



June 10, 2024

Ministry of Health

ATTN: Office of Chief Medical Officer of Health, Public Health
Health Protection Policy and Partnerships Branch
Infectious Diseases Policy and Partnerships
Box 12, Toronto, ON. M7A 1N3

Dear Minister Jones and Dr. Moore,

**Re: Proposal for Amendments to R.R.O. 1990, Reg 569: Reports and O. Reg 135/18:
Designation of Diseases under the Health Protection and Promotion Act (HPPA)**

I am writing to you on behalf of the 68,000 registered nurses (RNs), health-care professionals, and over 18,000 nursing student affiliates represented by the Ontario Nurses' Association (ONA). ONA's membership, which includes public health nurses and health-care professionals providing care and services in public health units across the province, is dedicated to advocating for improvements in this sector. We want to strengthen the public health sector and ensure robust prevention programs.

The proposed regulatory amendments are largely focused on removing COVID-19 data collection. ONA's position is that these should not be implemented at this time. We are also dismayed by the government's "consultative" process – these changes were posted in the late evening, and stakeholders were provided with one week to respond. This is not conducive to meaningful consultation, nor is the government's unilateral decision to end the Wastewater Surveillance Program, also announced this past week.

Public health, a critical field, gains even more significance in the context of the COVID-19 pandemic. Ongoing data collection, reporting and surveillance of COVID-19 is crucial for understanding the disease's transmissibility, severity, and mutation patterns. Ontarians have a right to see all data related to COVID-19 and stay informed about the risk. This is especially true among vulnerable populations, including residents of long-term care.

Proposed amendments to Regulation 569 exempt medical officers of health from forwarding most COVID-19 data to the Ministry. It also removes the mandatory reporting requirement regardless of how highly transmissible this virus is. For example, in the long-term care sector, we continue to have homes in outbreak and using isolation. Given the devastation caused by COVID-19, these changes are short-sighted. COVID-19 should remain as a mandatory report similar to other communicable diseases such as measles or mumps. Weakened data collection and reporting mechanisms puts vulnerable populations at risk.

The Ministry of Health recently made the decision to end the provincial Wastewater Surveillance Program, a valuable and cost-effective tool from a population health perspective. This program was instrumental in understanding what pathogens are circulating and served as an early warning public health signal for hospitals and institutions during outbreak seasons. Its discontinuation is a significant loss in our collective efforts to combat COVID-19 and other pathogens. ONA members stress the importance of robust prevention programs and we urge the provincial government to reverse this decision.

These proposed changes reduce our public health system to a reactive one, undermining resilience and reflecting the government's disregard for proactive public health initiatives. This is another missed opportunity to learn vital lessons from the pandemic. The provincial government owes it to the memory of the thousands of Ontarians who died from COVID-19 to ensure our public health system is prepared for the future.

Thank you for the opportunity to provide feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'Erin Ariss', with a stylized flourish at the end.

Erin Ariss, RN
President, Ontario Nurses' Association