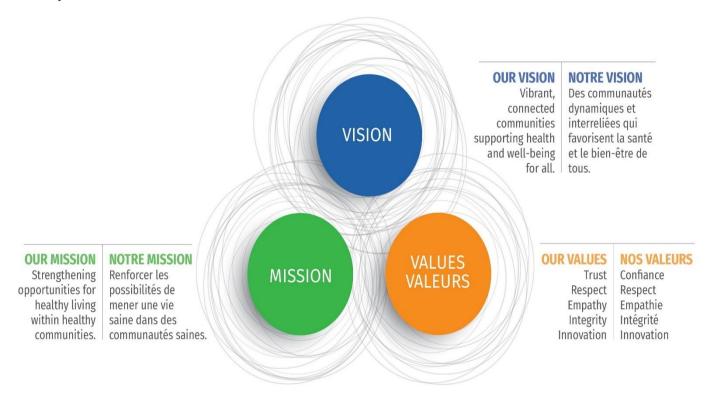
# PORCUPINE HEALTH UNIT

Medical Officer of Health Report to the Board of Health



We Are Public Health - Nous sommes la santé publique σαα νοα ο ν

Prepared by:
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#### **PHU COVID-19 RESPONSE**

## Porcupine Health Unit COVID-19 Status

This table was updated on Wednesday, June 14, 2021, at 2:30 p.m.

Total Tests Completed*	106,910
Number of cases**	1,886
Active cases	361
Out of region cases	8
Recovered	1,526
Deceased	27

<sup>\*</sup>Of which PHU is aware. Data has a 2-day lag and is extracted from the Ministry of Health VA Tool.

Testing data includes testing from community assessment centres and other health care settings, as well as targeted surveillance initiatives, such as in long-term care homes. Data is current with a 2-day lag.

The PHU has 1,886 active cases with numbers increasing daily. The PHU is currently five times higher than that of the next provincial highest which is Peel region and is eight times higher than the Provincial average. Review of the region's capacity to manage this situational crisis as a Health Unit, in acute care and local social service system well exceeds its limits. When reviewing the re-opening framework, the numbers used to lock down regions were 60 cases per 100,000, and the PHU was significantly higher at over 300 per 100,000 on June 12. The PHU region has a 10% positivity rate, and the Provincial re-opening framework looks at much lower rates than that.

Advocacy on behalf of the PHU to the Province to implement the Emergency Brake was made, including a letter to the Province. (See Appendix) Dr. Catton consulted with the Ministry of Health, Ontario's Chief Medical Officer of Health (CMOH), Dr. David Williams, and the incoming CMOH Dr. Kieran Moore. Dr. Catton has received a supporting letter from Dr. David Williams, CMOH to implement measures as needed to protect the region in light of the delta variant and significant third wave. A Letter of Instruction was issued on June 11th for the PHU Region to maintain the restrictions and regulations that were in place prior to moving to Step 1, a critical decision to protect all PHU community members. With the PHU region high case count and the presence of the Delta Variant, the Letter of Instruction was necessary to maintain the limit of interactions between individuals in our communities and to reduce the risk of spread.

The PHU region sustained three peaks in the third wave. The first incline occurred just as the shutdown began and it took quite a while to get it under control, but eventually there was some improvement. The PHU region then began the second peak when the variant B117 became involved. The third peak occurred with the discovery of the presence of the Delta Variant in the PHU region. With the presence of the Delta

<sup>\*\*</sup>Number of confirmed cases, to date, including active, out of region, and resolved.

<sup>\*\*\*</sup>Number of recovered cases plus the number of deceased cases.

### PHU COVID-19 RESPONSE (cont'd)

Variant, alarming rates of spread was witnessed with less contact with cases than seen before. This speaks to why the PHU region required a tightening of the measures to reduce the potential impacts of interactions in public businesses, workplaces, and other community settings.

The PHU has committed to providing updates and feedback with respect to numbers, trends and recommendations to the Chambers of Commerce, BIAs, and Municipal Partners. The PHU will also host a webinar that will offer instructions to workplaces so they can take the necessary steps and begin to prepare for re-opening. The PHU recognizes the challenges and impact this implementation has on communities, from an emotional, physical, mental health wellbeing as well as at an economical level, but it is a very necessary step.

Addressing the concerns and comments that the Letter of Instruction should have only been applicable to communities with cases has been challenging. The PHU represents the entire region, and this region is very interconnected and very interdependent. Throughout the pandemic. we know that not one community is immune. All the communities within the PHU at one point or another has faced challenges and tragic outcomes with respect to COVID. Currently the coastal communities are experiencing a surge in cases and the region has known vulnerabilities that facilitate the spread, but with the presence of the Delta Variant, the tables could easily be turned where a surge could occur in anyone of the PHU communities. Containing the spread and monitoring the situation for the next few weeks will be critical for the entire region.

The Delta Variant case count for the PHU region is currently twelve. All but one has been in Timmins and the expectation based on the Provincial modeling is that there will be more cases confirmed. The Delta cases confirmed thus far are not related to one another and they are not related to travel. The Delta Variant is 50% more transmissible than the Alpha Variant (B117) and it also causes more severe and serious infections. The Timmins & District Hospital has shared this concern with the trends they are seeing. Hospital admissions of younger, otherwise healthy individuals who are sicker and having prolonged illness requiring intervention such as oxygen, ICU admissions and prolonged courses with infection. This trend is also seen across the region with young people getting sick. Containing the Delta Variant is critical for the PHU region and the application of this emergency brake is key to supporting this opportunity. A unified approach with communities, community partners, and all community members is required. The brake will also give much needed time to increase the PHU vaccination rate while limiting interactions amongst community members. The Delta Variant responds differently to the vaccine. The vaccine is less effective after the first dose and requires the second dose to become 80-90% effective which is required.

Staff capacity for case and contact management, outbreak investigation, case investigation, vaccine administration, while still addressing public health emergencies is beyond a maximum, with teams working around the clock and seven days a week for months now. Provincial support has been called to assist with

contact management and vaccine administration and we continue to call upon our community partners throughout the region. Other health unit teams have also been providing much needed support for case and **PHU COVID-19 RESPONSE** (cont'd)

contact management. This reflects the interconnected nature of public health across the province, as we helped another health unit at one time as well.

## **Current Provincial Status**

#### Provincial trends:

- Outbreaks have occurred in workplaces, in many sectors
- Often staff break and lunch time are higher risks, as are informal times before or after sports or events or work. Improper and inconsistent use of PPE and measured distancing are trends seen in PHU as well.
- Continue to see private social gatherings as a source of transmission.

Opportunity to learn from these trends in transmission elsewhere and prepare locally

- Limit close contacts to household members.
- Continue to support and promote PH measures in all settings.
- Expanded support for businesses and workplaces implementation of the measures, physical distancing, medical masks, and eye protection.
- Ongoing IPAC support for LTCH, RH, congregate living settings and workplaces.

## Vaccine Update

The PHU team has done a phenomenal job and is working beyond capacity to get as many vaccines as possible into arms. The PHU has secured a fifth strategic allocation of vaccine from the Ministry. The PHU acts as a region, with concern for the region, with respect to restrictions and re-opening and this approach is also taken with vaccine allocation across the region. This approach creates equity across the entire region. The PHU vaccination rate of first doses for the population over the age of 18 is 70.9%. Second dose vaccination rate is 23.8%. The PHU successfully moved through the age bands quickly in response to the cases seen and opened for second doses prior to the Province's announcement of second doses in relation to being a Delta Area of Concern. The PHU promoted second doses to anyone 28 days out from their first vaccination. The PHU was one of seven health units labeled a *Delta Area of Concern* by the Province when the Province announced they were moving forward to second doses more quickly. The PHU was already able to offer second doses to anyone 28 days out from their first as they had already offered vaccination clinic dates to individuals over the age of 80, individuals eligible for shortened intervals as per provincial guidance. The PHU also reviewed current trends and exposure risks and included child-care workers, special education teachers and correctional facility staff as groups eligible for second doses. These groups had been previously selected as they were seeing significant cases and worked in settings with individuals who were not able to wear protection. With these groups addressed, it was possible for the PHU to open

vaccination clinics for anyone over the age of 16 with recognition that most cases were happening in younger individuals and essential workers. The PHU's stance to simplify the criteria was critical to maximizing vaccine opportunities in all communities within the region.

### PHU COVID-19 RESPONSE (cont'd)

#### Vaccine Update (cont'd)

Moderna clinics have been added this week in Timmins for second doses and clinics in branch communities will occur the following week. With this allocation, the PHU also secured Provincial support allowing the capacity for extra clinics in Timmins this week. Requests have been made to Community Partners that if they could support a clinic on their own, in their facility, or at the local MIC site, the vaccine would be available. Kapuskasing Family Health Team is one of the key partners, and they have led several clinics for their community. With the advocacy for increased allocation of vaccine and the assistance of Provincial support the PHU staff will be able to support larger clinics in branch communities while the Provincial supports address increased Timmins clinics. Pfizer clinics will also continue to offer first and second doses.

The PHU will continue to offer pop up clinics, walk in clinics and drive thru clinics. A drive thru clinic was held yesterday and 683 vaccines were administered. The PHU also has an outreach team that provides vaccines to individuals who would likely not attend to any other clinics or may face barriers. The PHU will continue to provide outreach and innovative opportunities for access to vaccine. The PHU, in collaboration with the EMS has conducted the Highway 11 corridor mobile clinic and continues to look at various sites throughout the region to determine locations that may be more accessible to particular community members. The PHU has also worked in collaboration with CDSSAB and EMS to assess apartment complexes and neighbourhoods where barriers to access vaccine might exist.

A challenge that the PHU will likely see is the hesitancy to attend for a second dose if the vaccine available is not a match from their first. The mRNA vaccines are interchangeable, acceptable, and efficacious. The concept of interchanging vaccines has occurred for years. The COVID-19 vaccines are the same biologically, this will continue to be promoted as full vaccinations is required to protect against the delta variant.

As of June 13, 2021, the PHU has been able to administer 61,855 doses in 46,971 individuals. Despite this, all the precautions and measures must remain in place even once people are vaccinated.

Vaccine availability greatly impacts the ability to plan. Moderna has been a great option as it is easier to transport, however the predictability and supply continues to be a challenge at times. The PHU is also using Pfizer, which is a regularly scheduled allocation, and is enabling vaccination for anyone over the age of 12 across the region, which is very important in addressing the increasing cases and trends of cases at younger ages. There are multiple clinics for the next two weeks. The PHU continues to offer vaccine to anyone that has not been vaccinated, those who may have missed the clinic or maybe were hesitant. The PHU team continues to add clinics with increasing community partner support to ensure access to first and second

doses continues in an equitable and efficient manner across the region. Pop-up/walk-in/mobile options continue and are a critical strategy to ensure barriers are removed and there is access to vaccine for all community members.

## PHU COVID-19 RESPONSE (cont'd)

## **Case Bulletin Updates**

Epidemiology summaries continue to be posted weekly, and there will be a weekly post sharing pertinent trends from the PHU, other health units and the province overall. Protection of personal health information remains a critical role of the PHU throughout the pandemic for all cases and contacts. Any pertinent information regarding a public health risk or exposure is shared as deemed necessary, and it is shared once the PHU is aware and has assessed the need for it. Again, community members are reminded of the need to follow the measures to reduce the risk and act as though exposure is possible and probable every day, with every interaction, regardless of case announcements.

#### **Contact Tracing**

PHU case and contact tracing team (CCM) continue to experience an increase in work with the surge in cases. The increase in work required additional support with vaccine clinic duties so that trained PHU CCM staff could return to this work and respond to the surge. The PHU continues to staff two shifts, 7 days a week to respond to the needed response to cases, in addition to receiving supports from provincial work force and other health units.

#### COVID-19 In the Workplace

Outbreak management in various workplace settings has increased. Education of measures, follow up inspections and provision of PPE in all workplace settings has been ongoing to ensure compliance. Even when an outbreak is not present the team follows up with organizations to ensure measures are in place, provide any education or reinforcement of the measures and to strengthen the steps needed to reduce the risk for all.

## COVID-19 INFECTION PREVENTION AND CONTROL (IPAC)

Ongoing weekly meetings with Acute and Primary Care Partners; as well as LTCH/RH across the region include review of recommendations, guidance, and ongoing strategies to strengthen IPAC measures. Audits, review of PPE, donning and doffing, public health measures have all been recommended as ongoing response to the pandemic

### PHU COVID-19 RESPONSE (cont'd)

### **PHU Staff Support**

The PHU remains committed to the precautions to protect all staff and clients, and appreciates the ongoing commitment to these measures, policies, and protocols in all PHU offices. Weekly all staff videoconference updates continue. Regular review of the public health measures in offices continues.

#### ONTARIO PUBLIC HEALTH STANDARDS

While the ongoing response to the COVID-19 pandemic and now the vaccine program continues to demand increasing staff resources, the PHU team is also responding to other urgent and emergent public health protection issues and work continues in other public health programs.

#### **Environmental Health**

The Public Health Inspectors continue to complete the compliance inspections as per the Ministry of Health.

Environmental health also works very collaboratively with the COVID Response Team, they assist in the response to COVID outbreaks in congregate settings, long term care, schools, workplaces. Inspection blitzes have been coordinated with City of Timmins By-Law Enforcement Officers, Lottery and Gaming Commission as well as Ministry of Labour to ensure the measures as are being adhered to diligently.

Wastewater surveillance for COVID is being conducted by a provincial group. The Province requested two sites for monitoring but the PHU advocated for three as the region is immense. The three sites were approved, and surveillance will be conducted in Timmins, Kapuskasing and Moosonee. Meetings with the PHU team, Provincial Team and community groups have taken place. This is a great opportunity to gather COVID related data, and potentially signal increased activity of COVID.

## **Opioid Response**

There continues to be an internal team responding to the ongoing opioid crisis and working on the broader drug strategy and opioid response with partners. Unfortunately, this is another area that continues to be an emergency for the PHU region with far too many tragic outcomes. The PHU declared another red alert with increasing suspected opioid related overdose events noted over the last few days. This crisis will require having the comprehensive drug strategy formalized and in place. The group continues to meet with the antistigma group to increase the use of appropriate language and to improve acceptance in our communities around the consumption treatment service site. The group continues to move towards a temporary urgent public health needs site, which is the exemption application for the use of illicit drugs at a supervised location. It is well established that these centres save lives, connect people to services and supports that they need, when they need it – and the numbers in the north are alarming and require urgent action. The application does not come with funding, but it does create a bridge to help facilitate the application for the

## ONTARIO PUBLIC HEALTH STANDARDS (cont'd)

## Opioid Response (cont'd)

long-term consumption treatment services site through the Provincial and Federal government. The Northern Medical Officers of Health are strategizing on a Northern approach as each health unit in the North has faced significant increase in the opioid epidemic as well. The Northern MOH collaboration will address concerns and approaches specific to the North while increasing capacity and awareness of the unique context across the north.

## Health and Well Being Schools

The team continues to meet weekly with the Boards of Education and will continue to work with them to support COVID response and measures as well as mental health and wellness in the schools. While inperson learning is widely recognized as critical for children and youth, and so important for the health and well-being of families across the PHU, the current numbers and community spread would not be supportive of in-person learning. Public health and the PHU have always supported schools being the first to open and the last to close for this reason. Unfortunately, at this time, the evidence and data are overwhelming that currently the infection rates would not support this in the PHU.

## **Human Resources**

The PHU continues to hire many staff to support the COVID-19 response, to support the vaccination program and the ongoing public health programs that are needed to provide to the population.

Respectfully Submitted,

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