

Public Health Services COVID-19 Situation Report & Organizational Update

Board of Health February 19, 2021

> Public Health Services Office of the Medical Officer of Health



- 1. Overall Status Update
- 2. Provincial Response Framework & Metrics
- 3. COVID-19 Situation Report
 - Case Activity
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Overall Status

- COVID-19 case activity is decreasing in Hamilton; however, variants of concern remain a significant threat
- Approach to case and contact management has been revised in accordance with the provincial interim guidance, including:
 - Increased sensitivity to identifying close contacts
 - Immediately testing all close contacts
 - Testing all close contacts around day 10 of their 14-day quarantine
 - All household members of a close contact of a positive case will be required to stay home except for essential activities
 - All household contacts of symptomatic individuals are required to quarantine until a negative result has been confirmed

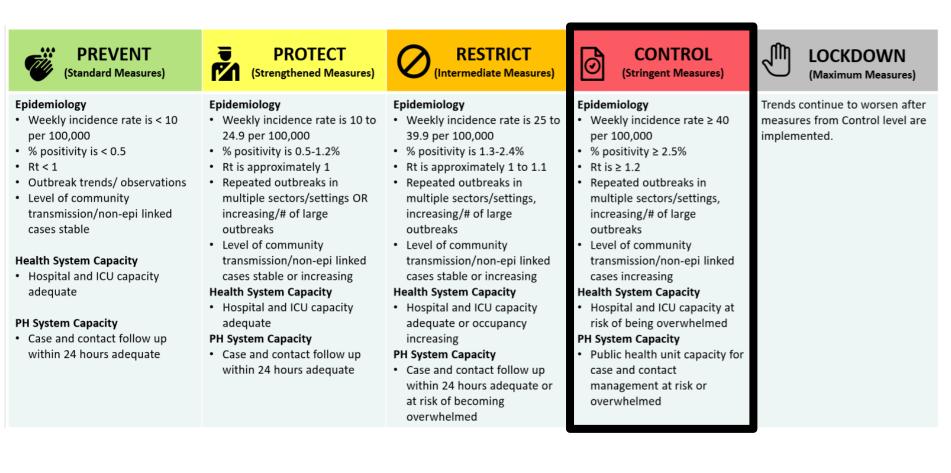


Overall Status

- Collection of social determinants of health data will resume February 22, 2021
- Vaccination program has really just begun. As of end of day February 16, 2021 there were 25,593 doses administered across the City.
- Focus will continue to be on Ministry of Health prioritized groups through Phase 1 and 2 (phase 2 runs to August)
- Continuing to follow public health measures is vital as these are the best protection against the variants of concern



Provincial Response Framework Indicators





Returning to Red-Control Category

- Limits for all organized public events and social gatherings:
 - 5 people indoors
 - 25 people outdoors
- Restaurants can reopen with capacity limits of 10 patrons indoors
- Sports and recreational fitness facilities may reopen with capacity limits
- Retail establishments may reopen with capacity limits and screening:
 - 75% for supermarkets and other stores that primarily sell groceries, convenience stores, pharmacies
 - 50% for all other retail
- Most personal care services may reopen



CONTROL

(Stringent Measures)

Provincial Response Framework Indicators

			Epid	emiology
	Previous (Feb 4)	Previous (Feb 11)	CURRENT (Feb 18)	Trend
Weekly incidence rate/100,000	71.4	49.1	39.4	↓
% positivity	2.6%	2.3%	1.9%	↓
Effective reproductive number (R _e)	0.78	0.88		
% of community-acquired cases	24.9%	25.5%	28.7%	

Outbreak activity has decreased but continues in long-term care homes, retirement homes, workplaces, and congregate settings.

Total of 17 active outbreaks; 4 outbreaks > 10 cases.

	Public Health System Capacit			Capacity
	Previous (Feb 4)	Previous (Feb 11)	CURRENT (Feb 18)	Trend
% newly reported cases reached within 1 day of reported date	96.6%	93.9%	92.0%	
% newly identified close contacts reached within 1 day of contact ID date	92.9%	88.2%	84.0%	



Provincial Response Framework Indicators

		Hea	alth System	n Capacity
	Hospital	Previous (Feb 4)	Previous (Feb 11)	CURRENT (Feb 18)
Overall adult acute medicine & surgical hospital	SJHH	83%	89%	89%
occupancy/funded acute beds	HHS	90%	93%	97%
Overall adult acute alternate level of care (ALC) hospital	SJHH	24%	27%	23%
occupancy/funded acute beds	HHS	18%	18%	17%
Overall adult critical care occupancy/funded intensive	SJHH	74%	89%	74%
care unit (ICU) beds	HHS	86%	87%	91%

SJHH: St. Joseph's Healthcare Hamilton **HHS:** Hamilton Health Sciences



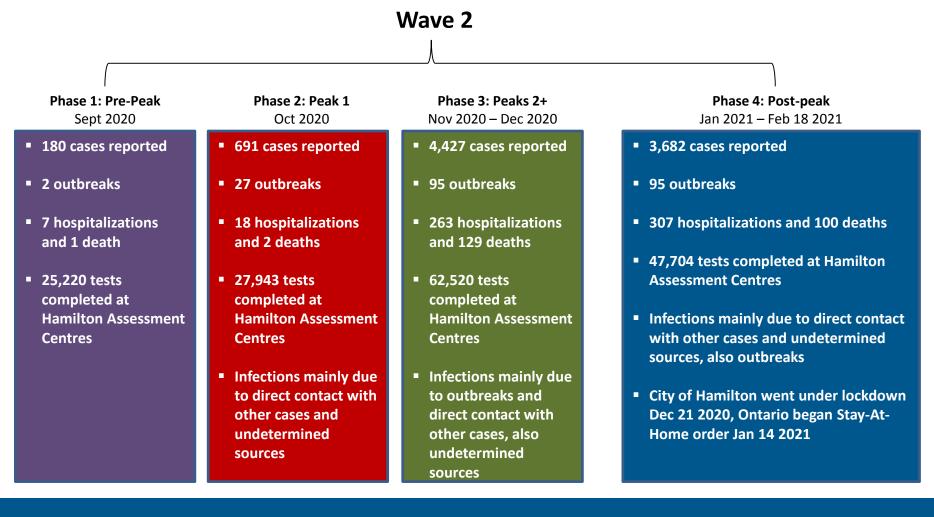
Additional Local Indicators

	Previous (Feb 4)	Previous (Feb 11)	CURRENT (Feb 18)	Trend
Mental health-related emergency department visits	157	123	173	-
Substance misuse-related emergency department visits	67	76	67	
Paramedic incidents for suspected opioid overdose	17	15	14	◆
Violence-related emergency department visits	0	3	7	
Police response to domestic violence	141	120	131	
Social impacts and environmental exposure-related emergency department visits	25	18	17	

Stable or decreasing trend below historical threshold
Increasing trend for several weeks
Increasing trend and above historical threshold
Not available

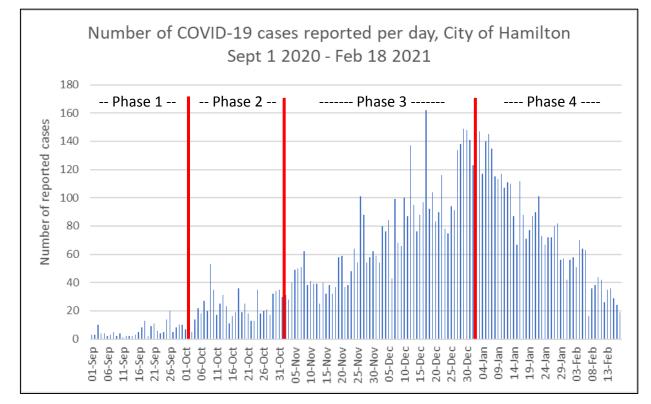


Phases of COVID-19 in Hamilton



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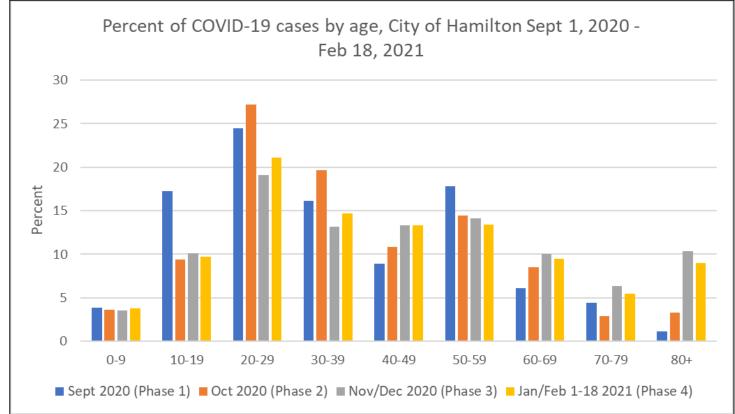
Reported cases



- COVID-19 case activity increased drastically in the City of Hamilton between phases 1-3 of wave 2, and is now steadily decreasing
- As of Feb 18, 2021, the average number of cases reported per day to Hamilton Public Health is 34



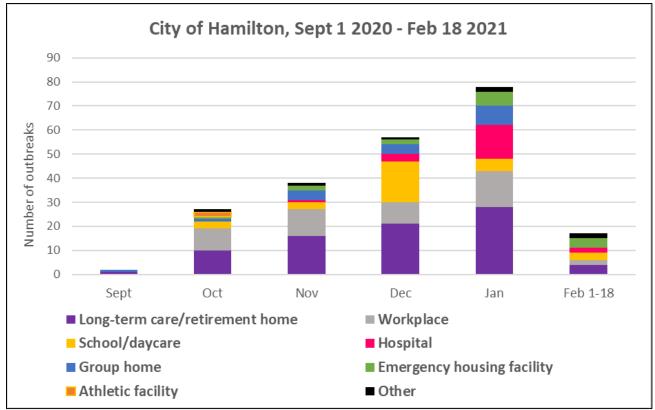
Age distribution



- Overall, the highest percentage of cases occurred in the 20-29 year age group
- Over the course of wave 2, there has been a noticeable rise in the percentage of cases in the 80+ year age group. It has been established mortality is related to increasing age.



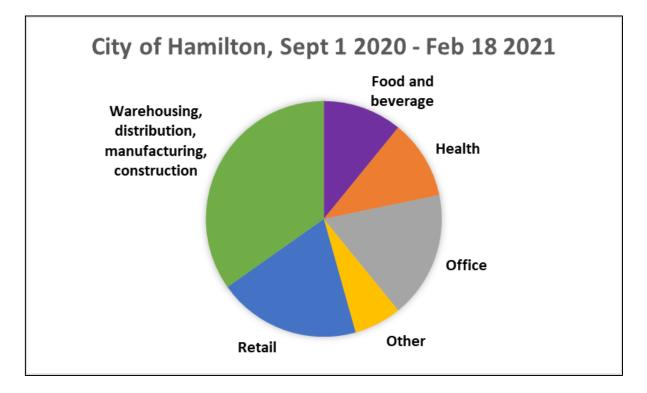
Number of COVID-19 outbreaks by facility type



- A shift in affected facility types occurred throughout wave 2
- An increase in school/daycare outbreaks was observed in December 2020, an increase in hospital outbreaks was observed in January 2021, and an increase in retirement home outbreaks was observed in December 2020 & January 2021



Number of COVID-19 workplace outbreaks by type



- A total of 46 COVID-19 workplace outbreaks have occurred in Hamilton during wave 2 thus far
- Outbreaks were most commonly identified in warehousing/distribution/manufacturing/construction settings



COVID-19 outbreak cases by facility type (Sept 1, 2020 - Feb 18, 2021)

Facility type	Total # outbreaks	Total cases	Staff cases	Resident/ patient/patron/ student cases	Visitor/other cases	Deaths
Long-term care/retirement home	80	1,110	468	623	19	141
Workplace	46	253	244	9	0	1
School/daycare	31	95	47	48	0	0
Hospital	20	423	206	215	2	30
Group home	18	49	35	14	0	1
Emergency housing facility	15	45	18	27	0	0
Athletic facility	2	79	3	76	0	0
Other	7	77	28	45	4	3
Total	219	2,131	1,049	1,057	25	176

- The largest proportion of outbreak-associated cases in wave 2 thus far have been in long-term care/retirement homes (N=1,110)
- The number of cases per outbreak high for long-term care/retirement homes and hospitals, low for workplaces and schools/daycares



Hamilton COVID-19 Response Table Update

- Hamilton Paramedic Services to provide pop-up testing sites in priority neighbourhoods.
- Developed partnership with local hotel to provide isolation space for community members with COVID-19 who cannot effectively isolate at home.
- Health care worker accommodations available at McMaster University for those who would like to live away from home due to potential exposure risk.
- Ongoing support to congregate settings in crisis.



Targeted Rapid Testing in Schools

- Schools chosen because they are situated in neighbourhoods where:
 - ➤ the uptake of testing is low
 - ➤ COVID-19 rates are higher
 - history of school outbreaks
- Targeted rapid COVID-19 testing was offered at two Hamilton schools on February 13, 2021
 - Bishop Ryan Catholic Secondary School
 - Orchard Park Secondary School
- Total of 86 rapid antigen tests completed; no positive results
- Next steps to be determined



COVID-19 Vaccine Update – Overview

- 1. Update on Vaccines Administered Data
- 2. Planning Assumptions
- 3. Vaccination Approach
- 4. Updated Vaccine Sequencing
- 5. Risks
- 6. Efficacy in long-term care homes and retirement homes
- 7. Next Steps



Data Updates

- As of end of day February 16, 2021 there were 25,593 doses administered
- Approximately 9,060 of these are second doses.
- Currently, the City's website displays some preliminary COVID-19 data, the information will continue to expand and change as capability and availability expands.
 - Total doses administered
 - ➤ Total doses administered (by site)
 - Number of COVID-19 vaccine doses administered by client reason for vaccination



Update on Vaccine Administration in LTCH/RH

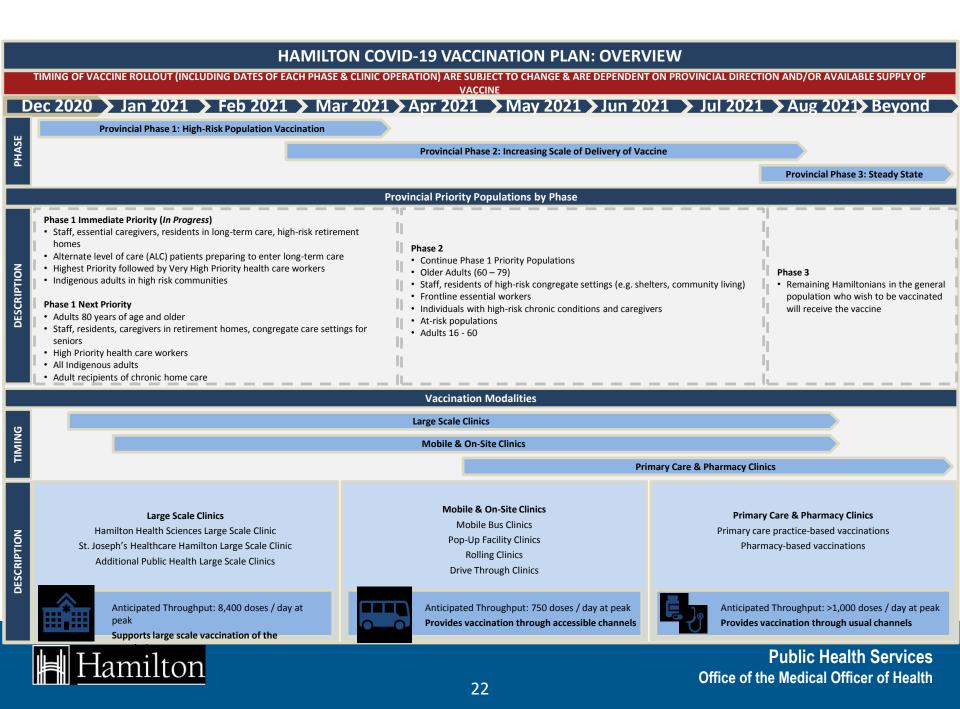
- Mobile site clinic is currently vaccinating residents in long-term care and high-risk retirement homes, retirement homes and alternative level of care (ALC) patients preparing to enter longterm care homes.
- We have visited 42 homes and have 20 left to complete.



Moving Forward: Overall Planning Assumptions

- Plan is evergreen; planning must be flexible, adaptable
- Uncertain vaccine supply, timelines, products available
- Currently plan assumes 2 doses are required
- Local and regional planning will align with provincial prioritization framework/tools/guidance;
- COVax is mandatory and will be available to support IT requirements; concerns around registration and scheduling
- Regular engagement with broad range of stakeholders, transparent communication and decision making required
- Additional vaccination sites will be implemented beginning in March 2021 (dependent on available vaccine supply, equipment, staffing, appropriate clinic sites & size)





Local Vaccination Targets: Assumptions

To achieve a vaccine coverage level of **at least 75%** of eligible Hamiltonians, the following assumptions have been made to supporting planning:

Description	Number
2021 Hamilton Population \geq 16 Years Old ¹	501,268
% Uptake to be Achieved	75%
Eligible Population to be Vaccinated (75%)	375,951
# Vaccinated by February 28, 2021	30,000
Remaining Population to be Vaccinated as of March 1, 2021	345,951
Total Doses Required ²	691,902

Footnotes

1) Source: Ontario Ministry of Finance

2) Assumes two doses of vaccine required based on available products; as additional products become available plan will be amended



Local Vaccination Target: Throughput by Clinic Type

To administer a total of at least **10,000 doses of vaccine per day**, the following distribution channels would be used:

Clinic Type	Potential Throughput
Large Scale Clinics (5) - Centrally located, near bus routes	~8400 / day
 Mobile / On-Site Clinics Suburban and rural areas (eg Waterdown, Binbrook, Dundas) Targeted, less mobile, lower access populations 	~750 / day
Pharmacy – once have suitable vaccine	~1000 / day
Primary Care – once have suitable vaccine	Throughout participate in vaccination at above sites
Total	~10,150 / day

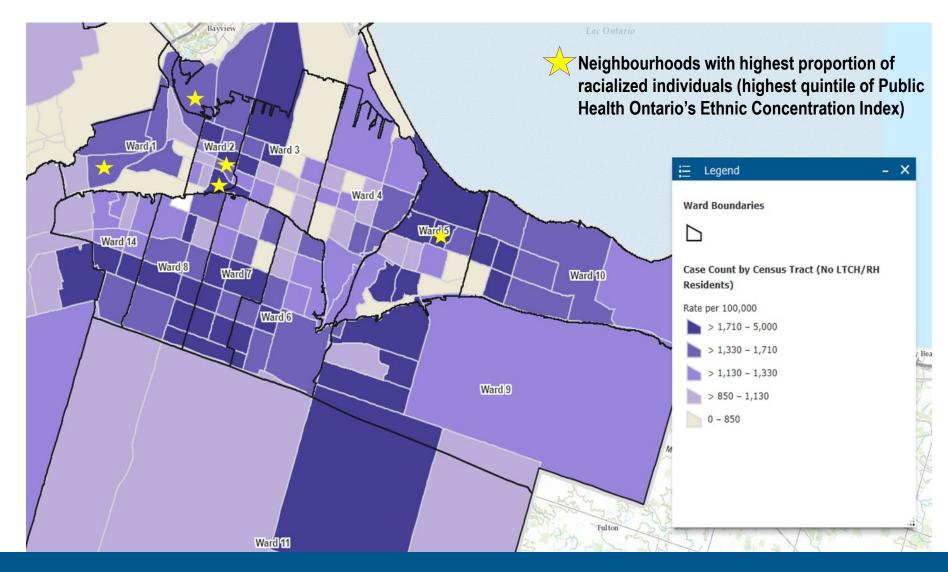


Mobile/On-Site Clinic: Potential Modalities

Pop-Up Facility Clinics	Mobile Bus Clinics
 Mobile clinics held at facilities with enough space	 Mobile clinics held on a clinical bus, driven to
to accommodate a safely distanced clinic	different locations. Used when targeting many
 i.e., retirement homes, libraries, rec-centres, correctional facility 	locations with very small populations — i.e., Cancer care bus, retrofitted HSR bus
 Target Population lower social determinants of	 Target Population: Shelter health, consumption
health, rural, urban indigenous,	site, farm with temporary foreign workers,
retirement/nursing homes, senior centres, Barton	residential care facilities, other congregate
Correctional, On-Site Primary Care clinics	settings
Rolling Clinic	Drive Through Clinics
 Mobile clinics where a "bus" filled with	 Fixed site clinic located in a space that could
vaccinators stops at locations grouped together.	accommodate many cars
The bus will drop a pair of vaccinators to a home	 Target Population: lower social determinants of
and move to the next. Once all pairs are dropped	health, rural, urban indigenous, home care
off it return to pick up the first pair who would	recipients who have access to a vehicle and can
have completed aftercare by then.	leave the home
 Target Population: Home care recipients living alone, residential care facilities, other congregate settings 	

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COVID-19 Incidence Rates





Large Scale Clinics: Planning Overview

Planning underway for up to 5 Large Scale Clinic sites across the City:

Organization	Location	Potential Throughput
Hamilton Health Sciences	Health Care Site/ North End	~1200 / day
St. Joseph's Healthcare Hamilton W5th	Mountain	~2000 / day
Hamilton Public Health	Downtown	~3700 / day*
Hamilton Public Health	East End	~1500 / day
Total	5 Locations	~8,400 / day
*Totals per clinic site and per mobile site is dependent upon supply and best solution to reach population		



Primary Care

Primary Care Distribution Channels

- Primary Care to continue to support large scale & mobile clinics
- Potential to provide targeted primary care based clinics to support mass vaccination efforts for specific populations in combination with the mobile clinic planning team
- Practice-based vaccination to occur in later phases once single dose vaccinations available
- Significant number of physicians available to support overall workforce (>150)





Pharmacy Distribution Channels

- Local meeting with 40+ community pharmacists held February 8th
- Estimated throughput ~1000 per day across the City; individual pharmacies estimate 40-100 clients/day
- Pharmacy working group in development to support further planning
- Survey out to wider pharmacy group in Hamilton to understand pharmacy clinic size, staffing requirements, equipment available, throughput estimates
- Pharmacy staff, students interested in participating in large scale and mobile clinic work force



Priority Populations for Vaccine

Immediate priority for first-dose vaccination:

- Staff and essential caregivers in long-term care homes, high-risk retirement homes and First Nations elder care homes, and any residents of these settings that have not yet received a first dose of vaccine.
- Alternative level of care patients in hospitals who have a confirmed admission to a long-term care home, retirement home or other congregate care home for seniors.
- Highest Priority health care workers, followed by Very High Priority health care workers, in accordance with the Ministry of Health's guidance on Health Care Worker Prioritization.
- Indigenous adults in northern remote and higher risk communities (including on-reserve and urban communities).



Next Priority for Vaccine

Next priority for first-dose vaccination:

- Adults 80 years of age and older.
- Staff, residents and caregivers in retirement homes and other congregate care settings for seniors (e.g., assisted living).
- Health care workers in the High Priority level, in accordance with the Ministry of Health's guidance on Health Care Worker Prioritization.
- All Indigenous adults.
- Adult recipients of chronic home care.



Overall Risks

- Significant staffing required to support operation of clinics;
- Significant IT support required across all delivery channels; provincial registration/booking process to be confirmed. Local solution to be implemented in the interim;
- Clinics require appropriate space to ensure public health measures adhered to; assumes available space for operation of these clinics within anticipated timelines to achieve targets
- Supply is not certain; there is risk that clinics and timelines must be adapted dependent on vaccine supply and product type
- Sequencing of populations determined provincially; processes will need to be adapted as further information is received about subsequent phases



Vaccine in Long-Term Care Homes and Impact on Outbreaks

Overall it's too early to determine vaccination impact on long-term care home outbreaks

In Hamilton on long-term care home outbreaks have had relatively lower transmission since vaccination has began, but:

- also lower community rates of COVID-19 due to Lockdown/ Stay at Home Order
- continued focus on infection prevention and control in these settings
- second dose of vaccine has only been recently completed in many homes
- 94-95% effectiveness of vaccination seen after 7 days of second dose

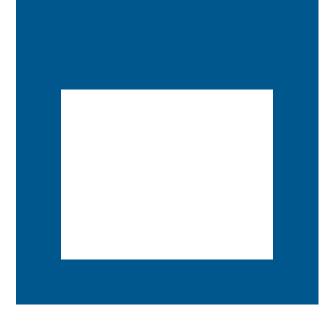




Further work to refine vaccination plan

- Large scale clinic planning (timing of implementation, securing space, target populations dependent on sequencing direction, supply)
- Review overall staffing requirements & recommend coordinated approach for large scale, mobile/on-site clinics
- Pharmacy clinic planning underway
- Confirm required doses, supplies/equipment for all clinics by phase and populations; Validate associated supply and inventory management processes required by clinic and delivery site
- Identify and support IT requirements across clinic sites, types





QUESTIONS?

Public Health Services Office of the Medical Officer of Health