REPORT FOR ACTION

Responding to the Constance Lake First Nation Coroner's Inquest into Blastomycosis Outbreak Deaths

Date: June 24, 2026
To: Board of Health
From: Medical Officer of Health
Wards: All

SUMMARY

This report summarizes Toronto Public Health's response to the Office of the Chief Coroner recommendations and affirms its commitment to work that contributes to the implementation of these recommendations in Toronto, including programming to advance Indigenous data sovereignty and health outcomes via TPH's Indigenous Health Strategy.

Early this year, the Ontario Ministry of Health received recommendations from a coroner's inquest in response to deaths due to a blastomycosis outbreak in the Constance Lake First Nation (CLFN) community. On January 23, 2026, the Office of the Chief Coroner wrote to all Ontario Boards of Health (Attachment 1) requesting they respond to the five verdict recommendations that were specifically directed at local boards of health.

Blastomycosis is an infection caused by a fungus that grows most commonly in moist soil and decaying wood and leaves. The infection cannot be spread from one person to another. Some people, such as those with weakened immune systems and underlying health conditions, may develop severe illness requiring hospitalization and, in some cases, the infection can lead to death. The risk of Blastomycosis infection in Toronto is low.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. The Board of Health share this report with the Ministry of Health to fulfill its duty in responding to the request for action from Boards of Health by the Office of the Chief Coroner.

FINANCIAL IMPACT

There are no financial impacts associated with the adoption of the recommendation in this report.

DECISION HISTORY

On March 30, 2026, the Board of Health adopted "Actions to Advance Indigenous Health" which directed the Board of Health to reaffirm its commitment to advancing Indigenous health and wellness through culturally safe, Indigenous-informed, and community-driven public health approaches. https://secure.toronto.ca/council/agenda-item.do?item=2026.HL31.2

COMMENTS

2021-2022 Blastomycosis Outbreak

Blastomycosis is an infection caused by the fungus, *Blastomyces dermatitidis*. The fungus naturally grows in soil, decomposing wood, and in leaves in northern Ontario, Manitoba, Quebec, and the eastern United States, and can be difficult to isolate or detect in the environment. When its environment is disturbed (e.g., through activities such as camping, digging/gardening, dirt/mountain biking, wood cutting and inhalation of sawdust), tiny fungal spores may be released into the air which can lead to infection if inhaled. About 50% of people with pulmonary blastomycosis infections may be asymptomatic while others may become seriously ill or develop pneumonia, especially if they are immunocompromised. Blastomycosis cannot spread person-to-person. Infections are confirmed through laboratory testing of saliva, sputum, urine or other bodily fluids as appropriate to the investigation.[1]

Blastomycosis is a rare but important reportable infection in Toronto, with epidemiology that contrasts sharply with northern Ontario. Provincial surveillance demonstrates that the vast majority of cases occur in northern Ontario, particularly Northwestern Ontario where the incidence rate is 43.2 cases per 100,000. In Northeastern Ontario where these deaths occurred, the incidence is also higher (approximately 7.3 cases per 100,000 in 2024) compared with the rest of Ontario, including the Toronto, where annual rates have remained very low (approximately 0.18 cases per 100,000 in 2024). Although blastomycosis remains an uncommon diagnosis and has low incidence in Toronto, it continues to be relevant to public health due to travel-related risks, the potential for delayed diagnosis given non-specific clinical presentations, and emerging

1 Public Health Ontario Blastomycosis

evidence suggesting shifting environmental distribution linked to ecological and climate factors.

In late 2021 and early 2022, five individuals died in hospital during an outbreak of blastomycosis in Constance Lake First Nation (CLFN), a First Nations community located near Hearst, Ontario, within the jurisdiction of Northeastern Health Unit (formerly Porcupine). The outbreak caused more than 50 infections. In October 2025, one of the victim's fathers and a former chief of the First Nation, requested an inquest into the deaths. The inquest occurred over 25 days in and heard accounts from approximately 30 witnesses.[2,3]

Coroner's inquest

Coroner's inquests inform the public about the circumstances of a death and uncover lessons learned to contribute to a safer future. An inquest is a public hearing conducted by a coroner, lawyer, or retired judge before a jury of five community members. Inquests are held to inform the public about the circumstances of a death. The jury makes conclusions about the facts of the death and may make recommendations to prevent further deaths based on the evidence heard at the inquest. They do not assign blame or wrongdoing. Recommendations in the verdict made by these juries are not legally binding.

The recommendations made in this verdict emphasized that preventing similar tragedies will require culturally safe care, stronger partnerships with First Nations communities, better outbreak readiness, improved access to health services in Northern Ontario, and clearer accountability for implementation. The central themes of the recommendations are:

- Reconciliation and the elimination of anti-Indigenous racism in health care. This includes Northern and Provincial Health organizations (i.e. Hôpital Notre-Dame Hospital, Ornge, Public Health Ontario, the Ministry of Health, Northeastern Public Health, and Indigenous Services Canada) committing to Joyce's Principle and implementing relevant Truth and Reconciliation Commission Calls to Action.
    - Joyce's Principle aims to guarantee to all Indigenous people the right of equitable access to all social and health services, the right to enjoy the best possible physical, mental, emotional, and spiritual health, and the right to culturally safe health care that respects Indigenous knowledge, rights, and healing practices.
- Indigenous leadership in health care and direct collaboration between CLFN and the Jane Mattinas Health Centre.
    - Addressing gaps in emergency preparedness and service delivery in Northern Ontario and First Nations communities.
- Improving access to care and strengthening the northern health workforce.
- More research, environmental monitoring, earlier detection, stronger public and provider education for blastomycosis, as well as better diagnostic access and medication coverage.

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2 Matawa First Nations Media Release: Detection of Blastomyces DNA in Constance Lake First Nation homelands announced as a significant breakthrough
3 CTV News, October 16, 2025: Blastomycosis deaths: Inquest begins in Constance Lake nation

To ensure follow-through, the verdict calls for a provincially led joint Blastomycosis Inquest Implementation Committee, regular public progress updates, formal status reports from key agencies, and dedicated provincial and federal funding to support implementation of the recommendations. TPH can support this committee as requested and within scope, and in collaboration with health system partners or other stakeholders when out of scope.

Addressing Inquest Recommendations

The jury in the inquest has identified five recommendations that are the responsibility of public health units/Boards of Health (BOH) for implementation. TPH's ongoing work, including the Indigenous Health Strategy, ensures TPH is well-positioned to respond the recommendations.

Recommendation 27. The Ministry, local BOHs, and Indigenous Services Canada (ISC) to explore opportunities for relationship building among public health units and ISC, with a focus on responding to future public health emergencies in First Nation communities.

TPH coordinates with ISC and the Ministry of Health when northern communities are evacuated to the city. During such times, TPH also coordinates services for evacuated communities with Indigenous health organizations in Toronto. It does so as part of its commitment to active and mindful participation in advancement of culturally safe, Indigenous-informed, and community driven public health approaches aligned with the Ontario Public Health Standards (OPHS) and TPH's Indigenous Health Strategy, which was adopted by the Board of Health in March 2026.

Through the Indigenous Health Strategy, TPH has advanced key Indigenous health priorities through multiple streams of work, including Indigenous Cultural Safety implementation and learning; Indigenous mental health, wellness, and substance use response, including harm reduction; Indigenous-led vaccination and primary care partnerships; strengthening relationships and relational accountability with Indigenous partners; and advancing Indigenous health data sovereignty and governance. This work supports reconciliation and responds to long-standing inequities rooted in colonization, systemic racism, and intergenerational trauma.

Recommendation 28. The Ministry, local BOHs, applicable Tribal Councils, and ISC should meet to develop and establish clear roles and responsibilities, in response to future public health emergencies and outbreaks.

TPH is committed to working to establish clear roles and responsibilities as needed and will support broader public health sector coordination to align efforts as discussions develop concurrently. TPH works with local First Nation communities, urban indigenous population and organizations to enhance relationships and to define roles for public health work, including for emergencies, as required under the OPHS emergency management and infectious disease standards. There are many urban indigenous people who belong to First Nations outside of Toronto but live in the City which adds complexity and informs how we work together. TPH is also guided by commitments in

the City of Toronto Reconciliation Action Plan (2022–2032), the TPH Strategic Plan's priorities and Board of Health directives, alongside direct guidance from Indigenous service providers, Knowledge Keepers, and community leaders. Together with these partners and Chief and Councils and emergency response teams, TPH is developing a coordinated response to evacuations to Toronto from northern communities. To date, TPH has assisted with two community evacuations for environmental crises and responded to infectious disease occurrences during evacuations when they occur as part of the same response. Toronto Public Health's approach builds on partnerships strengthened during the COVID-19 pandemic, when it worked closely with Indigenous leaders and organizations, including through a weekly response table chaired by the Medical Officer of Health to support culturally sensitive care, vaccine delivery, and coordination while respecting Indigenous sovereignty. Early in the pandemic, Indigenous leaders established the Toronto Region Indigenous COVID-19 Committee to enable an Indigenous-led, self-determined response, recognizing the disproportionate impacts of infectious diseases and systemic barriers to care.

Recommendation 48. To the extent that they are not already provided, Public Health Ontario (PHO), the Ministry, ISC, and local BOHs should, as appropriate to their mandates, provide education and resources to health care providers and public health professionals regarding diagnosis and treatment for blastomycosis, including, where appropriate, when to consider blastomycosis, aligned with current evidence, public health data, and clinical guidance.

TPH will share information through communication channels for health care providers and emergency services partners to raise awareness for diagnosis and treatment of blastomycosis, as it has done in the past for emerging threats. This communication will be coordinated through the Indigenous Health Strategy, to ensure alignment with cultural safety principles, as has been done for previous responses. In spring-summer 2025, TPH provided essential on-site, client-facing support for Indigenous evacuees from Northern First Nations. This included leading Indigenous cultural safety and care coordination across TPH services, facilitating clear and consistent communication, building trust through kinship-informed approaches, and ensuring that services were delivered in ways aligned with Indigenous worldviews. TPH is committed to providing and augmenting educational resources as appropriate and leveraging public health sector and provincial coordinated processes and knowledge products.

Recommendation 33. To support equitable, informed, and culturally respectful public health interventions and responses, the Ministry should consider requiring local BOHs to collect race, ethnicity, and Indigenous identity data (where appropriate) for all diseases of public health significance, including blastomycosis. Data on Indigenous identity should be collected in partnership with Indigenous communities and aligned with OCAP® data principles.

TPH is committed to advocating and working with the province to advance Indigenous data sovereignty and governance. TPH continues to strengthen Indigenous health data governance partnerships grounded in Indigenous-led approaches and OCAP (ownership, control, access, possession) principles, and staff are being trained in OCAP principles. This work recognizes that health data require specialized governance approaches distinct from broader municipal data initiatives and therefore prioritizes

partnerships with Indigenous organizations that work directly with population health data and community-based health information systems. It includes the development of a formal collaboration agreement between and focuses on strengthening Indigenous-led population health data approaches, including the exploration of culturally safe methods for client sociodemographic data collection, analysis, governance, and use.

Recommendation 52. The Ministry to engage with the Ontario Ministry of Agriculture, Food and Agribusiness, and the Office of the Chief Veterinarian for Ontario and/or the Ontario Veterinary College to explore opportunities to review and analyze data on confirmed and clinical canid cases (e.g., in dogs) of blastomycosis in Ontario. Findings should be shared with PHO, local BOHs, ISC, and First Nation Tribal Councils as they may enable early warning for human cases.

TPH notifies appropriate partners regarding diseases of public health significance in animals to fulfill its OPHS requirements. TPH also communicates with communities when risks to animals may also pose risks to people in Toronto, if requested by the Office of the Chief Veterinarian for Ontario.

Next Steps

TPH will continue to advance the Indigenous Health Strategy as planned. TPH responses to the recommendations as outlined in this report will be shared with the Chief Coroner's Office for public posting. In addition, several provincial government bodies, including the Ministry of Health, Public Health Ontario, the Office of the Chief Coroner, public health units, and others will form a working group led by the province to implement these recommendations. TPH will participate in provincial working groups as requested.

Strategic Plan Alignment

This work supports TPH's requirements under the Health Protection and Promotion Act and aligns with TPH's Strategic Plan:

Priority 1: Strengthen health protection, disease prevention and emergency preparedness.

a. Prepare for and respond to outbreaks and public health emergencies informed by best evidence and lessons learned from previous responses.
c. Effectively communicate with the public about how they can protect their health.
d. Monitor and prepare for climate change and collaborate with partners to address its impacts.

Priority 4. Advocate to advance health equity.

a. Assess and report on health inequities and population health needs.
b. Collaborate with partners across multiple sectors to address local health needs.

c. Share evidence, advocate and collaborate to influence actions that impact population health.

CONTACT

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SIGNATURE

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ATTACHMENTS

Attachment 1: Coroner's Office Letter to Boards of Health