

Highlights

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Public Health is governed by a Board of Health consisting of provincially appointed local municipal councillors, mayors and community members and is mandated to support the well-being of individuals and communities.

Dr. Nicola Mercer, Medical Officer of Health and CEO, shared:

Measles Update: There are 7 confirmed cases of measles in 4 different Ontario public health jurisdictions. The average age of individuals with measles is 26. There are no confirmed cases in Wellington county, Dufferin county or the city of Guelph. WDG Public Health is following up with some individuals in our area who have had contact with someone who has the measles.

Mumps Update: There are 117 confirmed cases of mumps in 16 Ontario public health jurisdictions. The majority of the cases are in Toronto. The last confirmed case in WDG Public Health's jurisdiction was February 21, 2017.

Lyme Disease: Surveillance is underway for the ticks that cause Lyme disease. People can drop off a suspected tick for testing and WDG Public Health is dragging nets in certain areas to see if ticks are local. Public Health will begin an awareness campaign to alert the public on how to protect themselves and what to do if they have been bitten by a tick.

Healthy Babies Healthy Children (HBHC): Program and funding requirements were discussed for this program which is a key part of the Public Health mandate to promote health and prevent disease and injury. Studies reveal strong associations between adverse childhood experiences and an extensive array of conditions later in life including cardiovascular disease, chronic lung disease, cancer, substance abuse and mental health problems. Along with community partners, HBHC provides prevention/early intervention support to families in order to enhance children's outcomes and prevent costly health and social problems through the lifespan.

Fluoride varnish applications are provided to students in seven elementary schools where urgent dental needs were identified during oral health screenings by Public Health. One school had a high percentage of children with urgent dental needs (30%). After four years, this percentage was reduced to 17% and based on this positive result the program was expanded to additional schools. The percentage of children with urgent dental needs at the original school has continued to fall to approximately 5%. A cost/benefit analysis indicates that considerable savings were achieved regarding the cost of dental care. From 2008-2014, it is estimated that between 670 and 780 cavities have been prevented in students at one school. If treatment costs were divided between private (60%) and provincial programs (40%), savings of between \$132,000 and \$155,000 are estimated.