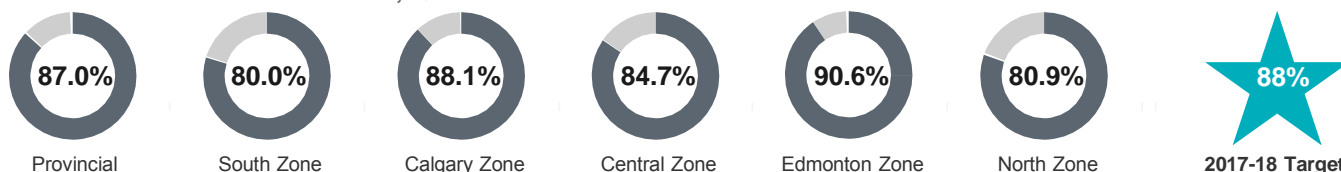


This measure is defined as the percentage of children who have received the required number of vaccine doses by two years of age. A high rate of immunization for a population reduces the incidence of vaccine preventable childhood diseases and controls outbreaks. Immunizations protect children and adults from a number of preventable diseases, some of which can be fatal or produce permanent disabilities. The higher the percentage the better, as it demonstrates more children are vaccinated and protected from preventable childhood diseases.

Trend Legend:

- Target achieved ★
- Improvement ■
- Stable: ≤3% deterioration between compared quarters ▲
- Area requires additional focus ●

Childhood Immunization Rate: MMR, Q2 2017-18



Childhood Immunization Rate: MMR Trend

Zone Name	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	Q2 2016-17	Q2 2017-18	Trend	Q2YTD 2017-18	2017-18 Target
Provincial	86.7%	87.6%	86.9%	87.4%	87.8%	87.0%	▲	87.0%	88%
South Zone	81.1%	83.9%	78.8%	81.0%	82.0%	80.0%	▲	81.5%	88%
Calgary Zone	88.3%	89.6%	89.2%	89.6%	90.7%	88.1%	★	87.8%	88%
Central Zone	81.2%	80.8%	81.1%	82.3%	80.5%	84.7%	■	84.8%	88%
Edmonton Zone	91.7%	92.2%	91.9%	91.8%	92.6%	90.6%	★	91.2%	88%
North Zone	79.6%	80.3%	78.5%	77.8%	78.1%	80.9%	■	79.8%	88%

Understanding Our Results

Provincially, immunization rates in Q2 are steady.

AHS continues to raise awareness in geographical areas where immunization rates are low.

Total Eligible Population

	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Provincial
FY 2015-16	4,104	19,602	6,240	16,870	7,451	54,267
FY 2016-17	4,157	20,424	5,833	17,578	7,146	55,138
Q2 2016-17	1,083	5,376	1,608	4,572	1,979	14,618
Q2 2017-18	1,126	5,492	1,449	4,737	1,930	14,734

Source: AHS Public Health Surveillance Database, as of October 20, 2017

- The targets here are 2017-18 AHS Target. Alberta Health have higher targets for DTaP-IPV-Hib - 97% and for MMR - 98%, by two years of age.

Objective 8: Focus on health promotion and disease and injury prevention.

WHY THIS IS IMPORTANT

Working collaboratively with Alberta Health (AH) and other community agencies, AHS will continue to improve and protect the health of Albertans through a variety of strategies in areas of public health including reducing risk factors for communicable diseases, promoting screening programming, increasing immunization rates and managing chronic diseases.

AHS PERFORMANCE MEASURE

Childhood Immunization is defined as the percentage of children who have received the required number of vaccine doses by two years of age.

- Diphtheria / Tetanus /acellular Pertussis, Polio, Hib (DTaP-IPV-Hib) - 4 doses
- Measles / Mumps / Rubella (MMR) - 1 dose

UNDERSTANDING THE MEASURES

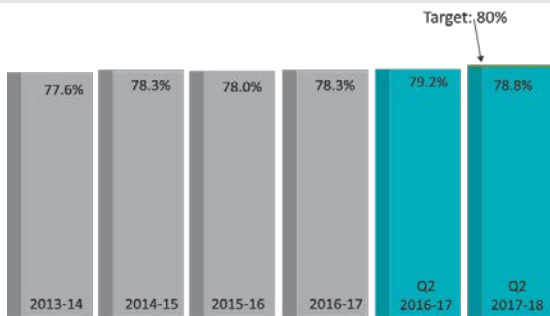
A high rate of immunization for a population reduces the incidence of vaccine-preventable childhood disease, and controls outbreaks. Immunizations protect children and adults from a number of preventable diseases, some of which can be fatal or produce permanent disabilities.

The higher the percentage the better, as it demonstrates more children are vaccinated and protected from preventable childhood diseases.

HOW WE ARE DOING

Provincial rates for childhood immunization (both DTaP-IPV-Hib and MMR) have remained stable from the same period last year, but remain below 2017-18 targets.

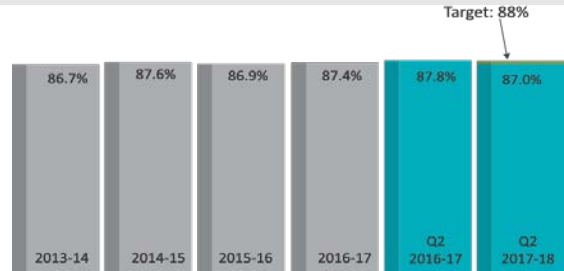
Childhood immunization: DTaP-IPV-Hib
 Quarterly Comparison: ▲ Stable: ≤3% deterioration



Source: AHS Provincial Public Health Surveillance Database

Childhood immunization: MMR

Quarterly Comparison: ▲ Stable: ≤3% deterioration



Source: AHS Provincial Public Health Surveillance Database

WHAT WE ARE DOING

AHS continues to raise awareness in geographical areas where immunization rates are low, including working with AH and First Nations Inuit Health Branch to harmonize childhood immunization between Indigenous communities and non-Indigenous communities.

In addition to childhood immunization, AHS supports work in other areas of health promotion and disease/injury prevention.

AHS and AH are working with the zones to ensure a consistent approach to disease outbreak reporting, notification and management. Activities in Q2 included:

- Disseminated preventive information in childcare settings (e.g. risk of E coli O121 in raw dough), and presentations to resident physician trainees.
- Completed a standard of practice to detect outbreak clusters occurring in multiple zones.
- Initiated work with AH on a standard of practice to employ an Incident Command System when implementing the Foodborne Illness Response Investigation Procedure.
- Began revision of provincial food-borne illness outbreak protocol with provincial partners (such as, Alberta Agriculture and Food, Alberta Health, and Canadian Food Inspection Agency).
- Participated on national Outbreak Investigation Coordinating Committees, contributing unique surveillance data that helped identify the implicated product and a nation-wide recall.

The 2016-2020 Alberta Sexually Transmitted Blood-Borne Infections (STBBI) Operational Strategy and Action Plan began development in spring 2016, engaging over 350 stakeholders across the province including First Nations' communities and Metis settlements. Five work streams developed recommendations in the spring of 2017 which were approved and prioritized for implementation commencing January 2018.

AHS is implementing a system-wide response to chronic conditions and disease prevention and management by aligning and integrating work being done on chronic disease. The following provincial and zone activities occurred in Q2:

- Teams developed timelines and planned events (s road map) to identify and implement priorities including webinars to showcase effective, geographically appropriate processes for patients without a primary care provider.
- Work is underway to support the AHS Population, Public and Indigenous Health portfolio in the development of the *Alberta Chronic Disease Inventory*. The inventory is a comprehensive, up to date, searchable listing of programs, services and resources focused on chronic disease prevention and management.
- As part of the Diabetes Wellness Initiative, *Empathy Mapping*, conversations are currently planned in High Prairie and catchment area.
- The *South Zone Chronic Pain Approach and Framework for Service Delivery* was completed.

AHS helps to protect the public by mitigating risks and hazards in the environment including food, air and water through health promotion strategies and interventions.

Work continues to finalize a plan to align Alberta Agriculture and Forestry's and AHS' inspection programs overseeing meat facilities. Baseline inspections have commenced. To date, the percentage of meat processing facilities that have been inspected using the completed baseline assessment and inspection tool are as follows: North Zone (53%), Edmonton Zone (19%), Central Zone (27%), Calgary Zone (37%), South Zone (79%) – for a total of 40% completed overall.

AHS' Provincial Addiction Prevention program provides consultation, facilitation, planning support and resource development to reduce risk factors and increase protective factors important to prevent addiction. Updates for Q2 include:

- AHS supported 58 funded community coalitions across the province to implement promotion and prevention activities.
- The *Help4me* website framework has been drafted and includes recommendations provided by youth and youth servicing organization representatives.
- Work continues on the development of the AHS Harm Reduction Policy.
- The Drug Treatment Funding Program, in partnership with AHS, developed capacity to increase access to sustainable, evidence-informed early intervention treatment services for children and youth in Alberta with addiction and/or mental health concerns. The *InRoads* curriculum refresh and enhancement project is underway, including the development of training modules. Ten modules have been submitted to the Accreditation Committee for review.

AHS plays an important role in supporting screening initiatives across the province. Examples for Q2 include:

- Access to cancer screening clinics for rural and remote communities and vulnerable populations and mobile breast cancer screening are led by the Screening for Life Program which also connects Albertans to useful resources and strategies at AlbertaPreventsCancer.ca. This is a joint initiative between AHS Population, Public and Indigenous Health and the Alberta Cancer Prevention Legacy Fund.
- The *Early Hearing Detection and Intervention* (EHDI) project has been implemented in four out of 13 neonatal intensive care units (NICU). EHDI offers screening to newborns for hearing prior to discharge. Two additional NICUs are planned for implementation in Q3.