

Community Needs
ASSESSMENT
Summary Report

2019

**DETAILED REPORT
OF FINDINGS:**
Infectious and
Vector-Borne Disease



Acknowledgements

Authors:

Katherine Bishop-Williams

CNA Project Lead, Program Evaluator, HNHSS

Damola Akinbode

Program Evaluator, HNHSS

Jackie Esbaugh

Program Evaluator, HNHSS

Overseeing Committee:

Chimere Okoronkwo

Director of Quality, Planning, Accountability, and Performance, HNHSS

Dr. Shanker Nesathurai

Medical Officer of Health

Marlene Miranda

General Manager and Chief Nursing Officer, HNHSS

Management Team

HNHSS

Acknowledgements:

We would like to thank the team that contributed to the success of this project at HNHSS and across Haldimand and Norfolk counties. Thanks to the individual and agency participants. Thank you to HNHSS staff, especially the Research Advisory Council; Quality, Planning, Accountability, and Performance Department; Communications; and the Health and Social Services Advisory Committee and Board of Health.

Table of Contents

Community Profile	8
Vaccine Preventable Diseases.....	8
Infectious Diseases	9
Vector-borne Diseases	9
Community Survey Results	10
Focus Groups and Interviews	13
Physical Health	13
Poverty.....	13
Conclusions	15
References	15

List of Figures

List of Figures

- Figure 1. Proportions of students in grades 2 and 12 who were immunized for mandated (ISPA) vaccine preventable diseases.
- Figure 2. Proportion of respondents who ranked services for infectious diseases, vector-borne diseases, or vaccine preventable diseases in the top three service needs for a healthy family.
- Figure 3. Proportion of survey respondents who wanted information about various infectious disease topics.
- Figure 4. Survey respondents' reported HNHSS service use in the past 12 months.

The following reports outlines results of the Haldimand Norfolk Health and Social Services (HNHSS) Community Needs Assessment (CNA) 2019. This section of the report includes detailed results and conclusions about infectious and vector-borne diseases.

Community Profile

Vaccine Preventable Diseases

- Immunization coverages for infectious diseases mandated under the Immunization of School Pupils Act in Haldimand and Norfolk counties were:
 - Among grade 2 students (i.e. 7-year olds): Measles 91%; Mumps 91%; Rubella 91%; Diphtheria 95%; Pertussis 95%; Tetanus 95%; and Polio 95%. In comparison, more recent immunization coverages for Ontario grade 2 students were: Measles 88%, Mumps 87%, Rubella 96%, Diphtheria 86%, Pertussis 86%, Tetanus 86%, and Polio 86%.
 - Among grade 12 students (i.e. 17 year olds): Measles 89%; Mumps 89%; Rubella 89%; Diphtheria 92%; Pertussis 92%; Tetanus 92%; and Polio 92%. In comparison, more recent immunization coverages for Ontario grade 12 students were: Measles 95%, Mumps 95%, Rubella 97%, Diphtheria 77%, Pertussis 72%, Tetanus 77%, and Polio 94%.¹

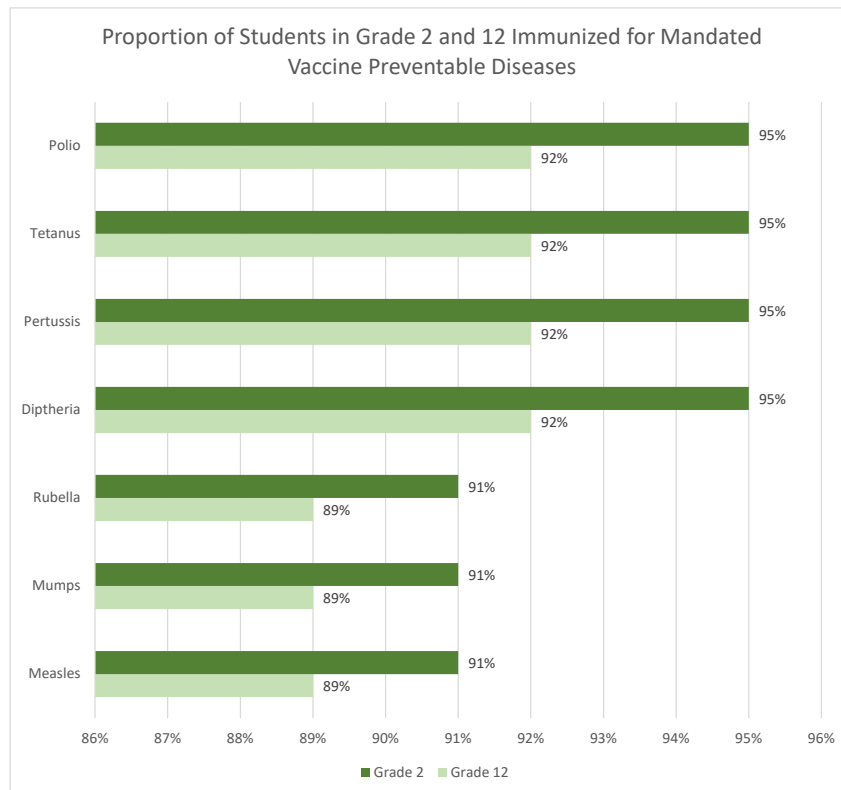


Figure 1. Proportions of students in grades 2 and 12 who were immunized for mandated (ISPA) vaccine preventable diseases.¹

Infectious Diseases

- Confirmed enteric infections of public health significance were reported in approximately 1.8 per 100,000 people in Haldimand and Norfolk counties in 2018, compared to 4.2 per 100,000 people in Ontario.²
- Sexually transmitted infections of public health significance were reported in approximately 305 per 100,000 people in Haldimand and Norfolk counties in 2018, compared to 467 per 100,000 people in Ontario.²

Vector-borne Diseases

- There were 2.7 confirmed cases of Lyme disease per 100,000 people in Haldimand and Norfolk counties in 2018, compared to 4.0 cases per 100,000 people in Ontario.²
- There were 5.4 cases of West Nile Virus per 100,000 people in Haldimand and Norfolk counties in 2018, compared to 0.85 cases per 100,000 people in Ontario.²

Community Survey Results

- Services related to infectious, vector-borne, or vaccine preventable diseases were not typically ranked in the top three services they needed to keep their family healthy by survey respondents. Of the related services, vaccination and immunization services (15%, n=46) were ranked in the top three service needs most often.

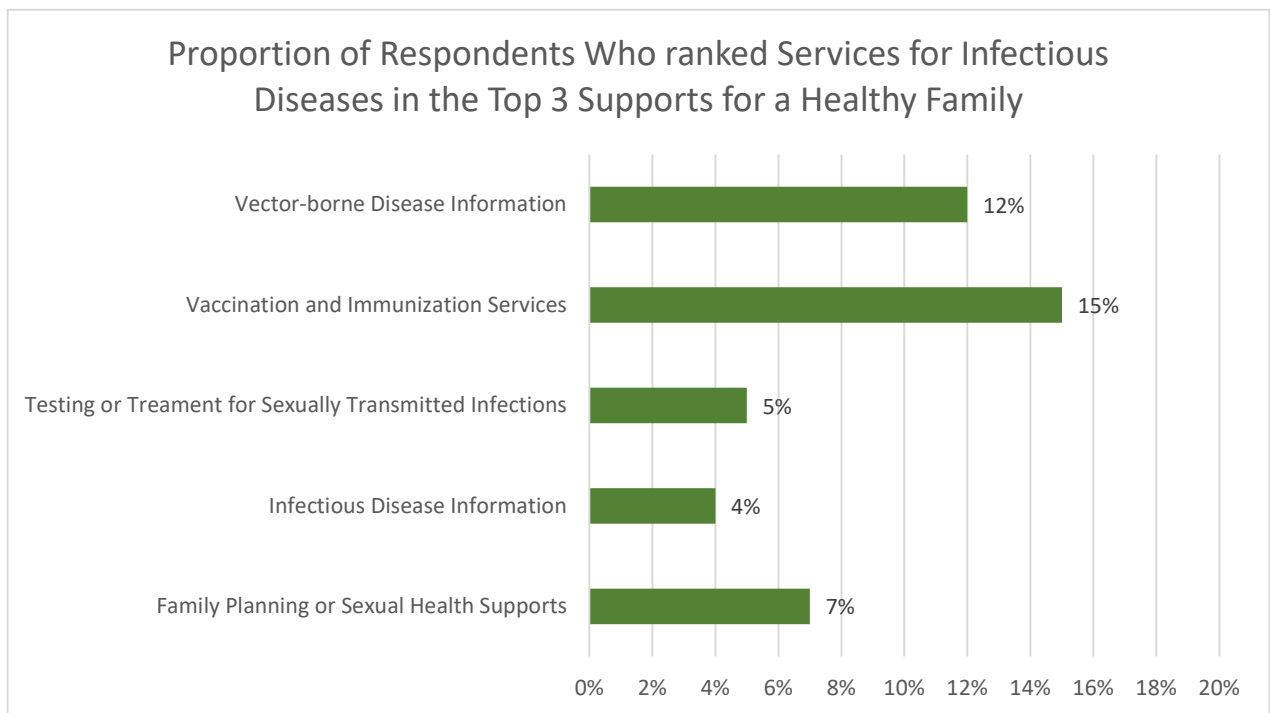


Figure 2. Proportion of respondents who ranked services for infectious diseases, vector-borne diseases, or vaccine preventable diseases in the top three service needs for a healthy family.

- The most commonly requested infectious disease topics that survey respondents wanted more information about were vector-borne diseases (14%, n=43) and vaccination and immunizations (11%, n=35).

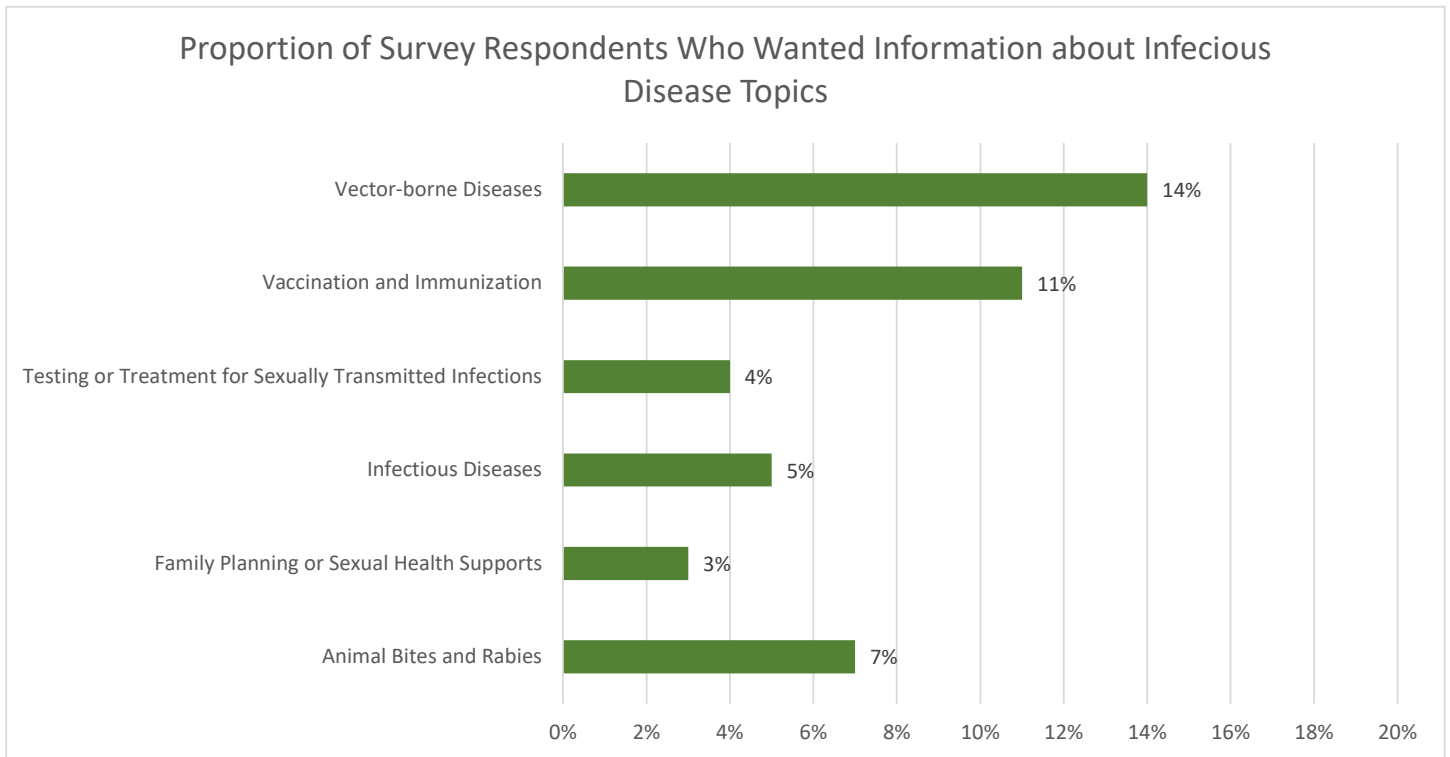


Figure 3. Proportion of survey respondents who wanted information about various infectious disease topics.

- In the past 12 months, 42% (n=126) of survey respondents reported receiving a flu shot.
- 75% (n=224) of survey respondents reported that they check their bodies for ticks after outdoor activities.

- Fewer survey respondents reported using any infectious disease related services (n=56) in the past 12 months than no services at all (n=95).

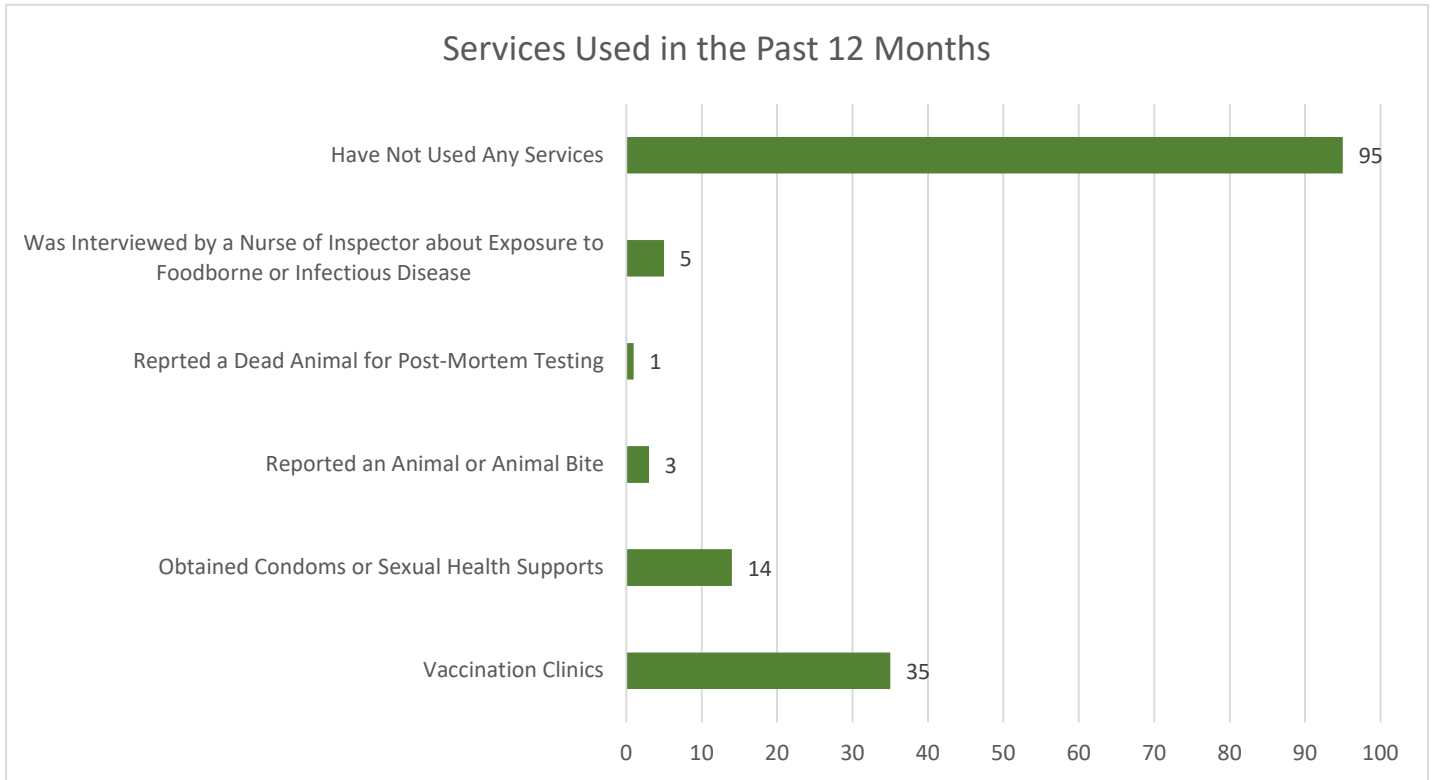


Figure 4. Survey respondents' reported HNHSS service use in the past 12 months.

Focus Groups and Interviews

Seven major themes emerged from the qualitative data collected via focus group discussions and interviews: (i) Mental Health and Addictions; (ii) Physical Health; (iii) Poverty; (iv) Housing; (v) Rurality; (vi) Availability of Products and Services; and (vii) Organizational Structures.

This chapter on Infectious and Vector-borne Diseases discusses the key themes associated with this topic.

Physical Health

One of the most commonly discussed subthemes or elements of physical health was sexual health. Many participants discussed feeling that the rates of sexually transmitted infections and other infectious diseases were high in Haldimand and Norfolk counties. For some participants, sexually transmitted infections were seen as the most commonly required clinical services. One participant (KI41) shared,

“[Sexually transmitted infection] testing is probably our most pronounced. Yeah. [Sexually transmitted infection] and [blood borne infection] testing. They would kind of go hand-in-hand. Not everybody gets both, but certainly based on their risk factors after assessment, that would be probably the thing that we do the most within our clinic.”

Related to infectious diseases, participants also discussed the need for additional services in the communities, including reference to a lack of family physicians and a lack of several types of specialists in Haldimand and Norfolk counties. For infectious diseases, a key gap in available services that one participant (KI21) noted was a travel clinic for vaccination services, “Travel vaccines is a big one. We are finding that we are referring a lot of our clients outside of HN for travel vaccines. So we, certain periods of the time, especially before March break is definitely a peak time for travel. People going to the Caribbean and wanting to be vaccinated.”

The final major subtheme for infectious diseases was a feeling of stigma related to receiving services for sexually transmitted infections. Participants often described how they arrived at HNHSS and felt that everyone waiting knew they were there for an Ontario Works cheque or a sexually transmitted infections test. One participant (KI23) said, “I think there are for some people reluctance or stigma to seek services from providers. And part of this can reflect the culture of the individuals being served. But it may also reflect their comfort level of the people providing the service.” Further, participants in a focus group (FG3) described how they felt that physicians were not accepting or supportive of LGBTQ2S+ individuals, regardless of what they were attending for, based on historical stigma related to the HIV/AIDS epidemic.

Poverty

In relation to physical health, and particularly infectious and vector-borne diseases, many participants discussed how the stresses of poverty influenced their health. Participants explained how lack of access to hygiene products was impacting their physical health and may be increasing their risks for infectious diseases. One participant (KI20) shared an example, “I have had patients who don’t really have, like, menstrual products to use. So if someone wants to go to the washroom,

they don't want to take their tampon out because they don't have anything to replace it with so they are like 'I can't do a sample this week'. To me, that is pressing..." Another participant (KI64) shared,

"I think the increased poverty, increased social exclusion, which it impacts their self-esteem, their self-worth, their suicide rates, their mental health, their, you know, it all rolls together. So unhealthy people, because they live in poverty, become more unhealthy because of all the other barriers."

Another participant (KI16) reiterated the connections between physical health needs and poverty by stating, "With the physical health needs, same thing can prevent them from going to seek employment." Finally, one participant (KI11) described the ways in which housing was impacting the sexual health of clients and how staff are attempting to identify the associations between poverty-related issues and infectious diseases,

"...if we have clients who have repeat cases with us, it might be [sexually transmitted infections], it might be other blood borne infections, we tend to link those a little bit to those more transient populations or maybe being under housed is one of those risk factors and we normally screen all clients for that."

Conclusions

In conclusion, infectious diseases were a moderate concern in the community. However, despite the issues of Lyme Disease in the region and the emerging issues of West Nile Virus locally, there was minimal discussion of the impact this may have on the community. Most conversations about infectious disease focused on a perceived high prevalence of sexually transmitted infections. However, the quantitative data do not support this observation. It is possible that a stratified analysis, had the data been sufficient for that, may have shown a higher than normal prevalence in some groups. Vaccination proportions locally were similar to the province, and in some cases, better than provincial norms. Vaccination clinics were also the most commonly used service for infectious of vector-borne diseases in this region. More education about vaccines, infectious diseases, and especially the risk of vector-born infections in this region may be useful and warranted.

References

1. Panorama Statistical Reports. Haldimand-Norfolk Health and Social Services Division. Accessed August 2019.
2. Statistics Canada. Census Profile, 2016, Haldimand-Norfolk, Census division, Ontario. Available from: <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?Lang=E&Geo1=CD&Code1=3528&Geo2=PR&Code2=35&SearchText=haldimand%20norfolk&SearchType=Begins&SearchPR=01&B1=All&TABID=1&type=0>

