

COVID-19 MOH Update

SCENARIOS, AND A COMMUNITY PROFILE

MAY 7, 2020

QUESTIONS: VCHELP@FNTN.CA

Outline

1. MOH Update – Dr. Wadieh Yacoub & Dr. Chris Sarin
2. Alberta's Relaunch Strategy – Simon Sihota, Regional Environmental Health Manager
3. Scenarios – CDC Team & Dr. Chris Sarin
4. Community Profile – Kapawe'no First Nation
 - Chief Sydney Halcrow
 - Laura Tomkins, NIC and A/Health Director
 - Jennifer Horsnall, Executive Director – Kapown Rehabilitation Centre
5. Questions

MOH Update

DR. WADIEH YACOUN, SENIOR MEDICAL OFFICER OF HEALTH

DR. CHRIS SARIN, DEPUTY MEDICAL OFFICER OF HEALTH

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Current Situation (as of May 7)

The **global** numbers:

- 3 784 085 total confirmed cases
- 264 679 deaths

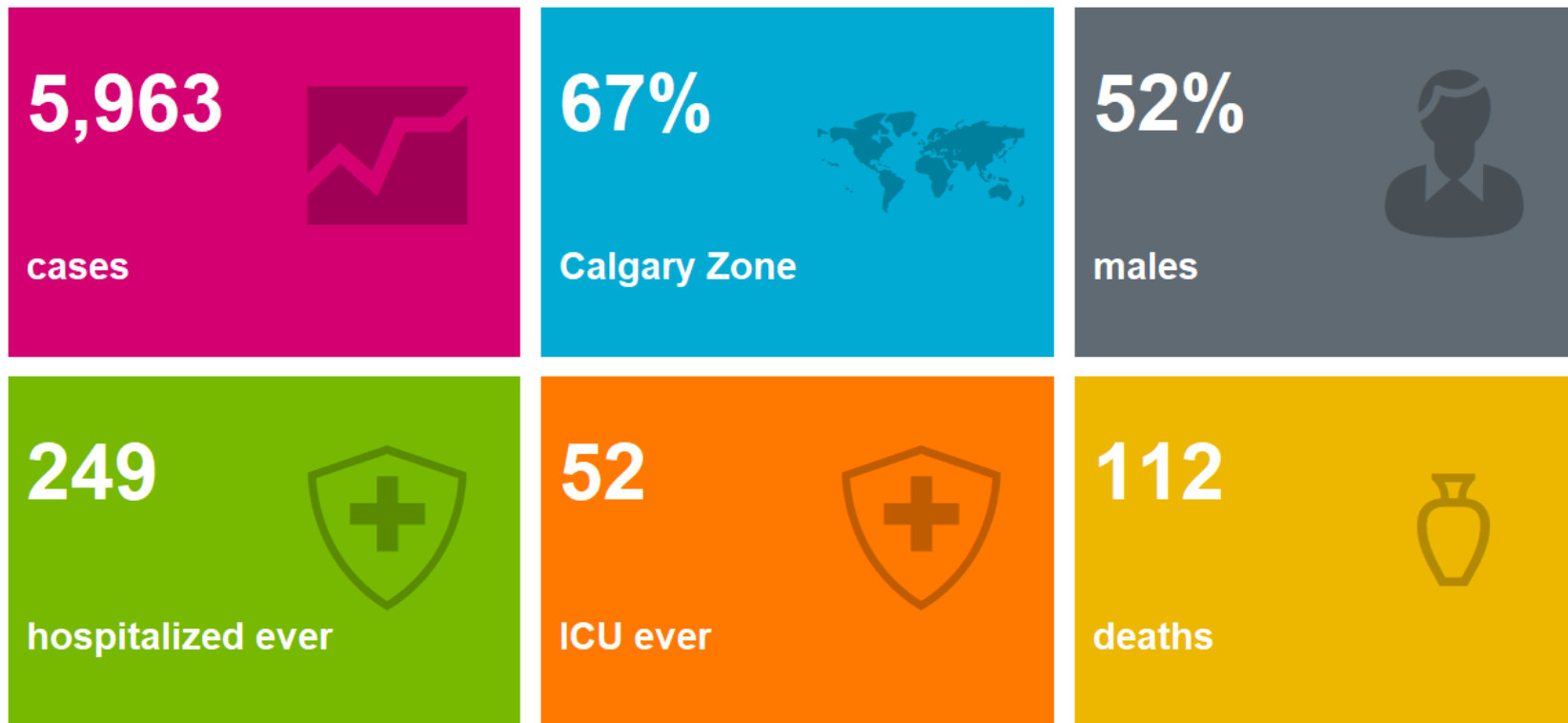
The numbers in **Canada**:

- 63 496 confirmed cases
- 4 232 deaths

Source: World Health Organization <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/> and Public Health Agency of Canada <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html>

Current Situation

Overview of COVID-19 in Alberta (as of May 6, 2020):



Interactive Alberta data can be found at: <https://covid19stats.alberta.ca/>

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Current Situation

The numbers across Alberta as of May 6, 2020

Location	Total Confirmed Cases	Deaths
First Nation Communities	26	0
Calgary Zone	4 003	78
South Zone	1 111	6
Edmonton Zone	503	12
North Zone	229	15
Central Zone	91	1
Unknown	26	0
TOTAL	5 963 (3 552 recovered)	112

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First Nations communities update

In **Canada**:

Total (on reserve)= 164; 17 hospitalizations; 2 deaths

BC: 37; ON : 41; Quebec: 31; SK: 29; AB: 26

In **Alberta**

Total (on reserve)= 26 2 hospitalizations (ICU); 0 death

North Zone: 4; Calgary Zone: 19; South Zone : 3

Reminder - Travel Advice

All non-essential travel continues to be not recommended, particularly out of the province.

If travel is essential:

- be aware of the local restrictions where you are traveling to, and follow local public health advice
- avoid gatherings
- maintain minimum of 2 metre distance from people who are not members of household
- practice regular hand hygiene and respiratory etiquette

Spartan COVID-19 Test Kit

UPDATE:

The Spartan test kit worked in a laboratory setting, however the test did not perform as well with patients to detect the COVID-19 virus.

Therefore, the manufacturer has now voluntarily withdrawn the product from the market. Health Canada has now only authorized the sale of this product for research use.

The Government of Canada will continue to work with Spartan as they address the regulatory requirements to enable utilization of this test.

Expansion of COVID-19 Testing Criteria

In order to reinforce the ability to detect new COVID-19 cases, the province is expanding testing eligibility and the list of symptoms that qualify a person for testing, via the [COVID-19 online self-assessment tool](#).

- Individuals who have any of the following symptoms are now eligible for testing, and have a legal responsibility to self-isolate for 10 days or until symptoms have resolved; whichever is longer:
 - Fever
 - Chills
 - A new cough or worsening chronic cough
 - New or worsening shortness of breath or difficulty breathing
 - Sore throat or painful swallowing
 - Stuffy or runny nose

Expansion of COVID-19 Testing Criteria

The remaining symptoms make someone eligible for testing but do not require self-isolation, although anyone who is unwell should stay home:

- Headache
- Muscle or joint aches
- Feeling unwell in general or new fatigue or severe exhaustion
- Gastrointestinal symptoms including nausea, vomiting, diarrhea or unexplained loss of appetite
- Loss of sense of smell or taste
- Conjunctivitis (pink eye)

Expansion of COVID-19 Testing Criteria

Additionally, AHS is putting a protocol in place to test:

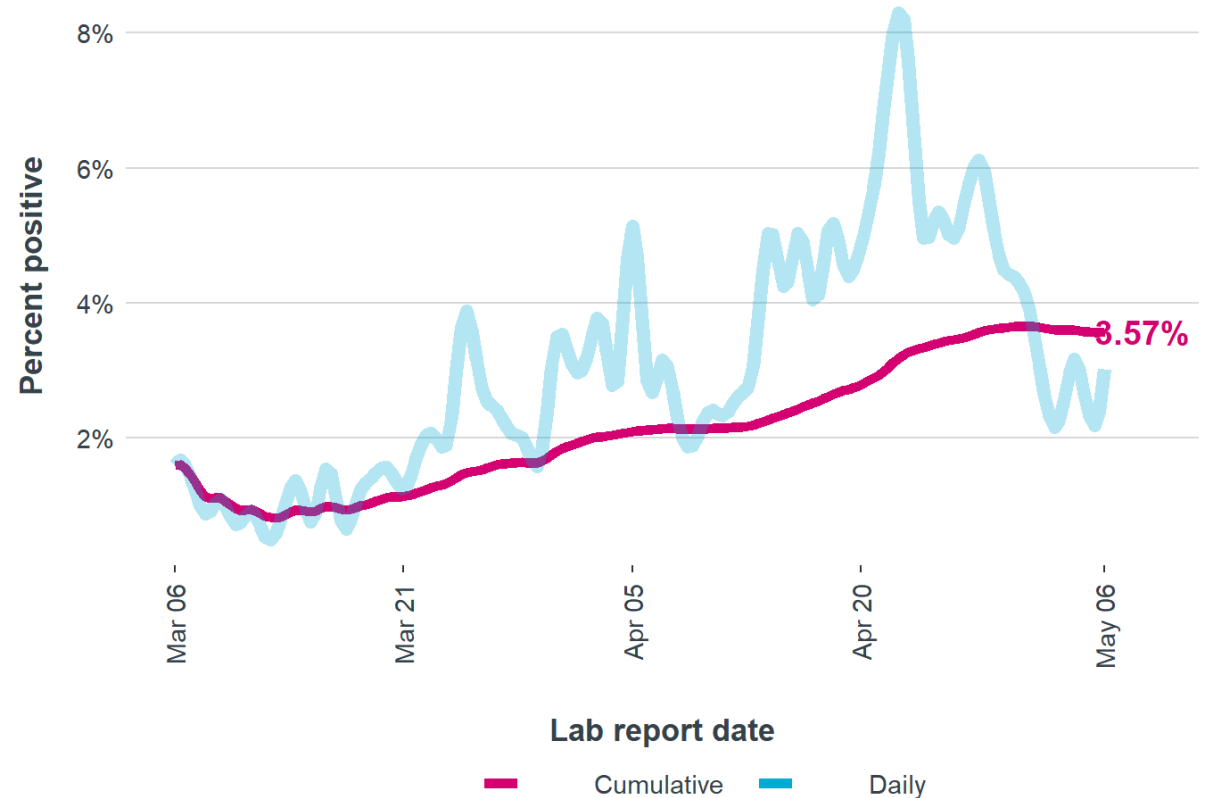
- all those who are newly-admitted to any Alberta continuing care facility, and
- those who live in these facilities when they are admitted to a hospital or when they are discharged from hospital back to a facility.

COVID-19 Testing

As of May 6, 160 185 people have been tested in Alberta.

Calgary Zone has completed 45% of the tests.

Overall provincial trend continues to increase for the percentage of positive tests. Related to increased testing and outbreaks that have been occurring in select facilities.



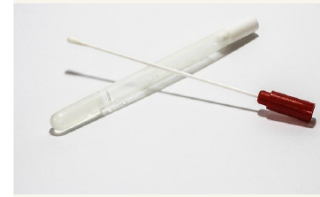
Cumulative and daily test positivity rate for COVID-19 in Alberta.

COVID-19 Testing Data: First Nations Communities in Alberta (as of May 6)



Number of communities
doing testing

40



Number of swabs in stock

4256



Number swab samples
collected to date

1159



Number of patients seen with
COVID-19 like symptoms to date

866

ABTraceTogether App

A contact tracing app that can be voluntarily downloaded to a mobile phone.

The app helps to let you know if you've been exposed to COVID-19 – or if you've exposed others – while protecting your privacy.

Quickly identifying and isolating positive cases is an important part of the response to the COVID-19 pandemic, and preventing the spread.

For more information refer to the Alberta Health website: <https://www.alberta.ca/ab-trace-together.aspx>

Alberta's Relaunch Strategy

SIMON SIHOTA, REGIONAL ENVIRONMENTAL HEALTH MANAGER

Alberta's Relaunch Strategy

On April 30, 2020 the Government of Alberta announced a relaunch strategy - the plan to gradually lift restrictions that have been in place to help prevent the spread of COVID-19.

To ensure a safer reopening, the following elements must be in place for the first stage of relaunch:

- enhanced testing capacity
- comprehensive contact tracing to quickly notify people who may have been exposed
- support for people who test positive to enable effective isolation and contain spread
- stronger international border controls and airport screening
- rules and guidance for the use of masks in crowded spaces, like mass transit
- strong protections for the most vulnerable, including those in long-term care, continuing care and elders lodges
- a rapid response plan in the event of possible outbreaks of COVID-19

Alberta's Relaunch Strategy

The relaunch strategy consists of **three stages**.

Stage 1 may occur in mid-May. This stage may allow some businesses and facilities to resume operations with enhanced infection prevention and controls in place. Examples include:

- Some retail businesses like clothing, furniture and book stores.
- Some personal services like hairstyling and barber shops.
- Daycares and out-of-school care, with occupancy limits.
- More scheduled surgeries and dental procedures.
- Public seating in food facilities at 50% capacity

Note that the reopening of facilities/businesses is NOT a requirement.

The timing of subsequent stages will depend on the ability to keep infection rates low, and well within the capacity of the healthcare system.

Alberta's Relaunch Strategy

Communities will be provided with further guidance through their local Environmental Public Health Officer should they wish to reopen facilities/businesses during Stage 1 of the relaunch strategy.

More details on the relaunch strategy can be found on the Alberta Health website at:

<https://www.alberta.ca/alberta-relaunch-strategy.aspx>

Scenarios

DR. CHRIS SARIN, DEPUTY MEDICAL OFFICER OF HEALTH

CDC TEAM - CHRISTINA SMITH, ANDREA WARMAN, BRENT WHITTAL

QUESTIONS: VCHELP@FNTN.CA

Scenario #1

An individual with cough and low grade fever and anosmia is assessed in the Health Centre. They had just returned from working in a food processing facility where there has been an outbreak. They have been in their home where there are 6 other family members including:

- three young children,
- a grandmother
- a sibling
- his partner.

The individual is swabbed for COVID 19 and given instructions for home isolation.

The next day the swab comes back positive. A nursing team goes to the house. The individual is self isolating in a room with his own bathroom. Two of the three children have runny noses. The grandmother looks well.

Who should be tested?

Asymptomatic Testing

COVID-19 may be transmitted when patients are:

- asymptomatic,
- pre-symptomatic, or
- mildly symptomatic.

There is evidence around the impact and value of testing asymptomatic individuals within a given group or population to control outbreaks.

Source: AHSCOVID-19 Scientific Advisory Group Rapid Response Report

<https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-sag-priority-groups-for-asymptomatic-testing-rapid-review.pdf>

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Answer

Offer testing to all members of the household.

- Indicate if symptomatic or asymptomatic on the requisition.
- Indicate unusual symptoms on the requisition

Consider if isolation can occur safely in the home.

MOH/CDC team will support communities with understanding who to test and isolation requirements.

Later you are considering widespread screening.
Should this be done?

Answer

Not generally.

Low threshold for testing and providing multiple options in the community. Some workplaces are doing this. It is a consideration. The MOH/CDC team will advise.

Considerations:

- What does a positive test mean if you have no symptoms?
- What does a negative test mean (you could be positive the next day).
- It would occur in a hospital or longterm care setting when an outbreak (one case) occurs.
- It will depend on what is seen in that first round of contact tracing and enhanced case findings.

Scenario #2

A person is identified as a close contact of a confirmed case of COVID 19.

How long must they isolate?

Answer

14 days if they remain asymptomatic

If they develop symptoms they should be offered testing.

- If positive - 10 days from symptom onset. An additional 4 days before a HCW can return to work. If asymptomatic, 10 days from date of the lab test.
- If negative - until symptoms resolved

MOH/CDC team will support communities with understanding when isolation orders end. It may vary within a household cluster depending on dates of symptom onset and when testing is done.

Isolation requirements are included in CMOH Order 05-2020 <https://www.alberta.ca/covid-19-orders-and-legislation.aspx>

Scenario #3

Kevin woke up with a fever and cough.

He isolated himself right away and was tested for COVID-19.

His result came back positive.

As directed, he isolated himself for 10 days from the onset of symptoms.

When the nurse called on day 10 to see if his symptoms resolved he said “I still have a bit of a cough, nothing else”.

Does Kevin have to stay on isolation because he still has a cough?

Discussion

A cough may persist for several weeks after recovery from a viral respiratory illness, however, it does not mean that an individual is still infectious.

Discussion

Evidence shows that after day 8 of illness/symptoms, no live virus is recovered from patients who had upper respiratory tract disease, or limited lower respiratory disease.

Note: people with more severe disease are likely to be infectious for a few days longer.

Discussion

Someone who has recovered from a viral respiratory illness but still has a cough (and no other symptoms) does not need to continue to self-isolate.

Does Kevin have to stay on isolation because he still has a cough?

Answer:

No. Kevin does not need to stay on isolation because he still has a cough.

References:

AHS, Covid-19 Return to Work Guide for Health Care Workers

<https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-return-to-work-guide-ahs-healthcare-worker.pdf>

Alberta Public Health Disease management Guidelines: Coronavirus – COVID-19

<https://open.alberta.ca/publications/coronavirus-covid-19>

Scenario #4

Kevin's wife and daughter were tested because they were close contacts of his.

They both tested positive.

Kevin has completed his isolation period, but they are still on isolation because they were diagnosed after him.

Usually, all members of the family are isolated when there is a case in the household.

Does Kevin have to continue to isolate because he is a contact of other cases in his household?

Discussion

Data suggests that an antibody response is likely to offer a degree of protection against reinfection.

- so it is believed that Kevin would not be reinfected by his wife or daughter

Reference: Key Research Question: Can people with previous COVID-19 infection become re-infected by the virus? <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-reinfection-rapid-review.pdf>

Does Kevin have to continue to isolate because he is a contact of other cases in his household?

Answer:

No

Kevin has completed his isolation.

It is not believed that he would catch COVID-19 again from his wife or daughter, so he would not be spreading the virus if he left the household.

Even though Kevin is no longer in isolation, he should continue to practice public health measures: washing hands often, staying at home as much as possible, and avoiding non-essential travel.

Community COVID-19 Response Profile – Kapawe'no First Nation

CHIEF SYDNEY HALCROW

LAURA TOMKINS, NIC AND A/HEALTH DIRECTOR

JENNIFER HORSNALL, EXECUTIVE DIRECTOR – KAPOWN
REHABILITATION CENTRE

QUESTIONS: VCHELP@FNTN.CA

Kapawe'no First Nation COVID-19 Pandemic Response

Kapawe'no First Nation is located in Northern Alberta, 1 hour West of Slave Lake

Kapawe'no First Nation Demographics

- 400 members with 180 residents
- Hereditary Chief
- 12 members aged 65+
- 100 members are aged 0-18
- 60 houses
- Fire department
- Narrows, traditional lands

Demographics

- Band Administration, staff of 5
- Kapown Treatment Centre, staff of 25
- Health Centre, staff of 9
- Consultation, staff of 9
- Headstart & Daycare, staff of 9
- Various contractors & employees

Initial Reaction

- The first positive COVID-19 case in the North Zone was confirmed March 16, 2020. The case was in the hamlet that is annexed to Kapawe'no First Nation. Because the two communities are so intertwined, Chief Sydney Halcrow proactively and effectively put the nation on lock down. All staff were to remain at home until further notice. This included the Kapown Treatment Centre, Health Centre, Consultation, Headstart, Daycare and Band Administration. Leadership felt this was pertinent to preventing spread in the communities.

Consequences of Isolation

- The immediate isolation of staff included the nations Disaster Emergency Manager
- Chief Halcrow assumed role of DEM
- From an entire nation staff of 55 we were reduced to less than 10
- All capacity was reduced to essential service provision only
- SOLE was declared March 18, 2020
- Masks and physical distancing became part of normal operations
- Work from home where possible was the new trend
- Water testing was provided by ISC

Protective Measures

- 24 hour security was implemented to protect the nation, members only on reserve unless it was prearranged for essential service provision. Chief Halcrow purchased a secured unit for security personnel to monitor vehicles from, also to protect the staff from all weather conditions.
- Currently members are allowed to leave every 5 days and within a time specific frame. No 24 hour absence unless its for a medical or emergency
- Fencing was also erected to assist in containment and protection of the nation
- All visiting paraprofessionals had to abide by the security protocol set in place by Kapawe'no First Nation.
- Some protocol examples: Registration of vehicle license plate, name of personnel entering into the community and reason why, expected time of exiting the community.

How Did We Help Our Members?

- Kits were made for each home, included hand sanitizer, thermometer, tylenol, gloves, bleach, spray bottle and directions for mixing and use for disinfecting
- Groceries, formula, diapers and wipes were ordered in and delivered door to door
- Information packages on COVID-19 were made and delivered
- KFN website & FB page was updated routinely with information
- Money was disbursed to all band members, on and off the nation
- Self isolation was strongly recommended for all members
- Activity packages for school aged kids were delivered, included coloring books, markers, paints, reading books, finger puppets, beads, card games etc

More Help

- Masks, gloves and hand sanitizer are on order, awaiting arrival
- Garden seeds provided to encourage food security measures
- Job creation being prioritized to employ members who have lost employment
- Home care & nursing services remained available

How Do We Get Testing?

- Initial access to testing was difficult for various reasons
- AHS did some on reserve testing related to the first case
- ISC deployed a strike team to assist NIC with creation of testing program, provided insight, best practice, resources and support
- Purchased 20x40 white tent to provide drive thru testing
- Screening phone line initiated to screen members with symptoms
- There has been 3 testing days, 33 tests completed with 16 negative. Waiting for results of last 17 swabs done on Wednesday

Planning for Isolation Site

- Kapawe'no First Nation is currently looking at Kapown Rehabilitation Centre as an isolation site. This facility will offer a 16-bed facility that has been screened by Health Canada to meet sufficiency standards for a temporary isolation shelter. Kapawe'no is well positioned to accommodate our own membership, as well as other people in the region that may require temporary shelter due and isolation. This plan involves the mobilization of that facility for the isolation of confirmed COVID19-positive patients and/or essential workers in high-risk fields. Secondary and tertiary community issues that are addressed through this proposal are: connectivity and essential communications for the community; and, addressing underlying and well-being through food security.
- Stage 1: Kapew'no First Nation Members Only.
- Stage 2: Surrounding First Nations members potentially could have access with additional medical staffing resources, still in planning and discussion phase with Alberta Health Services and Indigenous Services Canada
- Chief Halcrow is currently working with ISC and Kapown Rehabilitation Centre to mobilize this within the next few weeks.

Member Feedback

- I wish to thank you and I am grateful for all that you all have been doing for our community. Thank you so much, I really appreciate it.
- They're doing a fantastic job with making sure we are taken care of. The portions of food lasted us. They even sent packages for the kids, colouring sheets, work sheets as well. The last package we got was the activity package which included kids snacks. Even the security are doing a good job.
- Me and my family have received so much assistance and kept up to speed with all the protocols and procedures. I think without being on the nation, having to deal with this would have been so much more stressful and overwhelming. We are so grateful to everyone of you who have put so much of yourselves on the line. Me and my family will forever be grateful.

Acknowledgments

Dr. Wadieh Yacoub, Senior Medical Officer of Health

Dr. Chris Sarin, Deputy Medical Officer of Health

Simon Sihota, Regional Environmental Health Manager

Christina Smith, CDC Nurse Manager

Andrea Warman, TB Program coordinator

Brent Whittal, CDC Nurse

Chief Sydney Halcrow – Kapawe’no First Nation

Laura Tomkins, Nurse in Charge and A/Health Director – Kapawe’no Health Centre

Jennifer Horsnall, executive director – Kapown Rehabilitation Centre

TSAG Telehealth Team (Michelle Hoeber, Brooke Hames and team)

Questions?

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