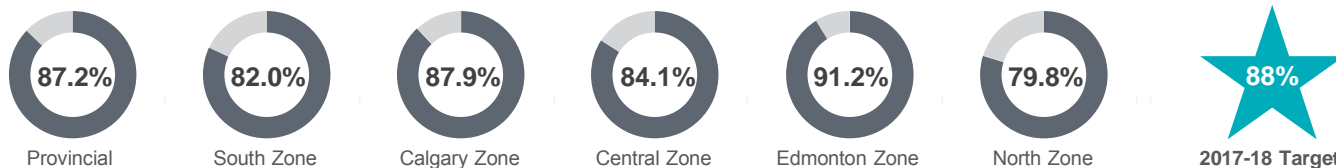


This measure is defined as the percentage of children who have received the required number of vaccine doses by two years of age. A high rate of immunization for a population reduces the incidence of vaccine preventable childhood diseases and controls outbreaks. Immunizations protect children and adults 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, Q3 2017-18



### Childhood Immunization Rate: MMR Trend

Zone Name	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	Q3 2016-17	Q3 2017-18	Trend	Q3YTD 2017-18	2017-18 Target
Provincial	86.7%	87.6%	86.9%	87.4%	87.3%	87.2%	▲	87.1%	88%
South Zone	81.1%	83.9%	78.8%	81.0%	81.4%	82.0%	■	81.6%	88%
Calgary Zone	88.3%	89.6%	89.2%	89.6%	89.5%	87.9%	★	87.8%	88%
Central Zone	81.2%	80.8%	81.1%	82.3%	82.7%	84.1%	■	84.6%	88%
Edmonton Zone	91.7%	92.2%	91.9%	91.8%	90.8%	91.2%	★	91.2%	88%
North Zone	79.6%	80.3%	78.5%	77.8%	78.3%	79.8%	■	79.8%	88%

### Understanding Our Results

Provincially, immunization rates in Q3 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
Q3 2016-17	1,013	4,940	1,321	4,475	1,632	13,381
Q3 2017-18	996	5,136	1,350	4,610	1,752	13,844

Source: AHS Public Health Surveillance Database, as of January 22, 2018

- 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.

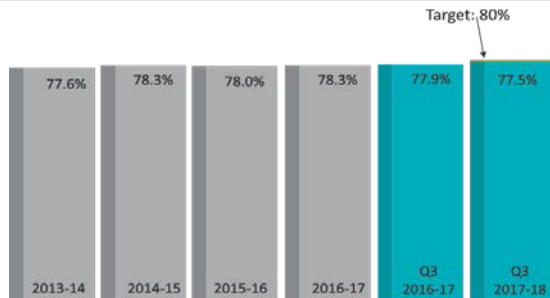
The higher the percentage the better, as it demonstrates more children are vaccinated and protected from preventable childhood diseases.

### HOW WE ARE DOING

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

#### *Childhood immunization: DTaP-IPV-Hib*

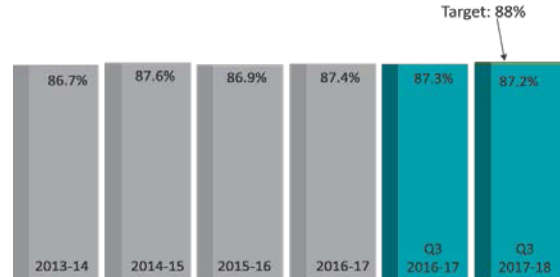
Quarterly Comparison: ▲ Stable: ≤3% deterioration



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 federal 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. Highlights include:

- 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.
- Provided in-service to community healthcare practitioners in Calgary on healthcare setting inspections (e.g. physician offices, dental offices).
- 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 Forestry, 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.

Implementation of the **2016-2020 Alberta Sexually Transmitted Blood-Borne Infections (STBBI) Operational Strategy and Action Plan** is on schedule. An Implementation Steering Committee and working groups have been formed to support this work.

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.

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.

- As of December 31, 2017, the percentage of meat processing facilities that have been inspected using the new baseline assessment and inspection tool are as follows: North Zone (50%), Edmonton Zone (47%), Central Zone (49%), Calgary Zone (59%), South Zone (100%) – 57% completed overall.
- An online course provided by the National Collaborating Centre Environmental Health on the theory and food safety hurdles of producing safe ready-to-eat meat products was disseminated to AHS inspectors throughout the province.

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.

- AHS supported 30 funded community coalitions across the province to implement promotion and prevention activities.
- The **Help4me website** framework has been submitted to government and includes recommendations provided by youth and youth servicing organization representatives.
- Work continues on the development of the AHS Harm Reduction Policy.
- The **InRoads** curriculum refresh and enhancement project is underway, including the development of training modules. All eleven modules reviewed by the Continuing Medical Education Accreditation Committee and were approved for accreditation. The modules will be available through AHS My Learning Link and the Primary Health Care E-Learning Portal by March 31, 2018.

AHS plays an important role in supporting screening initiatives across the province.

- The **Early Hearing Detection and Intervention (EHDI)** project was implemented in 11 out of 13 neonatal intensive care units (NICU). The remaining two NICUs will be completed by March 31, 2018. EHDI offers screening to newborns for hearing prior to discharge.
- Additional screening activities can be found under page 16.