

April 23, 2020

CL-C 16-2020

Mayor Wayne H. Redekop
Town of Fort Erie
1 Municipal Centre Drive
Fort Erie, ON L2A 2S6

Re: COVID-19 Data

Mayor Redekop,

I am in receipt of your letter dated April 17, 2020, regarding your concerns about COVID-19 data on the [Public Health web site](#). Informing the public about the current situation around COVID-19 and ensuring our residents are well-appraised of their risk is one of our three priorities during this pandemic. We consider the impact of our communication of data every day. We recognize that data can powerfully communicate the truth of a situation, but can also mislead without appropriate context and if the data is unreliable or incomplete. We therefore approach our communication of data with a great amount of thoughtfulness.

We appreciate the opportunity to discuss our approach in the context of your specific concerns. To that end, I wish to outline the following:

1. The context and principles that act as dependencies around which data we can release
2. Review of your specific data requests, and comparison to what we do provide

Context and Principles That Determine Data Released

The starting point for release of data is the *Personal Health Information Protection Act, 2004 (PHIPA)*. This act elevates personal health privacy to a privileged position. However, *PHIPA* also expects that citizens should have some access to information in the public interest. This results in a balance we must strive for between the right of individuals to have privacy over their health and broader community disclosure. This balance may differ from community to community based on local factors, e.g. a smaller, more close-knit community may more easily identify particular individuals than residents of an impersonal metropolis.

A second contextual element that should be appreciated is that Public Health does not start off with a database full of data from which we can identify statistics to potentially release. We start off with no data. Any statistic that we release depends on employees seeking out data points, collecting that information, and recording it by hand. And only if and when that data has been collected in a routine way and is reliably collected, is there the opportunity to potentially have statistics that can be released. With many competing

priorities during the intense response to COVID-19, we seek to strike a balance across those priorities, including work limiting the spread of COVID-19, and informing the public through data collection.

Finally, there is always additional effort required to transform raw data collected into meaningful statistics for reporting. Public Health employees record their interactions in systems designed for serving clients, such as electronic medical records. These systems are typically prescribed by the Ministry of Health. These are not systems designed for public reporting of data, and suffer from significant quality and reporting issues, as described in the press¹. Data must be extracted from these systems, transformed, and loaded into different systems for public reporting. While some of this is done through batch processes, some of it must also be done by hand. In particular, variations in formatting, spelling errors and typos, and other inconsistencies requires manual reconciliation. Each morning approximately 3-4 person-hours is spent in Public Health to prepare data for reporting on our web site by noon. Each additional statistic that is reported on our web site adds overhead to extraction/transformation/loading/reconciliation of data to ensure accurate information for the public. This again requires balancing resources devoted to the two important priorities of protecting the public from COVID-19 with data reporting.

Specific Data Requested

In your letter, you assert that Niagara Region Public Health is providing “significantly less” data than other parts of Ontario. You specifically reference [Waterloo Region Public Health](#) and [Windsor-Essex County Health Unit](#) as providing additional data you think should be provided by Niagara Region Public Health. I would like to discuss these requests, outlined in your second paragraph, specifically.

Epidemic Curve

You request the “epidemic curve” of cases. According to the seminal *A Dictionary of Epidemiology* (Fifth Edition)², an epidemic curve is “A graphic plotting of the distribution of cases by time of onset”. The Waterloo Region Public Health web site has such a graph. The Windsor-Essex County Health Unit web site does not have this. They do, however, have a graph that is similar, but nonetheless mislabelled as “epidemic curve”, which shows the number of cases by date of reporting.

The Niagara Region Public Health web site has both an epidemic curve (cases by date of onset) and a graph of cases by date of reporting.

Character of Cases

“Character of Cases” appears to be language borrowed from the Waterloo Region web site. The table below lists those elements and compares equivalents between Waterloo Region, Windsor-Essex County, and Niagara Region.

¹ <https://ipolitics.ca/2020/04/21/ontario-government-warned-of-issues-in-iphis-data-system-more-than-a-decade-ago-documents-show/>

² *A Dictionary of Epidemiology*. Fifth Edition. Ed. Miquel Porta. Oxford University Press. 2008. p. 80.

Characteristic	Waterloo Region	Windsor-Essex	Niagara Region
Clinical Outcome	Case Status	Deaths/Resolved	Resolved/Deaths
Hospitalization	% hospitalized	Status	ICU/Hospitalized/ Self-Isolating
Health Care Worker Infections	% Health Care Workers	Health Care Worker Status	Health Care Workers
Infection Exposure	Transmission Type	Exposure Type	Exposure of Cases
Age	Age	Age	Age Group
Sex/Gender	Sex	Sex	Gender

As can be seen, Niagara Region Public Health is reporting equivalent “character of cases” data as Waterloo Region and Windsor-Essex.

Long-Term Care and Retirement Residence Cases

In addition to listing this in your second paragraph, you discuss in your third paragraph the value of knowing the number of cases and deaths in long-term care and retirement residences, how much testing is being done in these populations, and what proactive steps are being taken by Public Health to manage the situation. Again, I have summarized this in a table.

Statistic/Information	Waterloo Region	Windsor-Essex	Niagara Region
Cases in LTC/RH	Cases in LTC/RH Outbreak	# of Residents # of Staff	% of Cases
Deaths in LTC/RH	Total Deceased		% of Deaths ³
Testing in LTC/RH			
Proactive Steps Taken			Link to page with outbreak measures and 5 min video on outbreak management

As you can see, Niagara Region Public Health is reporting case information similar to your chosen comparators and death data similar to Waterloo Region. Only Niagara Region Public Health is sharing information on what steps are taken to manage outbreaks. However, as we have done in Niagara, I suspect our two peer agencies have done copious media discussing this.

None of us are reporting on testing done in LTC/RH, which will be discussed further in the next section.

³ This statistic went live subsequent to your letter being received.

Tests Conducted

This is one statistic that Niagara Region Public Health is not providing. Let me explain why not.

While our nurses refer people for testing, local public health agencies such as Niagara Region Public Health do not do testing for COVID-19. Indeed, local public health agencies have no particular role in provincial system for diagnosis and testing.

The provincial government has engaged health care providers such as hospitals to establish “assessment centres” to do COVID-19 testing. In some communities, these assessment centres are the sole provider of testing in the community, with hospitals also doing testing of their own patients.

In Niagara, one of our hospital systems, Niagara Health, has established two assessment centres: one in St. Catharines and one in Niagara Falls. However, recognizing the size of our region, both Niagara Health and Public Health have encouraged health care providers to establish additional options for testing where access to these assessment centres would be difficult (e.g. residents of southern Niagara, hospice patients, migrant workers, persons who lack transportation, shelter residents). Therefore, in addition to testing by Niagara Health in assessment centres and in its hospitals, the following additional groups are also doing testing:

- Primary care providers
- Community health centres
- Medical directors of long-term care homes
- Care providers to retirement homes
- West Lincoln Memorial Hospital
- Physicians supporting hospice and shelter clients
- Mobile paramedic unit

As well, the Stoney Creek assessment centre is catering to many of the residents of west Niagara.

For Niagara Region Public Health to have comprehensive testing data in Niagara, we would need an accounting of tests performed by all of these providers. A request has been made to them to supply us with that data, however, our busy health care providers have not been consistently able to report those numbers to us as there are other critical priorities for them during this time.

Similar to the multiplicity of testing providers, there is also a multiplicity of laboratories processing testing specimens, with the provincial government bringing on new laboratories daily. There is no comprehensive list of all laboratories doing testing who could be contacted, and it is unlikely even if we could that they would want to set a precedent of sharing volumes of tests processed with 34 local public health agencies.

Under section 25 of the *Health Protection and Promotion Act, R.S.O. 1990*, laboratories and health care providers must report positive test of COVID-19 to Public Health for follow-up. However, they do not need to report negative results. While some

laboratories are reporting negative results, many others are not and health care providers are not. Therefore, we cannot use the lab results we receive as a sum of tests completed.

Niagara Region Public Health has also explored the Ontario Laboratory Information System (OLIS) database as a source of testing conducted in Niagara. Unfortunately, not all laboratories in Ontario are reporting to this database, and so here too there is not a complete accounting of testing completed.

Therefore, in consideration of the distributed model of testing in Niagara, there does not appear to be a reliable means for Public Health to compile the number of tests completed. This is an example of the contextual elements described earlier of how reporting data depends heavily on having the ability to collect and prepare data that can then be reported. Unfortunately, that is not easily doable here since there is no single database for laboratory testing.

The Ministry of Health has previously requested that local public health agencies not share testing results at a regional level, and instead keep the focus on the provincial numbers. While not all local public health agencies have remained faithful to this, Niagara Region Public Health has adhered to this guidance, seeing the complexities that local reporting creates in jurisdictions such as ours—we would be unable to provide accurate information.

Travel

In your fourth paragraph, you raise the issue of local area municipalities that border the United States and the impact of travel on local cases. This is an important priority for us.

Our interactive web site provides a means for any member of the public to explore how travel has affected cases in Niagara. If one clicks on the “Travel” category in the “Exposure by Cases” graph, you will see that other data on our web site is filtered by this selection, in particular, the epidemic curve (“New Cases by Date of Symptom Onset”) shows the trend of travel-related cases.

Flattening of the Curve

In the fifth paragraph of your letter, you express that we provide no data to support our recent statements that the curve in Niagara is flattening. I point to the graphic labelled “COVID-19 Case Growth Curve” which shows that curve visually. That graphic clearly shows a sharp flattening of the curve in early April. More subtly, it shows a further flattening over the past week. Supplementing this graphical representation of the curve is a “Days to Double at Current Rate” statistic, which provides the seven-day trajectory of the curve. That quantitative statistics indicates a 19 days doubling time for our curve. This compares favourably to the doubling time of closer to eight days a week ago, and of two to four days during most of March.

I note that neither Waterloo Region nor Windsor-Essex provides such data on the flattening of the curve.

Concluding Comments

As the above discussion makes clear, I believe that Niagara Region Public Health is publicly sharing comparable data to our peers in Ontario.

As you note, transparency of information feeds confidence in Public Health. For this reason we continue to look for additional data elements to add to our web site, and implement them when we can present reliable data without compromising privacy, and without incurring unsustainable workload. For example, we are currently planning a possible future release of municipal-level data. In addition, we communicate to the public widely through our web site (over 10,000 daily unique visits) , through multiple social media channels, through approximately 15 news media interviews weekly, through videos, and through well over 2,500 calls and online chats with the public weekly.

We hope you and your constituents will continue to find the information they need through our various communications channels, but we are always open to suggestions of how we can expand it.

Sincerely,

M. Mustafa Hirji
 Medical Officer of Health & Commissioner (Acting)
 Public Health & Emergency Services

cc: Ann-Marie Norio, Regional Clerk, Niagara Region
 Dr. Andrea Feller, Associate Medical Officer of Health, Niagara Region
 Jim Bradley, Regional Chair
 Wayne Gates, MPP-Niagara Falls, Legislative Assembly of Ontario
 Sam Oosterhoff, MPP-Niagara West-Glanbrook, Legislative Assembly of Ontario
 Jennifer Stevens, MPP-St. Catharines
 Jeff Burch, MPP-Niagara Centre
 Tom Insinna, Regional Councillor
 Mayors, Niagara Region: Walter Sendzik, Frank Campion, Bill Steele, Dave Bylsma, Jeff Jordan, Kevin Gibson, Marvin Junkin, Jim Diodati, Sandra Easton, Terry Ugolini, Betty Disero
 Councillors, Town of Fort Erie: Ann-Marie Noyes, Don Lubberts, George McDermott, Kimberly Zanko, Marina Butler, Nick Dubanow