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Ontario Association of
Public Health Dentistry

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Public Health

July 24, 2019

Hon. Christine Elliott
Minister of Health and Long-Term Care
10th Flr, 80 Grosvenor St,
Toronto, ON M7A 2C4

Dear Minister Elliott,

Re: Vaccine Preventable Diseases and Immunization: 2019 alPHa Resolutions

On behalf of the Association of Local Public Health Agencies (alPHa) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing today to inform you of the attached resolutions related to Ontario's immunization programs, which were passed by our membership at its recent Annual General Meeting.

alPHa Resolution A19-5, *Public Health Support for including Hepatitis A Vaccine in the School Immunization Program* calls for the replacement of the hepatitis B vaccine in the school-based program with the combined hepatitis A/B vaccine and that this combined hepatitis A/B vaccine be added to the provincially funded immunization program as a way to reduce vaccine-preventable diseases and promote the health of all Ontarians. A recent hepatitis A outbreak in a Halton Region school and a large-scale hepatitis A exposure situation involving a food handler at a restaurant in Barrie just last week underscore the potential benefit of acting on this request.

alPHa Resolution A19-6, *No-Fault Compensation for Adverse Effects Following Immunization (AEFI)* calls for the institution of a program of no-fault compensation for adverse outcomes following immunization, based on the observation that the individuals who experience AEFIs must bear the burden of the measurable but exceedingly low risk in the service of a public good – the pursuit of community immunity for the population – in the absence of an appropriate mechanism to compensate them. A briefing note submitted by the sponsor of this resolution provides further details and is attached.

We hope that you will take these resolutions into careful consideration and we would be pleased to discuss them with you further. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHa, at loretta@alphaweb.org or 647-325-9594.

Yours sincerely,



Carmen McGregor
alPHa President

COPY: Dr. David Williams, Chief Medical Officer of Health; Hon. Doug Ford, Premier of Ontario; Pegeen Walsh, Executive Director, Ontario Public Health Association (A19-5) Dr. Theresa Tam, Chief Public Health Officer of Canada (A19-6)
Dr. Robert Strang, Co-Chair, Pan-Canadian Public Health Network Council (A19-6)

TITLE: Public Health Support for including Hepatitis A Vaccine in the School Immunization Program

SPONSOR: Peterborough Public Health

WHEREAS hepatitis A is a viral liver disease that can cause mild to severe illness, and according to the World Health Organization (2018), epidemics that can be difficult to control and cause substantial economic loss; and

WHEREAS recent hepatitis A outbreaks have been reported in Ontario and through-out North America, related to infected food handlers and to food products (strawberries, scallops, pomegranate seeds, organic berries) ; amongst men who have sex with men; people who use illicit drugs, and people experiencing homelessness²; and

WHEREAS hepatitis A is one of the most common vaccine preventable diseases in travellers. Protection against hepatitis A is recommended for all travellers to hepatitis A endemic countries; and

WHEREAS recovery from hepatitis A infection may take months, with about 25% of adult cases requiring hospitalization, resulting, in Ontario (2016/2017) with potential hospital stays costing is over \$5300 per person; and

WHEREAS in 2018, 12 million Canadians reported travel to overseas countries; and

WHEREAS studies estimate that 44% to 55% of reported HA cases in Canada are linked to travel with low-budget travellers, volunteer humanitarian workers, and Canadian-born children of new Canadians returning to their country of origin to visit friends and relatives being at highest risk⁶; and

WHEREAS immunization is a cost-effective health intervention that reduces the burden on the health care system and offsets the high costs of doctor visits, trips to the emergency room, hospitalizations, medication therapy and outbreak management; and

WHEREAS pre-exposure hepatitis A immunization is at least 90% to 97% effective with protective concentrations of hepatitis A antibody likely persisting for at least 20 years, possibly for life, following immunization with 2 doses of hepatitis A-containing vaccine; and

WHEREAS increasing access to publicly funded vaccinations such as those offered in school clinics improves health equity and reduces disparities in immunization coverage across communities; and

WHEREAS combined vaccines result in fewer injections, fewer office visits, more convenience for clients, simplified logistics and increased compliance; and

- WHEREAS a combined hepatitis A/B vaccine could easily be implemented in the existing school-based clinic schedule provided in conjunction with the human papillomavirus (HPV) vaccine at 0 and 6 months; and
- WHEREAS there is no increase in adverse events with the combined hepatitis A/B vaccine when compared with the hepatitis A vaccine given alone or concomitantly with the hepatitis B vaccine; and
- WHEREAS the logistics and the related costs to adding a combined vaccine would be nil or minimal for the current Ontario school-based vaccine program and would further be reduced through bulk purchasing; and
- WHEREAS the process of obtaining consent for the combined hepatitis A/B vaccine may be easy to update given that information on hepatitis is already included in the current package and thus, would require minimal modification; and
- WHEREAS a goal of the Ministry of Health and Long-Term Care's Immunization 2020 – Modernizing Ontario Publicly Funded Immunization Program (2015), is to improve access to immunizations by offering additional vaccines and catch-up immunizations for school-aged children and adolescents through school-based immunization clinics⁹;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (aLPHa) endorse the replacement of the hepatitis B vaccine in the school-based program with the combined hepatitis A/B vaccine;

AND FURTHER that aLPHa request that the provincial Government include the combined hepatitis A/B vaccine in the provincially funded immunization program as a way to reduce vaccine-preventable diseases and promote the health of all Ontarians;

AND FURTHER that the Premier of Ontario, the Chief Medical Officer of Health for Ontario, the Ontario Public Health Association and the Ministry of Health and Long-Term Care be so advised.

ACTION FROM CONFERENCE: Carried

References – Resolution A19-5

¹ World Health Organization (2018). Available from: <https://www.who.int/news-room/fact-sheets/detail/hepatitis-a>

² Public Health Ontario (2019). Monthly Infectious Diseases Surveillance Report (February 2019). Available from: https://www.publichealthontario.ca/-/media/documents/surveillance-reports/surveillance-report-infectious-diseases-jan-dec-2018.pdf?_cldee=YXRhbm5hQHBjY2h1LmNh&recipientid=contact-4b1b4f0d4ab1e411bbf30050569e0009-e8e486622bdd4328a78300abe0c2ad02&esid=cbd675d2-bb24-e911-ab0a-0050569e0009

³ Canadian Immunization Guide. Part 4 active vaccines: Hepatitis A vaccine
<https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines>

⁴ Canadian Institute for Health Information (2019) Available from:
[https://yourhealthsystem.cihi.ca/hsp/inbrief?lang=en#!/indicators/015/cost-of-a-standard-hospital-stay;/mapC1;mapLevel2;provinceC5001;trend\(C1,C5001\);/](https://yourhealthsystem.cihi.ca/hsp/inbrief?lang=en#!/indicators/015/cost-of-a-standard-hospital-stay;/mapC1;mapLevel2;provinceC5001;trend(C1,C5001);/)

⁵ Statistics Canada (2018). Travel between Canada and other countries, December 2018. Available from:
<https://www150.statcan.gc.ca/n1/daily-quotidien/190221/dq190221c-eng.htm>

⁶ Ministry of Health and Long Term Care. Immunization 2020: Modernizing Ontario's Publicly Funded Immunization Program (2015). Available from:
http://www.health.gov.on.ca/en/common/ministry/publications/reports/immunization_2020/immunization_2020_report.pdf

⁷ Centers for Disease Control and Prevention (2018): Hepatitis A Questions and Answers for Health Professionals Available from: <https://www.cdc.gov/hepatitis/outbreaks/hepatitisaoutbreaks.htm>

⁸ Bakker, M et al. (2016) Immunogenicity, effectiveness and safety of combined hepatitis A and B vaccine: a systematic literature review, Expert Review of Vaccines, 15:7, 829-851.

⁹ Ministry Health of Health and Long Term Care Publicly Funded Immunization Schedules for Ontario – December 2016. Available from:
http://www.health.gov.on.ca/en/pro/programs/immunization/docs/immunization_schedule.pdf

¹⁰ Canadian Immunization Guide. Part 4 active vaccines: Hepatitis B vaccine
<https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-7-hepatitis-b-vaccine.html#a10>

¹¹ Centres for Disease Control and Prevention (2019). Recommendations of the Advisory Committee on Immunization Practices for Use of Hepatitis A Vaccine for Persons Experiencing Homelessness. Available from: <https://www.cdc.gov/mmwr/volumes/68/wr/mm6806a6.htm>

¹² Public Health Ontario (2019). Public health responses to recent hepatitis A outbreaks: Spotlight on San Diego County, California and Middlesex-London, Ontario: Introduction. Available from:
<https://www.publichealthontario.ca/-/media/documents/presentations/grand-rounds-january-15-2019.pdf?la=fr>

¹³ Quebec Immunisation Program: <https://www.quebec.ca/en/health/advice-and-prevention/vaccination/hepatitis-a-and-b-vaccine/>

TITLE: No-Fault Compensation for Adverse Effects Following Immunization (AEFI)

SPONSOR: Kingston, Frontenac, and Lennox & Addington Public Health

WHEREAS routine immunization programmes are a significant part of public health practice and an important tool to protect the health of the public from the incidence and severity of vaccine-preventable diseases; and

WHEREAS serious adverse events following immunizations are much less likely to occur than similar adverse events following infection with vaccine preventable diseases, but will rarely occur after approximately 1 in 1,000,000 immunizations; and

WHEREAS in Canada, few individuals will bear the burden of serious adverse events for the communal benefit of the population; and

WHEREAS serious adverse events occur in spite of best practices being followed by health care providers and vaccine manufacturers; and

WHEREAS the Canadian legal system lacks an appropriate mechanism to provide individuals with compensation and this does not meet the ethical principle of reciprocity; and

WHEREAS no-fault compensation programs are increasingly regarded as a component of a successful vaccination program as an expression of community solidarity in which members of a community do not bear the risks of vaccination alone; and

WHEREAS Canada stands alone among the G7 countries as the only jurisdiction without a national publicly administered no-fault vaccine compensation program; and

WHEREAS Quebec is the only province or territory in Canada that has no-fault compensation for AEFIs; and

WHEREAS providing access to a fair reasonable process for compensation of serious adverse events weakens the argument against vaccination; and

WHEREAS no-fault compensation programs can quickly, effectively, and consistently make awards that are proportional to the serious adverse event;

NOW THEREFORE BE IT RESOLVED THAT the Association of Local Public Health Agencies (alPHa) call upon the Chief Medical Officer of Health of Ontario and the Minister of Health and Long-Term Care to institute a program of no-fault compensation for adverse outcomes following immunization;

AND FURTHER that the Association of Local Public Health Agencies (alPHa) call upon the Chief Medical Officer of Health of Ontario and the Minister of Health and Long-Term Care to call upon their counterparts across Canada as well as their Federal counterparts to institute a National system of no-

fault compensation for adverse outcomes following immunization;

AND FURTHER that the Minister of Health and Long-Term Care, and the Chief Medical Officer of Health for Ontario, as well as the provincial, territorial, and federal Ministers of Health and Chief Medical Officers of Health be so advised.

ACTION FROM CONFERENCE: Carried

Briefing Note – aPHa Resolution A19-6

No-Fault Compensation for Adverse Effects Following Immunization (AEFI)

Issue:

- Routine immunization programs are a significant part of public health practice and an important tool to protect the health of the public from the incidence and severity of vaccine-preventable diseases
- Serious adverse events following immunizations will rarely occur after approximately 1 in 1,000,000 immunizations, but a few individuals will bear the burden of serious adverse events for the communal benefit of the population
- Canada is the only G7 country without a national publicly administered compensation system for those injured in the course of receiving routine immunizations
- A resolution was passed by the Association of Local Public Health Agencies (aPHa), June 10th, 2019 to advocate for the creation of a program of no-fault compensation for adverse outcomes following immunization in Ontario

Background:

- Vaccination is among public health's greatest achievements in terms of reducing morbidity and mortality worldwide.
- Vaccines are safe, effective, and a powerful tool of public health to protect the public from preventable disease. According to the WHO, immunization is estimated to save the lives of 2.5 million worldwide people each year.
- The number of individuals who experience adverse events as a result of vaccination is exceedingly low, but, unfortunately, these individuals bear the burden of adverse events following immunization in the service of a public good – the pursuit of community immunity for the population.
- These adverse events occur in spite of best practices followed by both health care providers and vaccine manufacturers.
- As a result of the legal system requiring fault be demonstrated in order for a compensatory award to be granted, there is no means by which individuals adversely affected in the course of receiving immunizations can be appropriately compensated.
- Several justices presiding in our courts have remarked that the system lacks an appropriate mechanism to compensate those who experience adverse events when receiving vaccines and that this oversight should be corrected. No-fault compensation programmes are one means by which compensation could be accomplished.
- The implementation of the Immunization of School Pupils Act behooves us as a society to compensate individuals for adverse effects that may occur.
- There is an ethical imperative for a no-fault approach that would bring the mechanism for compensation outside the existing legal system.
- In jurisdictions where these approaches have been employed, resolution is generally quick, effective, and more consistently applied than via traditional legal channels.
- Quebec is the only province or territory in Canada that has no-fault compensation for AEFIs.
- Lessons learned from other jurisdictions' successful implementation of no-fault AEFI compensation could be applied to create a similar system in Ontario.

Recommendations:

- **That the Chief Medical Officer of Health of Ontario and the Ontario Minister of Health institute a program of no-fault compensation for adverse outcomes following immunization in Ontario, and call upon their counterparts across Canada to institute a National system of no-fault compensation for adverse outcomes following immunization.**

References:

1. Duclos, P, Okwo-Bele, JM, Gacic-Dobo, M, and Cherian, T. Global immunization: status, progress, challenges and future. BMC Int Health Hum Rights. 2009; 9: S2
2. Law, B., et al. "Canadian Adverse Events Following Immunization Surveillance System (CAEFISS): Annual report for vaccines administered in 2012." Canada communicable disease report= Releve des maladies transmissibles au Canada 40.Suppl 3 (2014): 7-23.