

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

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**Medical Officer of Health/Executive Officer**

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# Medical Officer of Health Update

## COVID-19 Update

Wave six of the COVID-19 pandemic, predominated by the BA.2 and the BA.2.12.1 to a lesser extent, has continued to decline over the last several weeks throughout the province and locally as well. The peak of wave six occurred during week 15 (April 10 to 16, 2022). Of note, our district lags the province by about two to three weeks.

### Synopsis:

- Steady decline in cases among those eligible for testing
- Percent positivity continues to decline
- The number of outbreaks and outbreak-associated cases continued its decline
- Hospital admissions due to COVID-19 continue to decline
- ICU admissions due to COVID-19 continue to decline
- The number of COVID-19 deaths provincially is in a plateau around 100 deaths per week (May 1-7)
  - Hospitalizations, ICU admissions, and deaths are lagging indicators- meaning that outcomes often occur after (e.g., days or weeks) cases are initially reported to public health

## COVID-19 Variants of Concern

While the BA.2 parent lineage is the most prevalent lineage, the BA.2.12.1 sub-lineage has been showing the highest growth rate 1.72 times that of BA.2.

### Risk Assessment BA.2:

	Level	Degree of Uncertainty
Transmissibility	High	Low
Severe Disease	Low	Moderate
Reinfection	High	Moderate
Breakthrough Infection	High	Moderate

### BA.4 & BA.5:

According to Johns Hopkins Centre for Health Security (May 17,2022), BA.4 and BA.5 originally from South Africa and spreading throughout the world, appear to be significantly more transmissible than previous variants. BA.5 has an estimated growth advantage of 13% over BA.2 under laboratory conditions. Even individuals previously infected with an Omicron variant do not appear to be well protected against infection from BA.4/BA.5. Notably, BA.4/BA.5 contain enough mutations in key sites to evade both naturally acquired immunity and previous vaccinations. Fortunately, BA.4 and BA.5 do not appear to cause more severe disease than previous variants, although more studies are needed to solidify this observation.

### **COVID-19 Immunization**

Since the beginning of 2022, there has been a steady decline in the number of COVID-19 immunizations throughout the province and locally. April and May have seen a slight increase in fourth doses being administered but has entered a slow and steady state. This is expected to increase somewhat over the remainder of May and into June as more individuals become eligible for their second booster dose.

About 85.8% of the population aged five years or older in the Health Unit region has received at least one dose of a COVID-19 vaccine. About 82.6% of the eligible population aged five years or older have received two doses, 60.1% of those 18 years or older have received three doses, and 19.5% of those 60 years or older have received four doses.

Compared to other public health unit regions, two dose coverage for COVID-19 vaccine among the eligible population (i.e., aged 5 years or older) ranked 22<sup>nd</sup> highest of 34 public health unit regions, and was within 2% of the median coverage rate among all health unit regions. Third-dose booster coverage among the population aged 18 years or older ranked 16<sup>th</sup> highest of the 34 public health unit regions. Fourth-dose booster coverage among the population aged 60 years or older ranked 16<sup>th</sup> highest of the 34 public health unit regions.

### **COVID-19 Vaccine Updates**

Both Pfizer and Moderna are developing a new bivalent one-dose booster vaccine. By stimulating an immune response against two different antigens via a single inoculation, it is anticipated that there may be improved vaccine coverage against the COVID-19 variants. There may also be an Omicron-specific vaccine on the horizon. It is hoped that something will be available for the Fall campaign.

A COVID-19 pediatric vaccine for those between 6-months and less than 5 years of age is still in development and there is no timeline on authorization by Health Canada.

### **COVID-19 Prophylaxis**

On April 14, 2022, the prophylactic monoclonal antibody therapy Evusheld was authorized by Health Canada for the prevention of COVID-19 in immunocompromised adults and children 12 years of age and older. Protection from Evusheld lasts for at least six months.

It is not a treatment for COVID-19 or to prevent symptoms if an individual has tested positive. It is also not a substitute for getting COVID-19 vaccines for people who are able to get vaccinated. Evusheld is given to people who:

- may not get enough protection from COVID-19 vaccines alone; and
- are at risk of getting very sick from COVID-19

Evusheld will be administered to individuals with the highest risk of a severe outcome from COVID-19, including:

- solid organ transplant recipients
- stem cell transplant recipients
- CAR-T therapy recipients, and
- other hematologic cancer patients undergoing treatment

### **COVID-19 Treatment**

Paxlovid is an antiviral medication given to people who are at higher risk of serious illness from COVID-19. Treatment can help prevent serious illness if taken within five days of the start of symptoms. An Ontario antiviral screening tool is available ([covid-19.ontario.ca/covid-treatment-screener](https://covid-19.ontario.ca/covid-treatment-screener)) to help determine if you should be assessed for treatment. Primary health care providers, COVID-19 Clinical Assessment Centres, and pharmacies are working together to ensure timely access to treatment for those eligible high-risk individuals. Paxlovid is available in North Bay and Parry Sound.

### **Influenza**

The only thing that one can predict about influenza is its inherent unpredictability. During most years, influenza season begins in the Fall (usually influenza A predominating over the B strain), peaks sometime in January, give or take, and then a steady decline with a small resurgence in the Spring at times (influenza B) followed by rare Summer cases.

True to form, this year's influenza season is highly unusual. Our flu season began this spring in March of 2022 and continues to increase in numbers. We are experiencing sporadic influenza activity for week 19 (May 8, 2022, to May 14, 2022). There were 10 laboratory confirmed cases of influenza A reported in week 19 with no institutional influenza outbreaks. Since the beginning of the season, there have been 18 cases of influenza A, 0 cases of influenza B and 0 co-infections with A and B. Additionally, the influenza vaccine for the 2021-2022 season is not very effective.

It is impossible to predict how the influenza season will evolve over the Summer and Fall months. Surveillance will be important.

### **Planning**

As we continue to immunize and manage outbreaks in high-risk congregate settings, planning is focusing on recovery and addressing significant backlogs in all program areas because of the pandemic. Temporary and casual staff have been an important and integral part of the Health Unit's pandemic response. Their assistance will be ongoing as our recovery efforts progress.

As we plan for the summer months and the fall, the only certainty is uncertainty. There are so many unknowns at this time with respect to the evolving pandemic, emerging variants of concern, new vaccines on the horizon, eligible populations to be vaccinated with primary series through to booster doses, political and policy changes, and the anticipated modernization of public health. All of which underscores the necessity for public health to be vigilant with surveillance, nimble and adaptable to the ever-changing environment. The focus will always be the health of those in our communities.

*Approved by*

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