



Office of the Commissioner
Community and Health Services Department

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: December 1, 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 brought forward to Council in [November 2020](#). As the global pandemic evolves Public Health remains responsive to the changing demands of COVID-19 with case and contact management, outbreak management, infection prevention control measures, transparent reporting and communications. Public Health's focus is on managing and preventing further spread and transmission of the virus during the second wave of the pandemic. The emergency response is a corporate wide effort, and Public Health remains grateful to the Corporation and Regional Council for prioritizing the response and the critical supports provided.

In November the Province introduced a new COVID-19 response framework

The Keeping Ontario Safe and Open [colour coded framework](#) was introduced in November by the Province. The framework outlines COVID-19 response measures that are targeted, incremental and responsive to help limit the spread of COVID-19, and allows for progressive adjustment of public health measures in response to the changing nature of the pandemic. Principles of the framework protect the health and safety of Ontarians, and the capacity of health care systems while aiming to keep schools and businesses safely open. The framework's five colour coded levels are designed to be responsive to local data and trends while allowing for the implementation of additional local measures to meet the needs of individual public health units.

York Region is currently in the level of Control (Stringent Measures) – Red

On November 16, 2020, York Region entered the level of [control \(stringent measures\) - red](#) within the Provincial framework. This level applies the most stringent restrictions and measures before wide scale business or organizational closures are implemented. Table 1 outlines York Region's threshold data levels for weekly incidence rates, positivity rate and reproductive number (Rt) within the level of control as of November 28, 2020.

Table 1
Control Threshold Levels and York Region Status
(November 28, 2020)

Control Threshold Levels	York Region Status
<ul style="list-style-type: none">Weekly incidence rate \geq 40 per 100,000	<ul style="list-style-type: none">Weekly incidence rate is 92.1 per 100,000 (November 22 to November 28, 202)
<ul style="list-style-type: none">*% positivity is \geq 2.5%	<ul style="list-style-type: none">*% positivity is over 5.53% (November 22 to November 28, 202)
<ul style="list-style-type: none">*Rt is approximately 1.2	<ul style="list-style-type: none">*Rt is approximately 1.05 (November 13, 2020) (November 22 to November 28, 202)

*Notes:

- % positivity is the proportion of total tests conducted that were tested as positive (the number of positive tests among all tests completed). This helps us to understand the transmission within our community.
- Rt is the number of subsequent cases resulting from 1 confirmed case

Additional indicators considered by the province in determining level of control includes number of repeat and size of outbreaks, and health system capacity

As of November 29, 2020, York Region had confirmed active outbreaks in 26 institutional (13 in long-term care homes, 13 in retirement homes and congregate living facilities), 17 workplaces, seven schools and two child care centres. However, since September, there has been a steady increase in institutional COVID-19 outbreaks, and some facilities have had second or even third outbreaks including 16 in long-term care homes, seven in congregate settings (e.g. group homes or emergency housing), eight in workplaces and seven in schools. The Region has also experienced steady increases in the number of institutional outbreaks with consistently 17 to 27 active outbreaks on any given day. On November 29, 2020, about 38% of confirmed outbreaks in institutional settings had greater than 10 confirmed resident/staff cases, with four of these homes having greater than 30 cases.

Additionally, since the end of August 2020 the number of unique new admissions to hospitals and patients in hospitals with COVID-19 has been increasing. Currently, there are 46 cases admitted to hospital and nine cases admitted to ICU. The number of new hospitalizations for the week of November 22 to 28, 2020 was 18.

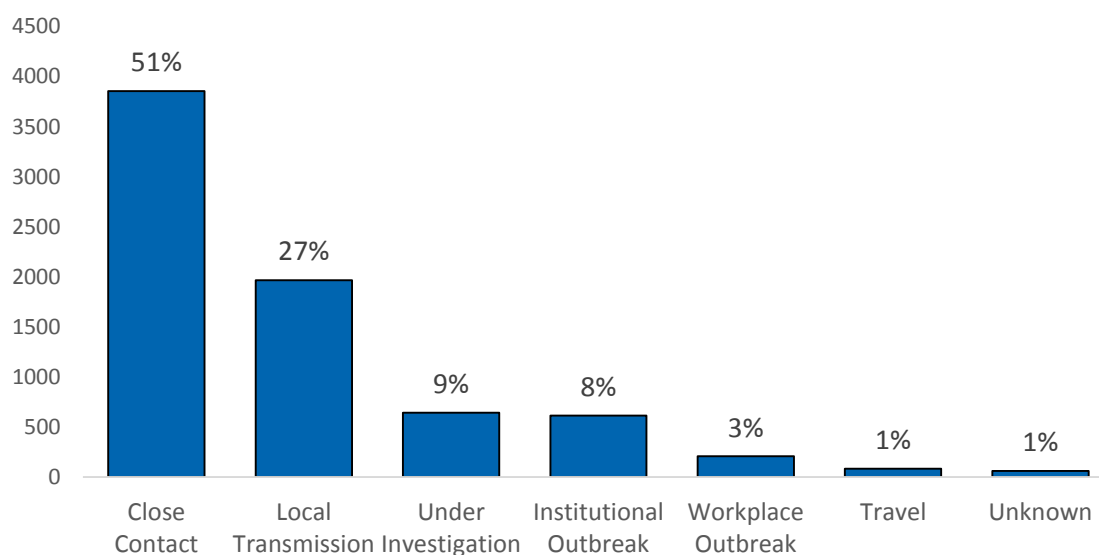
Threshold data levels and indicators are evaluated weekly

The Ministry of Health reviews threshold data levels and indicators each week to re-evaluate the level each jurisdiction should be in. The Provincial announcement of levels on November 20, 2020 permitted York Region to remain in the [level of control - red](#). While remaining in the level of control - red, York Region has increased enforcement activities and the Medical Officer of Health issued a [Section 22 class order](#) on November 22, 2020. To support enforcement, York Region is also a partner of the [COVID-19 task force](#) and has partnered with the [Ministry of Labour Training and Skills Development](#) to conduct inspections. These inspections were initiated on [November 27, 2020](#), and ongoing enforcement activities have resulted in 867 inspections, 32 charges and 1,151 compliance activities since November 27, 2020.

Community cases are still increasing and driving transmission rates

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. Recent large gatherings such as weddings, parties and other gatherings have resulted in over 50 cases since the end of October. Figure 1 outlines York Region’s acquisition sources between September 1, 2020 and November 29, 2020.

Figure 1
Acquisition Source of York Region Cases



Definition notes:

- Close contact: providing care for a positive case, living with a case, or having similar close physical, or prolonged face-to-face contact with a positive case while the case was ill
- Local transmission: no close contact with any known case
- Under investigation: newly reported case with an ongoing investigation
- Institutional outbreak: is defined by one or more resident or health care/child care worker cases
- Workplace Outbreak: is defined by more than one case among employees
- Travel: a result of travel outside of Canada
- Unknown: exposure source could not be established

Close contact settings are also contributing to spread of the virus. These are situations such as personal service settings, medical services and in-home medical support services. Although these settings haven't led to outbreaks, the importance of taking the right precautions when in these settings and limiting exposure to such settings is important to containing spread.

The increase in cases is shifting among age groups

The largest growth in case numbers since September was seen in the 20-year old age group and in the recent week of November 22 to November 28, 2020, Public Health continues to observe a rise in the incidence rate amongst this age group. While the incidence of cases in the 30, 50 and 60 and 15 to 19 year olds has plateaued or declined, there is an increase in the incidence of cases amongst the 40 year olds in recent weeks. Additionally, there has been a growing rate of cases amongst the 80 + age group with the rates in this age group having increased at a faster rate than compared to other age groups in recent weeks

York Region continues to find improvements and efficiencies for managing increased numbers and outbreaks

Public Health is continually working to improve processes and find efficiencies to support York Region's response to the increasing numbers of cases and outbreaks.

Recent internal initiatives

- Leveraged internal and external supports to streamline processes, eliminate duplication of effort and maximize use of technology to assist in case, contact and outbreak management activities
- Implemented new approaches for timely case investigation processes to ensure relevant information is gathered from cases to inform the epidemiology of the disease, contacts and exposures, emerging areas of focus and the right level of contact tracing and notification
- Adjusted practice to align with revised provincial guidance related to case and contact management, school outbreak management and child care centre outbreak management

- Creating models for data management, data entry and data quality to ensure information on the epidemiology of the disease is accurate and available in a timely fashion for reporting and decision making purposes
- Streamlining cluster and outbreak investigation processes to better use resources in this area of the response

The Provincial case and contact management system can also increase efficiencies

As more public health units begin to use the provincial case and contact management system (CCM), health units are able to support one another by transferring cases and exposures to the appropriate jurisdictions for further investigation. For example, Public Health is currently transferring, processing and monitoring case referrals to Toronto Public Health through CCM for cases who live in within the jurisdiction of Toronto Public Health and Toronto Public Health similarly transfers York Region Public Health cases to York Region Public Health. Previously the transfer of cases was completed through a faxed referral form requiring staff time to create, send and confirm receipt.

Additionally, through York Region's partnership with Kingston Frontenac Lennox & Addington Health cases are seamlessly referred to Kingston Frontenac Lennox & Addington Health through CCM for follow-up investigation. This partnership started with two cases per day and as of November 27, 2020, Kingston Frontenac Lennox & Addington Health is taking on 30 cases per day for investigation. Not only does this help York Region with our case investigations, it also helps ensure Kingston Frontenac Lennox & Addington Health gains valuable experience in COVID-19 case management and CCM should it experience a future increase in cases.

Virtual assistant robo text messaging is being piloted to support contact tracing cases

York Region volunteered to be part of a CCM virtual assistant pilot, resulting in Public Health being able to use the virtual assistant function of CCM with a limited number of cases in York Region. The virtual assistant function of CCM allows for an automated text message with a short investigation tool to a case. The tool supports case investigation by allowing the case to virtually answer a series of questions about their symptoms, and their contact with or exposure to others. The answers provided are fed directly into CCM for verification and confirmation by Public Health staff. The tool provides staff with the added value of receiving information in real time and assists them in streamlining and prioritizing calls to cases who require further follow-up.

As with any pilot, there are some issues such as information collected not being specific enough or being different from what was collected when staff called the individual. In these situations, there is an additional call to the individual. The pilot continues with recommendations for improvements being provided to the Ministry of Health. York Region is also continuing to explore the use of this tool to support case and contact management and is reviewing processes that can maximize the use of the tool to create further efficiencies.

Public Health continues to explore new staffing solutions, recruit and redeploy staff for COVID-19 response efforts

Although challenges in recruitment continue to be experienced due to competitive job markets, specific skill requirements and internal capacity to facilitate expedited requirement processes, creative and collaborative staffing solutions continue to be explored where possible.

To meet the ongoing need, various areas of the Corporation have prioritized their staff to support Public Health COVID-19 response work on an as needed basis and 547 staff are currently supporting the Public Health COVID-19 response:

- 326 public health staff redeployed from regular work
- 164 newly hired public health staff
- 32 staff from other parts of the Corporation redeployed from regular work
- 12 agency staff from an external nursing agency
- One Medical Resident volunteer

In addition, currently 40 Provincial staff are supporting contact tracing activities, and a further 21 began training at the end of November. This support has allowed Public Health to re-align internal resources to other areas of COVID-19 response, including case management, exposure follow-up and outbreak management

On-going recruitment efforts continue, in addition to the 164 newly hired public health staff an additional 20.5 full time equivalents will begin training mid-December. There are 50.5 additional full-time equivalents yet to be filled.

Collaboration with other public health units and provincial partners remains vital to meeting the demands of the pandemic

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

- Participating in Ontario's Integrated COVID-19 safety awareness and compliance campaign to ensure compliance with public health restrictions and local orders:
 - The Ministry of the Solicitor General and the Ministry of Labour, Training and Skills Development is working together with Ministry enforcement partners and local public health units to encourage a proactive approach to awareness, compliance and enforcement of public health restrictions and local orders
 - A multi-ministry enforcement team, led by the Ministry of Labour, Training and Skills Development has been developed to support this collaborative initiative which includes enforcement personnel such as police, public health inspectors,

municipal by-law officers and other provincial offences officers to promote compliance with restrictions and orders and facilitate assertive enforcement

- York Region will be working with the multi-ministry COVID safety awareness compliance teams to conduct targeted COVID safety campaigns based on locally identified areas of concern to promote public health requirements, compliance with *Reopening Ontario Act* requirements and applicable local bylaws
- Continuing to support the Ministry of Health Socio-Demographic Data Consultation Group
 - Working closely with internal partners to identify and develop solutions to emerging issues for York Region's most high risk populations
- Along with the Environmental Services department, participating in the collaborative University of Waterloo pilot project to detect the COVID-19 virus in wastewater

Development of a COVID–19 vaccine remains a global priority

Until there is an effective vaccine and the population has been vaccinated, we can expect continued waves of infection. An effective vaccine and mass immunization has become a global priority to restore societies back to a “new normal”.

Currently, the [Coronavirus Vaccine Tracker](#) shows that 54 vaccines are in clinical trials on humans, and at least 87 pre-clinical vaccines are under active investigation in animals. However, Pfizer and Moderna have gained most international attention in terms of their vaccines being anticipated to reach the market first:

1. November 9, 2020: [Pfizer and BioNTech](#) announced their two dose vaccine (28 days between doses) against COVID-19 achieved success in first interim analysis from their phase three study
2. November 16, 2020: the [National Institutes of Health](#) announced [Moderna's](#) two dose vaccine (28 days between doses) against COVID-19 has achieved promising interim results from clinical trials

Current media estimates indicate vaccines may be ready in the first three months of 2021

This estimated time frame could change and will be variable as the vaccines move through approval processes for release and use. The timing and release of an approved each vaccine is dependent upon a number of unknown factors. For example:

- Timing of when a vaccine will receive approval for use through Health Canada. Health Canada regulates vaccines for safety, efficacy, and quality while authorizing and monitoring its use

- Who will be provided the authorization to the control and release the vaccine (Federal or Provincial jurisdictions)
- A determined sequence of population for immunization
- The number of batches of vaccine received (Federally, Provincially and locally).

The Ontario government has announced the creation of a Ministers' COVID-19 Vaccine Distribution Task Force

On [November 23, 2020](#) the Province announced the creation of the Ministers' COVID-19 Vaccine Distribution Task Force which will advise on:

- The ethical, timely and effective distribution of COVID-19 vaccines across the Province
- Delivery, storage and distribution of the vaccines
- Support for health care system partners to deliver a phased vaccination program that initially prioritizes vulnerable populations and follows with mass immunization
- Clinical guidance on vaccine administration and surveillance of vaccine uptake
- Data, reporting, and technology to provide timely, relevant and accurate information to clinicians conducting vaccine administration, decision-makers, and the public
- Implementation of a broad and sustained public education and community outreach effort to encourage vaccination

The province is planning the early rollout of the COVID-19 vaccine program with vaccines from both Pfizer and Moderna. Planning is already underway with federal and provincial partners to prepare for the receipt and rollout of the vaccine. Information about the number of doses, distribution and schedules for delivery to Ontario is still pending and the Province will provide updates as more details are available.

Mass immunization planning for York Region residents is well underway

Pending the release of an approved vaccine, Public health units continue to anticipate direction from the Province about their roles and responsibilities for the administration and distribution of a COVID-19 vaccine. Pending specifics, COVID-19 mass immunization planning is underway, however many aspects are yet to be determined. Some of the unknown variables which will impact planning over time are:

- Route of vaccine administration (e.g. intra muscular or sub cutaneous)
- The potential for different vaccines to be required for different groups (e.g. children and seniors)

- The logistics of planning for potentially a two dose vaccine (e.g. logistics of storage, cold chain management, distribution and administration)
- The specific roles and responsibilities of various stakeholders (health care providers, physicians and health units)
- The resources and operational logistics of facilitating mass immunizations while simultaneously managing a COVID-19 response

With a large number of unknown variables there is a need to outline a flexible infrastructure and approach able to withstand rapidly changing conditions. As such, the planning for mass immunization is underway with a focus on innovative strategies, health equity and meeting the need of York Region's population to access immunization quickly and in a safe environment.

As York Region prepares for mass administration and distribution, priority population considerations and health equity approaches will be considered in the planning process. These considerations will be informed by the Public Health Agency of Canada National Advisory Committee on Immunization recommendations, preliminary [Guidance on COVID-19 Vaccination](#) and available local York Region data.

To test one approach to optimizing COVID-19 vaccine distribution and uptake, a pilot drive-through flu vaccination clinic was held at Ray Twinney Recreational Complex in the Town of Newmarket on October 30, 2020. The pilot processed 47 cars and 94 individuals were vaccinated. The majority of individuals were immunized in the first 1.5 hours of clinic operation as six cars every 10 minutes moved through the clinic. Average drive through times per car equaled:

- 25 minutes per one individual: 10 minutes plus 15 minute post immunization observation time
- 26 minutes per two or more individuals: 11 minutes plus 15 minute post immunization observation time

Preliminary outcomes of the pilot have demonstrated drive through clinics may successfully be part of a flexible hybrid model for mass immunization administration. Staff is continuing to complete an in-depth analysis of the pilot to determine resource and staffing requirements, how to maximize operational flow of this type of clinic and processes for a variety of different types of mass immunization clinics based upon the outcomes and data this pilot provided. In early 2021, staff plan to bring forward a more detailed report and presentation outlining York Region immunization plans for Councils consideration.

Flu shots are important every year, but with COVID-19, they are critical

Getting a flu shot annually is important because the influenza is a contagious virus that anyone can get. Complications from the flu can result in serious health conditions such as pneumonia, heart attack and in some cases death and in Canada, each year the flu causes about 12,200 hospitalizations and 3,500 deaths.

With COVID-19 circulating during this flu season it is even more critical people are immunized for the flu. Both diseases are transmitted through respiratory droplets and some of the symptoms of COVID-19 are similar to the flu which can make it hard to tell the difference between them based upon symptoms alone. Preventing the spread of flu reduces pressures on our health care systems including visits to health care providers and emergency departments, hospitalizations. It also reduces the risk of flu out breaks in long-term care homes, retirement homes and hospitals.

Public health measures for COVID-19 may be having an effect on the reduced incidence of seasonal influenza

Currently, York Region has zero cases of influenza compared to 26 cases this time last year . There have also been zero confirmed influenza outbreaks in institutional settings, which is comparable to previous seasons. Although, we are early into this year's annual influenza season York Region is in line with current [Public Health Agency of Canada](#) observations indicating influenza activity is exceptionally low for this time of year and currently there is no evidence of community circulation.

Public Health's primary role is to equitably distribute flu vaccine and to promote seasonal flu immunizations to health care provider offices, medical walk-in clinic, pharmacies and some work places. In recent years, York Region has not offered flu clinics because it is widely available through these community settings. However, this year, due to COVID-19, Public Health is providing flu clinics to further increase accessibility to the vaccine and to help build our skills and test new options for immunization management (e.g. the drive through pilot).

Currently, Public Health is prioritizing flu clinic appointment to the following groups:

- Children aged six months to four years of age
- Those with no Ontario Health Insurance Plan coverage
- Seniors aged 65 and older

Between October 22, 2020 and November 30, 2020 approximately 2,464 flu shots have been administered through eight community flu clinics operated by York Region Public Health. Twelve additional clinics are planned for December. Members of the public may book an appointment at a Public Health community clinic through york.ca/flu.

Public Health units are also responsible for distribution of the influenza vaccine to community health care providers. As of November 30, 2020, Public Health's vaccine Inventory program distributed 344,817 doses of influenza vaccines (255,257 standard quadrivalent dose vaccine and 89,560 high-dose trivalent vaccine for individuals 65 years of age and older), in comparison to 221,111 of doses this time last year. The program initially experienced challenges with processing vaccine orders due to significantly increased demand for vaccine this year and the resources required to meet this increased demand. One additional Registered Pharmacy Technician will be recruited to support increased vaccine requests to address any backlog of vaccine distribution and support programming efforts related to pending COVID-19 vaccine.

Public Health's actions continue to be focused on managing and preventing further transmission of the virus

York Region remains committed to transparency and working together with internal and external partners to continue to manage the evolving COVID-19 response. As the pandemic continues, Public Health's focus and actions remain on managing and preventing further spread and transmission of the virus. Additionally, until the population has been vaccinated, Public Health will continue to be required to maintain an enhanced response with case and contact management, outbreak management, infection prevention control measures, transparent reporting and on-going communications.

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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