

Letter of Concern regarding Regional Public Health Ontario Laboratories

December 18, 2023

We, the undersigned, are a group of retired senior managers who were long term employees of Public Health Ontario (PHO), with extensive knowledge of regional laboratory operations and the public health system. We are writing to express our concerns with PHO's laboratory modernization plan, discussed recently in the Office of the Auditor General of Ontario's *Value-for-Money Audit: Public Health Ontario* (report dated December 2023).

Our major concern rests with the recommendation to close 6 of the 10 regional, fully accredited laboratories based in Peterborough, Orillia, Hamilton, Kingston, Sault Ste. Marie and Timmins, which serve communities in 15 public health unit jurisdictions. This change will impact about 85 laboratory personnel and a number of Infection, Prevention and Control (IPAC) staff who are also housed in some of those sites. In addition to these closures, there is a concerning recommendation to gradually eliminate drinking water testing services for Ontarians who draw their water from private drinking water systems (e.g. wells). We believe the associated risks to public health were not properly analyzed during the investigative process and such measures, if approved by the Ontario government, could be detrimental.

The regional laboratory sites serve all of PHO's clients located outside the Greater Toronto Area (GTA). They act as a first contact when specific testing is required by public health units, hospital and community labs, long term care homes, clinicians and private citizens within their regions; and they provide access to over 270 diagnostic tests related to diseases of public health significance listed in O. Reg 135/18 under the *Health Protection and Promotion Act*. The high number of specimens processed during the COVID pandemic at these locations is a testament to the ability of these labs to respond quickly to emerging pathogens, to manage outbreaks and to assist with surveillance.

The Auditor General's report has a financial focus, and in this respect, inefficiencies are outlined which we acknowledge need to be addressed. However, PHO's regional laboratory sites indicated for closure offer analyses requiring specialized training, such as the identification of parasites, ticks (important due to the increasing risk of Lyme disease), and pathogenic fungi. Having multiple sites competent in these specialty tests adds backup support into the system and enables the management of surge capacity, especially in outbreak situations. Two of these regional sites are also associated with postsecondary institutions, providing academic placements and research opportunities.

In addition to the diagnostic testing of medical samples, regional laboratory locations conduct the majority of testing for indicators of bacterial contamination in private drinking water systems, as well as public drinking water and beach water submitted by Ontario Parks and public health unit staff, supporting their Safe Water programs under Ontario public health standards. With water samples being time and temperature sensitive, any increase in the transportation time can have a negative impact on sample integrity. The current geographical configuration of PHO's laboratory network allows clients direct access to information and testing, and samples are transported from drop off depots in the communities quickly and efficiently. Loss of these regional labs could result in increased courier costs, increased turn-around times, and possible rejection of samples, due to integrity issues. In short, their closing will have a direct and dramatic impact on PHO's ability to achieve its mandate: the protection and promotion of public health.

PHO's laboratory sites test between 150,000 to 175,000 private drinking water samples each year at no cost to the submitter. With the recommendation to phase out PHO's drinking water service, private citizens who do not have access to municipally treated drinking water will have to submit their samples to a licensed private laboratory, which currently can cost more than \$150 per sample. Considering the current economic state in Ontario, some residents may consider the cost prohibitive and decide not to monitor their water source, thereby reducing sampling rates. As a result, people will be unaware of the quality of their drinking water, which can put them at a higher risk of contamination. Private drinking water sources, in particular, are susceptible to contamination at significantly higher rates than municipal systems. With the removal of this testing service at PHO, there will also no longer be a centralized database containing bacteriological test results that are available for PHO's researchers or public health unit staff, who use it to determine contamination rates in their regions.

The *Report of the Walkerton Inquiry* (2002) discusses the tragic impact of provincial budget cuts on water testing services in the 1990s in Walkerton, Ontario. In 1996, the Ministry of Environment regional laboratories were closed as a cost saving measure, and the testing that they performed on municipal drinking water systems was privatized. Justice Dennis O'Connor, who authored the Walkerton report, highlighted how this action "connected directly" to the Walkerton *E.coli* O157:H7 and *Campylobacter jejuni* outbreak in May 2000 (part 1, p. 406), which resulted in seven deaths and 2,300 illnesses. Recognizing the importance of the private drinking water testing service offered by Ontario's public health laboratory sites, Justice O'Connor suggested that the province maintain free, bacteriological water testing for private well owners.

Overall, we are concerned that, if the recommendation to close 6 of the 10 regional PHO locations and to phase out private water testing is approved, there will be serious negative impacts on public health. Rather than reduce health inequities across the province of Ontario, we feel the proposed changes will do the opposite. We caution the provincial government against acting on these recommendations without fully understanding the ramifications and the complex logistics required in specimen handling to deliver timely results. While the Auditor General's report has a financial focus, which is important, we caution that an up-to-date, independent impact assessment be carried out using a *public health* focus. Stakeholders, including members of the public, should be consulted, as well. As we have seen in the past, an effective public health network is needed, not only to ensure essential day-to-day testing, but also to respond to emerging public health emergencies, such as Walkerton, SARS, West Nile and COVID.

Key Resources

O'Connor, Dennis R. (2002). *Report of the Walkerton Inquiry*. 2 parts. Toronto: Ontario Ministry of the Attorney General. https://www.archives.gov.on.ca/en/e_records/walkerton/index.html

Office of the Auditor General of Ontario. (2023). *Value-for-Money Audit: Public Health Ontario*. https://auditor.on.ca/en/content/annualreports/arreports/en23/AR_publichealth_en23.pdf

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