

# Respiratory Illness Surge and Role of Regional Public Health

**Maulik Baxi, MBBS, MPH, FRCPC**  
**Medical Health Officer**



# Conflicts of Interest

None

# Objectives

- Describe the role of public health in BC for respiratory illnesses
- When clinicians may consider connecting with their local medical health officer

# Role of Public Health in Respiratory Illnesses

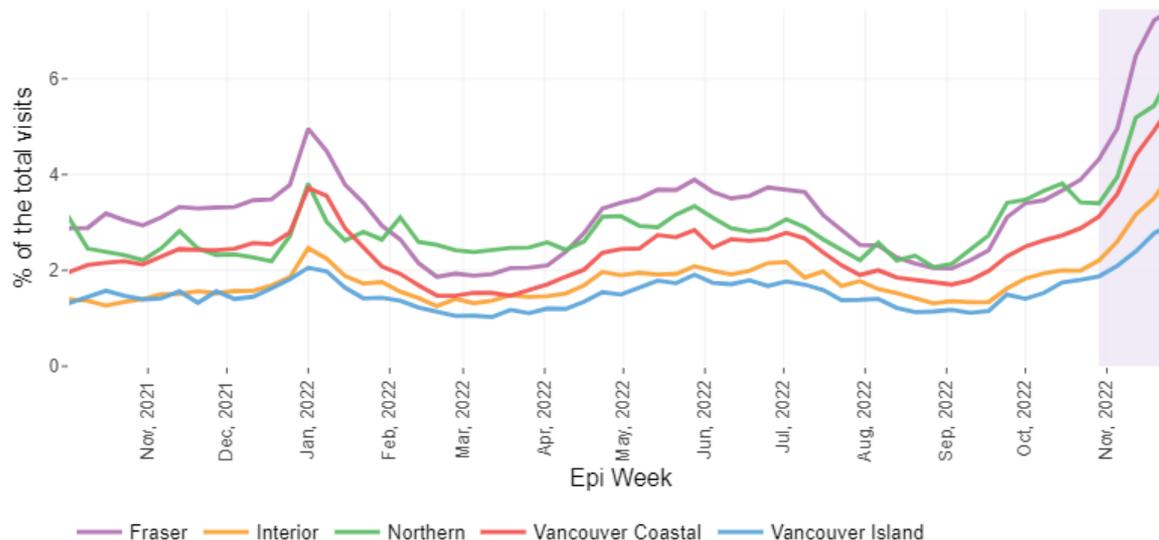
Communicable Disease Program	Public Health Surveillance	Immunization	Emerging pathogens
<ul style="list-style-type: none"><li>• Notifiable diseases case and contact management</li><li>• Response to diseases depending upon factors such as severity, endemicity, ability to test, treat or otherwise intervene at early stage</li></ul>	<ul style="list-style-type: none"><li>• Community</li><li>• Acute<ul style="list-style-type: none"><li>• ER Visits</li><li>• Hospitalizations</li></ul></li><li>• EHS</li><li>• Outcomes</li><li>• Vaccine Effectiveness</li></ul>	<ul style="list-style-type: none"><li>• Communication</li><li>• Direct service delivery through public health units</li></ul>	<ul style="list-style-type: none"><li>• COVID-19</li><li>• Avian Influenza Human Health Risk Assessment and Response</li></ul>

# Who are Medical Health Officers in BC

- Public Health Physicians who use data, evidence, public engagement, research, education and more, all toward the ultimate goal of building healthier communities for all Canadians. (PHPC, 2017)
- Most are FRCPC - Five years of residency that includes clinic and hospital training, courses in public health sciences and clinical experience in public health settings.
- Named designation under Public Health Act in Provinces and Territories
- Clinical consultants for reportable / notifiable communicable diseases
- Most have specific areas of expertise or interest
- Many are designated to specific geographies within their health authorities

# Surveillance using Administrative Data

## Community Visit Rates for Acute Respiratory Infections Related Symptoms

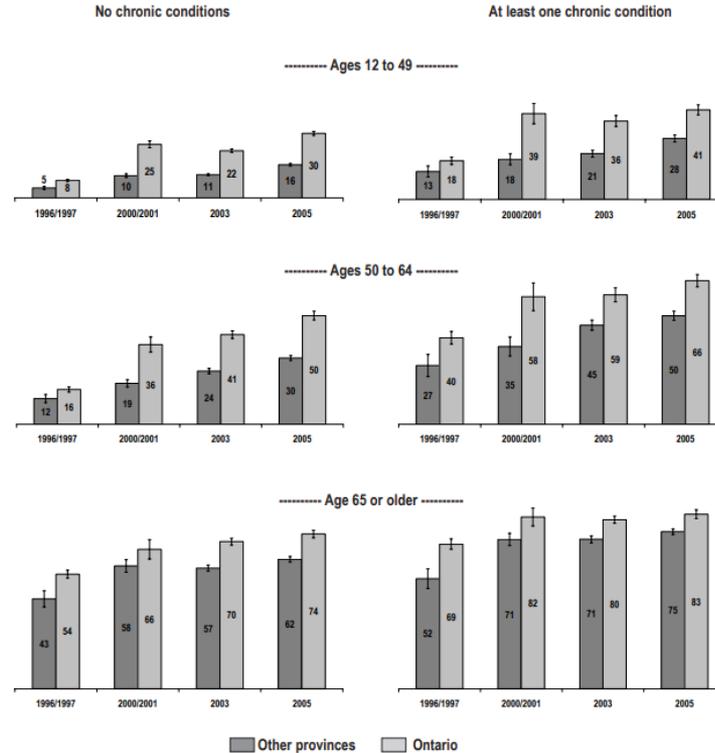


Note: Symptom-groups based on ICD-9 codes. Numbers in the light purple area are more likely to change after adjudication and once the data are complete

*Diagnoses may be based on clinical suspicion and not lab-confirmed*

# Historical Immunization Coverage in Canada

Chart 2  
Percentage vaccinated for influenza, by age group and presence of chronic conditions, household population aged 12 or older, Ontario versus other provinces combined, 1996/1997, 2000/2001, 2003 and 2005



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┆ = 95% confidence interval  
Sources: 1996/1997 National Population Health Survey; 2000/2001 Canadian Community Health Survey, cycle 1.1 (fourth quarter); 2003 Canadian Community Health Survey, cycle 2.1; 2005 Canadian Community Health Survey, cycle 3.1.

# Current Status of Respiratory Surge

## Immunization

- Initial Uptake of flu vaccines was at par with previous, Pre-COVID-19 years rates
- Somewhat more interest in vaccine uptake after respiratory illness surge

## Surveillance

- Large vaccine campaign this weekend
- Early indications of stabilizing RI surge

## Partnership

- Please notify your health authority public health MHOs if you identify influenza deaths
- Encourage immunization

## Community infection prevention and control

- Masks
- Hand Hygiene
- Staying home when sick

# Key Messages

- Recommend immunizations
  - Influenza
  - COVID-19
  - Pneumococcal – as applicable
  - Universal Childhood Vaccines
    - Trust in one set of vaccines is a good predictor of trust in other vaccines
- Community Infection Control
  - Hand Hygiene
  - Staying home when sick
- Judicious Use of Emergency Rooms
  - Know when to go to ER vs when to wait or seek community primary care
- Connection points with Public Health
  - Contact your MHO if you come across childhood influenza mortality