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**For Information**

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**REPORT TITLE: Communicable Diseases Update**

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**OBJECTIVE**

To provide an update on communicable diseases and outbreaks in Peel; outline the measures taken to enhance the efficiency of the program addressing communicable diseases, sexually transmitted and bloodborne infections, tuberculosis and outbreaks; and highlight the challenges and pressures faced by Public Health to meet the growing demand for disease prevention and outbreak control among Peel residents.

**REPORT HIGHLIGHTS**

1. A rising number of increasingly complex communicable disease cases are putting Peel residents at risk of severe illness or death and placing significant strain on case and contact management resources and response efforts.
  2. Rising cases of invasive Group A Streptococcus and measles have required a strengthened public health response. Enhanced case and contact follow-up and operational improvements have been critical in reducing disease transmission and protecting the well-being of residents.
  3. Programs have implemented several strategies to increase efficiency, capitalizing on resources obtained through previous budget requests but are still challenged to meet increasing demands.
  4. The current situation is intensified by Peel's population growth and Peel Public Health's insufficient provincial funding. Current resources are insufficient to meet increased service demands that will result from and increase population base and the increasing complexity of cases and clients stemming from socioeconomic and health challenges.
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**DISCUSSION**

**1. Background**

Public Health is mandated by the *Health Protection and Promotion Act*, 1990, and the Ontario Public Health Standards to provide:

- Case and contact management of more than 70 Diseases of Public Health Significance (e.g., measles, influenza, human immunodeficiency virus (HIV), tuberculosis, invasive Group A Streptococcal disease). The Communicable Diseases Division (CD) is responsible for the management of over 35 of these diseases.
- 24/7 On-Call coverage and response to communicable disease cases and outbreaks in multiple settings, and notification to Peel's Emergency Service workers of possible exposures to communicable diseases while in the line of duty.

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- Prevention and management of respiratory and gastroenteric outbreaks in acute care, long-term care homes, retirement homes, and congregate living settings.

These efforts help to prevent the spread of communicable diseases and outbreaks in Peel.

The purpose of this report is to provide an update on the magnitude of communicable diseases and outbreaks, what Public Health has done to make the program more efficient, how we have utilized the resources Council has invested in the CD program and highlight the continued challenges and pressures faced by Public Health to meet the demand for communicable diseases and outbreak control.

## 2. Communicable Diseases in Peel

### a) Magnitude of the Issue

There is an increasing demand for communicable disease control in Peel Region, driven by the activity of both existing and emerging communicable diseases. The volume and complexity of case management continues to grow, placing a significant strain on public health resources and response capacity.

In the context of increased activity and complexity, the Ontario Ministry of Health designated *Candida auris* (*C. auris*) as a Disease of Public Health Significance thereby mandating public health follow up. This drug-resistant fungal pathogen poses serious risk to immunocompromised persons, intensive care unit patients and long-term care residents.

Communicable disease activity in Peel is dynamic and constantly evolving. Outbreaks in congregate living settings, including long-term care and retirement homes, remain high, with staff managing 305 outbreaks so far this season. In the first half of 2025, compared to the five-year average (2020-2024) for the same period, Peel reported a:

- 36 per cent increase in invasive Group A *Streptococcus* (iGAS)
- 103 per cent increase in Invasive *Streptococcus Pneumoniae*; and
- 104 per cent increase in Latent Tuberculosis infection (LTBI) rates.

Antimicrobial resistance also continues to be a growing concern. Since becoming reportable in 2018, a family of bacteria that have developed a resistance to antibiotics called *Carbapenemase-producing enterobacteriaceae* (CPE) have steadily increased. Peel investigated 116 cases of CPE in 2019, rising to a high of 198 cases by 2024. In the first half of 2025, 147 cases have already been reported. This represents a 99 per cent increase compared to the five-year average, placing Peel on track for another record-high year.

With warming temperatures and changing weather patterns, the risk of tick-borne illnesses like Lyme disease has increased as the population of the ticks carrying the bacteria has grown in Ontario and Peel region. Initially, Peel cases were largely travel-related but over time the number of locally acquired cases has increased with all of Peel now considered a risk area. In 2023, three additional tick-borne diseases, anaplasmosis, babesiosis and Powassan virus, were added to the list of reportable diseases along with Lyme disease.

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While HIV and syphilis rates have increased significantly in recent years, early 2025 data show some signs of improvement. However, it is too early to determine whether this reflects a definitive shift in the overall trend. At the same time, investigations of sexually transmitted and bloodborne infections (STBBIs) are becoming increasingly complex and are disproportionately affecting vulnerable populations. Many clients have multiple health and social needs that require intensive follow-up, numerous contact notifications and cross-sector collaboration.

In Ontario, measles has been rare, owing to the successful elimination of measles in Canada and high immunization coverage. However, due to an increase in measles activity globally, Ontario has begun to see more cases of measles, primarily due to travel. At the time of this report, there have been six urgent responses for eight confirmed measles cases in Peel, involving the notification of more than 1400 contacts. Each measles case can result in hundreds of contacts that require individual follow-up to prevent community transmission and potentially serious negative health outcomes for Peel's most vulnerable residents. The intensive process of contact follow-up has a substantial impact on staff workload.

Communicable diseases and outbreaks also have a disproportionate impact on vulnerable populations including:

- i. Unvaccinated or under-vaccinated individuals such as very young children, immunocompromised people, and Peel residents from areas of the world with disrupted vaccination programs.
- ii. Seniors with compromised immunity and other pre-existing conditions can face life-threatening health complications.
- iii. Individuals residing in congregate living settings (CLS) such as supportive living housing, shelters and group homes are at greater risk of transmission of infectious disease due to shared accommodations.

These trends highlight the continued need for surveillance and a strong, coordinated response to manage both persistent and emerging public health threats.

### **b) Efforts to Increase Efficiency**

Programs have implemented several strategies to increase efficiency, capitalizing on resources obtained through previous budget requests.

#### **Measles Response Improvements**

Measles investigations are resource intensive and require timely and coordinated action to decrease community transmission and were a focus for the following improvements:

- i. Building capacity by developing a self-directed virtual measles training module and trained staff across public health to undertake brief, temporary secondments to support future urgent responses.
- ii. Streamlining contact management to enable faster and more effective outreach to contacts, including an online self-assessment tool, giving residents a faster and more efficient way to receive evidence-based information on what to do following an exposure.

These improvements have strengthened the division's readiness to manage future measles responses with minimal disruption to core operations.

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### **Sexually Transmitted and Bloodborne Infection Management and Clinic Efficiencies**

The sexually transmitted and bloodborne infection (STBBI) program has used previous Council-approved resource requests to stabilize staffing to operate four sexual health clinics with extended hours and walk-in services. The recent redesign of the program redistributed work to enhance staff skills and build internal capacity through:

- i. Increased client flow by maximizing the number of clients seen across the sites resulting resulted in the staff seeing 31 per cent more clients than 2023.
- ii. Clients receiving faster service, with cases being initiated an average of one day sooner and closed more than a week earlier.
- iii. Efficiencies for lab slip processing resulting in clients being informed of test results more quickly.

The program is currently engaging in a one-year pilot with Moyo Health and Community Services to deliver low-barrier testing and treatment in a community setting. Services will include testing for chlamydia, gonorrhea, syphilis, and HIV, as well as treatment, education, vaccinations, and referrals to help improve access for underserved populations.

### **Tuberculosis Program Efficiencies**

Directly observed therapy (DOT) support has a direct impact on Tuberculosis (TB) treatment success by ensuring adherence to treatment and isolation, early detection of side effects and prevention of complications. Additionally, Peel clients with active TB are increasingly complex, many facing non-medical issues that directly impact their ability to complete treatment.

Increased resourcing for Health Outreach Workers in the TB Program facilitated:

- i. Provision of DOT to 19 per cent more clients and increase the number of home visits for medication observation by over 200 per cent compared to 2023.
- ii. Connecting 46 per cent of clients with active TB on DOT with socioeconomic or psychosocial support, including housing, food, employment and mental health supports. Staff were able to provide direct assistance or referral for support for 97 requests.

TB program assistant resourcing has supported active TB case and contact follow-up and has been instrumental in the program's ability to manage an unprecedented increase in the number of LTBI and Medical Surveillance (MS) clients. MS is a medical check-up required for individuals who have been assessed as having or possibly having latent tuberculosis (LTBI) during their immigration medical examination. In 2024, Peel received over 2,000 MS reports, more than double the amount for 2023, an indicator that increasing numbers of those choosing to reside in Peel are deemed at higher risk for active TB.

A quality improvement project is currently underway with Public Health Ontario and Immigration, Refugees and Citizenship Canada to reduce data entry requirements, address client backlog, enhance timeliness of follow-up and ensure accurate and up-to-date provincial reporting, thereby improving client satisfaction. As a result, the program has achieved a significant reduction in data entry and implemented a more efficient and streamlined process for sharing information between organizations. These improvements have allowed the program to better manage the increased number of MS clients with current resources. However, as client volumes rise and cases become increasingly

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complex, sustained resource investment will be essential to maintain service quality, prevent delays, and support long-term program success.

### **Carbapenemase-producing enterobacteriaceae Management Efficiencies**

In response to rising case volumes of Carbapenemase-producing enterobacteriaceae, targeted efforts were undertaken in 2024 and 2025 to enhance team capacity through process improvements. A key project involved LEAN Value Stream Mapping to identify and reduce overproduction, wait times, and unnecessary processing steps. This led to the implementation of SharePoint automations and streamlined documentation processes, resulting in reductions in wait times. In recognition of this work, staff received the *Peel Celebrates Innovate Award in 2025*. Efforts to further streamline processes and strengthen operational efficiencies are ongoing.

### **c) Challenges and Pressures Faced by Public Health to Meet this Demand**

Despite the efficiencies outlined above, we are still challenged to meet the increasing demand. Peel's population is projected to grow by approximately 20 per cent to 1.7 million by 2031. This growth will include people who are vulnerable to communicable diseases, including newcomers to Canada and visitors from countries with higher rates of some of these diseases. Public Health will continue to face significant challenges that impact our ability to protect the community from the risk of communicable diseases and outbreaks.

The program's capacity is being challenged by more complex communicable diseases in clients with multiple socioeconomic issues often requiring lengthy investigations and work with community partners. For example, clients with Invasive Group A *Streptococcus* (iGAS) infection often require more intensive follow-up, while one measles case often requires follow-up with hundreds of contacts.

Public Health is mandated to be available 24/7 to respond to urgent Diseases of Public Health Significance in Peel. Public Health is also routinely notified of other public health units' urgent communicable disease investigations due to international travel exposures at Pearson International Airport and other Peel exposure sites. Urgent responses pull staff away from their regular daily work and are intensive in terms of human resources, finances, and time.

Despite significant contributions from Council, Peel remains underfunded. Provincial funding has not kept pace with Peel's population growth or inflationary costs, and despite increases in Regional funding support, Public Health's ability to grow our communicable diseases program to meet current demands has been limited. Increased funding and resources will support the service demands resulting from increased population growth and increased complexity of cases and clients due to socioeconomic and health challenges.

Consistent permanent staffing makes a difference to a team's performance. Having permanent staff is required to maintain capacity and competency in communicable diseases follow-up and readiness to respond to public health emergencies. Case, contact, and outbreak management is highly complex, and orientation, training and capacity-building for new staff is extensive and time consuming.

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### **RISK CONSIDERATIONS**

Implications of not meeting community health demands and maintaining outbreak readiness in 2026:

1. Increased risk of negative individual health outcomes associated with communicable diseases (e.g., death).
2. Increased risk of negative population health outcomes such as increased spread of communicable diseases.
3. Discontinuation of prevention and preparedness partnerships in high-risk settings leading to increased risk of outbreaks and disease transmission in vulnerable Peel residents.

### **FINANCIAL IMPLICATIONS**

Resources approved in the 2025 budget were welcomed into our programs and contributed to efficiencies outline above. To sustain the program improvements, maintain services levels and continue to ensure the safety of our Peel community, increased resources are needed. The 2026 proposed budget will include requests for permanent resources in roles currently being filled with contracts. The requests are to stabilize current staffing and do not include requests to address population growth.

Ongoing advocacy efforts continue to the Provincial government to request funding for the ongoing and pressing needs of Public Health in Peel.

### **CONCLUSION**

Communicable diseases and outbreaks in Peel put residents at risk for negative health outcomes. Public Health continues to seek efficiencies in the management of communicable diseases, sexually transmitted and bloodborne infections, tuberculosis and outbreaks to decrease community transmission within the community. The continued rise in disease incidence, coupled with increasingly complex case management requirements, is placing substantial and sustained pressure on operational capacity.

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