

Medical Officer of Health: Report to The Board of Health

Prepared by Dr. Jim Chirico

Medical Officer of Health/Executive Officer

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Medical Officer of Health Update

COVID-19 and Health Equity

It has been just over eight and half months since the official recognition of the COVID-19 pandemic. The world has suffered immensely, both in terms of the human and economic consequences. The hardship has not been equitably distributed among nations or individuals.

The virus has revealed with exacting truth the importance of the social determinants of health. Included are those with food, housing and income insecurities, the elderly, racial minorities, Indigenous communities, rural populations, the socially isolated, those with mental health issues, substance use issues, and underlying health conditions. A pandemic in itself.

The virus has exposed the disproportionate morbidity and mortality endured by the most disadvantaged in our societies throughout the entire globe, those least able to defend themselves and mount a response. Society's weakened immune system. Pre-existing cracks in underfunded and disconnected social and health care systems are now visible as craters bared for all of us to see.

This should not be viewed as a criticism but as an opportunity to critically evaluate, define the challenges we collectively face, and take action now and in the future. Evidence-based science should inform solution-focused options and ultimately the actionable decisions we make as a society to address these urgent imperatives.

The pandemic is far from over as a second wave is anticipated. When and how severe it will be is unknown. All of us have the shared responsibility to help mitigate its impact by our actions and decisions during this pandemic, as organizations and as individuals.

In the short-term, helping to prevent the spread of COVID-19 by following public health recommendations will help to protect the most disadvantaged among us. Those suffering the most. In the long-term, when the crisis resolves, governments, at all levels, must resist resorting to prior band aid solutions and commit to upstream preventative strategies, such as a basic income guarantee, to address the social determinants of health in a meaningful and sustainable fashion.

The argument often made is that governments and societies cannot afford to invest in expensive solutions. If COVID-19 has taught us anything, it is that governments and societies cannot afford not to.

COVID-19 Update

	Global	USA	Canada	Ontario	NBPSDHU
Cases	29.9 M	6.6 M	140,000	45,000	39
Deaths	941,000	197,000	9,200	2,800	1

Approximate #s as of September 17, 2020

Ontario:

Over the past few weeks, the province is experiencing an increasing trend in the number of cases of COVID-19.

- The majority of the cases are in the age group of less than 40 years of age, a group experiencing a low mortality rate
- Most of the summer: cases ranged from 80 - 120 per day
- Last couple of weeks: numbers are climbing from 120 to > 300 per day
- Deaths remain consistently between 0 - 5 per day
- % positivity of tests was less than 1 but now just above 1
- The reproductive number (the average number of people who will contract a contagious disease from one person with that disease) was below 1 but now is just above 1
- Hospitalizations steady at 40-60 throughout the province
- Health care capacity not overwhelmed
- Public health capacity not overwhelmed

It is speculated that increasing social interaction, COVID-19 fatigue resulting in disregard for both indoor and outdoor gathering limits, mixing of social bubbles, and travel is contributing to this rising trend. This is of particular concern as it coincides with the re-opening of schools. It is well known that if community spread and prevalence of COVID-19 is low, there is a reduced risk of outbreaks within the school setting. At this time, it is difficult to know if this is a resurgence or the onset of a second wave. What we do know is that this is not the time to become complacent or unconcerned.

North Bay Parry Sound District Health Unit:

To date, the Health Unit has not experienced the increasing provincial trend to the same extent.

- From July 4th till early September there were no cases and no outbreaks recorded
- Recently, there has been a slight increase in the number of cases (2) throughout our district
 - They have been related to travel from COVID-19 endemic areas (U.S.A.) and a close family contact resulting from an out-of-district visit
- % positivity of tests have remained low 0.1-0.2%
- The reproductive number is below 1
- Acute care capacity: hospital occupancy < 90%, 0 ventilated
- Public health capacity: able to follow-up with cases/contacts within 24 hours (100%)

As the pandemic evolves, the Health Unit continues to reinforce public health measures that have been effective in delaying the spread of COVID-19 and flattening the curve during the first wave.

- 2-meter physical distancing,
- washing your hands frequently,
- using alcohol-based hand sanitizer,
- coughing/sneezing into your sleeve,
- not touching your face,

- using face coverings,
- respecting indoor and outdoor gathering limits and social circles,
- self-monitor for symptoms,
- if symptomatic, self-isolate and arrange to be tested,
- remain in self-isolation until the test result is known,
- not going to work if you have symptoms or are ill

School Reopening

Over recent months, school re-opening has been a priority for the Health Unit. Collaborative preparatory efforts have involved school boards, directors of education, staff and students, northern medical officers of health with overlapping boards of education, Assessment Centres, Ontario Health, primary health care providers, and parents. The focus of this initiative is to collectively provide the safest environment possible for our children's return to school. Delivering consistent communications and messaging is the goal but not always possible. Initiatives include:

- Health Unit website: School specific Questions & Answers as they become available for parents and school boards, news releases, public service announcements, general information
- Call center for the public and a dedicated line/Health Unit contacts for individual school boards/schools/staff
- Seven additional experienced nurses dedicated to schools throughout the district (positions being back-filled)
- A dedicated COVID-19 School Response team (multidisciplinary) as a resource

Preparing for the Flu Season

Unlike any other year, this season will likely present with concurrent pandemics (influenza and COVID-19). The severity and timing (onset, peak, and duration) of each will influence the impact they will have on the health care and public health systems. It has the potential to overburden the health care system (health care providers, assessment centers, emergency department visits, admissions, critical care units, ventilators) and the public health system.

The Health Unit's approach is to anticipate and plan for the worst. This includes reinforcing current public health messaging which may help slow the spread of both viruses and encouraging influenza vaccinations not only for high risk individuals but for everyone in order to protect those at risk around them. As well, extra public health staff are being recruited, temporarily hired and trained to meet anticipated demands.

On a positive note, the experience this year in the Southern Hemisphere, which at times, helps predict what the Northern Hemisphere might encounter was mild. It was not known if this was a result of increased influenza vaccinations, vaccine and viral matching, or the COVID-19 measures in place that also contributed to reducing the spread of the influenza virus.

The province has ordered more influenza vaccine this year than prior years to offset anticipated demand. Vaccine delivery is expected at the end of September. However, the amount we will receive is unknown at this time.

Distribution will commence in early October and priority will be given, as in previous years, to hospitals, long-term care homes, retirement homes, and primary care in order to protect the most vulnerable populations.

The Health Unit is planning clinics throughout the district (West Nipissing, North Bay, Mattawa, Parry Sound, and the Sundridge/Burks Falls) areas. We are attempting to coordinate efforts with primary health care providers and pharmacies which are experiencing significant challenges such as space requirements, personal protective equipment (supplies & costs), capacity, and funding.

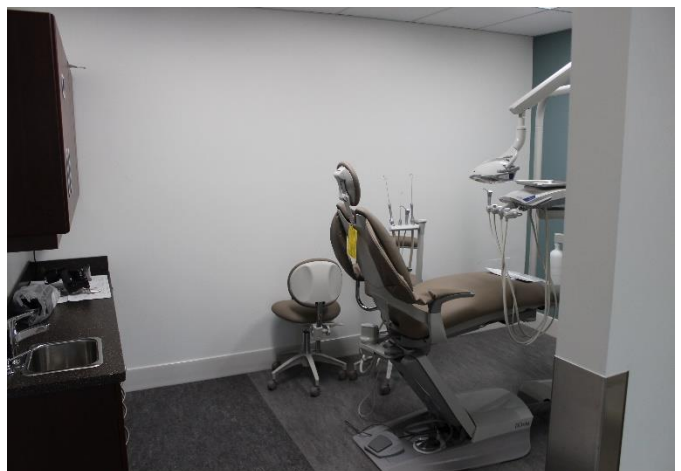
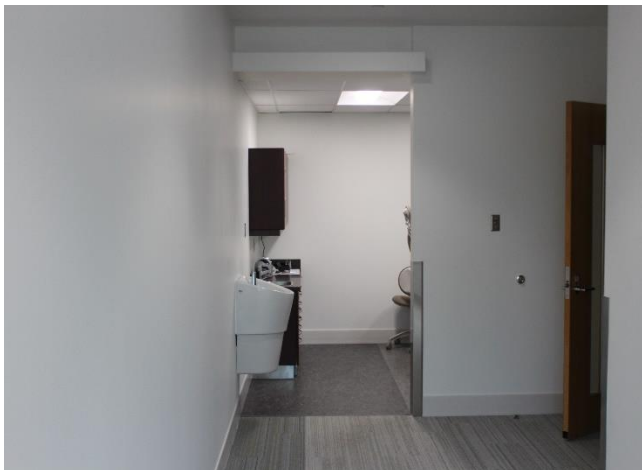
Additionally, the Health Unit is planning to administer flu shots by appointments in the Parry Sound and North Bay offices.

Ontario Seniors Dental Care Program Update

During construction in Oral Health at the Main Office for the Ontario Seniors Dental Care Program, the Health Unit was able to construct the additional operatory (Operatory 6) as well as an office that will be able to house three dentists within the program's existing space. The new operatory was constructed in the location of the old dentist office, and equipped with an X-Ray and lead lined walls, powered dental chair, upper and lower cabinets, along with separate handwashing sink. Operatory 6 is outfitted and equipped in line with the rest of the existing operatories. As we look to navigate through the challenges that we face with COVID-19, the Health Unit is looking at changes to allow for operations to continue, with the addition of glass doors installed at the entrances of 2 operatories.

In Parry Sound, a clinical room was retrofitted for the Oral Health program purposes with addition of new cabinetry, a handwashing sink, and a dental chair. No aerosolizing procedures will be conducted in the Parry Sound office, so there is no need for a door in this room at this time.

Pictures of Operatory #6 – Main Office





Pictures of Parry Sound Oral Health Program Space

Operatory



Public Health Physician Update – Dr. Carol Zimbalatti

Opioids and Other Substances

The COVID-19 pandemic increases vulnerabilities for people who use drugs (PWUD). Immune compromise renders PWUD more susceptible to the virus, and precarious housing and/or high-risk behaviours may cause greater exposure to the virus in PWUD. Overwhelming concerns such as food insecurity, housing, and withdrawal symptoms cause PWUD to place less priority on COVID-19 public health guidance. Also, socially isolated people using drugs are at higher risk of fatal overdose.

Pandemic-related service provision changes decrease access to harm reduction and treatment services. For example, needle exchange programs have been impacted both by COVID restrictions. All nine publically accessible needle exchange programs in the North Bay Parry Sound district are seeing decreased volume due to reduced hours, screening processes, and/or appointment-only visits. One needle exchange program in the Parry Sound area remains closed.

Emergency measures have disrupted supply chains of illicit drugs, increasing variability in drug purity. The July cluster of negative drug reactions in Parry Sound may have been a result of such disruptions. There was a significant increase in negative drug reactions or overdose events/month March-August in North Bay compared to the previous five months (19.6 versus 13.5) and a slight increase in Parry Sound (8.1 vs 7.2). There has also been a significant increase in events on First Nations reserves.

In terms of opioid-related deaths, the Health Unit has jumped from having the twelfth highest unadjusted rate of opioid-related deaths in 2019, to the fourth highest in the first five months of 2020. The three health units with higher rates are all found in Northern Ontario.

The Health Unit, in conjunction with drug strategy partners, is working to reduce the risks for PWUD. Some of the strategies currently being undertaken or planned include:

- Messaging addressing current substance use trends are being disseminated via social media, radio, posters, card in harm reduction kits, and stickers on sharps containers.
- Online naloxone training is increasing community capacity to dispense naloxone kits.
- Further upcoming public health campaigns address opioid and naloxone messaging, and seek to normalize carrying a naloxone kit, decrease stigma, and reduce harms from stimulants.

Approved by

Jim Chirico, H.BSc., M.D., F.R.C.P. (C), MPH
Medical Officer of Health/Executive Officer
North Bay Parry Sound District Health Unit