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The Regional Municipality of Durham Information Report

From: Commissioner & Medical Officer of Health
Report: #2026-INFO-004
Date: January 30, 2026

Subject:

Program Reports

Recommendation:

Receive for information

Report:

1. Purpose

1.1 To provide an update on Durham Region Health Department (DRHD) programs and services for the period October to December 2025.

2. Highlights

2.1 DRHD reports for October to December 2025 include the following key highlights:

- a. Health Analytics, Research & Policy – Health Analytics Information Products and Health Policy & Equity updates;
- b. Health Protection – Emergency Management, Food Safety, Healthy Environments, Part 8 Ontario *Building Code* (Sewage Systems) and Safe Water updates;
- c. Healthy Families – Durham Health Connection Line, Healthy Babies Healthy Children, Healthy Families and Infant & Child Development updates;
- d. Healthy Living – Healthy Living, Oral Health and *Smoke-Free Ontario Act, 2017* updates;
- e. Infectious Diseases – Immunization, Infectious Diseases Prevention & Control updates; and

- f. Paramedic Services – Community Paramedicine, Logistics, Operations and Quality & Development updates.
- 2.2 Boards of health are required to “superintend, provide or ensure the provision of the health programs and services required by the [Health Protection and Promotion] Act and the regulations to the persons who reside in the health unit served by the board” (section 4, clause a, HPPA). In addition, medical officers of health are required to “[report] directly to the board of health on issues relating to public health concerns and to public health programs and services under this or any other Act” (sub-section 67.(1), HPPA). Accordingly, Program Reports are a component of DRHD’s ‘Accountability Framework’, which also may include Health Information Updates, Health Plans, Quality Enhancement Plans, Durham Health Check-Ups, business plans and budgets; provincial performance indicators and targets, monitoring, compliance audits and assessments; RDPS certification; and accreditation by Accreditation Canada.

3. Relationship to Strategic Plan

- 3.1 This report aligns with/addresses the following Strategic Directions and Pathways in Durham Region’s 2025-2035 Strategic Plan:
- a. Healthy People, Caring Communities
- H1. Implement preventive strategies to support community health, including food security.
 - H2. Collaborate with partners to respond to complex social issues that improve community safety and well-being, including mental health and addictions.
 - H3. Integrate and co-ordinate service delivery for positive life outcomes, including investment in poverty prevention, housing solutions, and homelessness supports.
 - H4. Support the development of healthy children and youth, including access to affordable and quality child care.
 - H5. Provide services for seniors and work with community partners to support aging in place.
 - H7. Prepare for and respond to local health emergencies in partnership with the community.
- b. Environmental Sustainability and Climate Action
- E3. Prepare for and respond to severe weather impacts.
- c. Strong Relationships
- S3. Collaborate across local area municipalities, with agencies, non-profits, and community partners to deliver co-ordinated and efficient services.

- S5. Ensure accountable and transparent decision-making to serve community needs, while responsibly managing available resources.

3.2 This report aligns with/addresses the following Foundations in Durham Region's 2025-2035 Strategic Plan:

- a. People: Making the Region of Durham a great place to work, attracting, and retaining talent.
- b. Processes: Continuously improving processes to ensure we are responsive to community needs.
- c. Technology: Keeping pace with technological change to ensure efficient and effective service delivery.

4. Conclusion

4.1 Program Reports are provided to update Regional Council (DRHD's board of health) on public health programs and activities as a component of DRHD's Accountability Framework.

5. Attachment

Program Reports for the period October to December 2025

Respectfully submitted,

Original signed by

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health

ABBREVIATIONS

- AEFI – Adverse Events Following Immunization
- AP – Automatic Prohibition
- CCC – Child Care Centres
- CCEYA – [Child Care and Early Years Act, 2014](#)
- CLS – Congregate Living Settings
- CP – Community Paramedicine
- CPE – Carbapenemase-producing Enterbacteriaceae
- DC – Durham College
- DCDSB – Durham Catholic District School Board
- DCHC – Durham Community Health Centre
- DDSB – Durham District School Board
- DHCL – Durham Health Connection Line
- DoPHS – Diseases of Public Health Significance
- DPZ – Detailed Planning Zone
- DRHD – Durham Region Health Department
- DROIS – Durham Region Opioid Information System
- DRSSD – Durham Region Social Services Department
- DYDAC – Durham Youth Drug Awareness Committee
- FAQ – Frequently Asked Questions
- GAS – Group A Streptococcal Infection
- HBHC – Healthy Babies Healthy Children
- HCP – Healthcare Providers
- HOC – Health Operations Center
- HPD – Health Protection Division
- HPPA – [Health Protection and Promotion Act](#)
- HPV9 – Human Papillomavirus 9
- HSO – Healthy Smiles Ontario

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- ICD – Infant & Child Development
- iGAS – Invasive Group A Streptococcal Infection
- IPAC – Infection Prevention & Control
- KI – Potassium Iodide
- LH – Lakeridge Health
- LTCH – Long-Term Care Homes
- MOF – Ontario Ministry of Finance
- MOH – Ontario Ministry of Health
- MSIFN – Mississaugas of Scugog Island First Nation
- OHD – Oral Health Division
- OHT – Ontario Health Team
- OPG – Ontario Power Generation
- OPHS – [Ontario Public Health Standards: Requirements for Programs, Services, and Accountability](#)
- OSDUHS – Ontario Student Drug Use and Health Survey
- OTU – Ontario Tech University
- PCOP – Primary Care Outreach Program
- PHI – Public Health Inspectors
- PHN – Public Health Nurses
- PHO – Public Health Ontario
- PMD – Perinatal Mood Disorder
- PSS – Personal Service Settings
- RDPS – Region of Durham Paramedic Services
- RH – Retirement Homes
- RSV – Respiratory Syncytial Virus
- SDWS – Small Drinking Water Systems
- SFOA – [Smoke Free Ontario Act, 2017](#)
- TAMI – Talking About Mental Illness
- TEM – Toronto Emergency Management

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- TEO – Tobacco Enforcement Officers
- WNV – West Nile virus



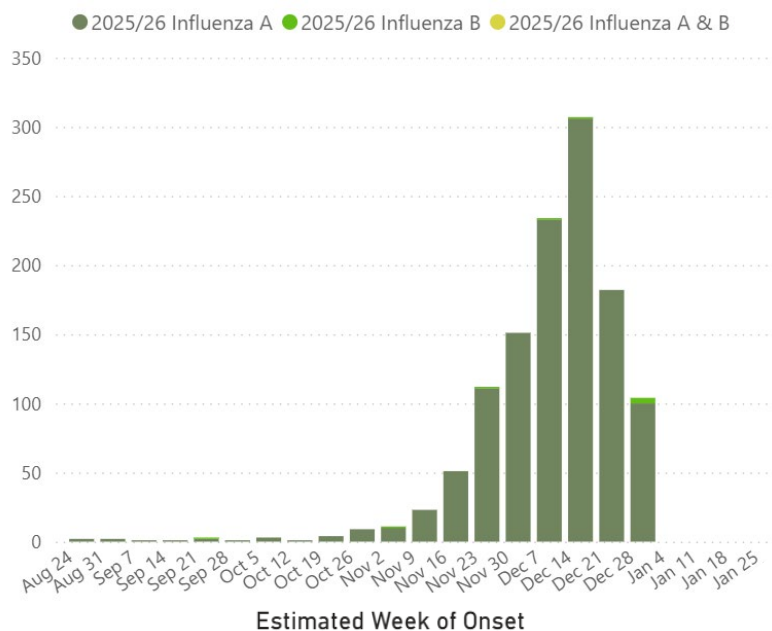
Report for October – December 2025

Health Analytics Information Products

DRHD performs ongoing monitoring of infectious diseases including weekly updates of the interactive [Durham Region Respiratory Virus Tracker](#). To complement the public dashboard, epidemiologists provide a weekly respiratory surveillance summary to health programs and relevant partners. Outbreak data are published daily through the [Outbreak Status Report](#) and distributed to institutional settings including hospitals, LTCH, and RH.

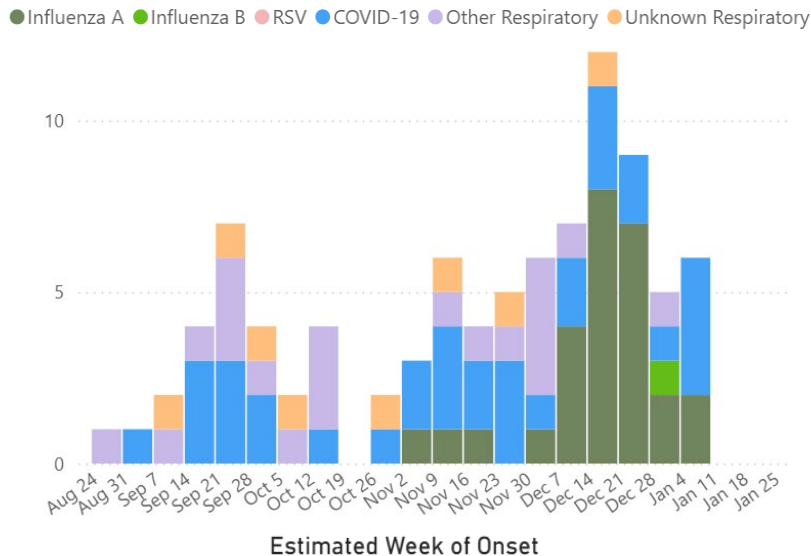
Confirmed Influenza Cases in Durham Region

2025/2026 Respiratory Season to Date



Respiratory virus activity peaked in the week of December 14 to December 20, 2025, with approximately 300 confirmed cases of influenza A. The 2025/2026 respiratory season has seen significantly more influenza activity than the past three years.

Respiratory Outbreaks in Durham Region Institutions 2025/2026 Respiratory Season to Date



Respiratory outbreaks in institutional settings peaked in the same week as overall respiratory activity. Trends in Durham Region are consistent with provincial respiratory virus activity.

Health Policy & Equity

Health equity work supports DRHD staff by building capacity across all programs to apply a health equity lens to programs and approaches, establishing internal and external collaborative partnerships to advance health equity initiatives, supporting priority populations in cross-program initiatives, and developing departmental policies and processes intended to advance health equity.

The HPE team works with DRSSD to plan and host virtual learning sessions throughout the year to build staff capacity and improve access for staff to resources that address the social determinants of health. There were three virtual learning sessions hosted between October and December on the topics of Durham Welcome Centres and Services for Newcomers, Durham Transit and John Howard Society. The three sessions were attended by more than **190** staff members across DRHD and DRSSD. Virtual learning sessions have been well attended, positively evaluated and continue to be planned throughout the year.

HPE team members attended **four** Mobile ID and Benefits Access Hub events to promote DRHD information and services as well as DRSSD income support resources. Events were hosted in Oshawa, Clarington, Whitby and Ajax.

- A total of **176** adults attended the events.

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- Many attendees received support to obtain ID including: **18** birth certificate applications submitted, **37** SINs issued on site, **35** Ontario ID transactions including health cards, driver's licenses and photo ID.
- Families received support for their children's future education: **23** Registered Education Saving Plans were opened on site, and **33** Canada Learning Bond applications were submitted.
- In a post event survey, **73 per cent** of attendees indicated that they received what they came for.

Respectfully submitted,

Original signed by
R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health



Report for October – December 2025

Emergency Management

DRHD continues to support Durham Region and local municipalities in providing emergency support. In the fourth quarter of 2025, there were no emergencies that required a response from DRHD.

For two days in October, DRHD participated in a region-wide nuclear exercise. The exercise tested multi-agency coordination during a simulated nuclear emergency. DRHD participated in the Regional Emergency Operations Centre and the Regional Control Group. In addition to this effort, a separate HOC exercise was conducted, with a focused nuclear scenario designed to validate internal processes, communication flow, and KI distribution protocols.

DRHD's objectives for the exercise included testing the capabilities of the HOC and the virtual HOC. HOC members practised their roles and responsibilities within the Incident Management System and assessed interoperability and communication with Durham Region departments. A debrief session after the exercise captured valuable feedback, lessons learned, and recommendations to strengthen DRHD's emergency preparedness. An after-action report is currently in progress.

DRHD complied with all the requirements of the OPHS and [Emergency Management Guideline, 2024](#). DRHD provided training for staff, supported local emergencies, completed an emergency exercise, and participated in the 2025 regional hazard identification and risk assessment.

Potassium Iodide Tablet Program

DRHD's third and final KI distribution campaign for 2025 was launched on September 15 and ended on October 14. This campaign involved targeted social media posts aimed at increasing public awareness and preparedness. In addition, HPD partnered with Masjid Usman (Pickering Islamic Centre) to display a KI banner bug for **two** weeks.

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DRHD collaborated with OPG and TEM to make minor refinements to the FAQ section on preparetobesafe.ca. This included updates on the safe disposal of expired pills and information about alternative packaging options that maintain the same effectiveness. As part of this initiative, OPG refreshed the campaign artwork, incorporating recommendations from both DRHD and TEM to ensure the messaging is clear and accessible.

The updated materials will be introduced as part of the February 2026 KI campaign and in advance of the OPG KI pill replacement project. DRHD has finalized public resources such as the KI brochure and a one-page handout for consistency with the updated FAQ. This initiative will support preparations for redistributing the KI supply originally pre-distributed within the 10 km DPZ in 2015. The DPZ encompasses a 10 km radius surrounding Durham's two nuclear generating stations.

DRHD continues to pre-distribute KI tablets to institutions (LTCH, hospitals, schools, CCC, and youth detention centres) and first responders located within the DPZ. Anyone living or working within 50 km of Pickering or Darlington nuclear generating stations can order their free supply of KI tablets from preparetobesafe.ca.

Food Safety

Staff did an excellent job completing food safety inspections in the fourth quarter of 2025, as mandated by the [Food Safety Protocol, 2019](#). From October to December, staff completed **685** high-risk inspections, **794** moderate-risk inspections, and **495** low-risk inspections. Staff also completed **198** re-inspections, and **42** inspections/re-inspections generated by a complaint. The team completed **100 per cent** of required inspections and completed all required inspections by the end of the year (**2,392** high-risk inspections, **2,729** moderate-risk inspections, **1,492** low-risk inspections, **930** re-inspections, and **214** inspections generated by a complaint throughout 2025).

From October to December, staff processed **637** special event and farmers' market vendor applications and **118** special event and farmers' market coordinator applications. Using a risk assessment tool and updated special event procedure, staff only inspected **three** special events and farmer's markets that were deemed higher risk, since vendors had already been inspected at a prior Durham event earlier in the year. It has been a successful special event and farmer's market season in Durham, with a record **407** events occurring in 2025.

Food safety continued to be a hot topic for DHCL calls. Food safety calls accounted for **over one-third** of the **1,504** calls received by DHCL from October to December. There were a total of **6,633** calls to HPD's DHCL in 2025 which represents a growth of **12 per cent** from 2024.

A special consistency training session was held for all general program PHI during this quarter and touched on topics ranging from cultural and emerging food trends to

inspection best practices. DRHD's video blog about food safety and special events continues to be sent to all vendors and coordinators participating in Durham events and has become an excellent tool for the public to understand what is involved in a successful special event process. The team looks forward to adapting to the new OPHS in 2026 and will continue to protect the public.

Healthy Environments

Cold Warning & Information System

The HPD coordinates the Cold Warning & Information System each winter season, operating from November 15 to March 31. The system is designed to support community preparedness and mitigate health risks associated with cold weather, particularly among at-risk populations.

A cold weather alert is issued when the temperature is expected to reach -15 degrees Celsius or less, and/or the windchill is expected to reach -20 or colder, and/or when an extreme winter weather event, like an ice storm, is forecasted.

In December 2025, HPD issued **five** cold weather alerts. As cold alert thresholds most often happen overnight, HPD's response prioritizes direct notification to community partners that provide essential services and supports to people at increased risk of cold-related harm. Advance notice is provided by email when conditions are forecasted to meet alert criteria. This enables partners to activate established cold response protocols in a timely manner. HPD maintains an extensive notification distribution list of over **540** recipients, including individuals, local businesses, institutions, and community organizations, ensuring broad reach and coordinated response across the community.

Health Hazard Investigations and Inquiries

In 2025, HPD successfully fulfilled all requirements outlined in the [Health Hazard Response Protocol, 2019](#). HPD continues to strengthen collaboration with municipal and regional partners to effectively address health hazards in the community. An updated protocol is expected in 2026, and HPD will implement its requirements once they are released by the Province.

Between October and December 2025, HPD responded to **149** complaint investigations and inquiries. Top sources of complaints were about pest and sanitation, indoor air quality, and property standard issue inquiries.

Radon Action Month Social Media Campaign

Radon is the leading cause of lung cancer among non-smokers in Canada and the second leading cause overall, following tobacco use. Radon is a naturally occurring, odourless radioactive gas that can accumulate in indoor environments. While radon is present to some extent in all homes, testing is the only way to determine indoor radon levels and assess potential health risks.

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November is recognized as Radon Action Month, aligning with the optimal time of year for indoor radon testing. In support of this initiative, HPD implemented its annual radon awareness and testing campaign in November 2025.

The campaign used social media to increase public awareness and promote radon testing among residents. Messaging focused on understanding radon and its associated health risks, how to test homes for radon, recommended actions when radon levels exceed Health Canada guidelines, and how to locate certified radon professionals for testing and mitigation services.

To further support residents, HPD developed a “[Facts About Radon](#)” resource outlining available financial assistance options for low-income homeowners, as well as information related to Tarion Warranty coverage for radon mitigation in new homes. Additional information and resources are available at durham.ca/radon.

Part 8 Ontario *Building Code* (Sewage Systems)

From October to December 2025, HPD conducted the following activities related to Part 8 of the Ontario *Building Code*:

- Received **50** building permit applications for sewage systems.
- Processed **six** building addition applications.
- Reviewed **10** planning applications.
- Investigated **three** complaints related to private sewage systems. No orders to comply were issued.

HPD staff conducted **262** inspections related to sewage system building permits and installations. Staff also attended pre-consultation meetings in each municipality regarding planning applications. From October to December 2025, HPD staff attended or provided comments at **five** pre-consultation meetings. Staff also responded to questions from the public and sewage system installers regarding sewage systems and planning applications.

The Lake Simcoe Maintenance Inspection Program is complete. **Two** properties were inspected in October, and an order to comply will be sent to the property that still requires an inspection.

Safe Water

Drinking Water: Regulatory Oversight and Incident Response

During the fourth quarter of 2025, HPD monitored and responded to water quality issues across regulated drinking water systems in Ontario. These systems fall under three key regulations:

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- [O. Reg. 170/03: Drinking Water Systems](#).
- [O. Reg. 319/08: Small Drinking Water Systems](#).
- [O. Reg. 243/07: Schools, Private Schools, and Child Care Centres](#), which focuses on lead testing in schools (public and private) and CCC to protect children from exposure to lead in drinking water.

HPD received a total of **28** Adverse Water Quality Incident reports, including:

- **20** reports under O. Reg. 170/03
- **Six** reports under O. Reg. 319/08
- **Two** reports under O. Reg. 243/07

In response to water quality concerns, **two** boil water advisories, drinking water advisories, or boil water orders were issued. These advisories are precautionary public health measures, typically triggered by microbial contamination, equipment failure, or other hazards. **Three** advisories were rescinded after corrective actions were taken and water safety was confirmed.

O. Reg 319/08 is enforced by HPD. SDWS are inspected based on a MOH risk assessment tool. Moderate- and low-risk systems are inspected at least once every four years, and high-risk systems are inspected every two years. PHI look for mandatory required water sampling and testing frequency, water treatment equipment and maintenance, operational checks, record keeping, physical well inspections and environmental examinations that may impact water quality, as well as operator knowledge and required training needed to operate SDWS safely. In 2025 HPD staff completed **51** inspections to ensure compliance with provincial requirements. According to the provincial risk-based approach and database, HPD is expected to complete approximately 77 assignments in 2026.

Recreational Water

In 2025, updates to regulations for public pools under the HPPA, expanded oversight to new facility types, including cold plunge, hot water, and floatation pools. HPD supported these changes through operators' outreach and education and kept Durham residents informed with updates with a social media campaign.

Blue-green algae consistently generated the highest social engagement rate from April to September 2025, which highlights key public interest for summer beach activities. HPD also maintained its commitment to meeting all mandatory targets under the [Recreational Water Protocol, 2019](#). In 2025, HPD conducted routine inspections at recreational water facilities to ensure compliance and protect public health. Between October and December, HPD completed **109** inspections, contributing to a year-end total of **571** compliance inspections. DRHD also addressed **three** complaints and issued **six** Section 13 closure orders under the HPPA in response to identified health hazards, demonstrating a proactive approach to risk mitigation and regulatory enforcement.

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As of December 31, HPD issued **48** recreational water closure orders, primarily due to issues such as inadequate water chemistry, malfunctioning emergency or pool equipment, poor water clarity, and health hazards on pool decks. Following each closure, HPD conducted re-inspections and worked closely with operators to correct deficiencies and prevent recurrence. These efforts were essential in reducing risks and ensuring safe recreational water environments for the public.

Respectfully submitted,

Original signed by
Anthony Di Pietro
Director, Health Protection Division



Healthy Families

Report for October – December 2025

Durham Health Connection Line

DHCL provides access to public health information to the community. PHN provide assessment, health education, counselling, and referrals to community services for residents or those looking for local services. Inquiries are addressed on the telephone or through email.

From October to December, DHCL responded to **3,659** inquiries.

Healthy Babies Healthy Children

The HBHC program is a voluntary home visiting program to support families from the prenatal period up until school entry. PHN and family visitors work in partnership with at-risk families to provide supportive interventions, identify and address goals that promote optimal child development and positive parenting.

The first step in identifying families that may be at risk is universal screening. HBHC screening is universally available to all postpartum clients that deliver in hospital or at home with a midwife. Screening is also accessible through referral from HCP, via self-referral online, or by calling the DHCL.

Among clients screened between October and December, **448** (49 per cent) screened “with risk” and **463** (51 per cent) screened “not with risk”. Clients that screened without risk were provided information about DRHD programs and services and links to parenting resources on durham.ca. Telephone calls were attempted for all clients that screened “with risk” and PHN reached **315** (70 per cent) of these clients to offer an in-depth assessment in the home. Home visits were accepted by **172** (55 per cent) of these clients. Of all clients that agreed to the home visit, **122** (71 per cent) completed an in-depth assessment. Of those, **98** (80 per cent) were confirmed with risk and offered a referral to the HBHC home visiting program. Clients that were assessed and confirmed “without risk” were offered health information resources and referral to applicable community services prior to discharge.

Between October and December, a total of **1,243** visits took place with families to address their family service plan goals. Currently there are **237** families actively participating in the program.

Healthy Families

Baby Steps

Baby Steps is a collaborative program between DRHD and DCHC. It is a free weekly program that supports vulnerable new parents with infants aged zero to 10 months. Health education and support around maternal mental health, infant sleep, nutrition, growth and development, and connection to community agencies is offered in a supportive environment. In 2025, **ten** sessions from **four** Baby Steps series were facilitated, reaching **57** parents.

Breastfeeding Services

Breastfeeding is the optimal method of infant feeding, supported by health organizations including the World Health Organization and UNICEF. It provides essential nutrients and immune protection for infants and offers significant health benefits for both infants and the breastfeeding parent.

DRHD offers timely breastfeeding support to local residents experiencing breastfeeding challenges. Referrals are received from a variety of sources including local and neighboring hospitals, family HCP, midwives and self-referrals.

Breastfeeding services are available via phone, home visits, or at one of the DRHD clinic locations in Oshawa and Port Perry. Between October to December, DRHD PHN provided service to **452** breastfeeding clients contributing to a total of **1,785** clients seen in 2025. Of these clients, **164** received support over the phone or at home visits (**615** clients in 2025) and **288** were assessed as experiencing complex breastfeeding challenges and were supported at one of our two breastfeeding clinic locations (**1,170** clients in 2025).

Online Prenatal Classes

Access to prenatal education for expectant and new parents is a key component of prenatal care with positive impacts on the health of the baby and family. The benefits of prenatal education include improved maternal mental health, increased likelihood of having a vaginal birth, increased rates of breastfeeding, easier transition to parenting, increased confidence with infant care and connection with appropriate community supports.

From October to December, there were **339** new registrations for the InJoy online prenatal classes available for a total of **1,427** new registrations in 2025. To promote these online prenatal classes, DRHD shared **12** social media posts, highlighting topics

such as prenatal education, cannabis use in pregnancy, gestational diabetes, breastfeeding, and newborn care. Designed for independent learning, these classes use interactive activities and videos to simplify complex concepts and support diverse learning styles.

Since the launch of the InJoy online classes, the Better Outcomes Registry & Network Ontario found an increase in prenatal education participation among local first-time parents from 39 per cent in 2018 to 52 per cent in 2024.

DRHD's evaluation results for the InJoy online prenatal classes show a significant improvement in confidence of participants. Before taking the classes, up to 34 per cent of respondents reported feeling not confident or lacking knowledge on prenatal topics. After the classes, nearly **100 per cent** reported feeling moderately or extremely confident about topics such as labour, birth, caring for a newborn, and breastfeeding.

The program addresses barriers such as cost, transportation, scheduling, language (classes are available in **eight** languages), accessibility needs, and preference for online learning. Offering the InJoy online prenatal classes ensures evidence-based prenatal information is useful and accessible to Durham Region residents.

Perinatal Mood Disorder

PMD impacts 23 per cent of Canadian mothers and can affect both parents. PMD includes several mental health conditions, such as anxiety, depression, obsessive-compulsive disorder, and bipolar disorder. If left untreated, PMD can significantly impact child development, family dynamics, and maternal well-being. Research also shows that untreated PMD increases the risk of adverse childhood experiences, which are associated with long-term health and social challenges. Other negative outcomes include premature delivery, obstetric complications, self-medication or substance use, insecure parent-infant attachment and low breastfeeding rates.

In Durham Region, HCP play a key role in the early detection and management of PMD. Barriers to traditional mental health services underscore the need for innovative, accessible support and interventions. DRHD has implemented the following strategies to support HCP and Durham residents in addressing PMD:

- An online and interactive care pathway for managing perinatal mental health was updated to support health professionals in the identification and management of individuals requiring intervention for mental health during the perinatal period. The pathway ensures health professionals have access to the most appropriate type of care, services, and resources their clients require. The pathway can be accessed at: durham.ca/CarePathPMD.
- A new fillable prenatal/postnatal depression and anxiety scale (Edinburgh Postnatal Depression Scale) was added to the pathway to assist HCP in screening.

- Steps to Wellness Before and After Baby is a free, virtual nine-week cognitive behavioural therapy program led by PHN. The program provides accessible, research-informed care for pregnant individuals and new parents experiencing symptoms of postpartum depression and anxiety. Equipping parents with coping strategies, emotional regulation skills, and confidence, fosters safer, nurturing environments for children and helps break cycles of stress and trauma.

Infant & Child Development

The ICD program is a voluntary service that partners with families to promote the healthy growth and development of children between the ages of birth to school entry and who have a developmental concern. Durham residents can self-refer to the program or be referred by a service provider.

ICD Consultants and families collaboratively create developmental goals and establish ways to achieve these goals within the child's routines. Using a family-centered and strengths-based approach, Senior ICD Consultants and Occupational Therapists work together to offer a home visiting service that may include:

- Modeling, parent coaching, and resource sharing.
- Administering informal developmental assessments and screening tools.
- Coordinating services to connect families to community programs and resources.
- Transition planning to support the child's entry into early learning and care and/or kindergarten.

Between October to December, the ICD program offered service to **408** children and provided **983** appointments.

Respectfully submitted,

Original signed by
Kavine Thangaraj
Director, Population Health Division
Chief Nursing Officer



Healthy Living

Report for October – December 2025

Healthy Living

Alcohol

Alcohol is the most widely used substance in Ontario and places individuals at greater risk for over 200 diseases, injuries, and health conditions, including cancer. The 2024 [Health of Canadians Report](#) indicates cancer has become the leading cause of mortality in Canada, accounting for 84,629 deaths. Most alcohol-attributable deaths in Ontario are from cancers (e.g. breast, colon, throat, mouth, larynx, esophagus, and liver). Alcohol use in Ontario contributes to \$7.11 billion provincial dollars in healthcare costs. For young adults in Durham Region, alcohol is the most used substance with 24 per cent consuming alcohol in a way that puts them or others at risk for harms.

To address these concerns, DRHD continued with an alcohol awareness campaign, building on last year's Drink Less, Live More message. This year, the focus was on raising awareness about the link between alcohol and cancer while continuing to promote [Canada's Guidance on Alcohol and Health](#). The campaign encourages Durham residents to reflect on their alcohol use and visit durham.ca for information on the health and social risks associated with alcohol, and to learn about strategies to reduce consumption.

Between October to December, campaign messages were promoted across Durham Region as follows:

- **One** social media post that was boosted, which resulted in **90,058** impressions, **25,532** reach and **4,862** engagements.
- Digital advertisements at LH, which resulted in **133,190** impressions from visitors.
- **Six** posters at GO Train shelters in Oshawa and Pickering, which resulted in **190,372** and **187,911** impressions from transit riders respectively.
- **Nine** digital advertisements throughout Pickering Town Centre, which yielded **2,891,893** impressions from shoppers.

DRHD recognizes the importance of prevention efforts aimed at delaying the initiation of alcohol use and reducing risky patterns among youth. Staff raised awareness of alcohol-related harms among youth and young adults by amplifying the alcohol awareness campaign in partnership with DC and OTU. They also continued to collaborate with local school boards to provide evidence-based curriculum support tools and youth engagement strategies available at durham.ca.

Cannabis

With cannabis legalized in Canada, DRHD has continued to promote a public health approach to cannabis by collaborating with community partners and providing the community with the most current, evidence-based information regarding the risks of cannabis use and harm reduction strategies.

Cannabis is the second most used psychoactive substance among youth after alcohol, and its use can affect mental health, brain development, memory, and decision-making. According to the 2023 OSDUHS, 18 per cent of Grades 7 to 12 students reported using cannabis in the past year, and 9 per cent reported using it to manage mental health symptoms. DRHD continues to strengthen substance use prevention through partnerships with schools and school boards, reaching **373** educators through **five** professional development sessions on best practices and curriculum supports on substance use prevention.

According to data from Durham's Rapid Risk Factor Surveillance System survey, young adults are among the highest age group who use cannabis in Canada. Almost half (49 per cent) of Durham Region young adults have used cannabis in the past year. To reach young adults, DRHD partners with **two** local post-secondary schools: DC and OTU. DRHD regularly met with Health Promotion Coordinators and Residence Outreach Coordinators from both campuses to assess needs, discuss collaboration ideas, share resources and supports for students, and build capacity among Peer Wellness Educators. DRHD supported **six** student outreach events on campus in 2025, engaging with approximately **460** students.

DRHD ran an online harm reduction campaign between October and November, called Mindful Consumption, to increase the public's awareness of the potential risks when consuming cannabis edibles and harm reduction strategies. Campaign metrics show that **393,371** people saw the campaign messages through online ads and **471** individuals engaged with the ads. Digital screen ads were shown **128,505** times across all **five** Lakeridge Health hospital sites. Over the course of the campaign, the web traffic for durham.ca/cannabis increased by **478 per cent**.

Durham Youth Drug Awareness Committee Conference

The adolescent years represent an important developmental stage in which the foundation for future patterns in substance use is often established. The 2023 OSDUHS reported that:

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- Twenty-one per cent of Grades 7 to 12 students reported drinking alcohol in the past month. About five per cent drink on a weekly basis.
- Thirteen per cent of Grades 7 to 12 students reported vaping/using an electronic cigarette in the past year (more than just a few puffs); 87 per cent of students who report vaping/e-cigarettes, report vaping nicotine.
- Eighteen per cent of Grades 7 to 12 students reported cannabis use during the past year.
- Eighteen per cent of students reported symptoms of a video gaming problem (such as preoccupation, tolerance, loss of control, withdrawal, escape, disregard for consequences, disruption to family or school).

For over a decade, the DYDAC has held an annual conference for local secondary school students and educators to learn and share about substance awareness and health initiatives. DYDAC is a collaborative committee that includes representatives from DRHD, DDSB, DCDSB, Pinewood Centre of LH, and DCHC.

This year's DYDAC conference implemented a youth engagement strategy with secondary schools to increase awareness and action related to vaping, alcohol, opioids, cannabis, mental health, and gaming/technology use. Throughout the conference, students and educators attended a variety of interactive educational sessions, visited health education displays, and engaged with other attendees at the conference. At the end of the conference day, students and educators met with their school's assigned PHN to begin planning youth-led initiatives at their school.

The 2025 to 2026 annual conference was held on October 23 at the DDSB. Community organizations provided **six** interactive sessions for conference participants. A total of **19** secondary schools attended (four of which are in priority neighbourhoods). Participants included **107** students, **19** educators, and **five** superintendents. A total of **four** school boards were represented at the conference, including schools from Ajax, Clarington, Oshawa, Pickering, Scugog, Uxbridge, and Whitby.

Students and educators completed pre- and post-evaluation surveys. Feedback was positive, including themes about the session being valuable in the following ways:

- Providing opportunity to talk to community partners.
- The session was interactive, fun, and applicable.
- Learning about topics like alcohol and its link to cancer risks, and the importance of using language to reduce stigmatization.

After the conference, DYDAC school teams and PHN developed school health action plans. These plans are being implemented in school communities for the remainder of the 2025 to 2026 school year to a variety of audiences, including students, staff, and parents/guardians. Action plans developed included activities such as health education

events, health displays, guest speakers, student debate challenges, lunch and learn events for staff, posters, school announcements, and social media messages.

Fall 2025 Mental Health Summits: TAMI Coalition

In partnership with the TAMI Coalition, now known as Taking Action Making an Impact on Mental Health, **two** fall summits were held to strengthen mental health education and promote wellness initiatives in Durham Region schools. The TAMI Coalition is a collaborative network of 11 community partners spanning education, healthcare, mental health, addictions, child protection, and youth services.

During the summits, students engaged in facilitated discussions and group work focused on mental wellness, mental health promotion, and stigma reduction. Schools collaborated with PHN to develop mental health action plans to implement during the academic year.

A total of **30** elementary schools and **22** secondary schools participated, with approximately **200** students and educators from **four** school boards in attendance.

Food Literacy

Food literacy is increasingly recognized as an important influence on eating patterns. A decline in domestic food preparation skills passed down to youth from their families or learned through the school environment has an impact on these life skills. According to 2025 Statistics Canada data, Canadians have significantly increased the proportion of their food budget spendings on highly processed products, spending about 30 per cent on meals and snacks from outside the home. Fewer Canadians are making meals from basic ingredients, and many are reliant on highly processed products that require fewer food skills. Increasing food literacy, cooking, and preparing food at home can help support healthy eating and decrease costly food waste. Currently, there are very few food skills and food literacy programs offered in Durham Region. As a result, only a small number of Durham Region residents have access to community-based food literacy programs.

During the summer and fall of 2025, the durham.ca/foodandeating webpage was promoted. This was designed to enable Durham Region residents to find a broad range of food and nutrition information in one location, including topics such as:

- Healthy eating
- Feeding your baby
- Food insecurity
- Easy and affordable meal ideas
- Food safety
- Community programs and services.

The webpage was promoted through social media, recreation centres, community agencies, and DRSSD at tax clinics, Mobile ID and Benefits Access Hubs and site offices. Website analytics from the campaign period demonstrated a **129 per cent** increase in views as well as a **172 per cent** event count indicating increased user engagement.

A food skills module, 'Let's Get Cookin' was also launched on the durham.ca/shoppingandcooking webpage. This module is a training program to support schools and community groups in implementing cooking groups with children over the age of 10.

In 2025 DRHD addressed food literacy on social media, highlighting monthly topics such as affordable meal ideas, use of seasonal produce, meal planning to reduce food waste, food storage, and navigating the grocery store.

Mental Health Connection Campaign

Social connection is a fundamental determinant of mental health, playing a critical role in emotional well-being, resilience, and overall quality of life across the lifespan. DRHD staff collaborated with Durham Region's Corporate Communications Office to create **two** new mental health videos, one for older adults and the other for youth. On December 11, the videos were launched on the durham.ca/connection website and the DRHD YouTube channel. The older adult video emphasizes the importance of prioritizing social connections and encourages rediscovering a sense of belonging through conversations, volunteering, and friendships. The youth-focused video highlights the power of authentic connection, reinforcing that social health matters and encouraging youth to reach out, feel seen, and thrive. Since the launch, the videos have received **23,083** views.

Mental Health Promotion Framework

Mental health is essential to overall well-being, and it matters at every stage of life. From perinatal to older adulthood, supporting mental health across the lifespan enables individuals, families, and communities to thrive.

A lifespan approach to mental health is critical, as needs and challenges evolve over time and require tailored strategies for prevention and intervention. This holistic perspective helps to promote well-being, reduce risk factors early, and improve outcomes across the population.

To support this, PHN developed a mental health promotion framework as a strategic guide for planning, implementing, and evaluating mental health promotion activities across the lifespan.

The framework translates core mental health promotion principles into a shared language and a structured approach, supporting consistency across public health

programs. It benefits practitioners, such as PHN, Occupational Therapists, ICD Consultants and Family Visitors, by offering a standardized foundation for promoting mental health while working with individuals, families and communities.

Grounded in current evidence, the OPHS, and local public health practice, the framework includes a visual model, practical guidance, and actionable strategies. It is designed to help teams generate ideas, identify opportunities for future programming, and foster collaboration across departments and sectors to advance population mental health.

The framework was introduced to **five** DRHD programs, accompanied by an evaluation. The framework will serve as a foundation for the design and delivery of programs, services, and interventions that reflect the diverse needs of our community. By aligning DRHD's work with this framework, the program aims to enhance mental well-being, improve access to supports, and create meaningful, long-term impact across Durham Region.

Opioids

To address opioid related overdoses in Durham Region, DRHD staff continue to partner with **27** community agencies, service providers, community members and people with lived experience on the Durham Region Opioid Task Force. DRHD on-boarded **three** new members to the task force in 2025. The task force held **six** meetings to discuss local priorities, Indigenous health and identify barriers to treatment services. These discussions assisted community agencies to collaborate and leverage existing services locally.

DRHD routinely monitors opioid-related data and information to understand the impact of opioid-related poisonings at the local level. Local data are uploaded weekly into the [DROIS](#). Currently, there are **79** DROIS webpage subscribers and from January to December, there were **1,421** page views. Data show that for the 2025 year, RDPS received **527** calls related to suspected opioid overdoses, compared to 764 calls in 2024.

DRHD administers the Opioid Overdose Early Warning System, which includes monitoring RDPS's response to calls related to suspected opioid overdoses, suspected overdose emergency department visits based on registration and triage data from the Acute Care Enhanced Surveillance application, suspect drug-related death data from the Office of the Chief Coroner of Ontario, and data shared from Durham Region community partners about current trends. Data are uploaded weekly to DROIS. When an alert is triggered, DRHD completes a situational analysis and if warranted, issues a drug alert. Currently there are over **30** community agencies that receive drug alerts. Throughout 2025, **eight** drug alerts were issued.

Naloxone is a life-saving medication that can reverse the effects of an opioid overdose when given in a timely manner. Through the Ontario Naloxone Program, public health is mandated to provide eligible organizations with naloxone kits to distribute to their clients at risk of opioid overdose and to their family and friends. DRHD continues to onboard eligible organizations and acts as a central distributor for naloxone in Durham Region. From January to December, DRHD distributed **5,110** naloxone kits and **958** naloxone refills to eligible community agencies and onboarded **two** new organizations. As a harm reduction strategy, DRHD promoted the National Overdose Response Service, a peer-led overdose prevention hotline, by including a promotional wallet card in each naloxone kit distributed.

Oral Health

From October to December, OHD noted the following achievements, demonstrating a commitment to improving oral health outcomes and delivering exceptional services to the community.

Comprehensive Dental Services: OHD served over **856** unique clients. The Dental Clinic provided services to **258** Healthy Smiles Ontario clients and **598** Ontario Seniors Dental Care Program clients through **1,613** appointments.

Dental Benefits Claims: OHD processed **599** dental benefit claims, amounting to **\$100,593** in fees paid. These efforts facilitate the smooth provision of dental care and ensure financial support for those in need.

Dental Care Needs: Through screenings conducted of **9,004** students at schools, OHD identified **453** children with urgent dental needs and **808** children with non-urgent dental needs.

Dental Estimates: OHD received **341** estimates and entered **225** that were eligible to be processed for approval.

Denture Lab: Denturists delivered **107** services in the denture lab.

Oral Health Education and Promotion: Staff provided dental screening to **125** children and oral health education to **2,948** children.

These accomplishments exemplify OHD's commitment to enhancing oral health outcomes through a comprehensive and strategic approach.

Smoke-Free Ontario Act, 2017

TEO are required to complete inspections and complaint investigations as mandated by the OPHS. TEO conduct inspections at all tobacco and vapour product retailers including display and promotion inspections, and youth access test shops where students under the age of 19 attempt to purchase tobacco or vapour products. If a

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vendor sells tobacco or vapour products to a minor, the operator and owner of the store may be charged with selling or supplying tobacco or vapour products to a person who is under 19 years old. TEO completed all **three** rounds of youth access inspections at tobacco retailers for 2025.

Two or more tobacco-related convictions may lead to an AP, issued by the MOH, prohibiting the vendor from selling tobacco products for a minimum of six months. In 2025, there were **three** establishments in Durham Region that were issued an AP. **Two** have ended and **one** facility continues to be under a 12-month AP.

TEO respond to all complaints received regarding smoking or vaping in enclosed workplaces and other prohibited areas included in the SFOA and Durham Region [Smoking and Vaping By-law](#). These areas include multi-unit dwellings, schools, hospitals, outdoor playground areas, hookah lounges, and more.

From October to December, TEO conducted **30** youth access test shop inspections for vapour products, and **16** display and promotion inspections at vapour product retailers. In 2025, TEO conducted **405** youth access test shop inspections and **439** display and promotion inspection for vapour products. TEO continue to observe non-compliance with stores selling products with high levels of nicotine and flavours in the convenience stores illegally. Convenience stores are only permitted to sell tobacco, mint and menthol vapour products. TEO issued **57** warning letters, and **19** charges for vapour-related offences in 2025.

From October to December, TEO conducted **13** youth access test shop inspections for tobacco products and **nine** compliance inspections for display and promotion for tobacco retailers. In total, **one** warning letter and **one** charge was issued for tobacco-related offences. In 2025, TEO issued **27** warning letters, and **16** charges for tobacco-related offences.

From October to December, TEO conducted **138** inspections in enclosed workplaces and other prohibited areas. In 2025, a total of **454** inspections were conducted.

TEO continue to respond to complaints regarding students smoking and vaping on school property. There were **11** complaints investigated from October to December, and **57** complaints investigated in 2025. In 2025, **15** charges and **57** warning letters were issued to students for smoking and vaping on school property.

Specialty vape stores and tobacconist stores continue to operate in Durham Region. As of December 31, there were **75** registered specialty vape stores, which is an increase of four since September 30, 2025. There are **four** tobacconist stores.

Durham Region's [Smoking and Vaping By-law](#) has been in effect since June 24, 2019, and TEO continue to enforce the by-law in prohibited facilities. Currently, **three** local facilities continue to operate in non-compliance with the by-law by permitting hookah

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smoking indoors. Previously there were **four** facilities, however, **one** facility no longer permits the smoking of hookah due to an outstanding probation order placed on the owner/operator. TEO continue to attend these facilities regularly to enforce both the by-law and the SFOA. Additional charges continue to be issued to the corporations/owners and directors of these establishments to gain compliance. At this time, court outcomes include fines and probation orders issued to the directors of the facilities.

In December, TEO did a joint investigation with inspectors from the MOF to enforce the SFOA and the Tobacco Tax Act. The outcomes were:

- The MOF issued assessments (financial taxes owed) at two of the three restaurants.
- The MOF issued assessments of \$6,045 and seized more than 580 grams of waterpipe tobacco at a restaurant in Ajax. The MOF attended the restaurant two more times and issued assessments totaling \$15,918 for products at the location.
- The MOF issued assessments totaling \$6,344 at a restaurant in Pickering.
- DRHD is following up with summons to corporations and owners/operators of the restaurants.

These findings demonstrate ongoing non-compliance and significant violations of provincial and municipal legislation. DRHD is optimistic that ongoing collaboration with the MOF, particularly through joint inspections and enforcement, will help gain compliance from operators. Enforcement under various legislation conducted by DRHD and other agencies is one strategy to assist in gaining compliance when there continues to be disregard for the local by-law.

Respectfully submitted,

Original signed by
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Infectious Diseases

Report for October – December 2025

Immunization

Adverse Events Following Immunization

AEFI are defined as any untoward medical occurrence that follows immunization and does not necessarily have a causal relationship with the vaccine. DRHD monitors, investigates, and documents all suspected cases of AEFI that meet provincial reporting criteria, and promotes reporting by HCP across Durham Region. Following each AEFI investigation, individual vaccine recommendations are provided to HCP and clients. In 2025, **90** AEFI were investigated. These investigations and recommendations support vaccine confidence and help ensure immunizations continue safely.

COVID-19

DRHD offers COVID-19 clinics for children aged six months to four years, as well as for individuals who are unable to leave their homes due to medical, physical, cognitive, or psychosocial needs through a homebound program. A total of **168** COVID-19 vaccine doses were administered to local residents with limited access to pharmacies and HCP through DRHD immunization clinics and the homebound program. In 2025, DRHD offered **17** community clinics providing COVID-19 vaccine and **six** homebound clinics.

Immunization Catch Up Clinics

DRHD promotes and provides provincially funded immunization programs and services to eligible persons, including underserved and priority populations, to reduce or eliminate the burden of vaccine preventable diseases.

In Durham Region, immunization catch-up clinics are provided for residents experiencing challenges to accessing publicly funded routine vaccines, including residents without OHIP coverage or who have limited access to HCP. Immunization catch-up clinics are offered throughout the year, including evening and weekend clinics.

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Between October to December, DRHD provided **563** vaccines to **279** Durham Region residents at **11** catch-up clinics. In 2025, a total of **59** immunization catch-up clinics were offered, administering **3,551** vaccines to **1,960** residents.

School-Based Immunization Clinics

In accordance with the OPHS, DRHD is responsible for promoting and delivering provincially funded immunization programs to eligible students through school-based clinics. The goal of school-based clinics is to reduce the incidence of vaccine preventable diseases by providing hepatitis B, meningococcal-C-ACYW-135 and HPV9 vaccines to eligible Grade 7 and 8 students. These vaccines are administered through school-based clinics at students' designated schools.

A total of **191** school clinics were held during the fall 2025 campaign. During these clinics, **18,876** vaccines were administered to eligible Grade 7 students and **2,085** vaccines were administered to eligible Grade 8 students who were unable to receive the vaccines in their Grade 7 year.

Grade 7 students complete the hepatitis B and HPV9 vaccine series during spring clinics, as both require two doses for long-term protection. The completion rate for the meningococcal-C-ACYW-135 vaccine among Grade 7 students is about **80 per cent** and is expected to increase as clinics continue in the spring. Vaccine completion rates for Grade 8 students are:

- About **77 per cent** for the hepatitis B vaccine.
- About **71 per cent** for the HPV9 vaccine.
- About **89 per cent** for the meningococcal-C-ACYW-135 vaccine.

Vaccine Storage and Handling

DRHD managed the vaccine storage and handling for all publicly funded vaccine in Durham Region. PHN provided education on waste and cold chain incident reduction strategies to HCP who administer publicly funded vaccine. To ensure vaccine provided to residents remains safe and effective, from October to December, staff:

- Followed up on **27** cold chain incidents, for a total of **57** cold chain incidents in 2025.
- Distributed **156,517** doses of publicly funded vaccine to HCP, and a total of **337,388** doses were distributed in 2025.

In fall 2025, DRHD supported the distribution, storage, and handling of publicly funded influenza vaccines for individuals six months of age and older, distributing **60,814** doses, and a total of **64,783** doses distributed in 2025.

For the fall COVID-19 campaign, DRHD distributed and supported inventory management for **5,621** doses, and a total of **8,086** doses in 2025.

RSV vaccine distribution increased as the older adult high-risk RSV prevention program expanded eligibility to include all individuals 75 years of age and older, and the infant RSV prevention program entered its second season. DRHD distributed **16,995** doses of RSV vaccine to HCP, with a total of **21,181** doses distributed in 2025.

Influenza, COVID-19, and RSV vaccine administration is available through primary care providers, community health centres, hospitals, LTCH and RH. Influenza and COVID-19 vaccine administration is also available at local pharmacies. DRHD supports individuals experiencing difficulty accessing publicly funded vaccines, including fall respiratory vaccines.

To increase awareness and uptake of influenza, COVID-19, and RSV vaccines, PHN implemented a seasonal vaccine awareness campaign. This included a social media initiative that ran throughout the season, reaching over **77,712** residents. A weather network advertising campaign was launched to promote seasonal vaccine availability, particularly for RSV, which reached more than **162,244** local residents. Additionally, **one** news release was distributed, and **one** media interview was conducted to further encourage vaccination.

Infectious Diseases Prevention & Control

Annual IPAC Education Day

In October 2025, DRHD hosted the annual IPAC Education Day for LTCH and RH partners at the Audley Recreation Centre. This collaborative event featured expert speakers from DRHD, IPAC Hub, LH, and PHO, delivering critical updates and best IPAC practices. It also included updates from the Retirement Home Regulatory Authority and the Ministry of Long-Term Care.

Presentation topics addressed vaccination strategies, Candida auris, viral respiratory infections in CLS, iGAS, Candida auris screening strategies, hand hygiene, the environmental marking auditing program, and emergency preparedness health hazards vaccine ordering. Dr. Pepi McTavish, DRHD's Associate Medical Officer of Health, shared information about the last respiratory season.

This year's event attracted over **180** registered attendees, a number that continues to grow annually, highlighting its value in strengthening IPAC practices and fostering collaboration among healthcare partners. The event reinforces DRHD's collective commitment to improving IPAC across Durham Region.

Child Care and Early Years Act, 2014

DRHD enforces the CCEYA and assesses the immunization status of children attending licensed child care sites in Durham Region. CCC are required to maintain updated immunization records or valid exemptions for all children. In 2025, DRHD enforced CCEYA for the first time after the pandemic.

CCEYA protects children in CCC against the following diseases: diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, meningococcal disease, Haemophilus influenzae type B, pneumococcal disease, rotavirus, and varicella. Children who cannot receive vaccinations for medical, conscience, or religious reasons may obtain a valid exemption.

CCEYA was enforced with **211** licensed CCC and **5,033** notices were distributed to parents/guardians with children missing required CCEYA vaccines. Warning letters of non-compliance were issued to **seven** child care operators. Following the issuance of non-compliance letters, these CCC resolved the issues, reporting updated immunization requirements for children in their care. In 2025, a total of **247** philosophical exemptions and **nine** medical exemptions were processed.

Due to enforcement efforts, CCEYA compliance rose by about **50 per cent**, resulting in a compliance rate of about **95 per cent** as of December. Implementation of CCEYA has resulted in greater protection for children in child care, heightened awareness of immunization requirements, and stronger partnerships with child care operators.

Child Care Centres

Between October and December, a total of **282** compliance inspections were completed in CCC, addressing both IPAC and food safety. This included **110** IPAC inspections and **172** kitchen inspections.

On October 24, the fall/winter 2025 edition of the [Wee Care newsletter](#) was distributed. The newsletter included information on the proper use of disinfectants, guidance on managing extreme cold weather conditions and new licensing requirements outlined in PHO's IPAC checklist for CCC. In addition, DRHD locally distributed **two** new resources providing guidance to schools and CCC on the topics of extreme heat and wildfire smoke.

The English version of the Wee Care manual is now in its final draft, incorporating all current updates, and is scheduled for completion in January 2026. The manual is a key educational resource that provides information and guidance to help CCC meet public health's regulatory requirements, including illness prevention, outbreak management, immunization and health record standards, safe environments, and healthy growth and development. The Wee Care manual has previously been only available in English, but DRHD has submitted a request through the MOH to the Provincial Translation Network to translate the manual into French. This would support the growing number of French-speaking child care communities in Durham Region. In 2026, DRHD will also explore translating DRHD's online child care learning module into French.

Diseases of Public Health Significance

In accordance with the OPHS and [O. Reg. 135/18: Designation of Diseases](#), HPD is responsible for the management of cases and contacts of DoPHS.

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Between October to December, **1,211** DoPHS were reported to HPD. These include in descending order: influenza A (**1,039**), Lyme disease (**42**), salmonellosis (**27**), campylobacter (**20**), giardiasis (**16**), WNV (**11**), CPE colonization (**eight**), food poisoning (**eight**), influenza B (**six**), amebiasis (**five**), cryptosporidiosis (**five**), CPE infection (**four**), legionellosis (**four**), hepatitis A (**three**), blastomycosis (**two**), Creutzfeldt-Jakob disease (**two**), shigellosis (**two**), typhoid fever (**two**), cyclosporiasis (**one**), paratyphoid fever (**one**), verotoxin producing E. coli including hemolytic uremic syndrome (**one**), and Q fever (**one**).

In the fourth quarter of 2025, there were **1,211** DoPHS reported, representing a **273 per cent** increase compared to **325** cases during the same period in 2024. This surge is largely attributable to influenza A, which was **183** cases in the fourth quarter of 2024, then **1,039** cases in the fourth quarter of 2025. This is a **468 per cent** increase. The data highlight the strong seasonal impact of influenza, making comparisons like this more meaningful than the trends throughout one year alone.

Disease patterns from the third and fourth quarter of 2025 show clear seasonal variation. Influenza A experienced an extraordinary surge from **11** cases to **1,039** cases (9,354 per cent increase), driving the overall rise in reported diseases. In contrast, Lyme disease dropped from **123** cases to **42** (66 per cent decrease), reflecting reduced tick exposure in colder months. Campylobacter declined from **43** to **20** cases (53 per cent decrease), and salmonella fell from **35** to **27** cases (23 per cent decrease), likely due to changes in food handling and consumption patterns. These trends highlight the strong seasonal influence on disease incidence, with influenza dominating the end of the year.

Infection Prevention and Control Lapses

From October to December, there were **seven** IPAC lapse investigations in healthcare facilities (0 posted) and **13** in PSS (three posted). This is an increase from 2024 at this time with 13 lapses investigated collectively and six posted.

Overall, for 2025, there were **26** investigations in healthcare facilities (five posted) and **42** investigations in PSS (21 posted). IPAC lapse investigations continue to increase each year.

In addition, all **seven** of DRHD's clinics have been audited with minor or no IPAC issues.

Invasive Group A Streptococcus

GAS disease is caused by bacteria that spread person-to-person through direct or indirect contact with nose, throat, or wound secretions, or respiratory droplets. Some individuals carry the bacteria without symptoms or experience mild illness. In rare cases, the infection becomes invasive, (i.e., iGAS), and bacteria enter the blood or deep tissue, resulting in severe, life-threatening illness.

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In 2025, **75** cases of iGAS were reported. Of these, **eight** were fatal, **10** were in institutions and **five** GAS outbreaks were declared. This number is slightly lower than 2024 (78 cases) and 2023 (106 cases). The previous five-year average (2018 to 2022) was 30 cases per year.

Residents of LTCH and RH are at increased risk of severe illness and death from iGAS infections due to advanced age and underlying health conditions. Evidence indicates that once a confirmed case occurs in these settings, there is approximately a 38 per cent chance that another case involving the same strain will appear within six weeks.

DRHD collaborated extensively with LTCH and RH in 2025 to support iGAS risk assessment and follow-up for cases and outbreaks. This work involved providing recommendations regarding timely testing, treatment and outbreak control measures alongside consultations with PHO and local infectious disease specialists. Additionally, meetings were held with care home administrators, directors of care, IPAC representatives, and local IPAC Hub members. The collaborative approach involved reviewing IPAC practices and outbreak measures in these facilities and providing ongoing follow-up until all cases were managed and the home was free from GAS infection.

Building capacity was another key strategy to address rising rates of iGAS outbreaks in institutions. To raise awareness, PHN participated and presented at **four** local events in 2025:

- iGAS Outbreak Tabletop Exercise at Hillsdale Estates on July 25.
- Durham Region IPAC Education Day for CLS on September 16.
- Durham Region IPAC Education Day for LTCH and RH on October 8.
- DRHD Research, Knowledge & Exchange Symposium on October 31.

To ensure readiness for complex situations within LTCH and RH, an internal iGAS outbreak protocol was developed using scientific evidence and lessons learned from local outbreak experiences.

IPAC Newsletter

DRHD's IPAC Hub Spotlight newsletter helps keep partners informed on key infection prevention topics, supports best practices, and promotes collaboration to reduce infection risks and improve community health.

In the fourth quarter of 2025, DRHD collaborated with the IPAC Hub to publish the fall edition of the quarterly IPAC newsletter. The latest edition of this newsletter is distributed to community partners and posted on DRHD's website. The fall edition featured timely articles and practical guidance on the importance of good record keeping and surveillance, presenteeism and the spread of infections as a hidden risk in

healthcare and beyond, the Durham IPAC Hub fall preparedness checklist, six key facts for seasonal vaccine impact, and scabies identification and management.

The winter edition of the [IPAC HUB Spotlight newsletter](#) has been released and has replaced the fall edition on durham.ca, continuing DRHD's commitment to providing relevant and up-to-date IPAC information to partners.

Outbreak Summary

Outbreaks are investigated in accordance with the OPHS. Between October and December, **121** outbreak investigations were conducted. In the fourth quarter of 2025, there were **86** respiratory outbreak investigations across **36** LTCH, **20** RH, **25** hospitals, **four** CLS, and **one** school. Among respiratory agents identified, influenza A and COVID-19 accounted for the largest proportions of investigations with influenza A at 45 per cent and COVID-19 at 27 per cent, followed by unspecified respiratory agents at 13 per cent. Rhinovirus-related cases accounted for roughly nine per cent, with smaller proportions of three per cent or lower for parainfluenza, RSV, and methicillin-resistant *Staphylococcus aureus*.

Comparing the third and fourth quarter of 2025, outbreak investigations increased significantly. Total investigations rose from **55** to **121**, representing a 120 per cent increase. Respiratory outbreaks more than doubled, with a 115 per cent increase with 40 outbreaks in the third quarter, and 86 in the fourth quarter. This increase is likely driven by seasonal trends and heightened circulation of respiratory viruses during the fall and early winter months. This period typically coincides with influenza season and increased indoor gatherings, which facilitate transmission. Higher vulnerability in CLS like LTCH, RH, and hospitals during colder months also contributes to the surge.

During the fourth quarter of 2025, HPD supported Population Health Division with **two** iGAS disease outbreaks. In 2025, there were a total of **six** iGAS outbreaks supported by HPD, compared to just one in the previous year.

From October to December, **35** enteric outbreak investigations were conducted: **33** in CCC, one in a hospital, and one in a school. CPE was identified in the hospital outbreak, while no specific agents were detected in the remaining enteric outbreaks.

Enteric outbreak investigations increased from **15** to **35**, comparing the third and fourth quarters of 2025. This represents a 133 per cent rise. CCC saw the largest increase, jumping from **10** to **33** outbreaks (more than a 230 per cent increase). This surge may reflect seasonal factors, such as higher transmission of gastrointestinal illnesses during colder months when children spend more time indoors, combined with close-contact environments in CCC.

Personal Service Settings

From October to December, DRHD completed **307** compliance inspections and **41** re-inspections in PSS. Common infractions included the use of work and contact surfaces that were not smooth, non-absorbent, or easily cleanable; improper preparation or use of disinfectants; inadequate cleaning and disinfection of reusable items and equipment; and failure to notify DRHD prior to operating or adding new services. During this period, DRHD issued **nine** charges for repeat violations of the PSS regulation.

PSS continue to emerge in a variety of environments, including industrial units, entire floors of office buildings, and increasingly in home-based locations. These settings are introducing a growing number of novel devices and services, which often require increased staff resources for education, oversight, and enforcement.

The fall/winter 2025 edition of the [Beyond Glam newsletter](#) was distributed on October 7, 2025. This issue featured key information for PSS, including guidance on operating home-based businesses, managing power outages, guidance for halo head spa services, proper use of bleach-based disinfectants, and updated timelines for notifying public health about special events.

A tattoo and piercing special event took place in Oshawa at Sikorski Hall from December 12 to 14, 2025. The Tattoo Expo, now in its second year, has been touring various locations across Ontario from May through December. Durham Region hosted the final stop of the 2025 tour, and the event coordinator is planning to expand to additional locations in 2026. DRHD attended the event, which included 24 PSS vendor booths with various artists offering tattoos and piercings services. All tattoo and piercing vendors were inspected by DRHD on the first day of the event, with minimal issues identified.

Rabies Prevention & Control

From October to December, DRHD investigated **393** animal bite reports, which is similar to the same time period in 2024 (392). DRHD provided **43** local residents with anti-rabies treatment, which is a decrease from 56 during this period last year. The number of animal bite reports investigated continues to increase every year. For 2025, **1,813** cases were investigated compared to 1,729 in 2024.

DRHD also submitted **eight** animals for testing, and none tested positive for rabies. This is the same number as last year during this period. The number of animals being tested has decreased this year with **50** submissions and **four** positive bats compared to 2024 with 61 submissions and six positive bats.

The obstruction charge to an individual, which was reported in the third quarter of 2025, resulted in a conviction. This brings Durham's total charges for 2025 to **four** and **two** of those were withdrawn. Comparatively, in the fourth quarter of 2024, there were five charges with three withdrawn and two convictions.

Vector-Borne Diseases

Between October to December, a total of **42** probable or confirmed human Lyme disease cases were reported. This is up from this time in 2024, with 34 cases. **Three** WNV cases were reported compared to none at the same time of year in 2024.

Phase two of the GIS database and mobile application continues as privacy and record management issues are addressed to ensure information entered meets all legal and regional requirements.

Planning for the 2026 season will begin in the new year. With the efficiencies of the new database and mobile application, the VBD program will be able to drop from six to four students in the 2026 summer season.

Respectfully submitted,

Original signed by
Kavine Thangaraj
Director, Population Health Division
Chief Nursing Officer

Original signed by
Anthony Di Pietro
Director, Health Protection Division



Report for October – December 2025

Community Paramedicine

The CP program continues to support remote patient monitoring in the community to catch an exacerbation before it happens. From October to December, the program achieved the following:

- Completed **404** ultrasounds in the community and worked on the ultrasound quality assurance process to support expanded ultrasound within CP across Ontario.
- Conducted a wellness and vaccination event in the mobile bus clinic with MSIFN in partnership with the Durham OHT, providing protection against RSV, influenza, and COVID-19.
- Presented results of the Three Horizons exercise, which is a strategic foresight tool that helps organizations envision and plan for a future by considering three distinct phases: current system, innovations and transitions, and desired future state. The presentation was given to the CP team, senior leaders in RDPS, DRHD's Commissioner & Medical Officer of Health, and a representative from the Finance department.
- Had a collaborative proposal accepted for the Lower Limb Preservation Pathway to support Indigenous health. Partners include the DCHC, Durham OHT, Lakeridge Health, MSIFN, North Durham Family Health Team, and local primary care physicians.
- Continued work on the Health Excellence Canada program, which focuses on social prescribing. Work included submitting an asset map highlighting all social initiatives and referral processes to Health Excellence Canada, beginning data collection to compare outcomes, and exploring staffing opportunities for the program.
- Worked with Nurses Specialized in Wound, Ostomy and Continence Canada to create a skin tear training module for all paramedic services to increase best practices in the prehospital field.
- Provided over **600** vaccines to homebound patients to protect RSV, influenza, and COVID-19 in partnership with Ontario Health at Home.

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- Experienced a **46 per cent** increase in client interactions compared to the previous year, an **84 per cent** increase in phone calls from 911 paramedic inquiries to support those in the community, and a **329 per cent** increase in blood draws to assist with clinical decision making.

The PCOP completed the following activities:

- Increased service hours from 10 to 12 hours/day in September to enhance medical care delivery and documentation accuracy volume. With this increase, client interactions went from **7.85** per day to **12.17** per day.
- Received support from Nurses Specialized in Wound, Ostomy and Continence Canada, including education and consultation.
- Supported vaccination at the Mission United, a social and health services hub, providing protection against RSV, influenza, and COVID-19.
- Engaged with Ontario Health at Home to support advanced wound care training and resources.
- Piloted a thermal imaging device for challenging and complex wounds.
- Added a staple/suture removal medical directive to the program to better support the community.
- Held weekly addictions rounds. This included ongoing virtual case discussions to support clients managing substance withdrawal and increasing Suboxone administration.
- Experienced increases in the following services compared to previous years: client interactions (up **65 per cent**), nurse/wound consultations (up **81 per cent**), and Suboxone administrations (up **175 per cent**).

Logistics

RDPS completed the following logistics activities:

- **One** new command vehicle was commissioned and placed into active service and RDPS received **one** new command vehicle, which is waiting to be upfitted. These are hybrid vehicles (Ford Explorers) that will replace existing gas vehicles.
- Deployed a fully stocked spare ambulance to the Seaton station. This will be used as a float or upstaff vehicle.
- Worked with a consultant on the design of the new Whitby South station, and continuing to participate in design meetings.
- Implemented a quarterly base maintenance program to improve upkeep of RDPS bases.

Operations

RDPS completed the following operational activities:

- Expanded the RDPS fleet, adding **three** 12-hour shifts and vehicles in Whitby, Oshawa South, and Courtice.

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- Opened the Seaton facility.
- Planned for station development in Whitby South, Port Perry, and Clarington.
- Uxbridge Hospital has adopted the Fit2Sit program, which facilitates the rapid transfer of care for ambulatory patients. This initiative is designed to improve patient flow and minimize delays in the emergency department.
- Improved offload delays. Most hospital offload times are now **under 30 minutes**.
- Collaborated on and supported emergency management training for internal and external teams.
- Supported **two** exercises including the Durham Region Nuclear Emergency Exercise, and the Oshawa Airport Tabletop Exercise.
- Began to plan for FIFA World Cup events including a large-scale concert in 2026.

Quality & Development

RDPS completed the following quality and development activities:

- Completed **4,672** ambulance call evaluation reviews.
- Conducted fall continuing education with all staff.
- Attended **32** community outreach events.
- Hosted **50** Grade 9 students for “Take Your Kids to Work” day.
- Coordinated field placement for **52** primary care paramedic students from six neighbouring community colleges.
- Rostered **85** clients with home and community care for the palliative treat and refer program.
- Participated on various committees with internal and external partners.

Respectfully submitted,

Original signed by
Troy Cheseboro
Chief/Director