

## MINUTES OF THE BOARD OF HEALTH

Meeting Date: November 5, 2025

Location: 160 Chancellors Way, Guelph ON N1G 0E1

### ATTENDANCE

#### **Members in Attendance:**

George Bridge (Chair), Rodrigo Goller, Campbell Cork, David Anderson, Duncan Bull, Steve Cavell, Robin Sedgwick, Anil Kaul, Erin Caton, Linda Busutil and Chris White.

**Members with Regrets:** Guy Gardhouse, and Ralph Manktelow.

**Ex-Officio Member:** Dr. Mercer, Medical Officer of Health & CEO.

#### **Staff in Attendance:**

Rita Isley, David Kingma, Kyle Wilson, Karen Mulvey, Tia Tuinstra, Kassy Raymond, Dana Galehdari, Conor Barrett, Chuck Ferguson, Katrina Olsen, Shelda Morphy, Phil Wong, Tyler Black, Rachel Coghlain, Alana Byron, Robert Richardson, Paul Medeiros, Lil Marinko, Laura Kelly (Recording Secretary).

#### **Guests in Attendance (via Zoom):**

Joanne Shuttleworth (Media), Adam Donaldson (Media), Taylor Pace (Media), Dr. Jason Malenfant (GEPH), and Jananey Rajagopalan (Public).

### 1. CALL TO ORDER

Chair George Bridge called the meeting to order at 2:00. Attendance was noted. Quorum requirements were met.

### 2. LAND ACKNOWLEDGEMENT

The WDGPH Land Acknowledgement was read in full by Dr. Nicola Mercer.

### 3. DISCLOSURE(S) OF PECUNIARY INTEREST

No disclosures were declared at this time.

### 4. APPROVAL OF MINUTES OF SEPTEMBER 3, 2025.

**MOTION: "To approve the Minutes of September 3, 2025 as presented."**

**Moved: D. Anderson**

**Seconded: C. White**

**CARRIED**

## 5. MOH/CEO VERBAL REPORT

Dr. Mercer provided a verbal update including the following highlights:

### Radon Awareness Month

- Wellington-Dufferin-Guelph Public Health (WDGPH) distributed 200 free radon detection kits, with demand exceeding expectations.
- Residents may also borrow radon detectors at no cost through local libraries
- Radon is a natural occurring, colourless, radioactive gas and is the second leading cause of lung cancer, particularly in well-sealed homes.

### Tick Surveillance Update

- Tick activity remains present due to mild fall weather.
- WDGPH continues to conduct tick surveillance, including recent dragging activities that identified black legged ticks in locations such as Stuckey Hill, Hockley Valley, and conservation areas.
- Lyme disease remains a risk as long as temperatures remain above 4 degrees Celsius.

### Exosomes in Aesthetic Procedures

- Exosomes, which transport biomaterials between cells and may originate from plants, animals, or humans, are now being used in cosmetic injectables and topical serums, including procedures such as microneedling.
- These products are not authorized by Health Canada, and concerns exist regarding safety, sterility, and long-term effects.
- WDGPH has issued Section 13 Orders to prohibit the use of unauthorized exosome products in inspected facilities.
- A board member requested clarification regarding the issuance of notices to operators selling unauthorized products. Notices have been issued to operators, and enforcement actions will continue as needed.

### Respiratory Illness Season Update

- Three respiratory viruses are circulating: RSV, influenza, and COVID-19.
- The RSV vaccine is now publicly funded for seniors 75 years of age or older.
- COVID-19 vaccines remain available and are strongly recommended for individuals aged 65+.
- The dominant COVID-19 strain is currently the Stratus variant, which is highly transmissible.
- Vaccines, while not perfect, continue to provide strong protection against severe illness, hospitalization and death.
- Seasonal influenza typically begins late October or November each year. There are 2 large families of influenza called “A” and “B”.

- Current circulating influenza A strains include H1N1 and H3N2; the latter has shown immune-escape mutations, potentially reducing the vaccine match and increasing severity of illness.
- A board member requests clarification regarding the possibility of vaccines matching yearly strains more effectively. Dr. Mercer clarified that reformulating influenza mid-season is not feasible due to long advance manufacturing timelines.

## 6. PRESENTATION(S)

- P. Wong presented in conjunction with Board of Health report BH.01.NOV0525.R26 - (see 8.0 BOH Report(s) for summary).
- L. Dossett presented in conjunction with Board of Health report BH.01.NOV0525.R28 - (see 8.0 BOH Report(s) for summary).

## 7. BUSINESS ARISING

- NONE

## 8. CONSENT AGENDA(S)

- [BH.01.NOV0525.C11](#) – Health Protection 2025 Third Quarter Summary
- [BH.01.NOV0525.C12](#) – Client and Community Support
- [BH.01.NOV0525.C13](#) – Infectious Diseases Program

**MOTION: "To receive the Consent Agenda item(s) which have been given due consideration, for information."**

**Moved: C. White**

**Seconded: D. Bull**

**CARRIED**

## 9. BOH REPORT(S)

### [BH.01.NOV0525.R26](#) – IPAC Hub Update

- P. Wong presented on screen and provided the Board with an update about the Infection Protection and Control (IPAC) Hub program.
- Between April 2024 and March 2025, the IPAC Hub supported congregate living settings across Wellington, Dufferin, and Guelph through 768 services on 378 topics, with most efforts focused on education, mentoring, and program development. More than half of all supports (56%) were initiated by the Hub, reflecting a proactive approach to prevention rather than outbreak response. Virtual delivery accounted for 81% of services, with the remaining 19% completed through on-site visits.

- Priorities for 2025–26 include enhanced fall preparedness, increased collaboration between settings, continued webinars on emerging issues such as *Candida auris*, and the launch of a new IPAC Champion Program cohort.
- The 2024–25 data show that the IPAC Hub is now a proactive, prevention-focused partner, increasingly relied on for education and capacity-building rather than outbreak response, strengthening infection control and system resilience across the region.

**MOTION: "To receive Board of Health report BH.01.NOV0525.R26 – IPAC Hub Update as presented, for information."**

**Moved: R. Goller**

**Seconded: L. Busuttil**

**CARRIED**

**BH.01.NOV0525.R27 – Immunization Coverage in Schools and Licensed Childcare Centres**

- Immunization remains one of the most impactful public health measures worldwide but rising vaccine hesitancy and misinformation since COVID-19 have contributed to reduced confidence. In WDG, 93% of students met ISPA requirements, while non-medical exemption requests have increased since 2019.
- A board member requested clarification regarding the lack of uptake in rural and low German areas. K. Mulvey noted that there is no single factor identified as the primary driver. Some families decline to provide information or choose selective vaccination based on personal, cultural, or religious beliefs. Approximately 5% of students refuse one or more vaccines, while the overall participation rate remains strong and above provincial averages.
- The board expressed their gratitude to K. Mulvey and her team, noting the shift from paper-based to digital processes has greatly improved accessibility for parents.
- Although non-medical exemptions vary by school type and region, they stem from complex social, cultural, and informational factors, requiring targeted strategies to build vaccine confidence, counter misinformation, improve access, and maintain strong community immunization coverage.

**MOTION: "To receive Board of Health report BH.01.NOV0525.R27 – Immunization Coverage in Schools and Licensed Childcare Centres as presented, for information."**

**Moved: S. Cavell**

**Seconded: D. Anderson**

**CARRIED**

### **BH.01.NOV0525.R28 – Children’s Health Assessment**

- L. Dossett presented on screen and provided an in-depth overview of the report.
- The Children’s Health Assessment Project (CHAP) was created to monitor child health in WDG by selecting 20 priority indicators through a Modified Delphi process with multisector experts, supporting the development of a data dashboard that will inform program planning, community partnerships, and WDGPH’s Strategic Goal Two focus on improving outcomes for children and families.
- A question was raised regarding whether differences in data reflect trends by age group or if this represents new project work; staff noted that patterns vary based on the community partners involved.
- Clarification was requested on the availability of geolocated data and the potential for an associated action plan; K. Wilson (VP, Information Systems) confirmed discussions are underway with McMaster University regarding static reporting.
- A board member requested clarification regarding whether increased reporting on vaping aligns with data from student shopper surveys; P. Wong confirmed that school-level results are available and more detailed than current reporting, and collaboration on mapping is ongoing.
- The CHAP provides a data-driven foundation for monitoring children’s health in WDG, enabling WDGPH to identify trends, guide programming, and build a shared, community-wide commitment to improving child well-being and health equity.

**MOTION: "To receive Board of Health report BH.01.NOV0525.R28 – Children’s Health Assessment as presented, for information."**

**Moved: D. Bull**

**Seconded: L. Busuttil**

**CARRIED**

### **BH.01.NOV0525.R29 – WDG Community Indicators Report**

- New 2023 CCHS data offers early insight into health and access to care in WDG, showing slight declines in self-rated health and mental health, improvements in life satisfaction and belonging, and a rise in food insecurity affecting nearly 20% of residents. A WDGPH-developed analysis tool enabled timely interpretation of the data, which points to growing inequities linked to social determinants and will help guide equity-focused public health planning aligned with the Strategic Plan.
- In response to a question regarding hookah use, staff noted that there are currently no municipal bylaws regulating hookah smoking in the region, its use appears limited, and not all hookah products contain tobacco; staff will monitor and collaborate if it becomes a concern.
- Municipalities were previously advised on the option to implement hookah bylaws, but none elected to proceed.
- Hookah inhalation is comparable to e-cigarette use and may involve products with potential health risks.
- An update on alcohol use trends will be available in the next WHY Survey cycle; preliminary data show a decline in alcohol use and binge drinking, consistent with adult trends.

- A reduction in alcohol use and binge drinking is anticipated in the next WHY Survey results, reflecting trends similar to those observed in adults.

**MOTION: "To receive Board of Health report BH.01.NOV0525.R29 – WDG Community Indicators Report as presented, for information."**

**Moved: D. Anderson**

**Seconded: E. Caton**

**CARRIED**

[G. Bridge relinquished the Chair to C. White]

## 10. COMMITTEE REPORT(S)

➤ **BH.04.OCT0125.R07 – 2026 Draft Budget**

- D. Kingma and B. Herman presented a high-level overview of the report, noting key future risks, including population growth.
- A board member requested clarification on whether the upcoming funding review will allow public input on municipal tax impacts; D. Kingma noted that the review is scheduled for 2026, and details on public consultation have not yet been confirmed.
- The funding review will consider units that have formally requested increased funding and those, such as WDGPH, that have demonstrated strong budget management.
- It was reiterated that municipalities are legislatively responsible for the full cost of public health, and provincial grants are discretionary rather than mandated. Discussion ensued.

**MOTION: "That the Board of Health to receive and approve Finance + Audit Committee Report BH.04.OCT0125.R07 – 2026 Draft Budget, as presented, for information."**

**Moved: S. Cavell**

**Seconded: D. Anderson**

**CARRIED**

➤ **BH.04.OCT0125.R08 – 2025 Second Quarter Financials**

- As this is a historical report, it was not formally reviewed, and as such C. White put the following motion on the floor.

**MOTION: "That the Finance + Audit Committee makes recommendation to the Board of Health to receive Finance + Audit Committee Report BH.04.OCT0125.R08 – 2025 Second Quarter Financials, as presented, for information."**

**Moved: L. Busuttil**

**Seconded: E. Caton**

**CARRIED**

- **BH.04.OCT0125.R09 – 2025 Interim Third Quarter Financials**
  - D. Kingma briefly summarized the highlights of the report.

**MOTION: “That the Board of Health to receive Finance + Audit Committee Report BH.04.OCT0125.R09 – 2025 Interim Third Quarter Financials, as presented, for information.”**

Moved: R. Goller  
 Seconded: C. Cork  
**CARRIED**

- **BH.04.OCT0125.R10 – Annual Facilities Report**
  - D. Kingma briefly summarized the highlights of the report.

**MOTION: “That the Board of Health to receive Finance + Audit Committee Report BH.04.OCT0125.R10 – Annual Facilities Update, as presented, for information.”**

Moved: L. Busuttil  
 Seconded: R. Goller  
**CARRIED**

## 11. CORRESPONDENCE

- NONE.

Media and Public attendees were asked to leave the meeting, at this time, as this Board of Health meeting contains a “Closed Session” section which falls under the exemptions pursuant to Section 239 of the *Municipal Act*. Please note that this session is **not** open to members of the public or the press.

## 12. CLOSED SESSION

- **To receive Closed Session Report BH.01.NOV0525.R30 – WDGPH Challenges in Provincial Measles Outbreak** [personal matters about an identifiable individual, including BOH employees].
- **To receive Closed Session Report BH.01.NOV0525.R31 – 2025 Cybersecurity Assessment** [the security of the property of the BOH].
- **To receive Closed Session Finance + Audit Committee Report BH.04.OCT0125.R11 – 2026-2028 Financial Planning** [the security of the property of the BOH].
- **To receive Closed Session Finance + Audit Committee Report BH.04.OCT0125.R12 – Reserves and Reserve Funds** [the security of the property of the BOH].

**MOTION: “To move into closed session to approve closed session reports BH.01.NOV0525.R30 [personal matters about an identifiable individual, including BOH employees]; and BH.01.NOV0525.R31 – 2025 Cybersecurity Assessment [the security of the property of the BOH]. To receive Closed Session Finance + Audit Committee Reports BH.04.OCT0125.R11 – 2026-2028 Financial Planning [the security of the property of the BOH], and BH.01.OCT0125.R12 – Reserves and Reserve Fund [the security of the property of the BOH].”**

Moved: L. Busuttil  
 Seconded: R. Goller  
**CARRIED**

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### **CLOSED SESSION**

### **ATTENDANCE**

#### **Members in Attendance:**

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**Members with Regrets:** Guy Gardhouse, and Ralph Manktelow.

**Ex-Officio Member:** Dr. Mercer, Medical Officer of Health & CEO.

#### **Staff in Attendance:**

Rita Isley, David Kingma, Kyle Wilson, Shelda Morphy (present for R30 only), Lil Marinko (present for R30 only), Emerson Rajaram and Laura Kelly (Recording Secretary).

#### **Guests in Attendance:**

None.

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### **CLOSED SESSION MINUTES TO BE PROVIDED UNDER SEPARATE COVER**

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[Return to open session: 4:45 pm]

*Motions to be brought into open session:*

**MOTION: That the Board of Health receive Closed Session Report BH.01.NOV0525.R30 – WDGPH Challenges in the Provincial Measles Outbreak , as presented, for information.**

**MOTION: That the Board of Health receive Closed Session Report BH.01.NOV0525.R31 – 2025 Cybersecurity Assessment, as presented, for information.**

**MOTION: That the Board of Health receive Closed Session Finance + Audit Committee Report BH.04.OCT025.R11 – 2026-2028 Financial Planning, as presented, for information.**

**MOTION: That the Board of Health receive Closed Session Finance + Audit Committee Report BH.04.OCT0125.R12 – Reserves and Reserve Fund Status, as presented, for information.**

**MOTION: "To ratify the closed session decisions of the November 5, 2025 meeting."**

Moved: D. Bull

Seconded: C. White

**CARRIED**

## 12. ORGANIZATIONAL WELL-BEING

- The Board discussed the longstanding practice of granting WDGPH staff one paid day off during the Agency's annual holiday closure. **MOTION: "That the Board of Health authorizes and directs the Medical Officer of Health and CEO to close all WDGPH offices for one full day each year in the month of December as part of the annual holiday office closure."**

Moved: L. Busutil

Seconded: R. Goller

**CARRIED**

## 13. ADJOURNMENT

**MOTION: "To adjourn the meeting."**

Moved: Linda

**Seconded: Duncan**

**CARRIED**

The meeting was adjourned at **4:52** pm.

APPROVED this 3<sup>rd</sup> day of December, 2025.

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Board of Health Chair

Medical Officer of Health, CEO