Great Lake Border Health Initiative
Cross Border Meetings

Saskatchewan Information Brief

The Level III Saskatchewan Disease Control Laboratory
(Opening Fall of 2009)

Madison, Wisconsin
April 22-23, 2009
Primary Partners:

1. **Regional Health Authorities:**
   The Primary responsibility for the delivery of health services in Saskatchewan rests with the Regional Health Authorities. The RHAs are autonomous entities that are funded by the Saskatchewan Ministry of Health. The Ministry maintains the legislation and program accountability requirements for programs and provides guidance and expertise.

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<th>Primary Partner</th>
<th>Population</th>
<th>Area</th>
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<tr>
<td>1. Athabasca</td>
<td>2,375</td>
<td>59,680Km² / 23,040 M²</td>
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<td>2. Keewatin Yatthé</td>
<td>11,674</td>
<td>11,674 Km² / 43,850 M²</td>
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<td>3. Mamawetan - Churchill River</td>
<td>22,427</td>
<td>113,900 Km² / 51,710 M²</td>
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<td>4. Prairie North</td>
<td>74,454</td>
<td>78,568 Km² / 11,560 M²</td>
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<td>5. Prince Albert – Parkland</td>
<td>78,568</td>
<td>31,570 Km² / 12,190 M²</td>
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<td>6. Kelsey Trail</td>
<td>78,568</td>
<td>47,400 Km² / 18,300 M²</td>
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<td>7. Saskatoon</td>
<td>298,371</td>
<td>34,120 Km² / 13,170 M²</td>
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<td>8. Heartland</td>
<td>42,098</td>
<td>41,770 Km² / 16,130 M²</td>
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<tr>
<td>9. Sunrise</td>
<td>57,065</td>
<td>24,800 Km² / 9,577 M²</td>
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<td>10. Cypress</td>
<td>44,039</td>
<td>45,240 Km² / 17,479 M²</td>
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<td>11. Five Hills</td>
<td>54,674</td>
<td>27,700 Km² / 10,700 M²</td>
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<td>12. Regina – Qu’Appelle</td>
<td>252,366</td>
<td>26,660 Km² / 10,290 M²</td>
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<td>13. Sun Country</td>
<td>54,032</td>
<td>54,032 Km² / 12,830 M²</td>
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Total Population = 1,035,544
Land Area = 649,630 Km² or Land Area = 250,817 M²
2. Saskatchewan Cancer Agency:
   a. The Allan Blair Cancer Centre is attached to the Pasqua Hospital in Regina, Saskatchewan.
   b. The Saskatoon Cancer Centre is located on the University of Saskatchewan Campus, next to the Royal University Hospital in Saskatoon, Saskatchewan.

3. The Saskatchewan Disease Control Laboratory is a branch of the Ministry of Health and is located in Wascana Park in Regina. A new BS Level III laboratory is in construction at Research Park in Regina. The Saskatchewan Disease Control Laboratory also has links to the National Microbiology Laboratory in Winnipeg, Manitoba.

4. The Prairie Diagnostic Services, jointly owned by the Province of Saskatchewan and the University of Saskatchewan. The primary of two laboratories (BS Level IV) is located at the Western Veterinary College of the University of Saskatchewan with a secondary laboratory in Regina. The laboratories provide a variety of diagnostic and animal health surveillance services. They also provide services to Manitoba and Alberta.

Other Partner Agencies and Committees:

1. The Medical Health Officer Council of Saskatchewan (MHOCOS). Each Medical Health Officer is hired by their respective RHA. The Ministry of Health maintains the positions of Chief Medical Health Officer and Deputy Chief Medical Health Officer. First Nations communities are represented by Medical Health Officers for the Northern Inter-Tribal Health Authority (NITHA) and First Nations and Inuit Health, Health Canada. Collectively, they form MHOCOS.

2. Saskatchewan Agriculture and the Canadian Food Inspection Agency. Partners with Health for response to zoonotic events.

3. First Nations Communities as represented through the Northern Inter-Tribal Health Authority and First Nations and Inuit Health, Health Canada. Also work with individual bands and their health teams for health emergency management planning.

4. Provincial Pandemic Steering Committee and the Provincial Medical-Technical Advisory Committee to work with the northern and southern RHA collaborative groups.

5. Federal/Provincial/Territorial committees and committees under the Canadian Public Health Network such as the Canadian Pandemic Influenza Committee, the Expert Group on Emergency Preparedness and Response, the Surveillance and Infectious Disease Expert Group, etc.


7. The Provincial Emergency Management Committee, as the strategic arm of planning for provincial emergencies, and the Emergency Operations Advisory Council as the planning, response, and coordination between all provincial ministries and Crown corporations. These two committees have ties to Public Safety Canada for coordination with federal government agencies.
Established Partnerships and Agreements:
1. There is a Memorandum of Understanding to support health and public health emergencies between the provincial Regional Health Authorities and the Ministry of Health.
2. Saskatchewan is a signatory for the Mutual Aid Agreement between the provinces and territories to support health and public health emergencies.
3. Saskatchewan is a partner of the Memorandum of Understanding that is being developed for information sharing during a public health emergency.
4. Saskatchewan has agreements with the National Emergency Stockpile Systems (NESS) under the Office of Emergency Response Services, Centres for Emergency Preparedness and Response, Public Health Agency of Canada for prepositioned and bulk materials to support emergency health and emergency social services events.

Best Practices, Tools and Documents:
1. The Emergency Planning Act for Saskatchewan
3. The Saskatchewan Framework for Emergency Management for government agencies that has been approved by the Deputy Minister’s Committee on Emergency Management.
5. The Public Health Act and Communicable Disease Regulations
6. The International Health Regulations
7. The Respiratory Illness Outbreak Response Protocol
8. The Foodborne Illness Outbreak Response Protocol
9. The Zoonotic Illness Outbreak Response Protocol
10. The Integrated Public Health Information System (iPHIS): Is a Saskatchewan based case record tool that is housed within the Health Information Solutions Centre. It contains case information, laboratory results, Personal Health Numbers, contacts and risk exposures. This will be part of the Panorama System (except in Alberta).
11. The Canadian Network for Public Health Intelligence (CNPHI): A notification and information sharing collaborative that also has Incident Command Components for outbreak control. CNPHI is housed at the National Microbiology laboratory in Winnipeg, under the Public Health Agency of Canada.
12. Canadian Integrated Outbreak Surveillance Centre (CIOSC): Enteric Alerts as part of CNPHI.
13. Other programs including consistent Business Continuity Programs within the Ministry of Health and all of the RHAs, Critical Infrastructure Assurance planning with private, provincial, and federal partners.

Challenges:
Some of the specific challenges to enhancement of the existing system may include:
- Timeliness of information exchange (there are good initial and public health practices)
- Locating and getting information from clients
integration of the system

- Resources (small population with a large landmass can create challenges for public health delivery)

- MHOs are employed by the Regional Health Authorities, may be under a public health director and may not have line authority. (First Nations MHOs are under the Public Health Act for the Province).

- Funding challenges between partners and for specific programs.

- Closer engagement between Health Emergency Management and Public Health sectors to ensure planning under four key facets: the health of the individual, the health of the community (public health), psycho-social health, and maintenance of health services and infrastructure.

**Immediately Reportable Diseases:**

- Anthrax
- Botulism
- Brucellosis
- Cholera
- Cryptosporidiosis
- E-Coli Verotoxins
- Diphtheria
- Food Poisoning (All)
- Foodborne and Waterborne Outbreaks
- GI Institutional Outbreaks
- Haemophilus Influenzae
- Hantavirus Pulmonary Syndrome
- HUS – Post-diarrheal (Policy)
- Hepatitis A
- Measles
- Meningitis – Bacterial
- Meningococcal Disease
- Para Typhoid Fever
- Pertussis
- Plague
- Polio-Paralytic
- Q Fever
- Rabies (Human)
- Respiratory Infections (Institutional Outbreaks)
- Rubella
- Rubella (Congenital)
- SARS
- Shigellosis
- Smallpox
- Staph Enterotoxin B
- Group A Strep (Invasive-Non Throat)
- Tuberculosis
- Tularaemia
- Typhoid Fever
- Vancomycin Resistant Staph A
- Viral Hemorrhagic Fever
- Yellow Fever
- West Nile Virus
- Unusual Outbreak
- Unexplained Death and Critical Illness (by policy not regulation)
- Disease of Suspected Bioterrorism Origin (by policy not regulation)
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