



Huron Perth Public Health

Report of the Medical Officer of Health

December 31, for Board Meeting of January 4, 2022

Health Protection

COVID-19 Update

International Developments:

On November 24, the World Health Organization (WHO) reported that a new COVID-19 virus variant has been detected in parts of Southern Africa called B.1.1.529 or Omicron, and further designated Omicron as a Variant of Concern.

The WHO also called on countries with high levels of vaccine coverage to prioritize global sharing of COVID-19 vaccines through the COVAX facility before vaccinating children and adolescents.

By November 29, the WHO warned that the new Omicron variant poses “very high” risk and advised against international travel for some. By December 3, Omicron had been detected in 38 countries and by December 18, it had been detected in 89 countries.

The WHO reports that, as of 23 December 2021, a total of 8,649,057,088 vaccine doses have been administered globally but with significant inequity among nations, and is pushing for 40% of the population of all countries to be vaccinated by the end of the year and more than 70% by mid-2022.

New emerging data from South Africa and Scotland shared December 22 is suggestive that Omicron cases may appear milder than in other coronavirus strains and require fewer hospitalizations. The Chief Scientist at the World Health Organization, Dr Swaminathan has cautioned, however, that “it is probably unwise to sit back and think this is a mild variant,” suggesting that it could still “overburden” healthcare systems.

Federal Developments

On November 26, Canada’s Chief Public Health Officer, Dr Tam confirmed there were no indications the new variant was in Canada. She noted that “due to the potential for increased transmissibility and the possibility of increased resistance to vaccine-induced protection, we are concerned about this new variant and closely monitoring the evolving situation”. By November 28, Ontario confirmed the first 2 cases of Omicron in Canada and by December 4, four Provinces reported cases.

On November 26, the federal government implemented a travel ban on several south African countries. By December 15, the federal government updated travel advice, advising against all non-essential international travel. Vaccination is now required for travel within and out of Canada; a valid COVID-19 molecular test is no longer accepted as an alternative to vaccination.

On November 26, the federal government introduced Bill C-3, legislation that would amend the Canada Labour Code to provide ten days of paid sick leave per year to workers in the federally regulated private sector enhanced protections against threats for health care workers respectively.

Environment and Climate Change Canada reported first cases of COVID-19 in Canadian wildlife, discovered in three white-tailed deer, on November 29.

In its updated guidance on December 3, the National Advisory Committee on Immunization (NACI) strongly recommended a booster dose of an authorized mRNA COVID-19 vaccine be offered to adults 18 to 49 years of age at least six months after their second dose with “consideration of jurisdictional and individual risks.”

Prime Minister Trudeau announced on December 22, that the federal government would be temporarily expanding the eligibility of several support programs for those impacted by new public health restrictions driven by the Omicron surge, starting on December 19.

The Council of Chief Medical Officers of Health released a statement on COVID-19 vaccination and the Omicron variant, which included that:

- While data remains limited at this time, there is emerging evidence that two doses of a mRNA vaccine are less effective at preventing Omicron infection compared to previous variants but does indicate good protection against more severe disease requiring hospitalization. We also know that a booster dose is a valuable tool to offer protection from infection and do expect that a booster dose will offer very good protection against severe disease.
- In this context, it is particularly important to prioritize booster doses for healthcare workers and for those at highest risk of severe illness from COVID-19.

Provincial Developments

During the month of November, COVID-19 cases in Ontario escalated rapidly, and Omicron quickly replaced Delta as the dominant strain. On December 25, Ontario reported 10,412 new infections of COVID-19, the first time reporting more than 10,000 cases, and on December 30, Ontario reported 13,807 new infections, the highest daily case count since the pandemic began. These case counts are underestimates as testing capacity could not keep up with demand.

The Science Table provided 2 modelling updates in December; on December 7, the modelling (https://covid19-sciencetable.ca/wp-content/uploads/2021/12/Update-on-COVID-19-Projections_2021.12.07_English-1.pdf) found that:

- COVID-19 cases are rising in most Public Health Units due to the Delta variant and spread of the new Omicron variant will likely drive COVID-19 cases above current projections.
- Vaccine effectiveness in Ontario remains very high but experience in other countries suggests we will need to boost immunity with third doses.
- Low global vaccine coverage means that we can expect new variants to arise

On December 16, key findings from updated Science Table modelling ([Analytics Related to Projections and Modeling](#)) included that:

- Cases are climbing across most public health units. The Omicron variant will shortly become the dominant variant.
- Omicron transmits very quickly. Early evidence suggests it can produce severe disease. It will be the dominant variant this week. Without prompt intervention, ICU occupancy could reach unsustainable levels in early January.
- Although vaccines are less effective against Omicron infection, boosters can substantially increase protection. Even 2 doses likely provide strong protection against severe illness. The risk of severe illness is dramatically higher in the unvaccinated.
- We can help protect the most vulnerable with vaccination (children and boosters). Rapid rollout of booster doses is essential, with strong focus on the most vulnerable (e.g. long-term care, shelters, high risk communities) and healthcare workers.

- Increasing vaccination is not enough to slow this wave. Circuit breakers with strong additional public health measures (at least 50% fewer contacts) and strong booster campaigns (250,000 per day) could blunt the Omicron wave. High-quality masks, physical distancing indoors, improved ventilation, and increased access to rapid testing can help buy time for boosters to take effect and keep schools open.
- Although uncertainty persists, waiting for more information will eliminate the opportunity for action.

As COVID-19 case counts continued to increase, on November 23, the Ontario government extended COVID-19 emergency orders under the *Reopening Ontario Act* until March 2022, and on December 7, the government announced it would extend the pause on the lifting of capacity limits in remaining higher-risk settings where proof of vaccination is required, while the province would continue to monitor trends in public health and health care indicators and learns more about the Omicron variant.

In response to the modelling update on December 10, the government announced additional measures including:

- Further enhancing the testing strategy by increasing testing in high risk congregate living settings, providing stronger guidance on antigen testing in schools, and expanding eligibility and access to affordable rapid antigen tests for the public;
- Requiring all health care settings to conduct Infection Prevention and Control (IPAC) self-audits and releasing updated guidance on ventilation;
- Mobilizing IPAC Hubs to assess and support readiness in congregate settings;
- Expanding case and contact management capacity by hiring additional case managers and contact tracers;
- Postponing the proposed revocation of proof of vaccination requirements and capacity limits, originally scheduled to begin on January 17, 2022;
- Removing the exemption from the proof of vaccination requirement for those 12-17 years of age actively participating in an organized sport in sport and recreational fitness facilities as of December 20, 2021;
- Mandating the use of the enhanced vaccine certificate and the Verify Ontario app as of January 4, 2022 for entrance to settings where proof of vaccination is required;
- Providing a process to obtain a new enhanced COVID-19 vaccine exemption certificate with QR code for individuals who have an eligible medical exemption or are participating in an active, Health Canada Approved COVID-19 vaccine clinical trial as of December 15, 2021; organizations and businesses that are under the provincial proof-of-vaccination system will be advised to no longer accept physician notes as of January 10, 2022.
- Increasing targeted campaigns aimed at enforcing public health and workplace safety measures;
- Advising employers to allow employees to work from home whenever possible; and Recommending individuals and families limit their social contacts and the number of gatherings they attend, especially over the holiday season.

The Chief Medical Officer of Health Dr. Moore outlined new COVID-19 protocols for long-term care homes on December 14, which included that all visitors must be fully vaccinated.

On December 15, in order to provide an additional layer of protection against COVID-19 and variants including Omicron, Ontario announced the launch of a holiday testing blitz to offer voluntary rapid antigen screening to individuals free of charge at pop-up sites across the province as part of the government's enhanced COVID-19 testing strategy to mitigate the increased risk of transmission over the holiday season. It was planned that throughout December to mid-January, up to two million rapid tests will be provided free of charge at pop-up sites in high-traffic locations such as malls, retail settings, holiday markets, public libraries and transit hubs. Take-home rapid tests would also be made available at select LCBO stores.

Following the second modelling update, on December 17, the province announced that Ontario Further Strengthening Response to Omicron to include:

- As of December 19, a 50 per cent capacity limit on indoor businesses, like restaurants, bars, retailers, gyms and shopping malls will be implemented.
- Indoor social gatherings are limited to 10 people and outdoors to 25 people.
- Bars, restaurants and strip clubs will be required to close by 11 p.m. Take-out and delivery will be permitted beyond 11 p.m.
- The sale of alcohol will be restricted after 10 p.m. and consumption of alcohol in businesses or settings after 11 p.m.
- Food and/or drink services will be prohibited at sporting events, concert venues, theatres and cinemas, casinos, bingo halls and other gaming establishments.

The week of December 20, the province shared that, although Ontario has developed substantial case and contact management capacity, it would be focusing on protecting the most vulnerable by providing casing contact management to the highest risk settings, including hospitals, long-term care facilities, retirement homes and other vulnerable congregate settings such as shelters. The province also moved to prioritizing screening testing with rapid antigen testing in these settings to protect the most vulnerable and to maintain critical health care worker capacity. Dr Moore asked Ontarians “if you receive a positive COVID-19 PCR test or an antigen test, please support your local public health unit and your community by considering informing individuals you’ve been close contact with and asking them to isolate.” He also indicated there will be an announcement in the coming days of how the province will prioritize PCR testing, which is in limited supply.

On December 30, as Omicron cases surged, the province announced a major shift in the COVID-19 response intended to preserve and target key resources such as Testing and Case and Contact Management capacity, in order to focus on high risk individuals and settings, and redeploy for vaccination where appropriate:

Ontario Updating Public Health Measures and Guidance in Response to Omicron | Ontario Newsroom

The goals are to:

- Prevent morbidity and mortality especially in vulnerable populations
- Protect public health and health system capacity
- Protect critical infrastructure
- Protect in-person learning
- Prevent business closures

Changes include:

- Prioritization of PCR testing capacity to vulnerable populations and people working in high risk settings with self-management for most mild cases
- A shortening of isolation requirements to 5 days for fully vaccinated (2 doses) cases and their household contacts, as well as and a shift to self-monitoring for fully vaccinated (2 doses) contacts (with some exceptions in high risk settings)
- Additional capacity limits in large venues (sports, concerts, live theatres)
- A requirement for third doses for staff working in LTCHs and eligibility for fourth doses for LTCH residents
- Updated back-to-school guidance including return to in-person learning on January 5

Vaccination Program efforts continued to expand rapidly in Ontario:

- On November 23, all children aged five to 11 became eligible; Ontario released information to parents who have questions about the pediatric vaccine for their young children.
- On December 2, it was announced that individuals aged 50 and over and certain high-risk populations would be eligible to schedule their booster (third) dose appointment starting on December 13.
- On December 10, Ontario further expanded eligibility for booster doses to all Ontarians aged 18 and over starting January 4, 2022.

- The CMOH issued a Call to Action on Omicron Vaccination on December 12 to the healthcare sector
 - requesting that we work together to activate as many channels as possible, and increase vaccination rates (undertaking plans to further increase vaccination capacity for 50+ boosters, with plans to accelerate to 18+ boosters as soon as possible and execute these plans this week)
 - with recognition that surging staffing to support vaccination efforts may require reduction or elimination of some activities to support staffing of vaccination clinics
 - asking all health system partners to contribute to this booster effort in the coming weeks.Specific requests are as follows:
 - Pharmacies work to deliver the throughput as per their commitment,
 - Hospitals reactivate their previously provided vaccine clinics,
 - Public health units double their planned booster capacity (no change to 5-11 year-old plans),
 - Primary care to join with public health units to deliver vaccines within their practice setting and in support of mass vaccination clinics and mobile teams,
 - Paramedics and other health professionals continue and increase their contributions to vaccination efforts.
- On December 15, it was announced that Ontario was expanding booster eligibility to all individuals 18 years and older pushing up booking opening date to Monday, December 20, with the interval shortened to 84 days after a person's second vaccine dose; and on December 22, Ontario announced it was extending its call to arms to businesses, volunteers and retired health professionals to help further boost capacity and get more boosters into arms sooner.

A recent report released by Public Health Ontario showed "there is evidence that vaccines reduce symptomatic infection, the severity of illness, as well as transmission." PHO found that there were 17,596 breakthrough cases among the more than 11 million Ontarians who are fully vaccinated. Of those, 83 people under the age of 60 were hospitalized with a breakthrough case of COVID-19 and only nine requiring treatment in an intensive care unit.

The Ontario Medical Association is calling for an end to the bullying, attacks and threats of violence many on health care's front lines, including public health have been subjected to throughout the pandemic. Unfortunately, these threats have escalated with the enforcement of vaccine mandates and vaccination of children.

Huron Perth Developments

As in most of the province, in Huron Perth COVID-19 daily case counts also climbed with a total of 3,226 cases reported as of December 30; 406 cases are active and 6 cases remain in hospital (out of a total of 137). The total number of deaths rose to 74. At the time of writing this report, there are 8 school outbreaks, 1 LTCH outbreak and 2 other outbreaks due to COVID-19 infection.

While the Omicron variant has likely been circulating in Ontario for many week, it can take up to 2 weeks to confirm that a positive specimen is Omicron through Whole Genomic Sequencing. Omicron was first confirmed in the southwest region on December 6 in neighbouring London, and on December 19 in Huron Perth. Omicron quickly became the dominant strain in Ontario.

Here is a snapshot of COVID cases and hospital capacity taken from the Ontario Health website on December 30, with data as of December 28, showing widespread community transmission:

<https://ohwestcovid19.ca/g15dashboard/>

LHIN	Master PHUs	Incidence (Weekly New Cases per 100k)	% Positivity (7d Avg - Interim Data)	ICU Occupancy	Acute Occupancy
01 ESC	Chatham-Kent HU	273.7	14.77%	95%	89%
01 ESC	Lambton HU	452.0	17.67%	86%	
01 ESC	Windsor-Essex HU	279.6	15.32%	66%	93%
02 SW	Grey Bruce HU	303.2	11.89%	89%	78%
02 SW	Huron-Perth HU	265.5	10.55%	82%	81%
02 SW	Middlesex-London HU	466.6	15.77%	73%	80%
02 SW	Southwestern PH	327.7	12.87%	86%	91%
03 WW	Waterloo PH	410.2	18.62%	68%	91%
03 WW	Wellington-Dufferin-Guelph HU	451.7	16.86%	83%	91%
04 HNHB	Brant HU	372.4	17.45%	78%	102%
04 HNHB	Haldimand-Norfolk HU	363.8	16.05%	88%	71%
04 HNHB	Hamilton HU	616.1	24.60%	83%	92%
04 HNHB	Niagara HU	401.9	17.28%	86%	105%

As of December 22, 243,208 COVID-19 vaccine doses have been administered in Huron Perth. The coverage in the Huron Perth population 5 + years (%) is as follows:

Population	Aged 5 years +
% with at least one dose	82.5
% fully vaccinated	77.6
% fully vaccinated with 3 doses	21.4

HPPH vaccine capacity had been underutilized for the last months. In response to the CMOH call to action, on December 13, HPPH staff began work to ramp up capacity and, together with our partners, by December 16 had booked an additional approximately 15,000 appointments for the following 2.5 weeks, more than doubling capacity as had been requested. This strategy was intended to immediately provide as many 3rd dose boosters as possible to those aged 50 years + in efforts to mitigate against hospitalization and death.

With each change in eligibility, the provincial and Huron Perth booking systems are slow for the first few days as we respond to a surge in demand. Unfortunately, the latest announcement of everyone aged 18 and older and with a shorter interval includes a very large group, and the booking system has been overwhelmed to the point of creating errors such as false appointments. We have been working with our vendor to rectify the issue but the vendor response has been unsatisfactory; we are planning a return to our previous internal booking system or other option, if the vendor cannot address all issues within the next 2 days

It has also been a challenge to adjust clinic capacity and maintain quality control as eligibility keeps changing; we now must offer

- 2 vaccines (Pfizer for those < 30 years and/or with contraindications and Moderna for all others as Pfizer supplies are limited)
- 2 formulations for Pfizer (Adult and Pediatric)
- 2 dosages for Moderna from one formulation (booster doses depend on age and risk factors)
- varying intervals (depending on second dose, third dose and risk factors)

Additionally, we find that a small but significant number of people drop in and falsely claim to have appointments and/or be eligible and their demanding behaviors add additional work for clinic staff.

Staff continue to encourage residents to be patient as they add clinics as quickly as possible and respond to intake. It is noted that the ability to create vaccine clinics is limited by Health Human Resource constraints across the healthcare system, and especially over the holidays, and especially as more staff are required to self-isolate as cases or High Risk Contacts. It is also noted that vaccination efforts alone are insufficient to control the Omicron wave.

The School Team was very busy supporting schools as, since September, community transmission led to 105 COVID-confirmed school-related exposures and 17 COVID-probable school-related exposures, 12 school outbreaks (plus 3 before/after school outbreaks) and 5 school closures. Of all the school-related cases, only 25 students were determined to have acquired their infection in the school setting. None of the three staff cases acquired their infection at school. With the new approach to CCM, much of the school Team may be redeployed to outbreak response and/or vaccination.

The Case and Contact Management (CCM) team managed a high volume of cases and contacts in an effort to contain the COVID-19 Delta wave in Huron Perth. In mid-December, HPPH CCM began to transition to a surge model, whereby the public health response is focused on high-risk settings and severely ill people. Given that Omicron's quick spread cannot be contained through contact tracing, the CMOH announced further changes to the CCM and testing strategies on December 30 in alignment with a population approach, such as is used annually for influenza; note that this will impact surveillance as we will no longer be identifying mild cases.

The Facilities Response Team continued to work with congregate settings in Huron Perth to support them in strengthening their COVID-19 prevention and mitigation plans. Infectious Disease staff drafted a document entitled *Lessons Learned from Delta Outbreaks* (attached) based on debriefs following our 2 most recent LTCH outbreaks. The top 5 lessons learned were in the areas of:

- Staffing
- Cohorting
- IPAC
- PPE
- Communications

Unfortunately, other respiratory viruses are circulating and making outbreak management more complex; as of December 30, there is one COVID-19 outbreak at a congregate setting (not for seniors), one Combined COVID-19/Parainfluenza outbreak at a LTCH and one Rhinovirus outbreak at a LTCH as well as confirmed Influenza A and Respiratory Syncytial Virus (RSV) circulating in Huron Perth.

The arrival of the Omicron variant and accelerated vaccination efforts have meant greatly increased communication needs for both COVID-19 vaccination efforts as well as COVID-19 disease response and public health measures. At the same time, the HPPH communications team has redeployed several members in order to support vaccination efforts. With team capacity reduced, the communications team is focusing on the following key areas:

- Supporting booking system and communicating all vaccination opportunities, including HPPH clinics and those provided by partners
- Broad public messaging on case and contact information (e.g. when to test, what to do after a positive result, how and which contacts are being traced).
- Continued broad public messaging on public health measures and practices.
- Continued stakeholder support through the use of regular Zoom calls, email updates and updated resources.
- Increased use of automated information (e.g. auto-replies, social media FAQs) as our capacity to respond to every individual email, phone call and social media message has been reduced.

Other

Chief Public Health Officer Dr Tam released her annual report on the state of public health in Canada. The 2021 Report, entitled [A Vision to Transform Canada's Public Health System](#), draws on the pandemic experience and identifies key actions to strengthen Canada's public health system into one that better protects everyone.

The [Providing More Care, Protecting Seniors, and Building More Beds Act, 2021](#) passed on December 9, with the goal to improve the health, protection, and well-being of residents in retirement homes.

The annual internal HPPH United Way campaign was a great success; HPPH staff surpassed their original goal of \$12,000.00 and were able to raise \$13,760.68 to support our local United Way. Thank-you to all our generous staff.

Respectfully submitted by

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