

Supporting the new Public Health Standards: Surveillance and Epidemiology at the OAHPP

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Mandate, Vision, Mission

Mandate

- To provide scientific and technical advice for those working to protect and promote the health of Ontarians.

Vision

- We will be an internationally recognised centre of expertise dedicated to the protection and promotion of the health of all Ontarians through the application and advancement of science and knowledge.

Mission

- We are accountable to support health care providers, the public health system and partner Ministries in making informed decisions and taking informed action to improve the health and security of all Ontarians through the transparent and timely provision of credible scientific advice and practical tools

Partners... just for starters

- The people of Ontario
- Public Health Units
- All health care providers, including long-term care facilities
- Networks, organizations and Agencies with public health mandates – ICES, RICNs, LHINs, CCO, OHSF, OQHC, aPHa, OPHA...
- MOHLTC and other Ministries – including Environment
- Universities and research institutes
- Federal Agencies - PHAC, StatsCan, CIHI...
- Other Canadian institutions – NACI, CIHR, networks of centres of excellence....
- Private sector – laboratories and industry
- Professional organisations
- Any other organisation with a public health impact – schools, police...

Initial focus for surveillance

- All existing legal reporting to the Ministry remains in place
- Surveillance activities should focus on known gaps and needs in Ontario, including responding to a range of infectious diseases which are;
 - currently not reportable
 - of increasing impact
 - for which existing surveillance is limited

Initial priorities - known gaps

- Nosocomial infections including:
 - *Clostridium difficile*
 - Facility- and community-acquired strains of MRSA
 - Vancomycin Resistant Enterococci (VRE)
- Animal/environmental health surveillance with:
 - The Canadian Cooperative Wildlife Centre
 - The Ontario Veterinary College at the University of Guelph
 - The broader health surveillance system

Initial priorities II

- Provision of support to MOHLTC/MOHP
- Enhanced analysis of Ontario surveillance data
- Outbreak response team and resources to support public health units
- Public Health Laboratory surveillance (+iPHIS)
- Innovative surveillance methods and novel geospatial analysis
- Biostatistics, bioinformatics and mathematical modelling
- Training and capacity building

Initial priorities III

- Burden of Illness Study with ICES (Infectious Disease for first report)
- Childhood obesity surveillance with partners - aLPHA
- Rapid Risk Factor Surveillance System (RRFSS)
- Ontario Public Health Standards 2008

RRFSS

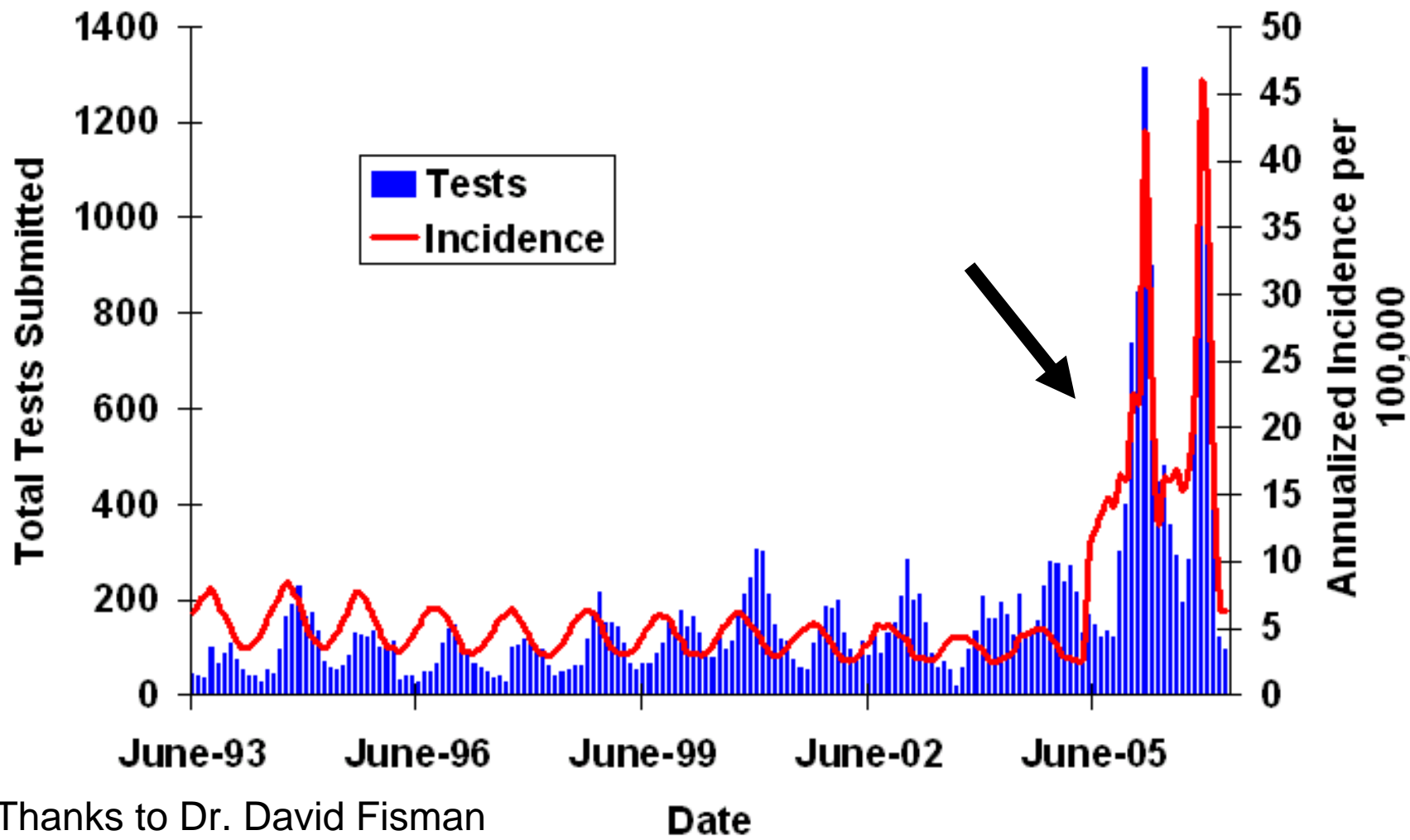
- Evaluation in 2006
 - Need to increase health unit participation in RRFSS
 - Need for more central support
 - Need for local ownership
 - Retain local flexibility – optional content
 - Process to agree core set of indicators
 - Agency role?
 - advice, analysis, knowledge transfer and exchange

Data integration

- Data triangulation
- New or enhanced systems
 - Syndromic surveillance
 - Public Health Lab surveillance
 - RRFSS
- Data linkage
 - PHL data and iPHIS
- New analytic tools:
 - Outbreak and scenario modelling
 - Mathematical modelling
 - Geospatial analysis
 - Bioinformatics



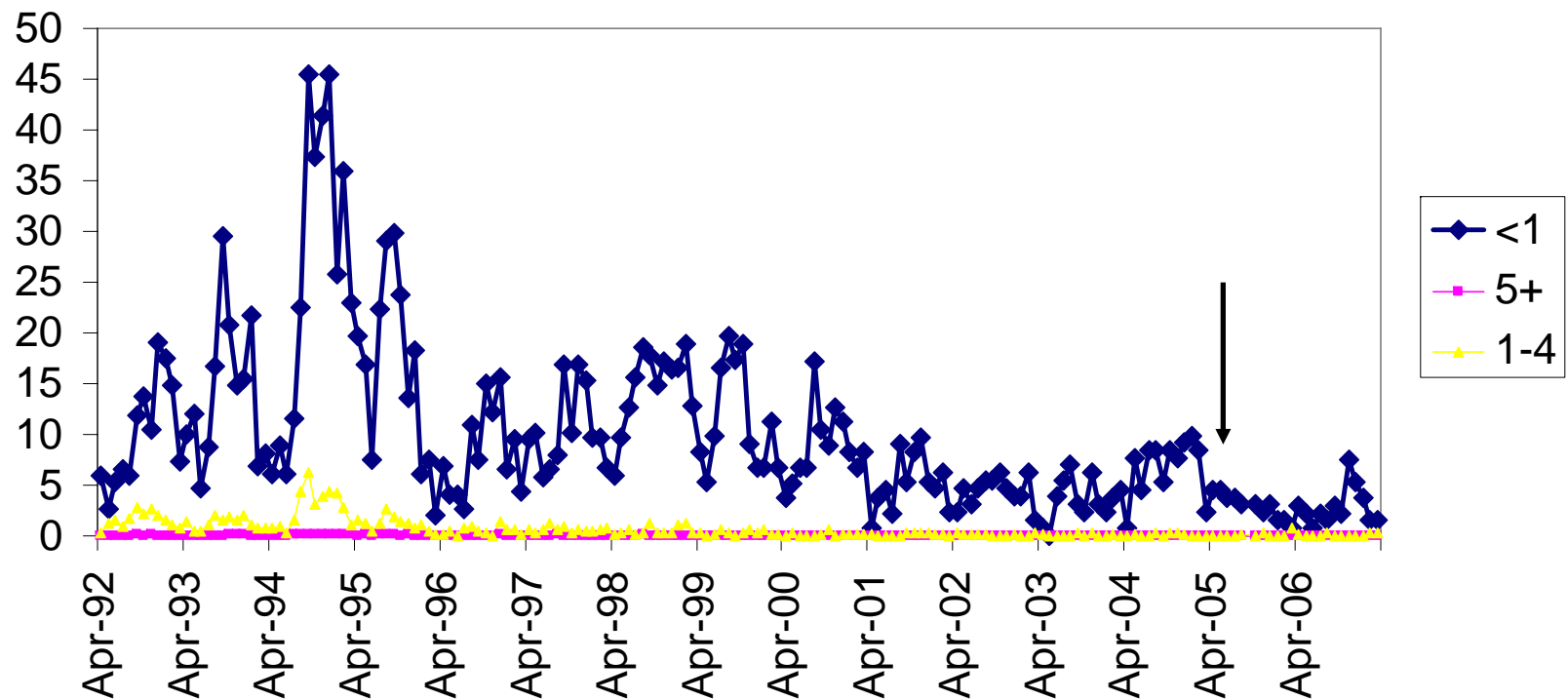
Pertussis testing and submission of tests, Greater Toronto Area June 1993-2005



Thanks to Dr. David Fisman

Date

Pertussis age-specific monthly hospitalization rates, Ontario April 1992-March 2007



Thanks to Dr. Jeff Kwong and ICES

At maturity

- Collecting, analysing and disseminating comprehensive readily comparable data with the aim of:
 - Better informing actions and interventions required in the field
 - Identify emerging trends and threats
 - Allow for richer retrospective analysis
 - Better inform the process of setting goals for Ontario's public health system
 - Advanced planning

Key imperatives

- Need to have clear objectives and deliverables for the first year
- Need to build a strong team
- Need to build confidence of stakeholders and strong links with them
- Need to develop clarity and definition about the role of the Agency
- Need to prioritise
 - Initial activities will focus on gaps, on areas of need, and on building relationships
 - Start small

How can we help?

- Advice on implementation of the Population Health Assessment and Surveillance Protocol and Infectious Disease Protocol
 - Core indicators
- Analysis of data when resources permit
- How to prioritise?

What can you reasonably expect?

- Responsiveness
- Relevance
- Credibility
- Collaboration
- Innovation
- Balance