

Board of Health Meeting MINUTES

Wednesday, February 25, 2026 - 5:00 pm

SSM Algoma Community Room | Videoconference

BOARD MEMBERS

PRESENT: Sally Hagman
Donald McConnell - 2nd Vice-Chair
Luc Morrissette
Sonny Spina
Suzanne Trivers - Board Chair
Jody Wildman - 1st Vice-Chair
Natalie Zagordo

APH MEMBERS

Dr. Jennifer Loo - Medical Officer of Health/CEO
Dr. John Tuinema - Associate Medical Officer of Health & Director of Health Protection
Kristy Harper - Director of Health Promotion & Chief Nursing Officer
Rick Webb - Director of Corporate Services
Leslie Dunseath - Manager of Accounting Services
Leo Vecchio - Manager of Communications
Tania Caputo - Board Secretary

GUESTS: Sandra Dereski, Manager of Healthy Growth and Development, Alana Brassard, Supervisor of Healthy Growth and Development

REGRETS: Board Members - Julila Hemphill and Sonia Tassone

- 1.0 Meeting Called to Order** *S. Trivers*
- a. Land Acknowledgment
 - b. Roll Call
 - c. Declaration of Conflict of Interest

- 2.0 Adoption of Agenda** *S. Trivers*

RESOLUTION
2026-13

Moved: N. Zagordo
Seconded: J. Wildman

THAT the Board of Health agenda dated February 25, 2026, be approved as presented.

CARRIED

- 3.0 Delegations / Presentations** *S. Dereski*
- a. Healthy Babies, Healthy Children

- 4.0 Adoption of Minutes of Previous Meeting** *S. Trivers*

RESOLUTION
2026-14

Moved: D. McConnell
Seconded: S. Hagman

THAT the Board of Health meeting minutes dated January 28, 2026, be approved as presented.

CARRIED

- 5.0 Business Arising from Minutes**
- a. Mitigation and Response to Radon Exposures in the Algoma District *J. Tuinema*

RESOLUTION
2026-15

Moved: D. McConnell
Seconded: L. Morrissette

WHEREAS, the 2025 Health Canada data shows that long-term radon exposure is the leading cause of lung cancer after smoking, and can be attributed to 3000 lung cancer deaths per year in Canada; and

WHEREAS, the 2024 Cross Canada Study indicates that the central region (Ontario and Quebec) of Canada has approximately 1 in 6 residential homes with average radon levels at or exceeding 200 Bq/m³, and

WHEREAS, testing is the only accurate way to know a home or building's radon level, and

WHEREAS, radon mitigation can present a significant financial challenge for many low-income homeowners in Algoma;

THEREFORE BE IT RESOLVED THAT the Board of Health for the District of Algoma Health Unit supports local municipalities to adopt radon policy frameworks that include radon testing in municipally owned indoor spaces, including municipally supported congregate living sites, and implement mitigation strategies when high radon levels are detected; and

FURTHER THAT, the Board of Health for the District of Algoma Health Unit supports local municipalities adopting a free and accessible short-term radon monitoring device lending program, in a variety of public spaces, for residents to test their homes for radon barrier free; and

FURTHER THAT, the Board of Health for the District of Algoma Health Unit supports that local municipalities explore opportunities for subsidy programs, specifically those living in high priority communities and low-income households, to reduce the cost of radon remediation in homes where radon is detected.

CARRIED

6.0 Reports to the Board

Dr. J. Loo

a. Medical Officer of Health and Chief Executive Officer Reports

MOH Report - February 2026

- 2025 Public Health Champion Awards

RESOLUTION
2026-16

Moved: S. Hagman
Seconded: S. Spina

THAT the report of the Medical Officer of Health and CEO be accepted as presented.

CARRIED

b. Finance and Audit

J. Wildman

i. Finance and Audit Committee Chair Report

RESOLUTION
2026-17

Moved: J. Wildman
Seconded: S. Hagman

THAT the report of the Finance and Audit Committee Chair be accepted as presented.

CARRIED

ii. Unaudited Financial Statements ending December 31, 2025.

L. Dunseath provided an overview of the Financial Statements.

RESOLUTION
2026-18

Moved: S. Hagman
Seconded: J. Wildman

THAT the Board of Health accepts the Unaudited Financial Statements for the period ending December 31, 2025, as presented.

CARRIED

7.0 New Business/General Business

a. Support for transitioning to the combined Dtap-HB-IPV-Hib Vaccine into Ontario’s Publicly Funded Immunization Schedule to strengthen early protection against Hepatitis B.

J. Tuinema

RESOLUTION
2026-19

Moved: D. McConnell
Seconded: S. Hagman

WHEREAS hepatitis B (HB) infection acquired in infancy and early childhood carries the highest risk of chronic infection compared to other ages, with up to 95% of unvaccinated infants and approximately 50% of children infected before five years of age developing chronic HB, compared to 5–10% of those infected in adolescence or adulthood; and

WHEREAS chronic HB infection can result in serious long-term health consequences, including cirrhosis, liver failure, and liver cancer, leading to significant morbidity, mortality, and health-system costs; and

WHEREAS Ontario currently administers HB vaccine primarily in Grade 7, leaving children susceptible to infection during their first 12 years of life, when they are at most vulnerable to chronic HB infection; and

WHEREAS surveillance data from Public Health Ontario indicate that HB infections continue to occur among children in Ontario prior to adolescence, including Canadian-born children, often due to missed prenatal screening, incomplete post-exposure prophylaxis, household exposure to undiagnosed carriers, travel, or immigration from regions of higher HB prevalence; and

WHEREAS universal infant HB immunization at 2, 4, and 6 months of age would significantly reduce the period of vulnerability from approximately 12 years to the first six months of life and better protect infants and children in higher-risk circumstances, including those living with chronic carriers, attending child care, or from families who have immigrated from other countries with higher prevalence of HB; and

WHEREAS the National Advisory Committee on Immunization (NACI) has concluded that HB vaccination in infancy provides long-lasting protection, with durable immune memory persisting even when antibody levels decline, and does not recommend routine booster doses for immunocompetent individuals who complete a full infant series; and

WHEREAS the cost of providing 3 doses of the DTaP-HB-IPV-Hib vaccine (combination vaccine against 6 diseases) in infancy is comparable or lower in cost than the currently utilized schedule of administering the DTaP-IPV-Hib vaccines (combination vaccine against 5 diseases) in infancy and HB vaccines in grade 7; and

WHEREAS a recent analysis modelling Ontario’s HB immunization strategies found that introducing a universal infant HB vaccine program would prevent more acute and chronic pediatric HB infections in Ontario, and would save health care dollars, particularly when the vaccine is administered through the combination DTaP-HB-IPV-Hib vaccine; and

WHEREAS long-term cost-savings will be realized through the administration of a combination vaccine which requires less visits to a healthcare provider over the life course and less in-school vaccine delivery; and

WHEREAS routine infant immunization programs tend to have higher coverage than school-based programs alone, so it can be anticipated that a combined DTaP-HB-IPV-Hib vaccine administered routinely at the 2, 4 and 6 month well-baby visits would have higher uptake than the grade 7 program⁵ resulting in increased herd immunity; and

WHEREAS this change would further align Ontario’s HB vaccination schedule with that of other Canadian jurisdictions such as British Columbia, Yukon, Northwest Territories, Nunavut, Quebec, New Brunswick, and PEI, ensuring more infants and children are protected earlier against HB infection⁴; and

THEREFORE BE IT RESOLVED THAT The Board of Health for the District of Algoma Health Unit calls upon the Ontario Ministry of Health to amend the publicly funded immunization schedule to incorporate the DTaP-HB-IPV-Hib vaccine in order to strengthen early protection against HB, reduce preventable chronic infections, and advance health equity for children and families across Ontario; and

FURTHER THAT, the Minister of Health, the Office of the Chief Medical Officer of Health, and local MPPs be so advised; and

FURTHER THAT, The Board of Health sponsors a resolution to further promote this change to the publicly funded schedule at the ALPHA AGM.

CARRIED

8.0 Correspondence - requiring action

S. Trivers

Not applicable.

9.0 Correspondence - for information

S. Trivers

- a. Letter from the Township of St. Joseph to the Minister of Health, requesting the Province increase contributions to Algoma Public Health, dated January 16, 2026.

- b. Resolution from the Township of MacDonald, Meredith & Aberdeen Additional supporting the Township of St. Joseph letter requesting the Province increase contributions to Algoma Public Health, dated February 17, 2026.

10.0 Addendum

S. Trivers

Not applicable.

11.0 In-Camera - 5:57 pm

S. Trivers

For discussion of labour relations and employee negotiations, matters about identifiable individuals, **adoption of**

RESOLUTION

Moved: D. McConnell

2026-20

Seconded: N. Zagordo

THAT the Board of Health go in-camera.

CARRIED

12.0 Open Meeting - 5:58 pm

S. Trivers

There were no resolutions resulting from the in-camera meeting.

13.0 Announcements / Next Committee Meetings:

S. Trivers

Governance Training

Saturday, March 7, 2026 @ 8:30 am

SSM Community Room A&B | Video Conference

Governance Committee Meeting

Wednesday, March 11, 2026 @ 2:00 pm

SSM Algoma Community Room | Video Conference

Finance and Audit Committee Meeting

Wednesday, March 11, 2026 @ 5:00 pm

SSM Algoma Community Room | Video Conference

Board of Health

Wednesday, March 25, 2026 @ 5:00 pm

SSM Algoma Community Room | Video Conference

14.0 Adjournment 5:59 pm

S. Trivers

RESOLUTION

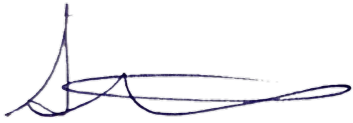
Moved: N. Zagordo

2026-24

Seconded: J. Wildman

THAT the Board of Health meeting adjourns.

CARRIED



Suzanne Trivers, Chair

March 25, 2026

Date



Trina Mount, Executive Assistant

March 25, 2026

Date