

Better Health for All

Health Status Reporting Series Eight: Other Reportable Disease



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Our Vision of Better Health for All

We envision a community in which everyone has a chance to live a healthy life and has the same opportunities to reach their full health potential. The [Better Health for All Series](#) highlights a number of key findings about the status of our health. Our series highlights what actions are being taken to make this vision a reality and what more we can do to create better opportunities for all to achieve better health.

[Series 4](#), updated in 2016, provides an overview of bloodborne and sexually transmitted reportable disease. Series 8 provides a snapshot of the Health Region's rates of other reportable disease infections. Regional rates are compared to Saskatchewan and Canadian rates where available in the Appendix. Actions taken to date as well as a call for action are also included.

Better Health for All Series 8: Reportable Disease

Not all communicable diseases are reportable diseases. The Public Health Agency of Canada requires notification of diseases that meet certain criteria, including the national incidence, severity, communicability, potential to cause outbreaks and preventability.

The Public Health Act, 1994 and Disease Control Regulations are the statutory basis for the reporting, investigation and control of communicable diseases in Saskatchewan. The Act and Regulations outline the roles and responsibilities of individuals and agencies as they relate to communicable disease control. Details relating to the appropriate investigation and specific follow-up for each communicable disease are outlined within the [Saskatchewan Communicable Disease Control Manual](#).

What Did We Find?

Rates of vaccine preventable diseases are low¹, thanks to high rates of immunization in children in our Region and in Saskatchewan. Areas of low coverage do exist, and the Region's response has been to increase immunization rates by applying equity principles to immunization program delivery to ensure equal access to services. Despite immunization program enhancements, influenza and pertussis are two vaccine preventable diseases that continue to be costly to the public in terms of morbidity, hospitalization and preventable death. Influenza continues to be a major contributor to outbreaks in long term care homes.

¹ Vaccine-preventable diseases have a costly impact, resulting from doctor's visits, hospitalizations, and premature death.

Enteric illness rates in the Region are on par with the Saskatchewan and Canadian rates. Much of the Region's illness is related to travel outside the province or country.

Rates of infections caused by antibiotic resistant organisms (AROs) are a public health problem of increasing concern. Better surveillance systems are needed to assess and monitor the scope, magnitude and trends of the antibiotic resistance problem in the Region.

Rates of zoonotic (animal) and vector (insect)-borne infections are low in the Region. Two outbreaks of West Nile virus have been reported in the past ten years. Animal bites (which are reportable under the Public Health Act) have been increasing in number for more than five years. Because rabies is present in animal species in Saskatchewan, follow up of bites to humans or contact with potentially infected animals is required for rabies assessment. There have been no cases of human rabies reported in the Region, but fewer than half of animals investigated were vaccinated in 2015 against rabies.

What's Being Done to Prevent Reportable Disease?

Over the past number of years, the Region has worked with key partners including the provincial government and local community agencies to tackle our rates of reportable disease through a variety of [strategies and approaches](#). For example, the Region has implemented process improvements for long term care outbreak management, and tried a combination of policies to increase influenza immunization rates. Germ Smart, a hand hygiene campaign started in 2014, has expanded to schools, hospitals and local organizations. Technical tools, such as new contact tracing databases, have improved follow up during outbreaks in 2015/16. Population and Public Health's Disease Control Department and Infection Control Practitioners continue to work together to address emerging concerns, such as AROs, in communities and acute care settings across Saskatoon Health Region.

Achieving Better Health for All – A Call to Action for Public Health and its Partners

While there is clearly progress being made in reducing rates of reportable disease, the Region needs to build on the success of its intervention strategies with a targeted approach to providing opportunities for better health for all. Specifically, the Region should continue to work with its partners to:

- 1. Continue to expand the options for people to get the vaccines they need and remove barriers to immunization**
 - Increase the number and range of care providers able to offer vaccination and increase locations and hours of operation for service provision
 - Ensure that program changes are equitable and result in increased uptake for subgroups with lower immunization coverage rates.
 - Set a goal to achieve the Canadian National Goals and Targets for immunization coverage (currently being revised, for release in 2017).

- 2. Increase awareness of influenza and promote uptake of annual influenza vaccination**
 - Enhance surveillance of influenza vaccine status among individuals with lab-confirmed influenza for the purpose of informing prevention education and enhanced interventions.

- Promote and offer annual influenza vaccination to family and visitors of patients in acute care and long term care settings to increase immunization coverage.
- Continue to explore barriers to influenza immunization among health care staff and look for ways to improve immunization coverage in targeted areas.

3. **Strategic planning for pertussis prevention**

- Review and implement best practice approaches to reduce infant exposure in the first two months of life, when infants are most vulnerable.

4. **Improve awareness of transmission of enteric illness from various risk activities**

- Adapt the Germ Smart hand-hygiene education to travel-specific information and formats appropriate for travelers.
- Improve education about the transmission risks for enteric illness including such activities as contact with animals and cooking high risk foods.

5. **Address the increase of antibiotic-resistant organisms (AROs)**

- Improve surveillance of AROs to ensure active infections are reported separately from cases of colonization in order to assess the impact of AROs for patients and health care settings.
- Consider a targeted public awareness campaign on the use of antibiotics to reduce AROs using an adaptation of Germ Smart as the vehicle for communication.

6. **Improve outbreak management in long term care homes**

- As part of the comprehensive infection control strategy to decrease the duration of outbreaks, explore strategies to standardize the outbreak management period to the length of one incubation period of the specific organism causing the outbreak.
- Explore the educational supports and tools needed to provide outbreak management support to personal care homes, assisted living and group homes.

7. **Decrease animal bites**

- Continue to work in partnership with the City of Saskatoon and Animal Control to use common messaging and awareness of animal bites.
- Create more effective ways to engage the public in bite prevention and promote rabies vaccination by using a variety of media.
- Work with provincial agencies to advocate for oral vaccine of skunks, a common source of rabies in Saskatchewan.

8. **Reduce tuberculosis**

- Continue to work with regional and provincial partners to improve treatment and prevention of tuberculosis.

Learn More about the Better Health for All Series

We invite you to consider the information that we have presented in this message and through [CommunityView](#). It is our hope that you will use the *Better Health for All* series to inform the decisions you make towards advancing the vision of a community in which everyone has the opportunity to live healthy lives. Available reports include:

✓ **Series 1, March 26, 2014 (updated May 2016)**

Our Population: A high level look at who lives in our Region.

✓ **Series 2, May 21, 2014 (updated April 2016)**

Immunization: Examines a selected set of immunization indicators to report on progress and gaps in coverage rates. Proposes further action to ensure equal opportunities for access to immunization.

✓ **Series 3, June 23, 2014 (to be updated 2017)**

Advancing Health Equity in Health Care: Examines a range of health inequalities and proposes health care system action to create equal opportunities for all to achieve better health.

✓ **Series 4, July 28, 2014 (updated September 2016)**

Bloodborne and Sexually Transmitted Infections: Focuses on reportable disease such as human immunodeficiency virus (HIV), and sexually transmitted infections (STIs).

✓ **Series 5, Sept 19, 2014 (updated December 2016)**

HIV Special Report: Focuses on HIV and AIDS characteristics in our community and the role of the health sector in treatment and prevention of HIV.

✓ **Series 6, March 25, 2015 (to be updated 2017)**

Health Behaviours and Risk Conditions: Focuses on the foods we eat, physical activity levels, tobacco and alcohol use, stress and mental health and the role of the health sector in creating environments that aim to support everyone in achieving their full health potential.

✓ **Series 7, May 18, 2016**

Unintentional Injury: Reveals that preventable injuries, including falls, motor vehicle injuries, bicycle injuries, pedestrian injuries, off road injuries, accidental poisoning, sports-related injuries, fire/burn injuries, and drowning, present a major health burden in our communities.

For a list of figures and charts and direct links to specific indicators see by topic at http://www.communityview.ca/summary_SHR_reports.html

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