HE-B3-1

Region of Peel
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REPORT
Meeting Date: September 8, 2011
Regional Council

For Information

DATE: August 11, 2011

REPORT TITLE: **EXPANSION OF THE PROVINCIALLY-FUNDED ONTARIO IMMUNIZATION SCHEDULE**

FROM: Janette Smith, Commissioner of Health Services
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OBJECTIVE

To inform of the recent expansion of the publicly funded immunization program announced by the government of Ontario.

REPORT HIGHLIGHTS

- On August 1, 2011, the government of Ontario introduced new publicly funded vaccines and enhancements to the immunization schedule. Peel Public Health is responsible for the distribution of these vaccines to local physicians.
- A new vaccine to protect children from rotavirus, which is a major cause of diarrheal disease, has been added to the schedule.
- An additional dose of chickenpox (varicella-zoster virus) vaccine is now funded. This dose will be provided in combination as the measles-mumps-rubella-varicella vaccine so children can receive it without getting an extra needle.
- Individuals 19-65 years of age will now be eligible to receive a single dose of pertussis vaccine in combination with their tetanus and diphtheria booster.

DISCUSSION

1. Background

a) Immunizations: a population health strategy

Vaccines have proven to be one of the most effective and cost-efficient public health strategies. The province of Ontario has a publicly funded schedule of immunizations that protects against 17 diseases. While these vaccines are funded by the province, Ontario health units, including Peel Public Health, are responsible for the distribution of the vaccines to providers (e.g. physicians), maintenance of the cold chain, promotion of immunization, advice to public and providers, monitor usage, impact and side effects, and maintenance of immunization records for school pupils. Peel Public Health also delivers certain vaccines through school-based clinics and operates community clinics, mainly for those without a regular physician or OHIP coverage.

2. Open Ontario Plan

In May 2011, several changes to the immunization program were announced as part of the provincial government's Open Ontario Plan to enhance protection of Ontario residents. These changes were implemented on August 1, 2011:

a) New rotavirus vaccine for infants
Rotavirus is the most common cause of severe diarrhea in children under 5 years of age and 36 per cent of infected Canadian children receive medical care. Ontario is the first Canadian province to fund rotavirus vaccine. In the United States and Australia where similar programs have been implemented, significant reductions in health care visits and hospitalizations have been documented. Applying this data to Peel Region, this program could nearly halve the annual hospitalizations for vomiting and diarrhea in children under 5 years, from about 4200 to 2200 admissions.

b) Two doses instead of one for chickenpox (varicella-zoster virus)
Funding for the vaccine protecting against varicella-zoster virus, which causes chickenpox, was expanded to allow for two doses instead of one. The introduction of the two-dose schedule will further reduce the incidence of chickenpox in the community.

c) Combination vaccine for measles, mumps, rubella and chickenpox
The second immunization for chickenpox will be provided by the measles-mumps-rubella-varicella (MMRV) vaccine, at 4 to 6 years of age. Providing this immunization in combination also reduces the number of needles for children.

d) Expansion of tetanus, diphtheria, whooping cough (Tdap) booster for individuals 19-65 years of age
Adults can now receive a single dose of whooping cough (pertussis) vaccine. The main purpose of this booster is to enhance immunity against whooping cough (pertussis) and reduce the likelihood of transmission to infants, in whom pertussis can cause severe and even fatal complications. The pertussis vaccine is given in combination with the tetanus and diphtheria booster (Tdap). Adults should continue to receive the booster for tetanus and diphtheria (Td) every ten years.

3. Impact for Peel Public Health

Vaccine distribution staff will handle an estimated 200,000 additional doses of vaccine in order to provide Peel providers with these new vaccines to administer to their patients. Peel Public Health is also supporting this new program through enhanced communication to physicians and information for Peel residents via our website.

The Ministry of Health and Long-Term Care has not provided additional funding for Public Health to meet these demands. Additional resources to distribute the additional doses of vaccine will be requested as part of the 2012 budget.

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CONCLUSION

Immunization is a safe and effective way to prevent serious disease. The expansion of the provincial immunization program further enhances Peel Public Health's immunization programs and provides Peel residents with additional protection against vaccine preventable diseases.

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Approved for Submission:

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c. Legislative Services