

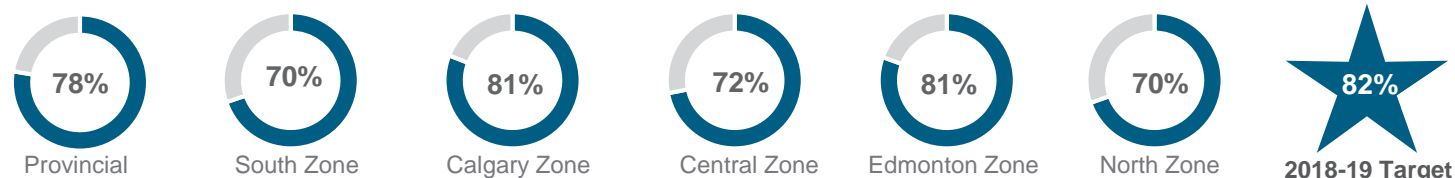
## AHS Report on Performance FY 2018-19

## CHILDHOOD IMMUNIZATION RATE

### DIPHTHERIA, TETANUS, ACELLULAR PERTUSSIS, POLIO, HAEMOPHILUS INFLUENZAE TYPE B (DTaP-IPV-Hib)

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 vaccine-preventable diseases, some of which can be fatal or produce permanent disabilities. The higher the percentage the better, as it demonstrates more children are immunized and protected from vaccine-preventable childhood diseases.

#### Childhood Immunization Rate: DTaP-IPV-Hib, FY 2018-19



#### Childhood Immunization Rate: DTaP-IPV-Hib Trend

Zone Name	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	Trend	2018-19 Target
Provincial	77.6%	78.3%	78.0%	78.3%	77.7%	77.7%	⇔	82%
South Zone	64.6%	67.9%	65.7%	67.8%	70.0%	69.8%	⇔	82%
Calgary Zone	81.4%	82.6%	81.5%	81.4%	79.8%	81.0%	*	82%
Central Zone	71.1%	71.1%	70.9%	70.6%	70.7%	71.9%	⇔	82%
Edmonton Zone	84.0%	84.0%	84.6%	84.0%	82.9%	80.5%	*	82%
North Zone	67.2%	66.6%	66.5%	67.7%	68.9%	69.6%	⇔	82%

Trend Legend: ☆Target Achieved ↑Improvement ⇔Stable: ≤3% relative change compared to the same period last year ↓Area requires additional focus

- \* 2018-19 rates not comparable to previous years due to change in reporting system. Going forward the new system will provide a more accurate reflection of the rate.

#### Total Eligible Population

Zone	2015-16	2016-17	2017-18	2018-19
Provincial	54,267	55,138	56,208	54,550
South Zone	4,104	4,157	4,271	4,061
Calgary Zone	19,602	20,424	20,862	20,349
Central Zone	6,240	5,833	5,661	5,361
Edmonton Zone	16,870	17,578	18,114	17,869
North Zone	7,451	7,146	7,300	6,910

Source: Province-wide Immunization Program, Communicable Disease Control as of April 23, 2019

Notes:

- The target represented is the AHS' 2018-19 Target. Alberta Health has higher targets for both vaccines by two years of age.

## Improve Patient and Population Health Outcomes

### Objective 8: Focusing 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.

Preventing and managing chronic conditions and diseases involves an integrated and coordinated system of supports, including families and communities, that empowers individuals to maintain and improve their health, their quality of life, and prevent and manage conditions/diseases independently or in partnership with health and social care

#### 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.

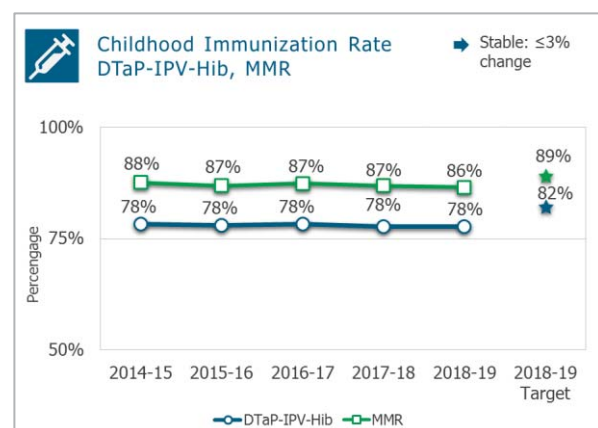
- Diphtheria, Tetanus, acellular Pertussis, Polio, *Haemophilus Influenzae* Type B (DTaP-IPV-Hib) - 4 doses
- Measles, Mumps, Rubella (MMR) - 1 dose

#### UNDERSTANDING THE MEASURE

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 vaccine-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 vaccine-preventable childhood diseases.

#### HOW WE ARE DOING



Source: Province-wide Immunization Program, Communicable Disease Control

Results indicate that provincial rates for childhood immunization (both DTaP-IPV-Hib and MMR) have remained stable from the same period last year. Immunization rates targets were not achieved in 2018-19. A significant cause for under immunization

relates to vaccine hesitancy which is related to a general lack of understanding about vaccines, perceived risk of serious adverse events related to injections, and lack of appreciation for the severity of vaccine preventable diseases. Accessing vaccine services and clinics can also be a barrier.

AHS acknowledges and is committed to finding ways to achieve these targets and it will require partnership and joint efforts to influence change. Childhood immunizations, for example, require parental consent and agreement. As we achieve higher levels of performance, less significant gains are likely to be made. Coverage rate targets were achieved by the end of grade 1 due to the AHS Standard for Immunizing in the School Setting.

#### WHAT WE ARE DOING

Efforts continue to increase immunization coverage through provincial procedures and practices including expansion of the Recall and Reminder Guideline and Clinic Cancellation Lists.

#### Immunization

AHS is working with Alberta Health and continues to monitor and support childhood immunization across the province.

The AHS **Standard for Immunizing in the School Setting** (posted in the Immunization Program Standards Manual) was updated to incorporate the amendments to the *Public Health Act* and sent out to Zone Public Health in July 2018 for training and orientation of staff. Implementation was effective September 1, 2018.

- The standard allows data matching between AHS and school divisions to identify students who are either new to the province or are behind in their immunization schedules. This update was made to address differences in processes across the province and to standardize the review of student immunization histories and offer immunization.

Influenza immunization is the most effective way to prevent influenza and its complications. The influenza immunization rate for AHS healthcare workers for 2018-19 was 67.6%, an increase of 1.6% from the previous year. The overall influenza immunization rate for Albertans is 30.1% in 2018-19, an increase of 1.6%.

Rotavirus is a leading cause of acute infectious diarrhea in infants and young children and affects approximately 95% of children by the age of 3 to 5 years. Rotavirus immunization coverage rates in infants was 82.5% in 2018-19 (compared to 80.8% in 2017-18).

Human Papilloma Virus (HPV) vaccine is important to protect against cancers caused by the HPV infection. HPV vaccine administration (2017-18):

- Grade 5 – boys 66.1%, girls 68.2%.
- Grade 9 – boys 69.0%, girls 81.2%.

Coverage rate by the end of grade 1 (age six) in 2017-18 were:

- 91.9% for diphtheria, tetanus, pertussis, polio, Hib (4 doses).
- 89.3% for measles, mumps, rubella (2 doses).
- 87.5% for varicella (2 doses).

(2018-19 rates will be available September 2019)

## Outbreak Management

AHS and Alberta Health (AH) are working together and with the zones to ensure a consistent approach to disease outbreak reporting, notification, and management. Disease outbreaks in each zone have decreased and there were two cases of confirmed measles reported in 2018-19. Additional highlights include:

- Actively collaborating with AH to inform new and revised Notifiable Disease Public Health Management Guidelines.
- Investigated 135 confirmed enteric outbreaks and 109 confirmed non-enteric outbreaks in 2018-19. All outbreaks met outbreak reporting criteria as per AH requirements. Symptoms common to an enteric outbreak include nausea, vomiting and abdominal pain; examples of non-enteric outbreaks are chickenpox, measles and influenza.
- The number of hospitalized influenza cases in Alberta declined to 487 in Q4 from 934 in Q3.
- Continued participation in AHS Connect Care conversations to ensure reporting systems meet Alberta Health legislation and policy requirements (e.g., Alberta Public Health Act, Communicable Diseases Regulation, etc.).
- Enhanced *E. coli* testing, identification, and reporting with support and input from Alberta Laboratory Services. The enhanced service was piloted in 2018-19 and will contribute data to national databases.
- Actively participating on an ongoing multi-provincial investigation of a *Salmonella enteritidis* outbreak. Sixty cases have been detected nationally with ten cases in Alberta in 2018-19. *Salmonella enteritidis* can be found inside contaminated, raw, or undercooked eggs.

AHS continues to collaborate with key stakeholders to develop outbreak management tools and plans for evacuation centres in support of the provincial **Communicable Disease Emergency Response Plan**.

AHS continues to implement the **2016-2020 Alberta Sexually Transmitted and Blood-Borne Infections (STBBI) Operational Strategy and Action Plan**. The strategy and action plan will increase awareness and accessibility of STBBI testing and treatment services across the province including First Nations' communities and Métis settlements. Work continued in 2018-19 with two pilot sites in South and Edmonton Zones to determine the feasibility of a wrap-around shared care model. The sexgerms.com website continues to raise awareness of sexually transmitted infections.

## Environmental Risks and Hazards

In collaboration with Alberta Agriculture and Forestry, AHS has completed the first two years of a three-year project to streamline meat processing facility inspections. As of March 31, 2019, all meat processing facilities were inspected using the new baseline assessment and inspection tool. A single guide has been completed and is intended to improve consistency in the delivery of inspection services.

## Chronic Disease Prevention and Management

AHS is working on developing an **Alberta Chronic Disease Inventory**, which is a searchable listing of programs, services and resources focused on chronic disease prevention and management. Consultations were completed in 2018-19.

A chronic disease self-management program (**Better Choices, Better Health®**) enhances patients' ability to self-manage their conditions at home. In-person workshops are designed to help people living with ongoing health conditions such as diabetes, heart disease, arthritis, asthma, and obesity. Having the sessions led by trained peer facilitators ensures an empathetic and encouraging environment.

## Screening and Health Promotion

AHS is focusing on several screening and wellness initiatives and prevention interventions to promote lifelong health and to limit the burden of disease.

- The expanded **Newborn Metabolic Screening (NMS) Program** is about health care providers working together with parents and guardians to screen for treatable conditions. Timely screening helps find conditions early when the treatment can help an infant the most.
- **Alberta Healthy Communities Approach (AHCA)** supports communities to plan, implement, and evaluate prevention and screening interventions that address key aspects of people's living and working environments. To date, three Métis Settlements (Peavine, East Prairie and Gift Lake) have joined the 16 Alberta communities already implementing AHCA. In 2018-19, the main area of focus in Métis settlements was implementing actions related to ultraviolet radiation (UVR) protection (e.g., shade and sunscreen).
- **Comprehensive School Health** is a program that addresses a variety of health issues and can improve health, education, and social outcomes for children and youth. To date, 94% of school jurisdictions are working with AHS to implement the Comprehensive School Health framework.
- To address emerging concerns with increased utilization of tobacco like products, particularly among youth, the **Tobacco Reduction Program** developed infographics and other resources focused on vaping, hookah, and concurrent cannabis and tobacco use. The resources were developed for teachers, youth, and those who support them.
- The **Healthier Together Workplace** project supports workplaces to create a healthy environment for their employees including strategy kits that guide action in the areas of physical activity, healthy eating, mental health, and alcohol and tobacco. An Ultra Violet Radiation strategy kit was developed to promote mental health in non-office based workplaces.