

# Medical Officer of Health: Report to The Board of Health

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# Medical Officer of Health Update

## COVID-19 Update

### Cases

Throughout October, the province has continued on a flattened trajectory:

COVID-19 Epidemiology (October 21, 2021)

	Ontario	NBPSDHU
<b>Cases (Total)</b>	~ 300-500/day (595,867)	~ 2-3/day (798)
<b>Cumulative Case Rate/100,000</b>	4,047	615 (2 <sup>nd</sup> lowest HU)
<b>Hospitalizations</b>	~ 150-300 on any given day ~ 80% Unvaccinated/Partially Vaccinated	4 (includes ICU admissions) ~ 75% Unvaccinated/Partially Vaccinated
<b>ICU admissions</b>	~ 120-150 on any given day ~ 80% Unvaccinated/Partially Vaccinated	3 ~ 75% Unvaccinated/Partially Vaccinated
<b>Deaths (Total)</b>	~ 0-10/day (9,823)	(8)
<b>Case Fatality Rate</b>	1.6%	1%
<b>% Positivity of Tests</b>	~ 1.5%	0.5%
<b>Reproduction #</b>	< 1	< 1
<b>Delta Variant</b>	~ 99% of cases	Presumed (genomic analysis not done on all specimens)
<b>Age Group Increases</b>	60-79-year-olds and 12-19-year-olds	
<b>Outbreaks</b>	Predominantly elementary schools (75)	1 Workplace 1 Church
<b>Transmission</b>	Predominantly close contacts of confirmed cases	Predominantly close contacts of confirmed cases
<b>Vaccinations 12+</b>		
<b>1st Doses:</b>	88%	86%
<b>2<sup>nd</sup> Doses:</b>	84%	81%

The fourth wave is currently stable with evidence of a slight decrease in the number of cases. The majority of severe cases resulting in hospitalizations, ICU admissions, and deaths have been in unvaccinated/partially vaccinated individuals.

Additionally, vaccination rates have been slowly increasing above 80% recently. Consequently, with the reduced number of cases and improved vaccination rates, the provincial government has relaxed restrictions pertaining to capacity limits in a number of sectors. Its full impact has not yet been determined. If the projected case numbers remain low, it is very likely more restrictions will be removed in the near future.

### *Age Cohorts*

Over the last few weeks, there has been a small but noticeable increase in the number of cases in the 60-79-year-olds and the 12-19-year-olds. Targeted vaccination approaches are underway to address this issue.

### *Vaccinations*

As highlighted, about 86% of the population aged 12 years or older in the Health Unit region has received at least one dose of a COVID-19 vaccine. About 81% of the eligible population are fully immunized. Of note, 81% of youths, aged 12-17 years of age have received their first of a COVID-19 vaccine and 72% are fully vaccinated.

This represents 190,848 doses of COVID-19 vaccine having been administered.

Compared to other public health unit regions, two-dose coverage for COVID-19 vaccine among the eligible population ranked 20th highest of 34 public health unit regions, and was within 1% of the median coverage rate among all health unit regions.

In an effort to achieve a provincial target of 90% fully vaccinated individuals, the Health Unit continues to offer multiple opportunities to be vaccinated. The use of pop-up walk-in clinics, scheduled clinics at both public and work venues, and the use of the mobile vaccine clinic bus, which travels throughout the entire district, continues.

To achieve 90% of residents 12+ immunizations with one dose, 4,633 individuals require a first dose of vaccine. To achieve 90% of residents 12+ immunizations with both doses, 10,633 individuals require their second dose of vaccine.

Mobile clinics (bus) continue to be well received. To date, 3,398 immunizations (1,249 first doses; 1,930, second doses; and 229 third doses) have been administered using the bus! Work continues with community partners to identify potential locations for our mobile clinics. This endeavour has proven to be successful and greatly appreciated by communities and workplaces.

The Health Unit's Planning and Evaluation team have identified subpopulations (e.g. homeless, low income, rural, immigrant, pregnant) and geographic locations with lower immunization rates (e.g. South East Parry Sound and Mattawa) which inform immunization clinic planning. We continue to work with community partners to identify potential locations for future mobile clinics.

The Health Unit will continue to offer walk-in clinics in North Bay, Parry Sound, West Nipissing, Sundridge, and Mattawa although on a smaller scale and in smaller venues. For now, they will be a walk-in only format and run once or twice a month along with all the other clinics being held. At this time, the appointment system is not required but will likely be re-introduced as demand increases. Large venues such as arenas that accommodated mass immunization clinics are no longer available. Smaller sites throughout the district are being reserved.

The challenge is not so much the opportunity to be vaccinated but the motivational component. With low case numbers throughout the district, reduced hospital/ICU admissions, and low mortality rate, there is a perception of minimal health risk at this time and lack of urgency to be vaccinated against COVID-19. The Health Unit has implemented a working group to address vaccine hesitancy throughout the district.

### *Third Dose Eligibility*

The province has recently expanded eligibility for a third dose of the vaccination series. This is due to emerging evidence that those with compromised immune systems may benefit from an added dose. Since the September MOH update, third dose eligibility criteria have been expanded to include vulnerable populations, medical conditions and treatment medications. We are anticipating announcements with respect to third doses for 70+, Indigenous groups, and health care workers some time during the first or second week of November. No decision has been arrived at yet regarding the necessity of a third dose for the general population.

### *5-11-Year-Olds*

Pfizer has applied for authorization from Health Canada to provide COVID-19 vaccines for the 5-11-year-old cohort. It is unclear at this time as to when this lower dose vaccine will be approved, how much will be available, when and where it will be distributed to first. In anticipation of Health Canada's approval, Health Unit clinic planning for this cohort, approximately 8,300 individuals, is underway in collaboration with many community partners. The goal is to be prepared for this vaccine rollout by mid-November should vaccine be available.

### *Influenza*

The influenza vaccine (flu shot) has arrived and is being distributed throughout the district to high-risk settings and populations initially (Long-Term Care Homes, Retirement Homes, Elder Care Lodges, congregate care settings, 65+ year-olds, health care workers, etc.). The public will have access to the vaccine through primary health care providers, pharmacies and Health Unit clinics commencing November 1<sup>st</sup>.

The flu shot can be co-administered with the COVID-19 vaccine.

### *Vaccine Certificates QR Codes*

When proof of vaccination was required to enter certain venues effective September 22, vaccinations increased throughout the district but only modestly. Recently, vaccine certificates QR codes have become available as well as the app for businesses to download. This is anticipated to speed up the process of vaccination verification and enhance vaccine information security. Paper copies continue to be valid and an acceptable alternative.

The Health Unit's call center has received a low number of enquires from businesses regarding the certification process and very few complaints from the public. Upon investigation of the complaints, education has resulted in compliance as confirmed with follow-up inspections.

### *Travel to USA*

It has recently been announced that as of November 8, fully vaccinated visitors to the USA for non-essential travel will be allowed through land and sea borders without having to provide proof of a negative COVID-19 test.

Proof of a negative COVID-19 test, either a rapid antigen test or molecular PCR test, as well as vaccination is still required for fully vaccinated individuals flying to the United States. A negative COVID-19 test, molecular PCR test only, is still required to return to Canada at this time, whether arriving at a land, sea or air border.

It has also been confirmed that as of November 8, the USA will accept travelers with a mixed vaccine series, including Pfizer (Comirnaty), Moderna (Spikevax), Astra-Zeneca (Vaxzevria) and its counterpart Covishield vaccine, aligning with their reopening of the land and water borders.

#### *Vaccine Mandates*

The Health Unit has instituted a mandatory vaccination policy. The only exception and accommodation will be for a medical exemption. As of November 1, those non-compliant with the policy will be subject to leave without pay or possible termination. This policy is in place to protect the health of both clients and staff. Currently, there is 98.5% (fully vaccinated) compliance within the organization.

It is very likely that the province will adopt a similar mandatory vaccination policy for all health care workers. The Ontario Hospital Association is supportive of such a mandate. Early adopter hospitals of such a policy did not experience significant staff loss as some had predicted.

#### *Schools*

Since back-to-school in-person learning has begun, a small number of cases in schools have occurred but no school transmission/outbreaks have been declared with the district. The affected students contracted the virus outside of the school environment, mostly, because of close contact of a confirmed case.

Provincially, elementary school outbreaks predominate due to ineligibility for vaccination at this time.

School vaccination clinics for 12-17-year-olds have been held throughout the district. To date, 12-17-year-old vaccination rates are 81% for first doses and 72% fully vaccinated.

#### *Fall Priorities*

As mentioned in the September Medical Officer of Health Report, return to full functioning of Health Unit programs and services will not be possible over the coming months. Priorities will continue to be immunizations (COVID-19: 1<sup>st</sup>, 2<sup>nd</sup>, & 3<sup>rd</sup> doses, 5-11-year-olds, back-logged regular immunizations, and influenza vaccinations) and case and contact management.