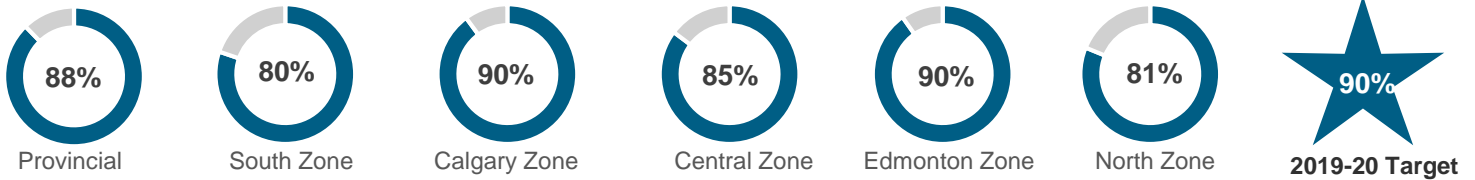


**DEFINITION:** This measure is defined as the percentage of children who have received the required number of vaccine doses by two years of age.

**WHY THIS IS IMPORTANT:** Immunizations protect children and adults from a number of vaccine-preventable diseases, some of which can be fatal or produce permanent disabilities. A high rate of immunization for a population reduces the incidence of vaccine preventable childhood diseases, and controls outbreaks. The higher the percentage the better, as it demonstrates more children are immunized and protected from vaccine-preventable childhood diseases.

**Childhood Immunization Rate: MMR, Q3YTD 2019-20**



**Childhood Immunization Rate: MMR Trend**

Zone Name	2014-15	2015-16	2016-17	2017-18	2018-19	Q3YTD 2018-19	Q3YTD 2019-20	Trend	2019-20 Target
Provincial	87.6%	86.9%	87.4%	86.9%	86.5%	86.5%	87.7%	⇒	90%
South Zone	83.9%	78.8%	81.0%	82.1%	82.0%	82.3%	80.2%	⇒	90%
Calgary Zone	89.6%	89.2%	89.6%	87.9%	88.6%	88.4%	89.9%	☆	90%
Central Zone	80.8%	81.1%	82.3%	84.2%	83.8%	84.0%	85.3%	⇒	90%
Edmonton Zone	92.2%	91.9%	91.8%	90.5%	88.7%	88.6%	90.2%	☆	90%
North Zone	80.3%	78.5%	77.8%	79.6%	79.3%	79.5%	81.2%	⇒	90%

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

**Total Eligible Population**

Zone	2015-16	2016-17	2017-18	2018-19	Q3YTD 2018-19	Q3YTD 2019-20
Provincial	54,267	55,138	56,208	54,550	41,901	40,290
South Zone	4,104	4,157	4,271	4,061	3,070	2,987
Calgary Zone	19,602	20,424	20,862	20,349	15,656	15,055
Central Zone	6,240	5,833	5,661	5,361	4,082	3,990
Edmonton Zone	16,870	17,578	18,114	17,869	13,840	13,112
North Zone	7,451	7,146	7,300	6,910	5,253	5,146

Source: Province-wide Immunization Program, Communicable Disease Control as of January 10, 2020

Notes:

- The target represented is the AHS' 2019-20 Target. Alberta Health has higher targets for MMR vaccine by two years of age

- 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.

## Improve Patient and Population Health Outcomes

### Objective 8: Focusing on health promotion and disease and injury prevention with an emphasis on childhood immunization.

#### WHY THIS IS IMPORTANT

Working collaboratively with Alberta Health 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 and health 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, which 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 age two.

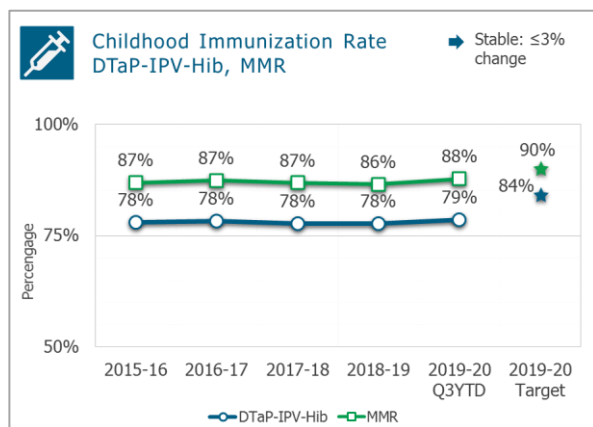
- Diphtheria, Tetanus, acellular Pertussis, Polio, *Haemophilus Influenzae* Type b (DTaP-IPV-Hib) - 4 doses
- Measles, Mumps, Rubella (MMR) - 1 dose

#### 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

Provincial rates for childhood immunization (both DTaP-IPV-Hib and MMR) have remained stable from the same period last year. Provincial immunization rate targets were not achieved in Q3 but Calgary Zone and Edmonton Zone both met target for MMR immunizations. The ability to achieve target in the North, Central, and South Zones has been impacted by population migration, social determinants of health, and cultural and religious beliefs.

Vaccine hesitancy can contribute to lower rates of immunization and 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 is committed to finding ways to achieve immunization targets, but it will require joint effort and partnerships. For example, childhood immunizations require parental consent and agreement.

#### WHAT WE ARE DOING

##### Childhood Immunization

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

AHS has implemented five of the seven recommendations of the Canadian Pediatric Society, including the development of a provincial immunization registry, proactive reminders for parents, enhanced immunization clinic hours, and an augmented school-based immunization program.

Immunization targets were achieved by the end of grade one due to the AHS **Standard for Immunizing in the School Setting**. 2018-19 immunization coverage rates by age six (end of grade one) were:

- 88% for Diphtheria, Tetanus, acellular Pertussis, Hepatitis B, Polio, and *Haemophilus influenzae* Type b (DTaP-HB-IPV-Hib)
- 89% for Measles, Mumps, and Rubella (MMR)

The rotavirus immunization coverage rate in infants in Q3YTD (83%) remained stable compared to the same period last year (83%). Rotavirus is a leading cause of acute infectious diarrhea in infants and young children and affects approximately 95% of children by the age of three to five years.

##### Outbreak Management

AHS and Alberta Health are working together, and with the zones, to ensure a consistent approach to disease outbreak reporting, notification, and management. As of Q3YTD, AHS has reported two confirmed cases of measles and 4,175 confirmed cases of influenza.

- AHS continues to collaborate with Alberta Health to inform new and revised Notifiable Disease Public Health Management Guidelines. The Alberta Outbreak Reporting Form was also reviewed and updated in Q3 for this outbreak season.

- As of Q3YTD, AHS has investigated 300 confirmed enteric outbreaks and 369 confirmed non-enteric outbreaks. All outbreaks met outbreak reporting criteria as per Alberta Health requirements. Symptoms common to an enteric outbreak include nausea, vomiting, and abdominal pain; examples of non-enteric outbreaks are chickenpox, measles, and influenza.
- In Q3, AHS participated in a joint Ebola Emergency Response exercise as part of a multi-zone disease control collaboration. Participants worked in teams with their zone counterparts to complete the personal protective equipment (PPE) training which helps maintain each zone's preparedness.

AHS continues to develop the provincial **Communicable Disease Emergency Response Plan (CDERP)**. The CDERP defines the roles, responsibilities, and strategies for AHS departments and services during a public health emergency related to communicable disease. This plan will help to minimize serious illness and death during such an emergency.

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. In Q3, AHS continued to participate in community events and provided on-site testing and information.

#### **Environmental Risks and Hazards**

AHS' Safe Healthy Environments (SHE) team collaborated with the Ministry of Agriculture and Forestry on operational alignment of meat processing inspection programs and industry safety.

#### **Injury Prevention**

AHS' SHE team collaborated with Alberta Transportation and Zone Public Health on a car seat and booster seat study. Using online and in-person multi-lingual surveys, the study found that more than 90% of participants reported appropriate use. Respondents who indicated a primary language other than English reported a lower compliance rate, suggesting an opportunity to work with Zone partners to develop resources targeting non-English speaking clients.

#### **Chronic Disease Prevention and Management**

AHS continues to develop the **Alberta Chronic Disease Inventory**, which is a searchable, online listing of programs, services, and resources focused on chronic disease prevention and management. Inventory web design commenced in Q3. Information on available programs, services, and resources to be included in the inventory has been received from stakeholders and is being applied against the established inclusion and exclusion criteria.

**UWALK** is an online platform that allows users to self-monitor physical activity with devices such as electronic physical activity monitors and pedometers to compete in challenges that promote physical activity. As of Q3YTD, the number registered users (20,100) increased by 8% compared to the same period last year (18,690). Website users logged more than 352 million steps in Q3 alone. Planning is underway to update the UWALK website to improve the site and align with the AHS Healthier Together online program.

#### **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 like sickle cell disease and cystic fibrosis. Timely screening helps identify conditions early when the treatment can help an infant the most. As of Q2YTD, there was a 99.5% program participation rate of registered infants. (This is a lag measure where data is reported a quarter later.)
- **Alberta Healthy Communities Approach (AHCA)** supports rural communities and Métis Settlements to plan, implement, and evaluate comprehensive prevention and screening interventions that promote health and prevent cancer. Since the project started, 36 rural communities and six Métis Settlements have adopted the approach. In Q3, communities participating in the second phase of this project by using implementation resources including the Community Capacity Assessment Tool, and the Healthy Places Action Tool to support the development of cancer prevention and screening plans. Métis Settlements prepared for baseline community assessments that will be used to identify areas for cancer prevention and screening improvement. Two additional Settlements are expected to be recruited in Q4.
- **Comprehensive School Health** is a program that addresses a variety of health issues including physical activity, nutrition, and mental wellbeing to improve health, education, and social outcomes for children and youth. As of Q3, 84% of school jurisdictions are working with AHS to implement the program.
- The **Healthier Together Workplaces** program provides practical steps, tools, and resources to help Alberta workplaces create healthy working environments for employees. In Q3, 128 workplaces registered for the program. Of these, 22 consented to participate in an evaluation to assess increasing equity for workplaces across the province. The online orientation materials generated substantial interest with 257 views this quarter.
- The **Tobacco Reduction Program** aims to address emerging concerns with increased use of tobacco-like products, particularly among youth.
  - In Q3, all online tobacco and vaping related content was inventoried and prepared for migration to two AHS platforms: MyHealth.Alberta.ca and Healthier Together.
  - In Q3, the Keep Tobacco Sacred Collaboration completed one youth engagement session in Wabasca with 33 youth participating and providing survey feedback.