution of naloxone kits continued during this time.

Local primary care providers, walk-in clinics and community partners increased support for immunizations, testing of STI/BBIs and treatment of STIs. ARCH also increased their clinic capacity to help support clients who chose not to seek testing and treatment with their primary care provider.

Staff providing face-to-face clinic appointments follow stringent COVID guidelines which includes: screening of clients for COVID prior to the appointment, wearing appropriate Personal Protective Equipment (PPE) and thorough cleaning of the clinic room between clients.

Despite COVID restrictions, people continue to test positive for STIs and BBIs. However, as expected, the volume of positive cases is down year to date, which is consistent with provincial trending. This reduction in reported cases could be related to

reduced access to testing or reduced incidences of infection due to COVID restrictions limiting human interaction (i.e. closure and/or restricted access to bars and strip clubs). Case management follow-up, by WDGPH, with positive individuals is limited to HIV, syphilis, Hepatitis B and C, and high-risk clients testing positive for chlamydia or gonorrhea (all other people testing positive for chlamydia or gonorrhea receive follow-up by the primary care provider that ordered the test).

| Infection | Year to Date: June 2020 | Year to Date: June 2019 | Provincial Year to Date trend ¹ |
|---|----------------------------|----------------------------|--|
| Chlamydia | 340 | 456 | -28% |
| Gonorrhea | 44 | 61 | -19% |
| Hepatitis B (confirmed and carrier) | 12 | 15 | -52% |
| Hepatitis C (confirmed and carrier) | 25 | 38 | -44% |
| HIV/AIDs (confirmed and carrier) | * | * | -14% |
| Syphilis (primary, secondary, early latent) | * | * | Infectious syphilis: -14% Syphilis (other): -26% |
| Syphilis (late latent, neurosyphilis) | * | * | |
| Syphilis (unspecified) | * | * | |

*numbers too small to report

Clinical Services will continue to operate at a reduced capacity this fall to accommodate the Agency response to COVID-19 and support immunizations for the influenza vaccine and grade 7 immunizations. In the new year, Clinic Services will expand to support community gaps in immunization and sexual health services, while continuing to support the immunization initiatives related to the grade 7 immunization initiative, the Immunization of *School Pupils Act* and any Agency direction related to the COVID-19 response.

Conclusion

Clinical Services made modifications of services to meet the needs of the community during the infection control lapse and pandemic. These modifications addressed the most significant needs of the local community during times of crisis. Although not ideal, these modifications were necessary to address an unprecedented pandemic response that continues.

Ontario Public Health Standard

Chronic Disease Prevention and Well-Being

Goal: To reduce the burden of chronic diseases of public health importance⁶ and improve well-being.

Healthy Growth and Development

Goal: To achieve optimal preconception, pregnancy, newborn, child, youth, parental, and family health.

Immunization

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

Infectious and Communicable Diseases Prevention and Control

Goal: To reduce the burden of communicable diseases and other infectious diseases of public health significance.

Substance Use and Injury Prevention

Goal: To reduce the burden of preventable injuries and substance use.

2020 WDGPH Strategic Direction(s)

Service Delivery: We will provide our programs and services in a flexible, modern and accessible manner, and will ensure they reflect the immediate needs of our Clients and our role in the broader sector.

System Transformation: We will equip the Agency for change in all aspects of our work so that we are ready for transformational system change when the time comes.

Knowledge Transfer: We will ensure that our decision-making and policy development efforts are informed by meaningful health data at all times.

Health Equity

While responding to the COVID-19 Pandemic and the Victoria Nails Salon Infection Control Lapse, Clinical Services focused its attention on marginalized and vulnerable individuals across Guelph, Wellington and Dufferin, providing limited but targeted services, to keep people healthy and prevent the spread of infectious diseases. In addition, select populations working in high-risk settings such as long-term care and hospital settings can access services to keep them in the workplace. Community partners support WDGPH by assisting with services such as vaccine administration and birth control support. As the environment allows, WDGPH will work to reinstate programs and services, as appropriate.

Related Reports

1. BH.01.JUN0320.C10 – Clinical Services 2019 – Program/Service Information Report; and
2. BH.01.SEP0920.R13 – Victoria’s Nail Salon – Infection Control Lapse.

References

1. Public Health Ontario. Diseases of Public Health Significance (DOPHS) cases for January to December 2019. [Internet] 2019 Mar 25 [cited 2020 Nov 17]. Available from: <https://www.publichealthontario.ca/-/media/documents/surveillance-reports/infectious/surveillance-report-infectious-diseases-2019.pdf>
Public Health Ontario. Diseases of Public Health Significance (DOPHS) cases for January to December 2020. [Internet] 2020 Oct 23 [cited 2020 Nov 17]. Available from: <https://www.publichealthontario.ca/-/media/documents/surveillance-reports/infectious/surveillance-report-infectious-diseases-2020.pdf>

Appendices

NONE.