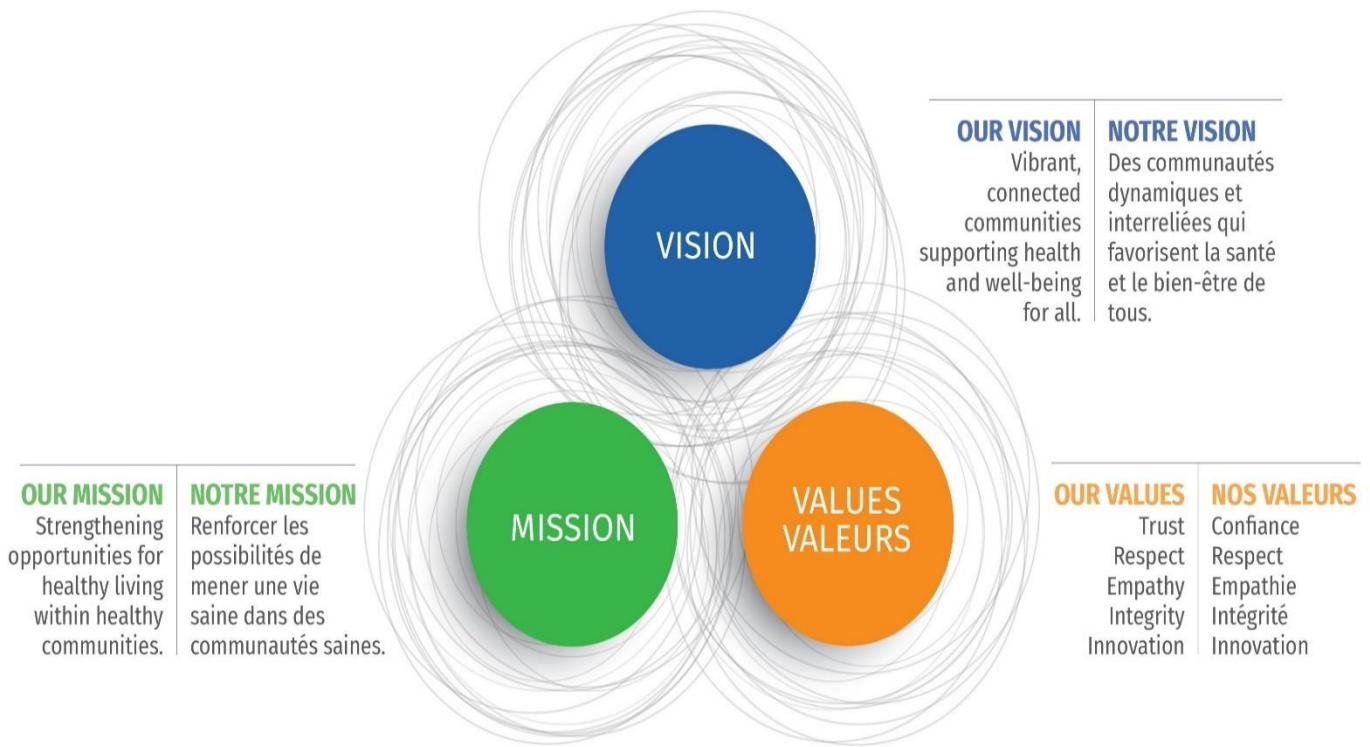


# PORCUPINE HEALTH UNIT

## Medical Officer of Health Report to the Board of Health



**We Are Public Health - Nous sommes la santé publique**  
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Prepared by:  
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Medical Officer of Health – Chief Executive Officer  
April 29, 2021

## MEDICAL OFFICER OF HEALTH UPDATE

### PHU COVID-19 RESPONSE

#### Porcupine Health Unit Status

*This table was updated on Thursday, April 29, 2021, at 12:00 p.m.*

<b>Total Tests Completed*</b>	91,950
<b>Number of cases**</b>	605
<b>Active cases</b>	118
<b>Out of region cases</b>	0
<b>Recovered</b>	461
<b>Deceased</b>	26

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

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

\*\*\*Number of recovered cases plus the number of deceased cases.

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 reached over 600 active cases. The region unfortunately is experiencing a sudden surge in cases but the PHU team is responding to contain this surge. We are leading the North in the number of active cases which is unfortunate, and efforts are underway to stop this trend. We also have several cases from outside the region that we do not report on, but we do follow which results in additional time required of staff. With respect to the significant case count, in the region as of last week, our region would be in grey lockdown.

The PHU continues to investigate and declare numerous outbreaks; some are over but the risk in workplaces continues to increase. The risks are indoor gatherings and indoor workplaces, where people are not following public health measures or PPE protocols to reduce the risk. In general, indoor private gatherings such as dinners, gatherings, parties, and households are also attributing to the case count. There is very little forgiveness with the variants of concern in this wave. With respect to workplaces, the trends continue to be the same. Break times are times when people tend to relax, they take their masks off, they tend to gather more closely with their colleagues. When people wear masks, they tend to think they can be within two meters. The mask is intended to be another added layer in addition to distancing. Most importantly the messaging continues that individuals with even the mildest of symptoms need to stay home.

The PHU remains hopeful for the addition of three paid sick days in the Province. Many individuals have had to choose between attending work or losing pay. No one group can be blamed for the case count as the spread comes from many groups. This virus does not discriminate, and again need to caution against judgment. The virus is spreading very readily amongst the North and this is a Northern to Northern

## MEDICAL OFFICER OF HEALTH UPDATE

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

spread. Every community is at risk, every community likely has cases. The risk in waiting until one is defined or to continue to say that if the PHU would only tell me there is a case in my community, extra caution will be in place, is too late, especially with the variants of concern. This cannot be emphasized enough, and we need everyone on board in the following of these measures, so we do not see surges in other communities. Communities need to work together to protect one another and to protect the capacity in the North. We need that Northern spirit and that Northern sense of resilience to ban together, protect the more vulnerable and to save lives.

#### Current Provincial Status

Provincial trends:

- Outbreaks have occurred in workplaces, and long-term care homes (LTCH).
- Often staff break and lunch time are higher risks, as are informal times before or after sports or events or work.
- Continue to see private social gatherings a significant 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 and congregate living settings.

#### Vaccine Update

Everyone is a priority and will have the opportunity to receive a vaccine if they consent to, however, there is not enough vaccine to immunize everyone at the same time. Vaccination is dependent on the supply of vaccines, and the provincial framework is implemented locally in an ethical and equitable manner across our vast geography. The PHU is following the Provincial and Ministry Guidance and working with community partners to identify individuals at highest risk of infection and severe illness and outcomes and to those who work in high-risk populations and vulnerable people. As of April 28<sup>th</sup>, 2021, the PHU has been able to administer 29,800 doses in over 28,664 people. Despite this, all the precautions and measures will remain in place even once people are vaccinated.

The PHU is currently in Phase 2 of the province's COVID-19 Vaccine Distribution Plan. Moderna is predominately used across the region. Vaccine availability greatly impacts the ability to plan. Moderna is a great option as it is easier to transport, however the predictability and supply has been a challenge at times. The PHU will also be using Pfizer which is a regularly scheduled allocation.

## MEDICAL OFFICER OF HEALTH UPDATE

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

#### Vaccine Update (cont'd)

- There are two Primary Care Teams, one in Kapuskasing and one in Timmins who are administering Astra Zeneca. The Primary Care Teams are on par to finish up their allocation from the Province.
- There are three pharmacies also providing Astra Zeneca vaccine, one in Kapuskasing, one in Cochrane and one in Timmins. Pharmacies have limited doses left. The vaccine is issued directly from the Province to the pharmacy.
- There are clinics for the next two weeks. The PHU continue to offer vaccine to anyone in Phase 1 that has not been vaccinated, those who may have missed the clinic or maybe were hesitant. Clinics in Phase 2 were very well attended by those aged 60-79. The PHU has been working with all the congregate care settings and there is one setting left to be completed. Individuals with the highest and high-risk health conditions have been offered the vaccine and as of last weekend clinics opened to 55+ across the region. They have recently added other groups that are ready to move forward, which includes Special Education Teachers as well as the Licensed Child Care Workers. The PHU will continue to work through Phase 2.
- In collaboration with EMS and the LHIN the homebound strategy has started, and almost all the homebound patients who were identified through these partners have been reached. This work will continue as needed and as other community members are identified.
- A pop-up clinic at the Whitney Arena in South Porcupine was also held in recognition from data put forward from the Province and work being done to improve access for all. There have been walk-in clinics at the Living Space Homeless Shelter, and these will continue.
- There will be much work to do with communities and groups across the region with regards to vaccine hesitancy, vulnerable population and looking at barriers that may be impacting access to vaccine.
- This does not include Operation Remote Immunity (ORI) which has been a tremendous success in vaccinating communities across the James and Hudson Bay Coast, in collaboration with ORNGE, WAHA and community partners. This initiative includes Moosonee and PHU staff has been working with these and other local partners to vaccinate community members in Moosonee.

#### PHU Vaccination Program Planning:

- In collaboration with the Regional Advisory Task Force, decisions about the sequencing of vaccine distribution throughout the district continues within each phase and each population group identified by the provincial government to align with the principles of Ontario's COVID-19 Vaccine Distribution Task Force's Ethical framework for COVID-19 vaccine distribution.
- Continued co-development of vaccine program with Taykwa Tagamou, Mattagami, Wahgoshig, Hornepayne and Constance Lake First Nations.
- The COVID-19 Vaccine Urban Indigenous Engagement table continues to meet to plan meaningful engagement and mindful access to vaccination across the region for all.
- Planning continues for more mass immunization clinics throughout the health unit district in anticipation of increased vaccine deliveries and broader eligible populations.
- Community partner support remains key for the success of the vaccine program across the region and will enable ongoing increased capacity at clinics.

## MEDICAL OFFICER OF HEALTH UPDATE

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

#### Vaccine Update (cont'd)

Based on the strong recommendations from the National Advisory Committee on Immunization (NACI), the Province is extending the timeline for the second dose of vaccine up to four months after the first dose for most groups. At this time, Long-term care home, retirement home, Elder Care residents as well as remote and isolated First Nations communities will continue to receive a second dose using the previously recommended interval. All health units and regions must follow the direction provided for dosing intervals. Extending the interval between doses for up to four months will allow Ontario to rapidly accelerate its vaccine rollout and maximize the number of people receiving a first dose. Evidence suggests this will result in a reduction in infections, symptomatic disease, hospitalization, and ICU admissions.

#### 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. 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) is experiencing 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.

#### COVID-19 In the Workplace

Another letter with instruction to reduce spread in workplaces will be shared. Community support in all settings is imperative to reduce the risk. Following measures diligently is required. Spread is seen when people do not wear masks, when distancing is not in place, when people go to work with symptoms. This is critical even if settings are not open to the public.

#### 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 and preparation for other waves. Hiring and program development planning for the IPAC Hub and Spoke Program is ongoing.

## MEDICAL OFFICER OF HEALTH UPDATE

### 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 many other public health programs.

#### Environmental Health

The follow up of Tuberculosis, and other reportable diseases, such as food borne illnesses, occurs on a regular basis. As well, 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. They are also in collaboration with other Northern Health Units, conducting work regarding climate change. They are instrumental in supporting, the evacuation planning and preparation for coastal communities under flood watch and will continue this work in case there are any emergencies over the next few months as forest fire season begins.

#### 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. The region continues to see the concerning trend of increased tragic outcomes and remains in a red alert. The PHU works to increase the word, decrease stigma, get Naloxone into hands of those who need it and work collaboratively with partners in mental health and addictions.

The team continues to work in the pillars of prevention, harm reduction, and emergency response and is supportive of the important ongoing work in addictions and treatment services with community partners. It is hoped that all these pillars will come together and further contribute to a comprehensive community drug strategy, integral to long term planning to address substance use across the region.

## MEDICAL OFFICER OF HEALTH UPDATE

### **ONTARIO PUBLIC HEALTH STANDARDS** (cont'd)

The Timmins and Area Drug Strategy Steering Committee (TADS) continues to meet to review the process of drug strategy development, priorities, and next steps. Recognizing that while the opioid crisis is a public health emergency, the interconnectedness of contributing factors requires a much more comprehensive and requires a multi-sector approach with the dedication and expertise of many partners. Discussions and planning continues with the sub-group tables, which includes an overdose prevention working group, as well as an anti-stigma working group.

### Health and Well Being Schools

Schools have had a significant surge in cases, and outbreaks prior to the closure. We continue to meet weekly with the Boards of Education and will continue to work with them to support mental health and wellness in the schools as well as other programs.

### 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.

Some upcoming items will be sharing the results of the PHU Mental Health survey and the PHU population health status report, which has just been recently updated, and is just finishing up with translation.

Respectfully Submitted,  
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Medical Officer of Health/Chief Executive Officer  
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