



Northwestern Health Unit

*Encouraging healthy behaviours by promoting and protecting conditions in which
all people can achieve an optimal level of health*



2006 Annual Report

Message from the Chair of the Board of Health

The year 2006 was a year of growth and renewal. It is exciting to see Public Health weave its way into our communities, touching all aspects of our lives. Our water, our food and our bodies are attended to sometimes behind the scenes and sometimes front and centre. The management and staff of the Northwestern Health Unit work hard to ensure that the standards of Public Health rise higher than the expectations. The Board of Health thanks the management and staff who work hard to keep programs moving forward to meet the needs of the people within the NWHU area.

The Board was pleased to welcome an increase in new staff to fill the positions for new and expanded programs, departing staff, and leaves of absences within the Northwestern Health Unit.

Focus was placed on fixing NWHU offices to meet the public's need for better access to programs and more client privacy. Most offices were redesigned to meet these needs. Some offices were

expanded, moved, joined together or remodeled. New computers, furniture, and communications were updated and improved.

Although the focal point this past year was concentrated on growth and renewal, the Board of Health also started the NWHU towards accreditation. Under the direction of Dr. Val Mann, the Director of Planning and Evaluation, the NWHU is working hard towards becoming an accredited health unit.



John Albanese, Chair of the Board of Health

Once again, the Board of Health and I wish to thank the management teams, staff and Dr. Pete Sarsfield for all their hard work and dedication to Public Health. I would also like to thank the Board of Health members for their assistance, guidance and input as together we all strive together for better Public Health.

Yours in health,

John Albanese

2006 Board of Health

John Albanese, Chair - Public Appointee
 Julie Roy, Vice-Chair - Public Appointee
 Gary Case - Dryden, Machin
 Dianne Loubier - Ignace, Pickle Lake, Sioux Lookout
 Len McCormick - Alberton, Chapple, Dawson, Emo, La Vallee, Morley, Lake of the Woods, Rainy River
 Jerry O'Leary - Sioux Narrows-Nestor Falls
 Dan Onichuk - Fort Frances
 Andrew Poirier - Kenora
 Kathy Robinson - Ear Falls, Red Lake
 Charles Viddal - Atikokan

2007 Board of Health

John Albanese (Chair)
Public Appointee

Julie Roy (Vice-Chair)
Public Appointee

Mel Fisher
Dryden, Machin

Russ Fortier
Public Appointee

Margaret Harland
Ear Falls, Red Lake

Dianne Loubier
Ignace, Pickle Lake,
Sioux Lookout

Jerry O'Leary
Kenora,
Sioux Narrows-Nestor Falls

Gerd O'Sullivan
Alberton, Chapple, Dawson,
Emo, La Vallee, Morley,
Lake of the Woods, Rainy River

Paul Ryan
Fort Frances

Chris Van Walleghem
Kenora

Charles Viddal
Atikokan

Any member or members of the public may attend meetings of the Board of Health.

Requests for deputations or audience with the Board of Health must be received in writing by the Executive Assistant, Dorothy Strain, ten working days prior to the scheduled meeting (email: dstrain@nwhu.on.ca).

For information regarding the time and date of the Board of Health meetings, please visit the Northwestern Health Unit website:

<http://www.nwhu.on.ca/about/boh-next-meeting.php>

Message from the Medical Officer of Health/CEO

Even though this is the 2006 Annual Report, it is published late in 2007, and will be my last such message because I am retiring at the end of 2007.

On May 16th, 1994, I took over the job of Medical Officer of Health and CEO for the Northwestern Health Unit, and December 31st of this year will be my final Medical Officer of Health working day. The thirteen-plus years here have been eventful, with episodic controversy and advocacy regarding Public Health services. Disease prevention and health protection/promotion are controversial topics because they necessitate definite limits on personal freedom of action when those freedoms threaten the health of others. I have appreciated the opportunity to attempt to find the appropriate balance between these two poles, and wish to thank several groups of people for assisting in those attempts:

- The staff and management of the Northwestern Health Unit are incredibly skilled in their work and, most importantly, in representing and interacting with their communities. They have contributed the most of anyone in encouraging the Health Unit to be a progressive, accountable, responsive, community-based and decentralized Public Health department;

- The Board of Health for the Northwestern Health Unit has a difficult job to do and has evolved to a position of appropriate governance where the partisan hats are usually left at the boardroom door, and the policy and funding decisions are made with the interests of the health of the entire region as the primary, and often the only, criterion;



Julie Roy, Vice-Chair, Board of Health; John Albanese, Chair, Board of Health; and Pete Sarsfield, Medical Officer of Health & Chief Executive Officer

A media representative asked me, after the opening of the new Atikokan office, what I was most proud of from the thirteen-plus years of working here, and I answered by waving my arms at the wonderful new office, indicating in my verbal reply that I was including Red Lake, Emo, et al, in the gesture.

- The majority of citizens in the region, often including their elected representatives, support our efforts to find the appropriate legal, value-based and professional balance between personal and collective rights. Without that support, most of us would not have the strength to continue in controversial positions, nor would we be allowed to do so;

- I have lived and worked as a physician for 35 years in Labrador, the Northwest Territories, northern and southern Manitoba, and now in northwestern Ontario and as a result have deep respect and admiration for Aboriginal citizens and leaders who deal, on a daily basis, with the deep-seated racism of our country's history and present-day reality. The long-standing partnership between Aboriginal and non-Aboriginal citizens and communities in this

region, however fragile, is central and essential in ensuring the social and ecosystem-based progress of the region. It has been of central importance to me to try to be a part of this partnership.

Huge strides have been made, recently, in providing service to the smaller communities in the region. The NWHU region has 19 municipalities, and we have offices in 13 of those: Pickle Lake, Ignace, Sioux Lookout, Dryden, Machin, Ear Falls, Red Lake, Kenora,

Sioux Narrows-Nestor Falls, Rainy River, Emo, Fort Frances, and Atikokan. Until recent years, we were unable to adequately staff or resource the smaller offices, with the majority of our staffing going to Dryden, Kenora, and Fort Frances. However, with the increased investment by the regional municipalities and the provincial government in Public Health, we have been able to increase our staff and improve our facilities in many of the municipalities. Just this year, we have opened new offices in Red Lake, Atikokan and Emo, and a new Sioux Lookout office was opened a couple of years ago. We have need for improvements in the other smaller offices, but these recent steps have been big ones.

The Board of the Health Unit has, in recent years, been supportive of this increased regional investment in health promotion, disease prevention and health protection, and without their leadership and vision we would not have the level of service we now have in most of the regional municipalities.

I appreciate having had the opportunity to live and work here. It has been a privilege; thank you.

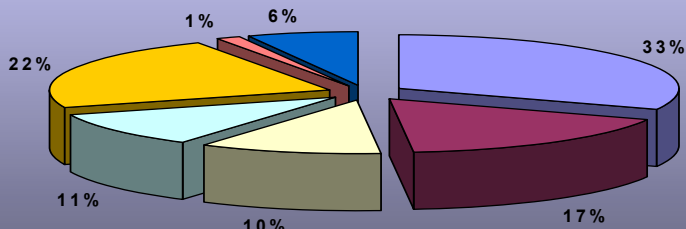
Pete Sarsfield, MD, FRCP(C)

Revenues & Expenditures

Finance: Director Lois Bailey

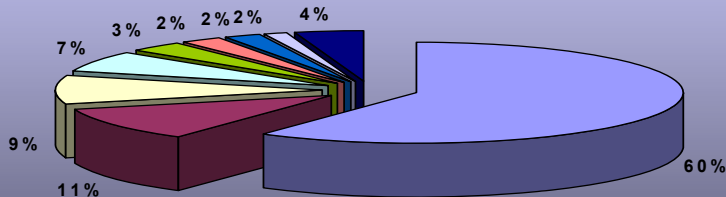
FUNDING		EXPENDITURES	
Ministry of Health & Long-Term Care	\$ 3,863,372	Mandatory Cost-Shared Programs	\$ 7,096,097
Ministry of Children & Youth Services	\$ 2,102,121	Unorganized Territories	\$ 1,301,217
Ministry of Health Promotion	\$ 1,275,347	Speech, Audiology & Infant Hearing	\$ 1,086,160
MOHLTC Unorganized Territories Grant	\$ 1,301,217	Healthy Babies, Healthy Children	\$ 788,641
Municipal Levies	\$ 2,752,304	Smoke-Free Ontario Programs	\$ 408,083
Part 8 Sewage Application Fees	\$ 168,902	FOCUS & Heart Health	\$ 275,764
Other Revenue & User Fees	\$ 790,644	Early Childhood Development	\$ 273,015
		Part 8 Sewage Application Fees	\$ 180,682
		Other Programs	\$ 484,178
Total Revenues	\$ 12,253,907	Total Expenditures	\$ 11,893,837

Funding



- Ministry of Health & Long-Term Care
- Ministry of Children & Youth Services
- Ministry of Health Promotion
- MOHLTC Unorganized Territories Grant
- Municipal Levies
- Part 8 Sewage Application Fees
- Other Revenue & User Fees

Expenditures



- Mandatory Cost-Shared Programs
- Unorganized Territories
- Speech, Audiology & Infant Hearing
- Healthy Babies, Healthy Children
- Smoke-Free Ontario Programs
- FOCUS & Heart Health
- Early Childhood Development
- Part 8 Sewage Application Fees
- Other Programs

Northwestern Health Unit Profile

Planning & Evaluation: Director Val Mann

The Northwestern Health Unit is the most westerly situated of all Ontario's 36 public health units, serving the Kenora (part) and Rainy River Districts. The catchment area for the Northwestern Health Unit comprises 166,514 square kilometres of that area or approximately one-fifth of Ontario.

Utilizing a figure of 3757 square kilometres as the approximate size of the average southern Ontario health unit for comparison, the catchment area for the Northwestern Health Unit is equivalent to approximately 44 southern Ontario health units.

The service area consists of 19 municipalities, 40 First Nations and two unincorporated or "unorganized" territories - Kenora Unorganized (part) and Rainy River Unorganized. If the land masses for all 19 municipalities were added together, the resultant area would approximate two average southern Ontario health unit areas.

The wide dispersion of these municipalities throughout the Northwestern Health Unit catchment area complicates service delivery. For example, the distance from Pickle Lake to Rainy River is 800 kilometres.

The population is also widely scattered across the Northwestern Health Unit catchment area. The region is sparsely populated with a population density of approximately 0.5 people per square kilometre compared to 12.6 people per square kilometre for the province.

Kenora is the largest city with a population of 15,838 people or just under 20 percent of the total population. This is unlike the other Ontario health units in which the majority of the catchment population is contained within a large urban centre. In addition, Kenora, with the largest percentage of the total population, is located close to the most westerly boundary of the catchment area.

These conditions, combined with the distances between communities, have not supported the feasibility of centralizing Health Unit services within a single urban centre. Reaching the population is a problematic service issue for the Northwestern Health Unit.

The data presented below is from Statistics Canada, the 2001 Community Profiles and 2003 Canadian Community Health Survey.

	2006 Pop
Alberton	958
Atikokan	3293
Chapple	856
Dawson	620
Dryden	8195
Ear Falls	1153
Emo	1305
Fort Frances	8103
Ignace	1431
Kenora	15177
La Vallee	1067
Lake of the Woods	323
Machin	978
Morley	492
Pickle Lake	479
Rainy River	909
Red Lake	4526
Sioux Lookout	5183
Sioux Narrows-Nestor Falls	672



Photo and cover photo by Kim Mann

		NWHU	ONT
Geography	Land mass sq km	166515.4	907573.8
	% ONT	18.3	
Population	Population Density per sq km	0.5	12.6
	% Rural	55.4	15.4
	Population (Stats Can underestimates Reserves)	77,823	11,410,046
	Population estimate (due to Reserve underestimates)	85,000	
	% ONT Population	0.7	
	Aboriginal Identifying Population (Stats Can)	20,975	202,665
	% HU Population	26.5	1.8
Language(s)	% English only	83.8	70.6
	% French only	2.3	4.3
	% Other Languages including Ojibway, Cree, Oji-Cree	13.6	24.8
Education -School Attendance	Not attending School (15-24 yrs)	47.5	34.4
	Attending Full-time (15-24 yrs)	46.2	60.4
	Attending Part-time (15-24 yrs)	6.3	5.2
Highest Level of Schooling	High School Graduates (25-29)	74.1	87.9
	Post-secondary Graduates (25-54)	46.1	57.3
Labour Force	Employment Rate	59.6	67.3
	Unemployment Rate	9.7	6.1
Average Earnings	All Sources of Income	\$30,049	\$35,185
Nutrition	5 or More Servings of Vegetables	39.2%	39.8%
	Body Mass Index - Normal Weight	36.6%	46.9%
Alcohol	Heavy Drinking Behaviours	27.4%	20.5%
Tobacco	Current Smokers	27.2%	22.1%
	Initiation at 14 yrs or less	42.0%	32.9%
	SHS Exposure	24.5%	17.7%
Health	Self Rated - Excellent or Very Good	49.7%	57.2%
	Self-reported Injuries	16.0%	12.8%
	Life Expcency at Birth	75.3yrs	78.8yrs

Equal Access Focus on Small and Rural Communities

The physical area served by NWHU is one of the largest of the 36 health units in Ontario, linked with one of the smallest populations, totalling approximately 85,000 people when First Nation communities are included. Only Porcupine Health Unit and Thunder Bay District Health Unit are geographically larger. There is a large seasonal variation in population in parts of the region, with approximately 40,000 additional residents for about three months of the year, many of whom demand/require services. There are over 700 tourist camps in the districts, which require food/water/sewage advice and regulation.

Legitimate requests for NWHU service to First Nations residents, both on- and off-Reserve, have substantially increased in recent years,



especially regarding control of health hazards and disease prevention. There is a legal and moral obligation to respond to First Nations' need for service, if the federal response is lacking.

The Health Unit has 14 offices spread over a distance of several hundred kilometers, involving 19 municipalities and two unincorporated territories. These geographic and demographic realities dramatically increase the cost of providing service.

In May 2006 the Northwestern Health Unit Board of Health and Senior Management met to discuss Equal Access issues for the population of the Northwestern Health Unit. One of the major issues considered was acceptable distance for a resident to travel for basic Public Health services, over what types of roads and in what conditions, and utilizing what type of public transportation?

The outcome of the May 2006 meeting was a re-affirmation to continue and/or increase service to the smaller communities.

This philosophy continues to be one of the main directions of the Northwestern Health Unit's Strategic Plan. The current Northwestern Health Unit Strategic Plan defines the following Areas of Effort and Priority: "increased Mandatory Health Programs and Services will be received by all Northwestern Health Unit constituents" and "increased accessibility to programs and services will be available for all Northwestern Health Unit constituents." A means to achieve these goals is stated by the Strategic Plan to be "continue to increase services to all under-served areas."

The Board of Health has successfully applied for an additional Board of Health member to represent the communities of Ignace, Pickle Lake and Sioux Lookout, which had been previously represented by the Board of Health member for Dryden and Machin.



Expansion of Offices

Highlights from the Region

Increasing service to the smaller communities involves increasing the Northwestern Health Unit staff complement at the community level and, in some cases, at the main office level. As a result, new offices were created or existing ones were upgraded, and the supporting infrastructure (computer, furniture, and communications) was a major focus for the Health Unit in 2006. New office space was either added or was in the planning or development stage across the region.

In alphabetical order, the following is a 2006 update by community office:

Atikokan: Plans for new office space and staffing complement were considered in the 2007 budgeting process. A new office was opened in 2007 in the Voyageur Mall at 115 Main Street.

Dryden: The office now occupies two spaces at 75 Van Horne Avenue, primarily because of the expansion of the Smoke-Free Ontario Program.

Ear Falls: An office expansion was completed, with three new offices added. This now allows for a dedicated clinic room and for speech therapy sessions to be held in the Communication Assistant's office.

Emo: A new office was opened at 76 Front Street that consolidated our two existing offices.



Fort Frances: A renovation of existing space to allow for more office space for staff and to improve client privacy, was completed.

Ignace: A new office has been added in the Mary Berglund Health Centre to accommodate the new Health Educator position.

Kenora: Leasehold improvements (replacement carpeting/flooring, painting) were completed in 2006. We are currently planning to rearrange our main reception area to allow for more client privacy and better traffic flow.

Machin: An office was added at the end of 2005, and no changes are currently planned.

Pickle Lake: We currently have sufficient space.

Rainy River: Expansion of two additional offices was done as well as some leasehold improvements to create new offices in the existing space.



Red Lake: A new office was opened in June 2007.

Sioux Lookout: The office was expanded in 2004 and is currently meeting our needs, though space already is tight.

Sioux Narrows-Nestor Falls: Renovated an office space.

Videoconference Equipment: In October 2006, it was announced that the Northwestern Health Unit is one of nine Ontario health units to be provided with video-conferencing equipment paid for by the Ministry of Health and Long-Term Care, and provided by the Ontario Telehealth Network and Smart Systems for Health. Future plans include expanding this service to all offices.

Northwestern Health Unit Programs & Services

Family Services: Director Karen Essery
Audiology, Child Health, Infant Hearing Program,
Preschool Speech Language Services, and Reproductive Health

Family Services reached a large proportion of our residents in 2006. Here are a few examples:

Reproductive Health: Women, their partners and families are supported for healthy pregnancy outcomes.

218 people attended 141 Prenatal Class sessions

141 participants attended 10 regional Preconception Health presentations

59 pregnant women were provided with smoking cessation support and resources

Child Health Program: Healthy growth and development of children and youth are promoted.

853 telephone consultations with clients, 153 of which breastfeeding was the initial reason for contact with the public health nurse

41 outreach visits to physicians' offices to provide materials on breastfeeding

74 skill development sessions were conducted for parents, childcare, health and social service providers

Healthy Babies, Healthy

Children: The HBHC program provides support and assists families with children 0 to 6 years of age in navigating through coordinated community supports and services.

2,044 family visits were performed as part of the Home Visiting Program

855 families consented to and received follow-up from a public health nurse after discharge from hospital

342 pregnant women received a prenatal screening

Dental Services: Dental disease still continues to be the number one chronic disease in children. Dental



decay is five times more common than asthma, seven times more common than hay fever in the general North American population.

8,765 students received a dental assessment and/or screening

2,525 children received topical fluoride treatments

466 children received CINOT treatment services

135 children received pit and fissure sealants

28 high risk schools identified

North Words Preschool Speech Language Services:

Speech and language assessments and intervention are provided to preschool children and their families.

532 children received service

283 new referrals to the program

Infant Hearing Program:

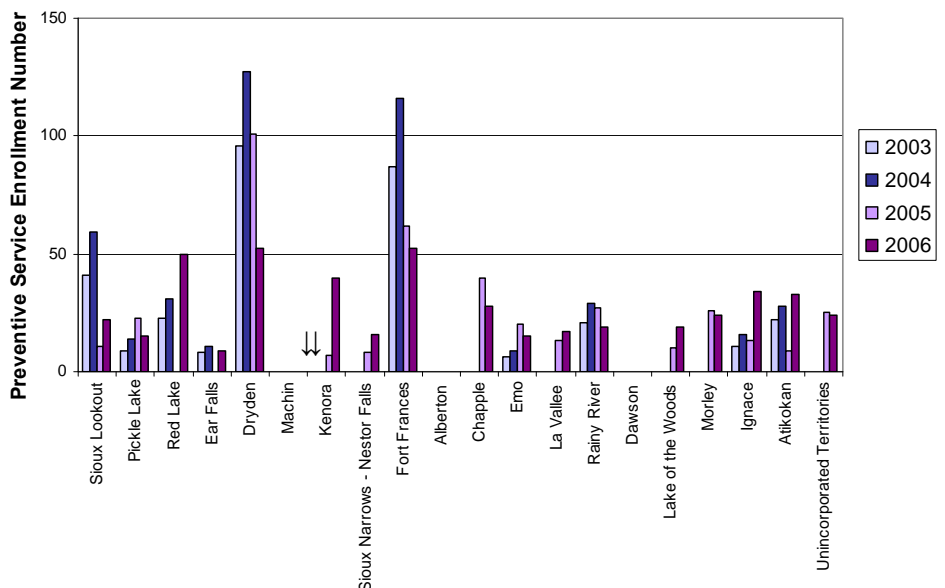
Families with newborns are offered a hearing screen prior to hospital discharge or post-discharge in the community. Follow-up services are provided to hearing impaired infants as required.

697 infants were given hearing screens

Audiology Services: Hearing assessment and interventions are provided to clients of all ages.

2,201 clients were seen throughout the district

Number of dental clinical preventive services performed in 2003, 2004, 2005, and 2006. (Arrows signify the number is less than 5.)



Northwestern Health Unit Programs & Services

Health Promotion: Director Mark Perrault

Chronic Disease Prevention, Injury and Substance Abuse Prevention, FOCUS, Northwestern Healthy Living Project, Smoke-Free Ontario, and Student Nourishment Program

Health Promotion reached a large proportion of our residents in 2006. Here are a few examples:

Chronic Disease Prevention:

40,960 hits received to the workplace health promotion website www.nwohealthworks.org

664 workplace wellness resources distributed from online requests
217 people downloaded 5 online audio and PowerPoint presentations on workplace health and substance abuse prevention in the workplace
4,413 students in grades 4-8 given information packages for parents, encouraging families to volunteer in community

24 classes in 9 communities participated in the volunteer challenge

46 schools participated in the *Live outside the box...Step into your community!* campaign, 100+ logo contest entries were submitted

48 school meal and snack programs received a total of \$96,500

27 grocery stores took part in the Nutritious Food Basket survey

4 new restaurants qualified for Eat Smart, total 30 in our area

106 peer leaders participated in the Peers Running Organized Play Stations (PROPS) program

64 teachers participated in training on daily physical activity requirements

34 community Summer Active events were held

431 regulated health professionals participated in the NWHU Survey on Health Promotion

556 workplace and public places were inspected for 100% smoke-free indoors regulations

294 compliance checks conducted on tobacco vendors with youth test shoppers

128 tobacco vendors inspected

271 adult smokers entered the Ontario's *Driven to Quit* smoking contest

11 high schools and 1 elementary in 10 communities received lung comparison kits to help teach tobacco use prevention to students

10 high schools received \$1000 grants through Smoke-Free Ontario

8 high schools and over 3000 students participated in the Leaders Today "Be the Change Tour"

Injury and Substance Abuse Prevention:



1,530 children in 8 communities participated in bike rodeos
228 child safety seats were inspected in 9 communities

42 child safety seat inspectors from 8 communities were trained

30,916 hits to Rainy River District Substance Abuse Prevention site www.preventingtragedy.org

5,600 volunteer hours provided by FOCUS Red Lake partners

2 awards presented to FOCUS Red Lake at the CYAID conference: Best Zero Hero Contest and Best Teacher Liaison

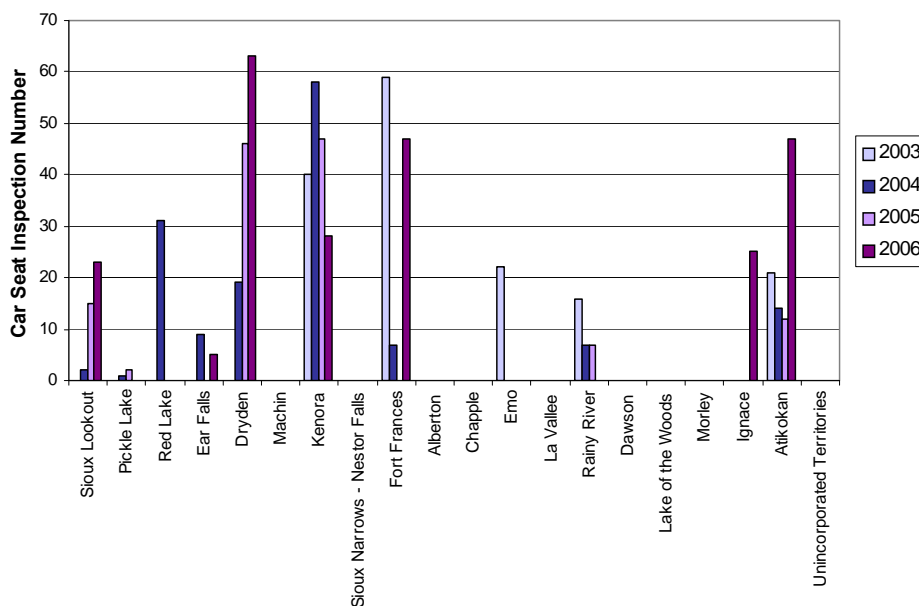
950 students in the Rainy River District attended a substance abuse presentation

14 substance abuse prevention workshops held by FOCUS Red Lake
7 First Nations Chiefs received presentation on the FOCUS program

9 communities have an existing Municipal Alcohol Policy

1 regional media campaign on driving under the influence of alcohol and cannabis

Number of car seats inspected in 2003, 2004, 2005, and 2006



Northwestern Health Unit Programs & Services

Health Protection: Director Bill Limerick

Control of Infectious Diseases, Early Detection of Cancer, Sexual Health, Sexually Transmitted Infections, Tuberculosis Control, and Vaccine Preventable Diseases

Health Protection reached a large proportion of our residents in 2006. Here are a few examples:

Control of Infectious Diseases:

Infectious diseases continue to be a significant cause of illness in the community. Their control presents a constant challenge to public health organizations as new organisms emerge and others change, adapt and become increasingly resistant to treatment. Surveillance, case finding, contact tracing, immunization, infection control and risk assessment are the activities required to control the spread of disease. An on-call system is in place to ensure the appropriately trained Health Unit staff are available 24 hours a day, seven days a week to respond to reports of infectious disease incidents and outbreaks.



Tuberculosis Control: An effective program for TB control, encompassing case management, treatment and follow-up, was maintained.

1,184 TB skin tests
176 consultations to clients
28 clients began chemoprophylaxis
9 educational presentations provided to community agencies
Less than 5 new TB cases

Early Detection of Cancer: A range of strategies increased recruitment for breast and cervical cancer screening.

2,189 breast screens completed by the OBSP in 11 communities
699 cervical screens -NWHU clinics
3 regional media campaigns

Sexual Health: Healthy sexuality strategies support choices appropriate to the individual.

7,264 client visits (490 male clients)
754 new clients
674 pregnancy tests
161 requests for emergency contraception (ECP)

Sexually Transmitted Infections(STIs) including HIV/AIDS and Needle

Exchange (NEP): Community outreach, appropriate case management and access by injection drug users to sterile equipment helped reduce the risk of hepatitis, HIV and other blood-borne diseases.

17,397 needles given out
7,134 needles taken in
369 contacts through NEP
464 chlamydia cases

Vaccine Preventable Diseases:

Vaccines are extremely effective in protecting the public against a number of diseases. The Health Unit provides public education around the importance of immunization and community clinics to ensure residents have access to publicly funded vaccines.

12,261 influenza vaccines (2005/06)
96.2% coverage - Polio

96.63% coverage - Measles, Mumps, Rubella (MMR)

88.07% coverage - Diphtheria, Polio, Tetanus (DPT)

88.77% coverage - Diphtheria, Pertussis, Tetanus, Polio and MMR

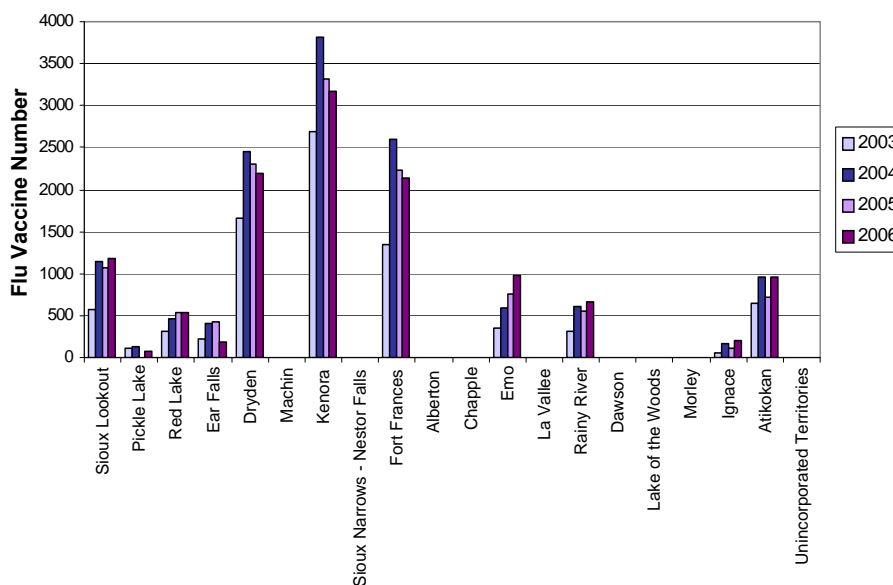
97.61% coverage - Haemophilus Influenza B (Hib)

87.0% of eligible grade 7 students received Hep B vaccine (2005/06)

78.0% of eligible grade 7 students received Meningococcal C vaccine

102 educational sessions to 717 attendees on various vaccine-related topics and EpiPen education

Number of Flu Vaccines given in 2003, 2004, 2005, and 2006 by Health Unit Office Location and Unincorporated Territories



Northwestern Health Unit Programs & Services

Environmental Health: Director Bill Limerick

**Food Safety, Health Hazard Investigation, Infection Control in Institutions,
Part 8 Private Sewage Disposal, Rabies Control, Safe Water, and West Nile**

Environmental Health reached a large proportion of our residents in 2006. Here are a few examples:

Health Hazard Investigation (including 24-hour Emergency Response):

Public health inspectors responded to a variety of health hazard issues including chemical and sewage spills, pesticide complaints, asbestos and mercury investigations, indoor air quality, institutional mold, and housing disrepair to name a few.

- 30 Blastomycosis investigations
- 5 Kenora Integrated Pest Management Committee meetings held on February 23, April 5, April 11, May 3, and June 12 of 2006

Safe Water: The Environmental Team acts in accordance with the Safe Water Act, 2002 to protect the health of the public whenever adverse drinking water tests results are received.

- 1,840 water samples tested for private homes
- 1,224 water samples tested for municipalities and camps
- 210 boil water and drinking water advisories issued
- 2,230 beach water samples tested
- 6 beaches closed because of bacterial contamination

Food Safety: Public health inspection of all food premises and food handler training courses were provided in accordance with Ministry of Health and Long-Term Care protocols.

- 663 food establishment inspections
- 172 Special Occasion Permits
- 477 food handler certifications

Infection Control in Institutions:
4 institutional outbreaks



West Nile: The Northwestern Health Unit completed its fifth year of bird surveillance and third year of mosquito surveillance. The NWHU jurisdiction is considered low risk.

- 1 laboratory-confirmed human case (non-neurological syndrome) in 2006
- 29 birds (crows and ravens) tested
- 12 positive birds (crows only)
- 3 positive mosquito pools

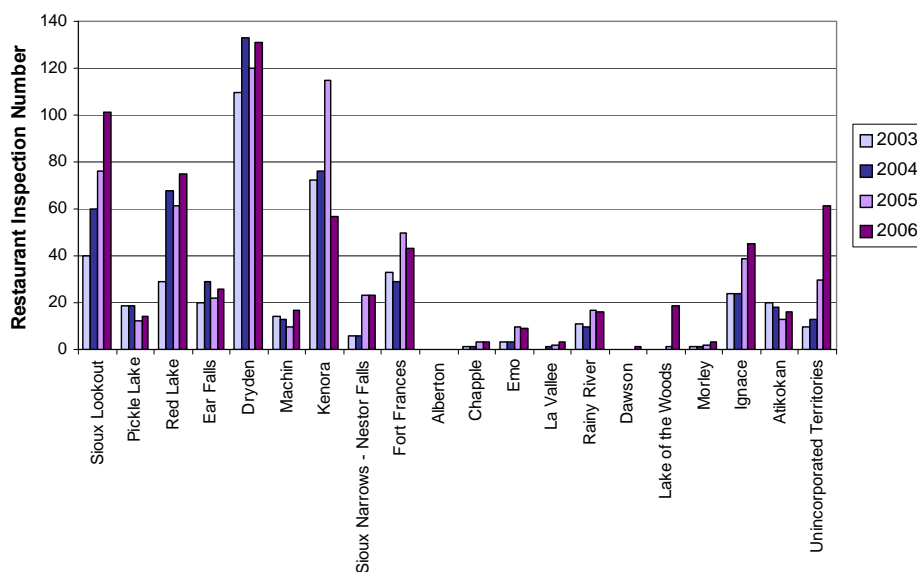
Rabies Control: Although the NWHU district has a relatively low incidence of rabies and no positive human cases to date, human cases identified in other provinces highlight the importance of an effective Rabies Control Program.

- 134 animal bite investigations
- 16 individuals received post-exposure rabies prophylaxis

Part 8 - Private Sewage Disposal: The Environmental Team ensures non-point sources, such as sewage systems, do not contaminate surface and ground water resources in the large rural and unincorporated district served.

- 216 sewage systems installed
- 56 severance lot inspections
- 3 subdivision inspections

Number of Restaurant Inspections performed in 2003, 2004, 2005, and 2006 by Municipality and Unincorporated Territories





Northwestern Health Unit

www.nwhu.on.ca

Hours: Monday to Friday - 8:30 a.m. to 4:30 p.m.

Office Locations:

ATIKOKAN

115 Main Street
Tel. (807) 597-6871
Fax (807) 597-5217

DRYDEN

75D Van Horne Avenue
Tel. (807) 223-3301
1-888-404-4231
Fax (807) 223-5754

EAR FALLS

25 Spruce Street
Tel. (807) 222-3098
Fax (807) 222-3324

EMO

76 Front Street
Tel. (807) 482-2211
Fax (807) 482-1678

FORT FRANCES

396 Scott Street
Tel. (807) 274-9827
1-800-461-3348
Fax (807) 274-0779

IGNACE

Hwy 599 & 17
Tel. (807) 934-2236
Fax (807) 934-2879

KENORA

21 Wolsley Street
Tel. (807) 468-3147
1-800-830-5978
Fax (807) 468-4970

KENORA

Market Square,
308 Second Street South
Tel. (807) 468-4948
Fax (807) 468-8940

MACHIN

75 Spruce Street
Tel. (807) 227-2088

PICKLE LAKE

3 Anne Street
Tel. (807) 928-2234
Fax (807) 928-2584

RAINY RIVER

210 Atwood Avenue
Tel. (807) 852-3268
Fax (807) 852-3015

RED LAKE

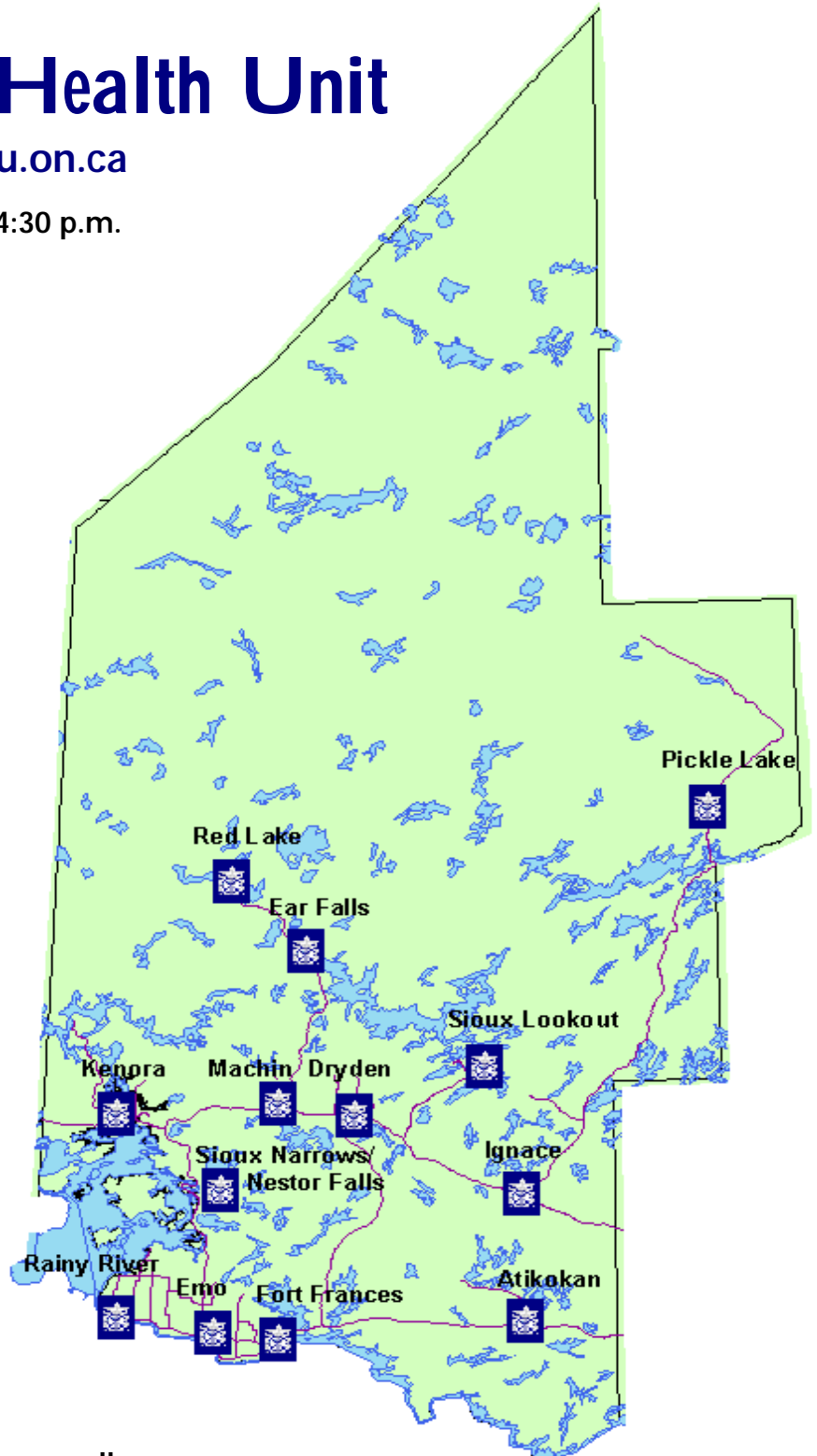
234 Howey Street
Tel. (807) 727-2626
Fax (807) 727-3001

SIoux LOOKOUT

47B Front Street
Tel. (807) 737-2292
Fax (807) 737-3711

SIoux NARROWS- NESTOR FALLS

Hwy 71
Tel. (807) 226-9626
Fax (807) 226-9626



Public Health Emergency On Call
After-hours for all locations
Call 1- 807- 468-7109

Sample situations for after-hours emergency calls:

- Request/need Northwestern Health Unit emergency advice/intervention
- Institutional outbreaks
- Suspected food poisoning incidents
- Information or action on urgent reportable communicable diseases
- Reporting of adverse water results that fall under the "Safe Drinking Water Act"
- Human involvement with a suspect rabid animal (all other animal bites can be considered routine and sent to the Health Unit office during working hours)
- Information regarding needle-stick exposures
- Emergency calls from the Ministries of Health or Environment, Canada Food Inspection Agency, fire and police departments concerning an occurrence deemed by the caller to constitute an emergency. This may include a fire in a food premise, accidental spill of a contaminant, or an emergency food recall