



CLIMATE CHANGE AND HEALTH IN DURHAM REGION

Assessing the Impacts of Solar UV Radiation and Vector-borne Disease

Council for the Township of Brock

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Why assess climate and health vulnerability?



Ontario Public Health
Standards mandate



Health impacts of climate
change are on the rise



Many health impacts and
health inequities are
preventable

Report Series

Primer



Understanding the local
health impacts of climate
change

Vulnerability Assessments



Assessing the impact of
extreme heat



Assessing the impact of access
and quality of food and water



Assessing the impact of
ultraviolet radiation



Assessing the impact of
poor air quality



Assessing the impact of
vector-borne disease



Assessing the impact
of extreme weather



What are the report objectives?



Clarify risks and health impacts



Report on available data



Prioritize equity



Establish baseline



2025

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Assessing the impact of solar
ultraviolet radiation



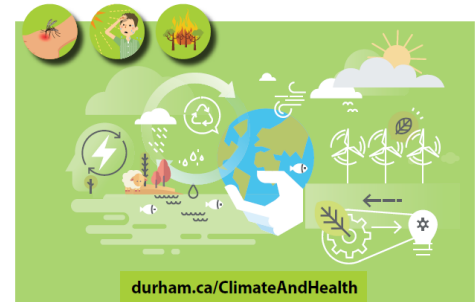
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2025

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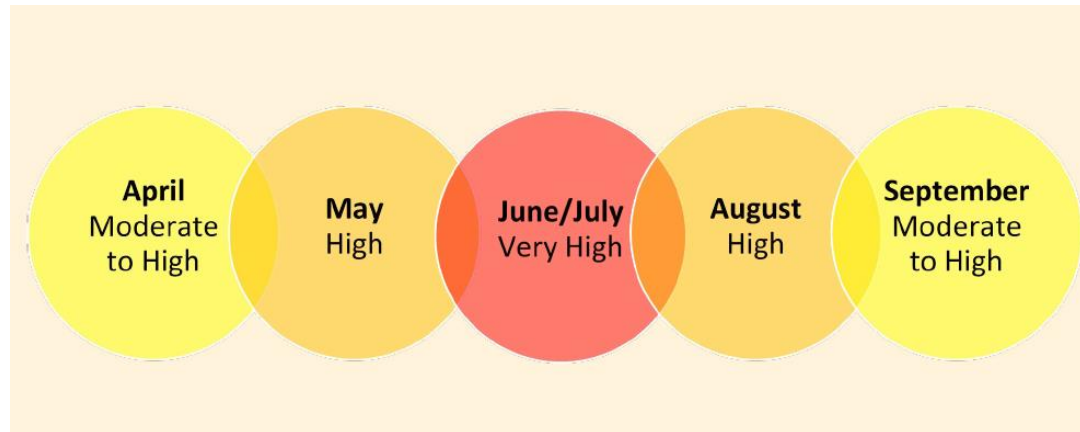
Assessing the impact of
vector-borne disease



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Overview of solar UVR exposure in Durham Region



- Solar UVR levels are highest in Durham Region from April to September between the hours of 11 am and 3 pm
- Approximately 60% of the day's total carcinogenic radiation is received before 2 pm



What are the health impacts of solar UVR?



UVR exposure is the main cause of sunburns and childhood sunburns and may increase risk of melanoma skin cancer later in life



UVR exposure can cause premature aging of the eye which can lead to the development of cataracts



UVR exposure is the leading cause of skin cancer and the leading cause of environmentally acquired cancer in Ontario

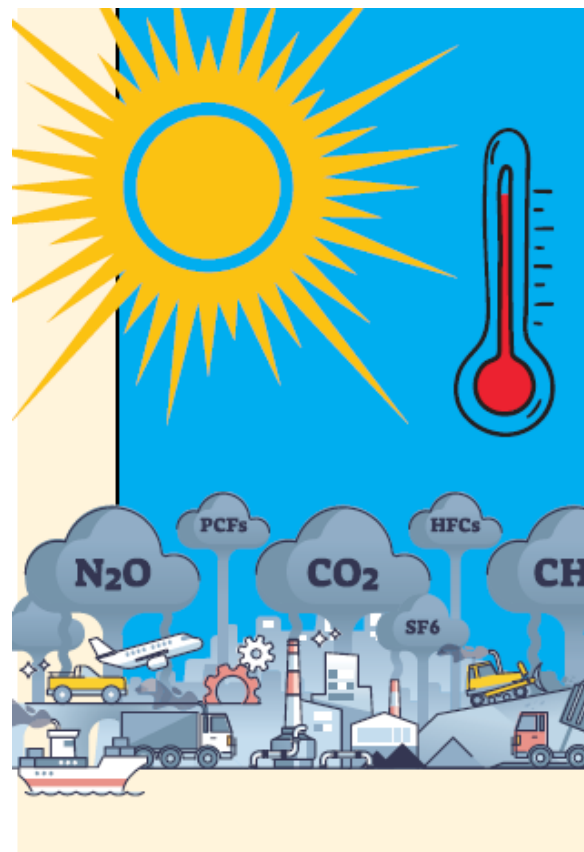


Climate change is expected to increase the incidence of skin cancer in Durham Region in the coming decades



Climate change and local solar UVR exposure

- Climate change is expected to increase solar UVR in Durham Region
- Increased concentrations of greenhouse gases are expected to reduce overall protective cloud cover
- Warmer temperatures are expected to increase outdoor time and UVR exposures



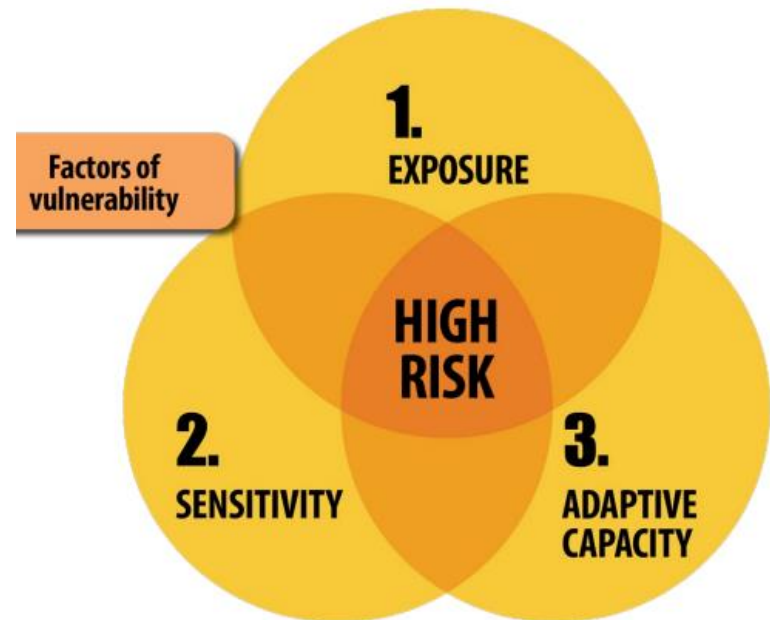


Who should be prioritized?

Priority Populations

- **Infants** and young **children**
- Individuals who:
 - sunburn easily, or have a **history of sunburn**
 - have a family **history of skin cancer**
 - use certain **medications**
 - **work** or are physically active **outdoors**

Factors of Solar UVR Vulnerability





What actions can support sun-protection?



Improve understanding of UVR exposure patterns among youth



Prioritize shade in settings frequented by children and youth



Assess shade access and distribution in high-exposure areas

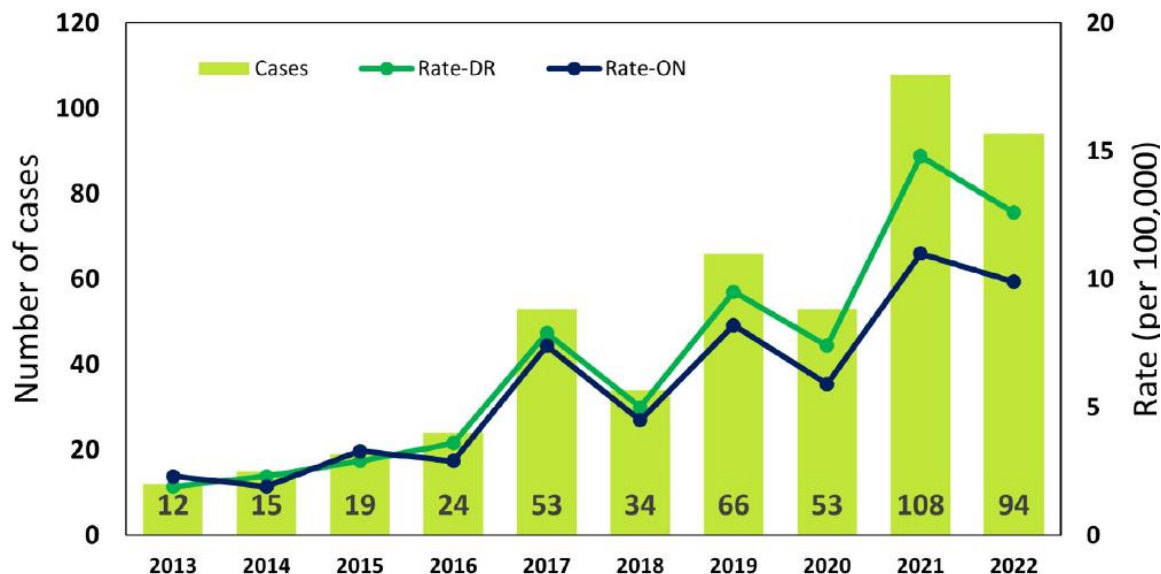


Establish local tree canopy cover baselines and targets with a focus on equitable access



The growing risk of VBD in Durham Region

- Climate change is a key driver of the spread of disease carrying vectors
- Local health burden of Lyme disease (LD) and West Nile virus (WNV) disease is increasing
- Rise in vector populations is expected to continue
- New emerging VBDs



LD incidence in Durham Region and Ontario from 2013 to 2022



What are the health impacts of VBDs?

- Health impacts range from mild to severe
- Awareness of bites and associated symptoms are key to disease prevention
- Proactive health promotion is crucial



Vector-borne diseases

- Lyme disease
- West Nile virus
- Zoonotic diseases

Lyme disease: [10,47]

- Multi-systemic bacterial infection that causes fever, joint pain, headaches, sleep disturbance, and depression.
- If caught early, can be treated to prevent neurological symptoms and impacts.
- Untreated cases can cause neurological and cardiac symptoms such as myocarditis, pericarditis, and heart failure.

West Nile virus: [11, 59, 60]

- Infections can be asymptomatic, non-neurological, or neurological.
- About 20 per cent develop symptoms but less than one per cent are severe
- Non-neurological symptoms include fever, joint pain, chills, and weakness.
- Neurological symptoms include meningitis, encephalitis, acute flaccid paralysis, and other neurological sequelae.
- Although rare, WNV disease can be fatal.

Direct negative health outcomes associated with VBDs in Ontario

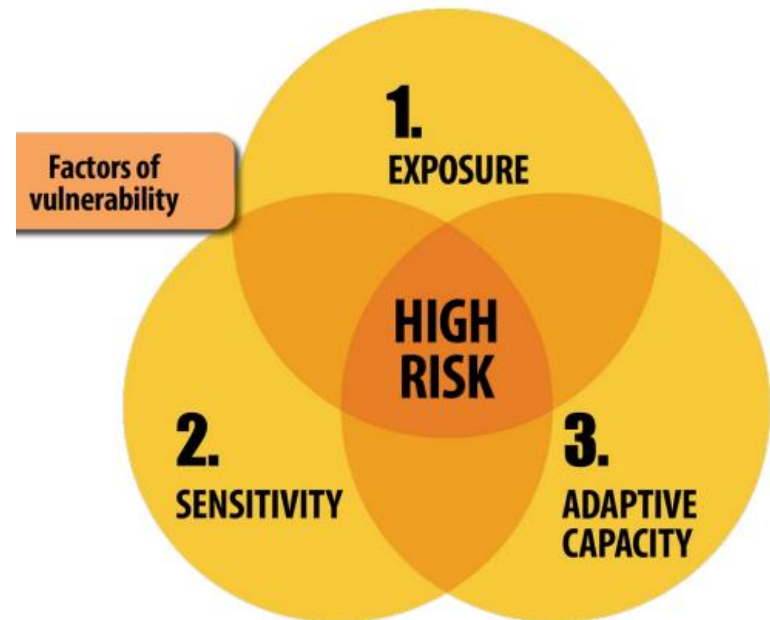


Who is most susceptible?

Priority Populations

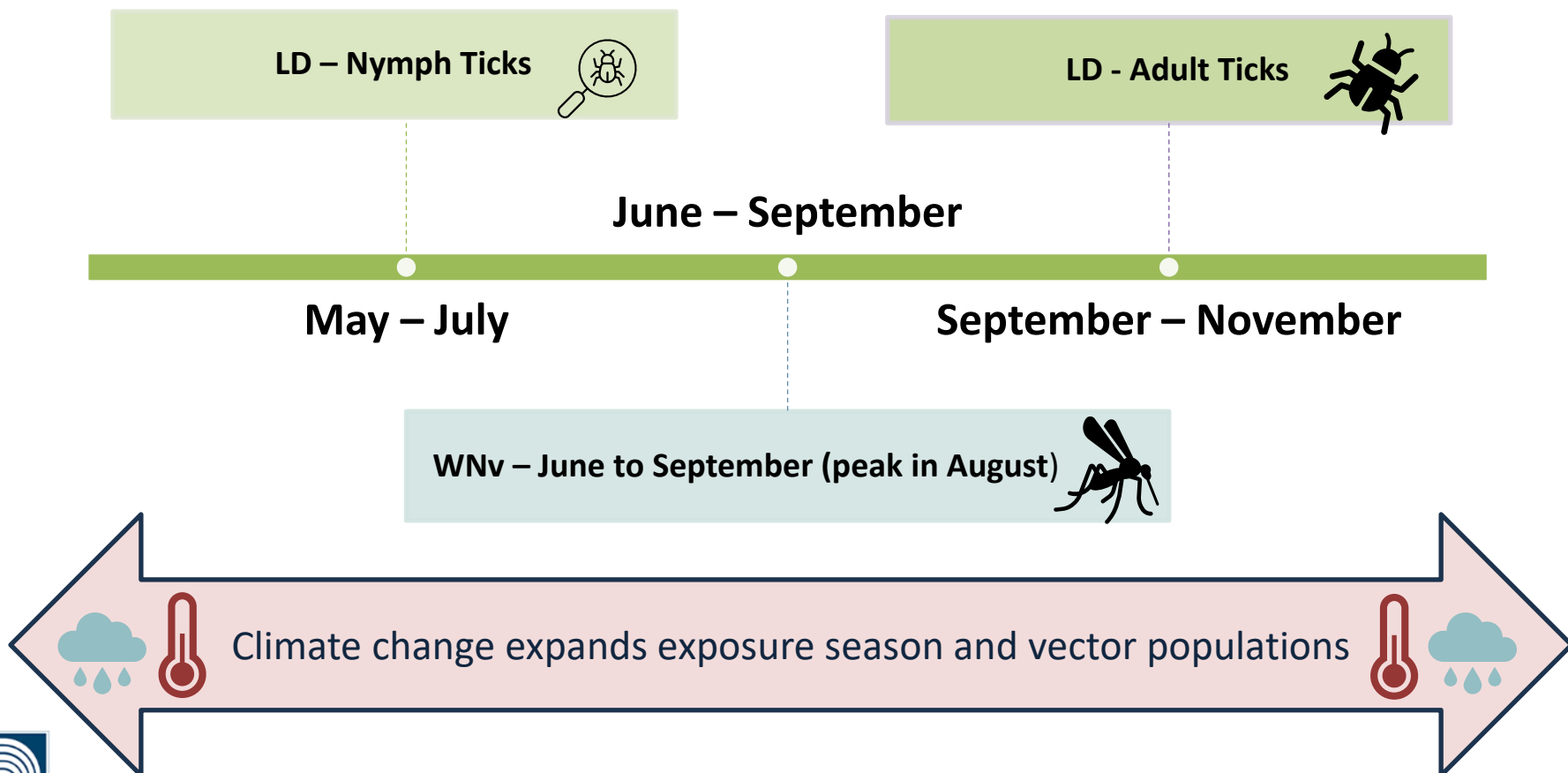
- **Older adults**, 60 years of age and older
- **Infants** and young **children**
- **Pregnant** individuals
- **Indigenous** Peoples
- People with a **weakened immune system**
- People who **work or spend time outdoors**

Factors of VBD Vulnerability





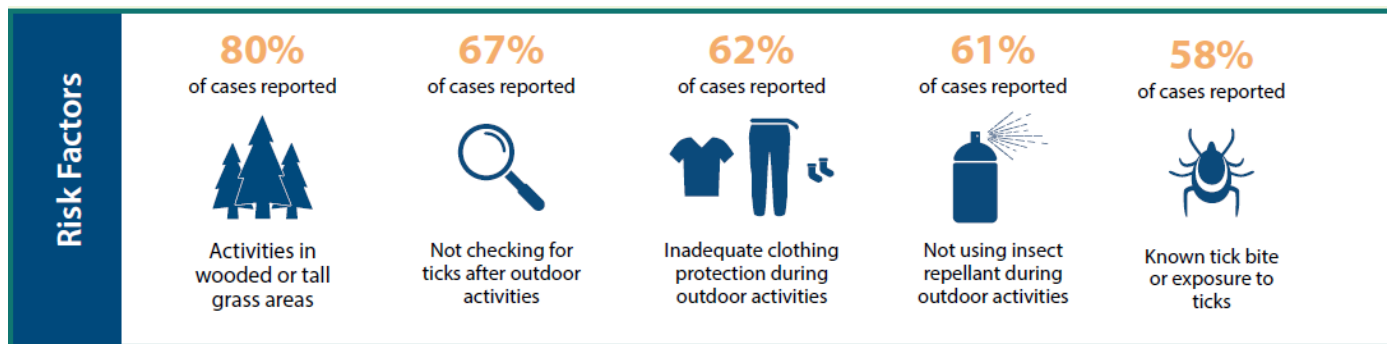
When is exposure highest?



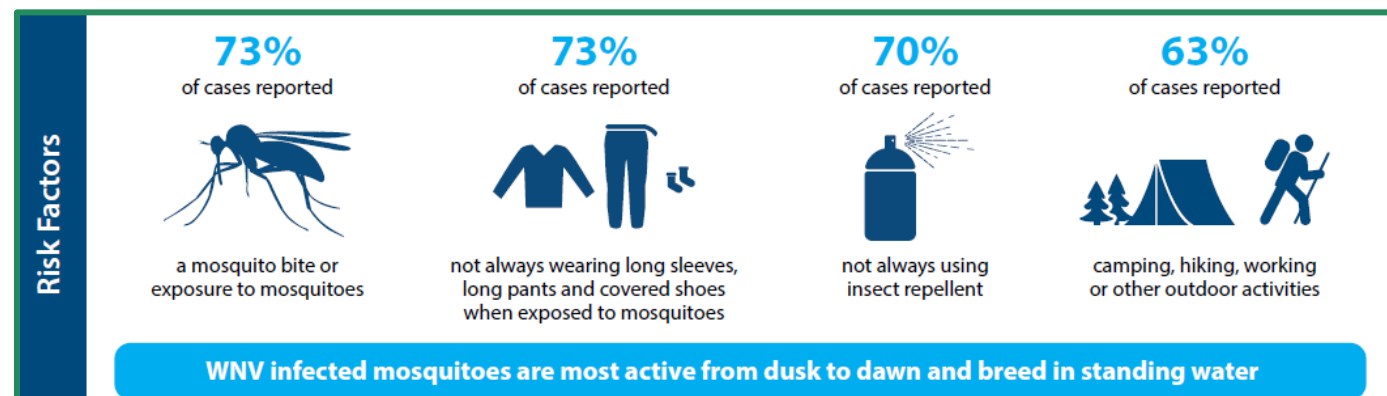


The challenge of low awareness and prevention

LD cases in Durham Region, 2019-2023



WNV disease cases in Durham Region, 2014-2023





Local strengths and opportunities



Durham Region's VBD Prevention and Response Plan

- Mosquito Surveillance & Control
- Site Inspections & Public Health Response
- Active Tick Surveillance
- Health Promotion & Public Awareness



Indigenous Knowledge and Collaboration

- Collaborative approaches
- Learning from Indigenous practices



Increasing capacity to prevent infections



Enhanced protections for outdoor workers



Targeted health promotion



Engagement with priority populations



Greater recognition of climate change's role



Learn more!

Visit:

- ✓ [Durham.ca/ClimateAndHealth](https://durham.ca/ClimateAndHealth)
- ✓ [Durham.ca/SunSafety](https://durham.ca/SunSafety)
- ✓ [Durham.ca/Ticks](https://durham.ca/Ticks)
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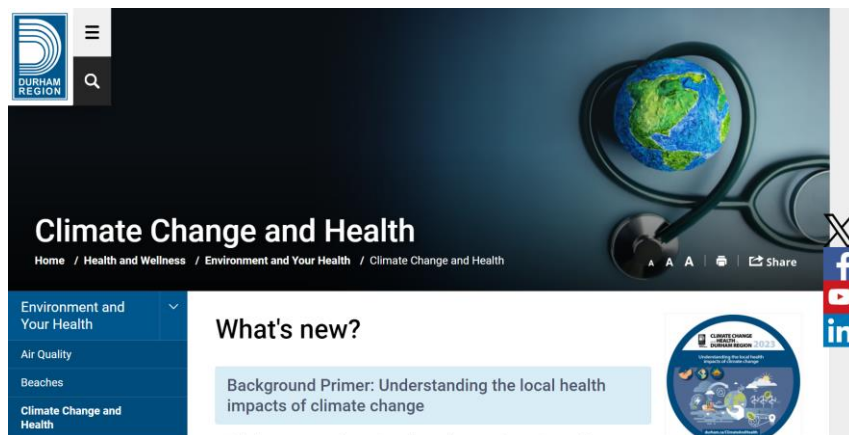
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Thank you



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