

MEMORANDUM

To: Members of Committee of the Whole

From: Katherine Chislett, Commissioner of Community and Health Services
Dr. Karim Kurji, Medical Officer of Health

Date: November 2, 2020

Re: Update on Public Health Emergency Response to COVID-19 Global Pandemic

This memorandum provides an update on the current Public Health COVID-19 response from the memorandum brought forward to Council in [October, 2020](#). It also highlights the early onset of wave two, recent Provincial measures to address the increasing number of COVID-19 case, a summary of Public Health's mass immunization clinic pilot and ongoing community support of seasonal influenza activities.

COVID-19 remains an unprecedented situation with wave two occurring earlier than anticipated

Although studies suggested a second wave of COVID-19 could occur late fall/winter, several provincial jurisdictions, including York Region, began to see a resurgence of cases in early September 2020. With the second wave, York Region's positivity rate and number of cases has been on a steady rise with the second wave resulting in a positivity rate over 4% and daily cases close to and over 100 in October 2020. Comparatively, in wave one York Region's highest daily case count was 70 on April 13, 2020, and in wave two so far, the highest daily case count was 133.

With onset of the second wave, Public Health's focus and actions remain on managing and preventing further spread of COVID-19

Since the beginning of the Public Health emergency response, Public Health's focus and actions have been on protecting the public. With the onset of a second wave, Public Health remains committed to key public health measures and strategies for managing the ongoing emergency response through:

- Continuing case and contact management, outbreak management and supporting infection prevention and control measures
- Collaborating with internal and external partners (e.g. Paramedics and Senior Services, Corporate Information Technology Services, York Region hospitals, community health care providers and other public health units)
- Communicating that everyone has a role to play through key back to basic messages:
 - Staying home as much as possible and limit close contact to those in your immediate household
 - Staying home when sick – even if symptoms are mild
 - [Practicing physical distancing](#) with anyone outside of your household by staying 2 metres away
 - Washing hands thoroughly and often
 - Wearing a [face mask or covering](#) when inside public places and when physical distancing cannot be maintained – but remember that masks are not a replacement for physical distancing
 - Downloading the [COVID Alert app](#)

Given the approaching cold weather and influenza season, it is very important that York Region does everything possible to minimize the number of new cases to prevent our health care system from becoming overwhelmed.

During wave two of the pandemic the rate of COVID-19 cases have been increasing among all age groups

Ontario continues to see an increasing number of new COVID-19 cases. As of November 1, 2020, York Region had confirmed active outbreaks in nine long-term care homes, nine community care settings, 21 workplaces, six child care centre and seven schools.

Unlike what was observed in the first wave, the current increase in COVID-19 cases is mostly community cases rather than institutional. Of York Region's community cases, close contact with a case is the most common acquisition source, followed by local transmission within the community with no known epidemiological link; however, more recently cases have been directly linked to Thanksgiving celebrations and other private/public gatherings which led to further spread with in families/households. Figure 1 shows York Region's day to day case counts and seven day moving average.

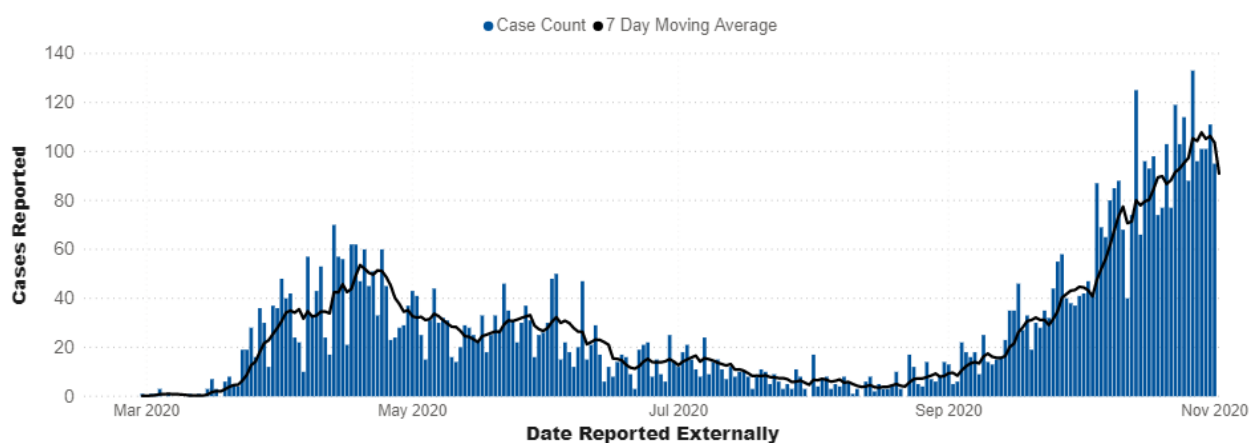
Cases have increased the most among individuals under the age of 30. Since early September, cases among 20 to 34 year old adults have had the highest proportional increase compared to

other age groups, followed by cases among 5-19 year old children. Similarly since September 1, 2020:

- The median age of cases is 38 year olds, which is lower compared to 52 years of age prior to August 31, 2020
- 52% of cases are in the the 0 to 39 years old age group which is higher compared to 32% prior to August 31, 2020

Additionally, Public Health is seeing an increase in the number of unique new admissions to hospital among cases and the number of patients in a hospital on a given day who are COVID-positive since the end of August 2020. 6% of York Regions active cases hospitalized or in an intensive care unit.

Figure 1
Case Trends since March 2020 in York Region



Note: Date reported externally is the date the case was reported via www.york.ca/covid19

Currently, York Region is seeing very little transmission of infection in school settings

Since the reopening of schools, 109 schools have reported a total of 173 associated COVID-19 cases. As of November 1, 2020 54 schools, which have a laboratory-confirmed COVID-19 case among staff, students or visitors, were under surveillance. In addition, York Region has had ten schools in confirmed outbreak. Three of these schools moved all students to virtual learning for 14 days in order to help control spread of infection while avoiding disruption in student learning.

The Province continues to take action in response to the increasing rates of new COVID-19 cases

Through consultations with the Chief Medical Officer of Health, the Public Health Measures Table, local medical officers of health and other health experts, the Province continues to introduce additional health measures in response to the increasing rates of COVID-19 cases. Changes that have recently impacted York Region include:

- October 19, 2020: York Region entered into [Modified Stage 2](#) restrictions for a minimum of 28 days
- October 7, 2020: increased COVID-19 precautions for [congregate care settings](#) were introduced in areas where there is a high rate of community spread of COVID-19
- October 3, 2020: added the requirement of masks/face coverings in the indoor area of a businesses or organizations that are open, or in a vehicle that is operating as part of the business or organization
- October 2, 2020: implemented additional [testing measures](#) to include:
 - Discontinuing walk-in testing services and moving to an appointment-based testing model
 - Continuing mobile testing and pop-up testing centres to reach vulnerable populations and provide targeted testing for long-term care, congregate care and other vulnerable populations
 - Expanding the number of [pharmacies](#) where people with no symptoms can get tested
 - Updating [testing guidance for children](#) to help parents determine when it is most appropriate for students, children and their families to seek a test for COVID-19

With the change to requiring an appointment to get a test, York Region hospital assessment centres have seen a decline in the daily number of client visits, as well as in the daily number of swabs collected. Weekly testing volume at assessment centres are now comparable to volume prior to schools reopening (June to August) and by prioritizing testing of symptomatic clients, assessment centres are able to detect more positive clients than before.

Public Health has implemented progressive process changes to manage the increasing numbers of cases, contacts and outbreaks of COVID-19

In September 2020, Public Health began implementing progressive changes to conducting case, contact and outbreak management activities. As the daily number of new cases, contacts and outbreaks varies and come from a variety of community and institutional settings, having adaptive process has allowed for a proactive, flexible and urgent response to meet the changing and unpredictable demands of the pandemic.

Adaptive processes are adjusted or changed to meet the needs of the high priority areas of institutional outbreaks (long-term care, retirement and congregate settings), schools, workplaces and individuals who are at high risk of spreading the virus to those most vulnerable (e.g. health care workers). These changes also maintain Public Health's key objectives in the COVID-19 response. Examples of recent changes include:

- Simplifying case investigation tools by moving to collecting the most essential information to inform contact tracing and disease epidemiology
- Using data entry staff to help enter documentation into the provincial Case and Contact Management system (implemented July 31, 2020), freeing up more time for staff with investigation skills to work on investigations instead of having to input data into this complex new provincial system
- Reducing the number of daily follow-up calls for cases and contacts from daily to follow-ups on day 5 and 10, in alignment with the revised provincial case and contact management guidance document
- Implementing a rapid outreach call model so people testing positive are contacted the day the positive result is received to ensure self-isolation is being adhered to. These outreach calls:
 - Advise people of their positive result, self-isolation requirements of themselves and their household contacts, and any further triaging or direction required depending on their risk level for transmitting COVID-19 to vulnerable individuals
 - Gather preliminary information about where they may have acquired the illness, and the date that symptoms began. This information helps Public Health to better understand the progression of the disease locally
 - Initiate the contact tracing process by asking them to begin to notify their close contacts of their positive test results and the need for their close contacts to self-isolate for 14 days since last exposure to them as a case
 - Refer people testing positive, and especially those at lower risk of spreading COVID-19 to vulnerable individuals, to a new dedicated [COVID-19 Positive](#) website with information on steps they can take to play an active role in their diagnosis and follow-up
- Exploring the use of surveys to collect information from cases about their close contacts and places they went during their infectious period. as well as collecting preliminary case management information during the outreach call (which is later validated by case managers)
- Maximizing the use of technology to reach some contacts by techniques such as robocalls (an automated telephone call that delivers a recorded message). This allows Public Health to reach a large number of contacts in a short period of time, ensuring the message is timely and useful to the recipient and reducing staff workload.
- Thoughtfully streamlining the way impacted cohorts of a positive case in a school are sent home from school, so that parents and families have enough lead time to plan for alternate arrangements

- Leveraging the role of workplaces in identifying and reporting cases in the workplace and encouraging these settings to play an active role in the prevention of future cases through rigorous infection prevention and control activities, and heightened surveillance of their staff for future linked cases

Public Health remains committed to implementing new approaches to managing increasing cases, contacts and outbreaks, and to working with Ministry of Health colleagues to respond to changes in provincial guidance and ongoing enhancements to the provincial Case and Contact Management system.

Public Health continues to address staffing to meet the needs of the COVID-19 response efforts

With the increasing numbers in cases, the complex requirements of contact tracing, implementation of the COVID-19 school-focused nurses program and changing demands of the pandemic, Public Health is continuing to address staffing needs through:

Continuing recruitment efforts for the response, including to the COVID-19 school-focused nurse program

- To date 153 nurses, inspectors, data analysts and other council approved roles have been hired. 82 additional full-time equivalents have yet to be filled
- Hiring 20 full time equivalent university students and recent graduates from Epidemiology, Health Informatics and Research Analyst programs to assist with case and contact management data entry, continuous quality improvement initiatives, case outreach and school outbreak supports. These individuals have helped reduce Public Health's reliance on other Regional staff redeployment, while at the same time providing them with lived-experience in a pandemic; an invaluable experience for our future public health professionals
- Using ten registered nurses from a staffing agency to support case management
- Ministry of Health is dedicating contract staff to support contact tracing activities. Twelve staff have begun and an additional 36 staff are expected over the next three weeks

Challenges in recruitment continue to be experienced due to competitive job markets, specific skill requirements and internal capacity to facilitate expedited recruitment processes.

Ongoing collaboration with partners ensures York Region is meeting the changing demands of the COVID-19 response

Public Health continues to work with other health units and community and provincial partners to coordinate efforts in managing the COVID-19 response. For example:

- Coordinating York Region's three hospitals, Paramedic and Senior Services and Ontario Health Central Region for continued mobile testing support for outbreak management and Markham Stouffville Hospital to provide mobile workplace outbreak testing
- Supporting long-term care homes, retirement homes and other congregate settings with outbreak prevention and management (testing support, Infection Prevention and Control measures, provision of Personal Protective Equipment)
- Investigating mobile testing options for schools with Ontario Health Central Region, Home & Community Care and Paramedic and Senior Services
- Participating in the Ministry of Health Socio-demographic Data Consultation Group whose focus is on:
 - Analyzing COVID-19 related socio-demographic data, interpreting findings, and communicating results to communities and groups
 - Determining how COVID-19 related socio-demographic data may be used to take concrete actions to strengthen the COVID-19 response, particularly for communities at greater risk of infection
 - Identifying opportunities to link COVID-19 related socio-demographic data with other health system data to improve care and reduce health disparities for at risk individuals and communities
- Initiating a pilot project in collaboration with the University of Waterloo to detect the COVID-19 virus in wastewater. The pilot project aims to better understand how the amount of virus in wastewater can provide information to support assessing and predicting COVID-19 spread in York Region communities

In preparation for mass COVID-19 immunization clinics, York Region piloted a drive through flu shot clinic

To support further planning of COVID-19 mass immunization clinics Public Health collaborated with Paramedic and Senior Services, York Regional Police, the Regional Emergency Operation Centre and the Health Emergency Operation Centre to pilot a drive through flu clinic.

On October 30, 2020, the pilot was held to evaluate the feasibility of using a large scale immunization drive through clinic for COVID-19. The goals of the pilot were to assess:

- Clinic set-up (immunization stations, traffic flow and car management)
- Resources required (staffing and equipment)
- Vaccine handling (cold chain, storage and handling guidelines)

- Overall outcomes (number of residents vaccinated, timing to complete vaccinations and post vaccine observation time)
- Identification of potential gaps to support further planning for an efficient, effective and safe large scale drive through COVID-19 vaccination clinic

The pilot clinic administered 92 doses of vaccine and staff are currently analyzing the outcomes of the pilot to support further COVID-19 immunization planning.

Public Health continues to support health care providers with planning for their flu shot clinics

For the 2020/21 influenza season, York Region negotiated an increase to our flu vaccine allocation by 25% over the previous season. In October, we also received an additional 40,000 doses above our total allocation of high dose vaccine for individuals aged 65 and older.

Between September 30, 2020 and October 30, 2020 Public Health distributed 232,230 doses of flu vaccine to York Region health care providers. Comparably, in 2019, approximately 118,000 doses were distributed by the end of October to York Region health care providers.

To date, requests for influenza vaccine from community health care providers, hospitals and long-term care homes have increased compared to previous seasons. We are working through prioritizing orders for high risk settings (e.g. long-term care and hospitals, pediatricians, retirement homes and congregate living settings) and currently have a number of vaccine orders waiting to be processed and distributed. To address the backlog, an additional three Registered Pharmacy Technicians are being recruited to support increased vaccine requests.

Additionally, Public Health continues to support internal and external partners with seasonal influenza activities by:

- Assisting health care providers with planning for their flu shot clinics
- Communicating with health care providers, advising of vaccine availability and vaccine ordering processes during COVID-19
- Ensuring health care providers and partners receive their vaccine requests in a timely manner
- Supporting outreach and flu vaccine distribution for vulnerable, high-risk and underserved populations
- Partnering with Paramedic and Senior Services and external service providers to increase opportunities for flu vaccine administration
- Promoting the uptake of flu vaccine by York Region residents and health care workers

York Region remains committed to transparency and working collaboratively to the changing demands of the pandemic

As the number of COVID-19 cases increase, Public Health's COVID-19 response continues to require a flexible approach and infrastructure for shifting staff and resources to manage the response while providing essential services to protect the public through effective and reliable public health measures. York Region remains committed to transparency and working together with internal and external partners to ensure adaptive changes in processes and communications meet the ongoing needs of the COVID-19 emergency response.

For more information on the memo, please contact Dr. Karim Kurji, Medical Officer of Health, at 1-877-464-9675 ext. 74012.

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