

National Collaborating Centre for Infectious Diseases

Centre de collaboration nationale des maladies infectieuses

Responding to Zika:

A Cross-Jurisdiction Scan of Policies and Provisions for Public Health Surveillance of Emerging Infectious Diseases in Canada

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"...identify knowledge gaps, foster networks and provide the public health system with an array of evidence-based resources, multi-media products, and knowledge translation services"

"...promote the use of scientific research and other knowledge to strengthen public health practices, programs and policies in Canada"

Knowledge Translation in Infectious Diseases

Persistent Issues

Surges



E.g. TB, HIV, Malaria



Need to be Nimble and Responsive





An environmental scan of the federal, provincial, and territorial (F/P/T) authorities under their legislative and regulatory frameworks to collect, use and disclose personal health information on Zika infections and other emerging infectious diseases

Sent: Wednesday, August 24, 2016 10:52 AM

To: Margaret Haworth-Brockman < Margaret.Haworth-Brockman@umanitoba.ca>

Subject: RE: Environmental scan of PTs authorities under their legislative/regulatory/policy framework to collect, use, disclose personal health information on Zika infections and other emerging infectious diseases (Out of Office)

Poor knowledge translation

Zika Recap



- Zika virus, primarily vector-borne, mainly via Aedes mosquitoes (some sexual transmission)
- Generally mild, non-specific symptoms
- Few outbreaks noted prior to 2015 (Yap, French Polynesia)
- Summer/Fall 2015 Brazil reports cases of Zika and unusual increase in cases of microcephaly among newborns (and GBS in adults) – prominence in media
- 2016 Outbreaks of ZIKV infection in countries around the world (primarily Latin America)
 - Association between Zika and congenital brain abnormalities/neurological disorders established (causation established Sep 2016)
- Feb 2016 WHO declares a Public Health Emergency of International Concern (PHEIC)
- Nov 18, 2016 WHO declares end to PHEIC regarding microcephaly, other neurological disorders and ZIKV (but emphasizes the persistent threat that it poses)



499 Travel-related and 3 sexually transmitted cases in Canada – PHAC, May 2017

Disease Reporting in Canada

P/T Legislation and Regulations

- Mandatory reporting of notifiable diseases
- Public Health Acts (in combination with other legislation e.g. Privacy Acts) outline how reporting of notifiable diseases must take place (who, where, conditions, penalties, etc.) – notifiable disease list generally included in accompanying regulations

National Surveillance of Notifiable Diseases

• Voluntary reporting of select notifiable disease surveillance information to Public Health Agency of Canada -> puts together national picture, conducts research, federal response

International Reporting

• Canada has an obligation under the International Health Regulations (IHR) to report any event that may constitute a PHEIC to the WHO -> coordinates international response





Disease Reporting in Canada

Significant <u>Jurisdictional Variation</u> in:

- a) What exactly must be reported (diseases, case definition, degree of certainty required, accompanying information, etc.)
- **b)** Who must report the information (some or all of: physicians, labs, blood services, hospitals, schools, health care institutions, etc.)
- c) How the information must be reported (location, authority, method of submission, immediacy, privacy and confidentiality, etc.)



Repository of information on select notifiable disease policies (e.g. lists, case definitions) for all FPT jurisdictions in Canada

Environmental Scan

Objectives

- 1. To facilitate comparison of public health policies and authorities related to surveillance of Zika and emerging infectious diseases across jurisdictions.
- 2. To display areas of alignment and variation in policy and provisions across jurisdictions.
- 3. To help inform public health decision-making for surveillance and privacy during international outbreaks and epidemics.

Approach

- Information collected iteratively and formatively with expert contacts designated by the Chief Medical Officers of Health in jurisdictions across Canada (11 provinces and territories, 1 federal)
- Consultations conducted in parallel with reviews of jurisdiction-specific legislation
- Multiple rounds of verification prior to dissemination of compiled product
- **Future**: analysis -> synthesis -> publication and online interface

Questions Posed

- Is Zika notifiable/ reportable in your jurisdiction?
- If Zika is notifiable/reportable, under what legislation or policy authority?
- If Zika is not notifiable/reportable, is information: a) being collected on Zika cases, and b) being disclosed to federal authorities (PHAC, NML, HC)? If so, under what legislation or policy authorities?
- How were your data collection protocols developed, approved and implemented (e.g., case definition, information collection and sharing tools, standard procedures)?
- Describe the provisions in your legislative/policy authorities to make emerging infectious diseases or unusual health events reportable?
- Are your legislative/policy authorities under review or being refined with regard to reporting of emerging infectious diseases or unusual health events?
- Does the declaration by WHO under the International Health Regulations (IHR) of a Public Health Emergency of International Concern (PHEIC) make any difference to your authorities to collect and disclose information to federal authorities?
- Data elements collected and disclosed to federal authorities on Zika cases

Preliminary Themes + Analysis Provinces and Territories

- Significant variation across jurisdictions in public health legislation structure, phrasing, scope, etc. related to disease surveillance
- Most jurisdictions did not have Zika on their legislated list of notifiable diseases, but considered it reportable under other legislated provisions.
- Often a catch-all clause for "epidemic forms" and "unusual clinical manifestations" of diseases that provides policy flexibility to undertake surveillance on emerging infectious diseases
- Some variation in the type and amount of information provided to PHAC by jurisdictions (but all provided some information)
- PTs have varying capacity to develop timely processes, policies and mechanisms for surveillance on new and emerging infectious diseases – some would benefit from additional early support on these activities

Public Health Agency of Canada

- "PHAC does have policy authorities to do surveillance on emerging diseases"
- Provided PTs with "Purposes and Objectives" for national case reporting and enhanced data set on severe sequelae and pregnancy outcomes, including:
 - To meet IHR reporting requirements
 - To maintain situational awareness of the context in Canada
 - To demonstrate action and maintain public confidence
 - To contribute to the international body of knowledge and assist in international investigations
- All jurisdictions provided select case data to PHAC to support these objectives, but did not agree to provide enhanced data elements (no clear public health action)

Moving Forward in Canada - MLISA

Multi-lateral Information Sharing Agreement (MLISA)

- A Ministerial-level public health agreement (between F/P/T governments) that sets standards for what information is to be shared, and how it is to be used, disclosed and protected (specific to IDs and PH events)
- Replacing the existing un-coordinated system of information sharing built on informal relationships and onerous/duplicative information requests
- Structure
 - Main Agreement (complete), Technical Annexes Common Annexes (Governance, Data Management, PHEIC, etc.) and Disease-specific Annexes (e.g. TB)
- All F/P/T governments have signed/endorsed the Main Agreement as of 2016
 - currently working with jurisdictions on common and technical annexes



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Questions?

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