COVID-19 Update

APRIL 15, 2021

Outline

1. Communicable Disease Emergency Planning Tabletop Exercise Toolkit for Indigenous Communities: Overview - Geneviève Monnin

2. MOH Update - Dr. Wadieh Yacoub & Dr. Chris Sarin

3. COVID-19 Vaccine Update – Dr. Parminder Thiara and Christina Smith

4. Questions

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Communicable Disease Emergency Planning Tabletop Exercise Toolkit for Indigenous Communities: Overview

April 2021

Indigenous Services Canada | Services aux Autochtones Canada

Canada

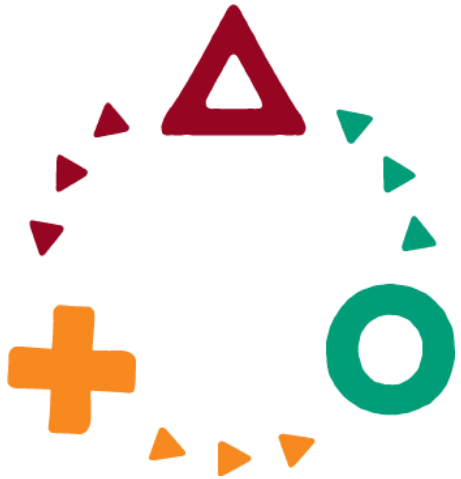
Acknowledgments

Objectives of the presentation

- Increase awareness of the Communicable Disease Emergency Tabletop Exercise toolkit
- Provide insight on the benefits of this toolkit for Indigenous communities
- Transfer of knowledge to Indigenous communities

What is a Communicable Disease?

- Communicable diseases spread from one person to another. They can also spread from an animal to a human. Sometimes a communicable disease can be novel or new (COVID-19), and sometimes it can be more common such as the seasonal flu.
- Communicable diseases can spread through many ways, such as:
  - Coughing, sneezing, and saliva (for example, flu, chicken pox, TB)
  - Body fluids like blood, semen, vomit, and diarrhea (for example, food poisoning, HIV)
- Communicable diseases may also be spread indirectly by:
  - Unwashed hands
  - Contaminated surfaces
  - Contaminated food or water
  - Bites from insects or animals



What is a Communicable Disease Emergency?

- Some communicable diseases spread easily between people. This can become an emergency when many people get the disease, putting a strain on available resources. The community then might not be able to provide care for everyone and may need assistance from other communities, partners and/or other levels of government.

What is a Tabletop Exercise (TTX)?

- A tabletop exercise is a safe place to practice an emergency plan and can help identify the level of preparedness of a community when faced with a communicable disease emergency.
- The exercise helps people understand how to respond to a communicable disease emergency, it builds capacity within the community, it creates linkages with key partners, and opens lines of communication between community members, different levels of government, Public Health, neighboring communities, etc.

How does the Communicable Disease Emergency Tabletop Exercise link into Emergency Management Planning?

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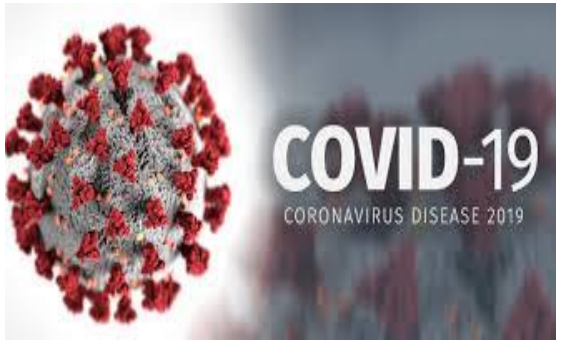
Why is it needed?

- H1N1/Ebola/Covid-19 identified the need for an emergency management process.
- The FNIHB National Office, in consultation with regions and communities, created a draft Communicable Disease Emergency Tabletop Exercise toolkit which was piloted in two First Nation communities in 2019. The tabletop exercise helps to:

  -Test and Update CDE plans

  -Identify strengths and gaps in existing plans and develop a path to improvent

  -Create a plan



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Toolkit Components

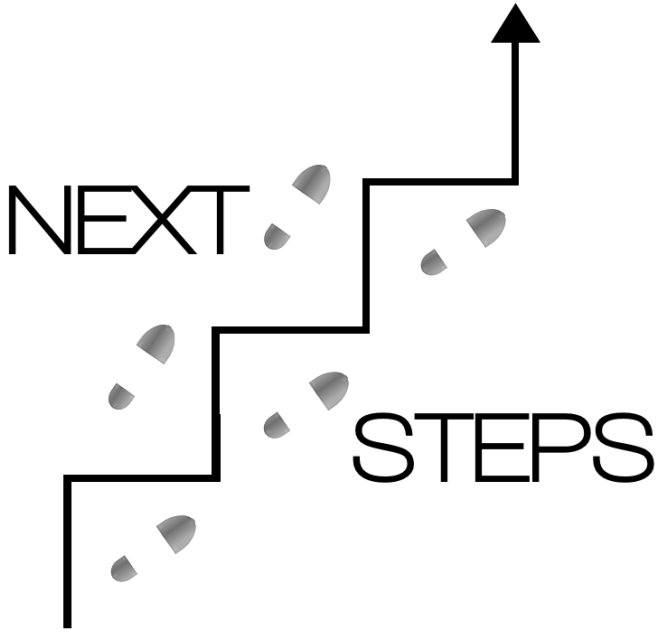
- Exercise Organiser’s Guide
- Exercise Organizer guide for virtual Meeting guidelines
- Facilitator’s Guide
- Scenario and Questions
- Response Sheet
- Improvement Plan
- CDE Planning Tabletop Exercise PowerPoint presentation
- Participant Feedback Form
- Communicable Disease Emergency Plan Template
- Communicable Disease Plan Checklist
- Community Post Action Review

What are the main steps in organising a Communicable Disease Emergency Tabletop Exercise?

1. Review existing plans
2. Identify and meet with the facilitator, note takers, and any other decision makers before the exercise
3. Organize a communicable disease Emergency Tabletop Exercise and Review Meeting
4. Run the Tabletop exercise
5. Run the review meeting
6. Complete the improvement plan
7. Obtain approval from chief & Council
8. Create or revise communicable disease emergency plan
9. Share the improvement plan and communicable disease emergency plan
10. Follow-up on Improvement plan and action items

Completing the Communicable Disease Emergency Tabletop Exercise Process

- Complete all action items identified in the improvement plan
- Share the revised CDE plan to ensure easy reference for all who have key functions during a CDE.
- Continue to work with your CDE regional coordinator on aligning your CDE and All-Hazards plans



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Communicable Disease Emergency Tabletop Exercise & Indigenous Communities

- The CDE Tabletop Exercise has been used by communities in the Atlantic, Quebec, Saskatchewan, and Manitoba regions.
  - Some of the main recommendations that stemmed from these exercises are:
    - Draft/revise All-Hazard plan
    - Draft/revise CDE plan
    - Hire additional health care staff
    - Provide health care staff with additional IPC training
    - Train community members in emergency management
    - Develop better communications strategies with outside partners and within the community (i.e.: sharing of information/ enhanced social media/facebook page/ radio)

Resiliency

By coming together, communities that are well prepared for emergency events will become more resilient and have greater capacity to respond to emergencies through a strength-based approach

Thank you / Merci / Miigwech

Please submit questions to

VChelp@FNTN.ca

MOH Update

DR. WADIEH YACOUB, SENIOR MEDICAL OFFICER OF HEALTH

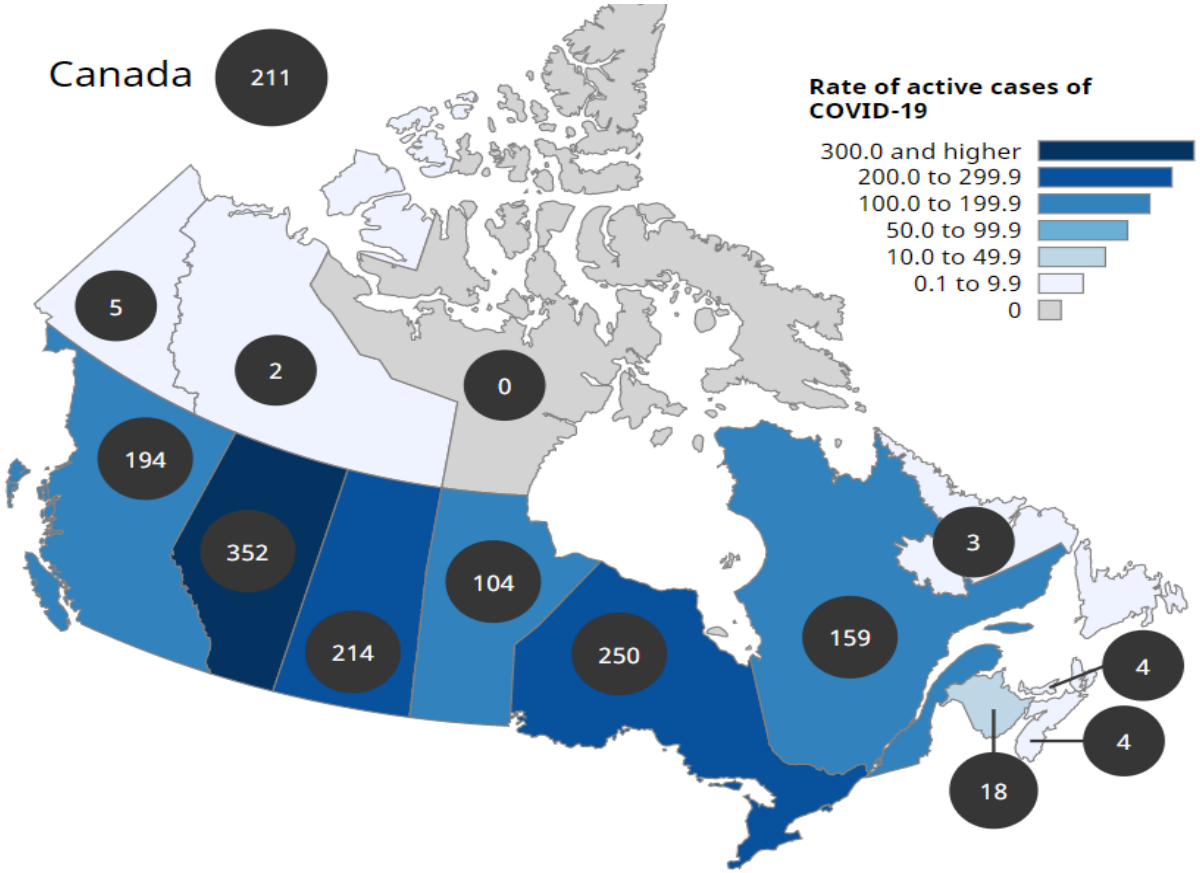
DR. CHRIS SARIN, DEPUTY MEDICAL OFFICER OF HEALTH

Reminder - Privacy

- All information related to an individual who is or was infected with a communicable disease shall be treated as private and confidential
- No information shall be published, released or disclosed in any manner that would be detrimental to the personal interest, reputation or privacy of that individual.

Current Situation – Canada (as of April 14, 2021)

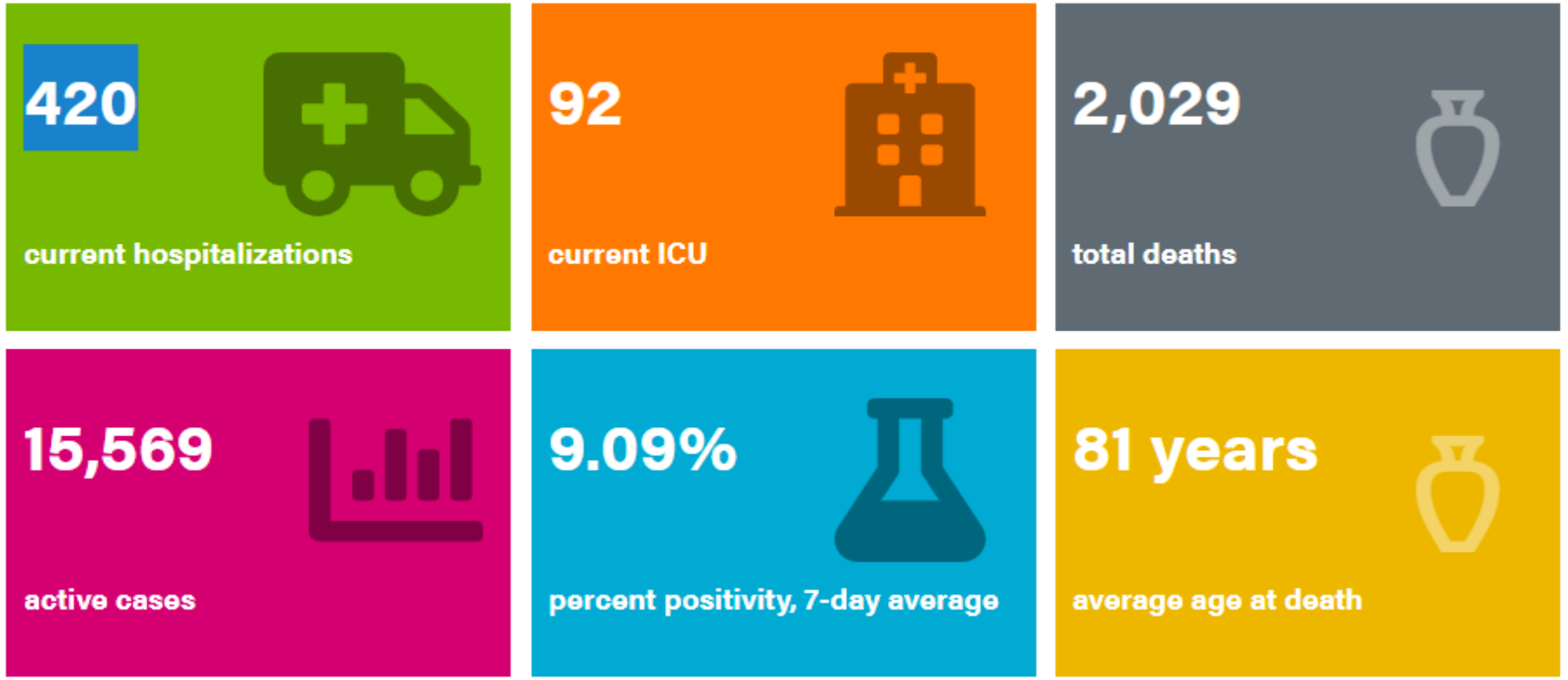
Total number of active cases in Canada: 80,201



Public Health Agency of Canada https://health-infobase.canada.ca/covid-19/dashboard/?stat=rate&measure=total_last14&map=hr&f=true#a2

Current Situation - Alberta

Overview of COVID-19 in Alberta (as of April 13, 2021):



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

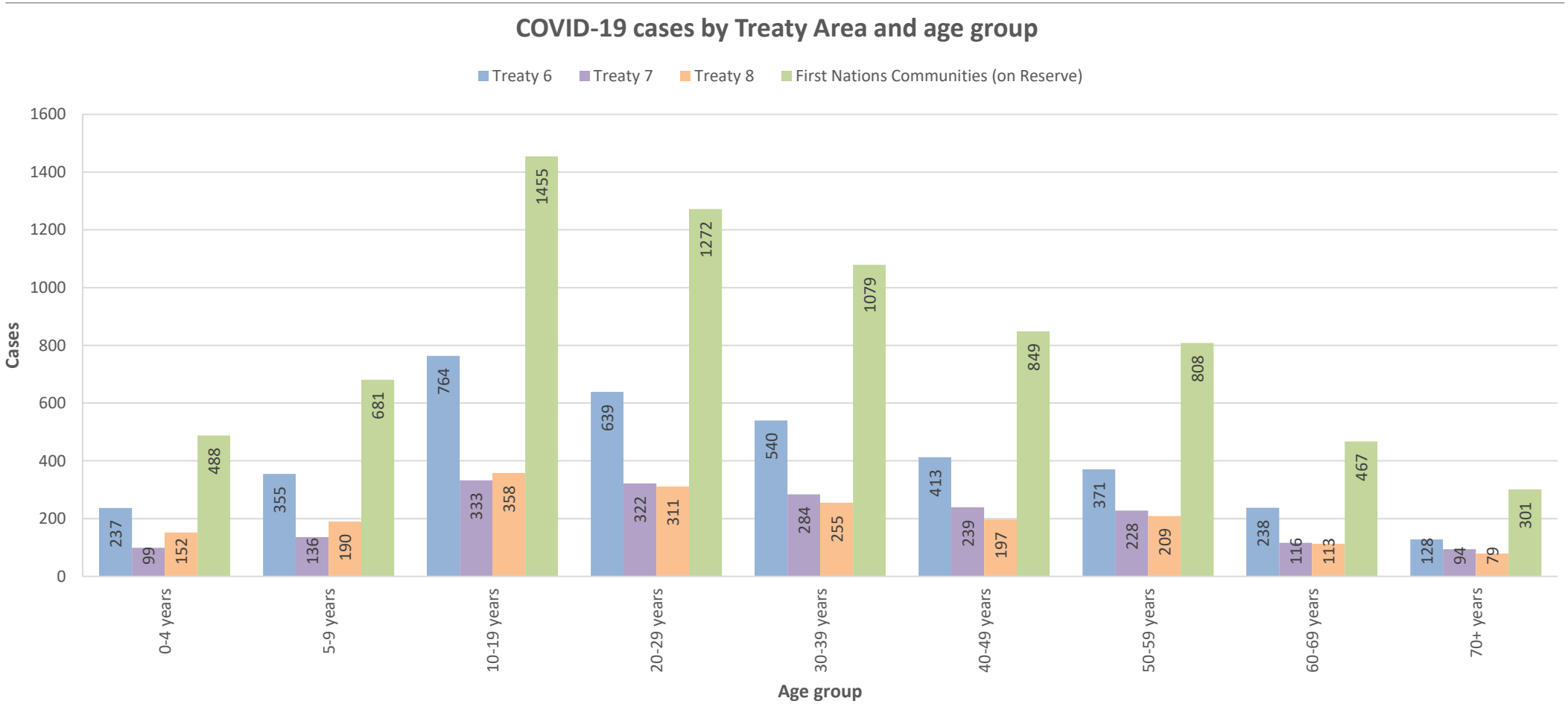
Overview of COVID-19 cases in First Nations communities on reserve in Alberta

Source: FNIHB COVID-19 ER System via Synergy in Action (April 13, 2021)

7,400 Confirmed and Probable cases	**3,636 (49.1%)** Males	**46** Impacted communities ever	**408** Hospitalized ever	**90** ICU ever
28 Communities with active cases	**25** Currently in Hospital	**7,112** Recovered	**211** Active	**77** Deaths

Age distribution of on-reserve COVID-19 cases in Alberta

Source: FNIHB COVID-19 ER System via Synergy in Action (April 13, 2021)



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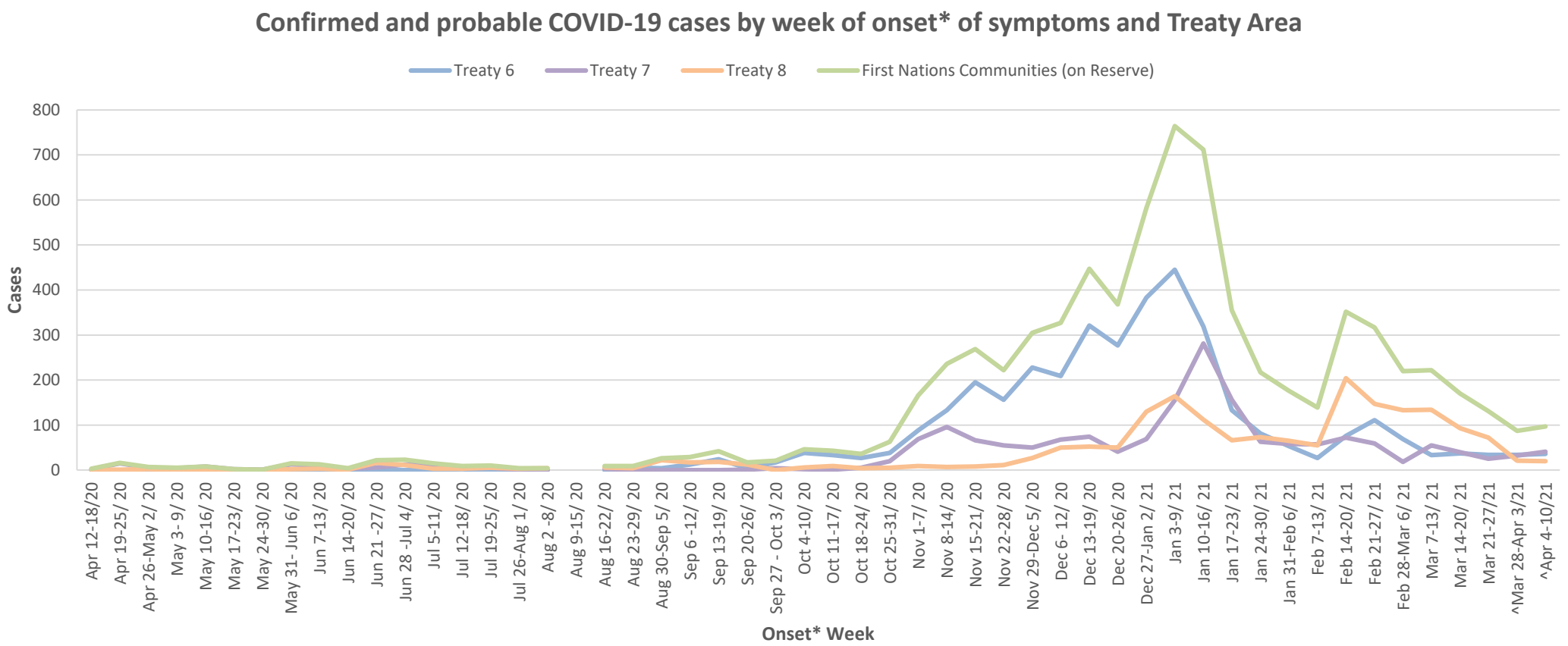
Confirmed and probable COVID-19 cases by week of onset* by Treaty Area

Source: FNIHB COVID-19 ER System via Synergy in Action (April 13 , 2021)



*Onset date is the earliest of the “date of onset of symptoms” and “specimen collection date”

^Data may be incomplete due to late receipt of lab reports

Severe Outcomes

Sources: FNIHB COVID-19 ER System via Synergy in Action (April 13, 2021) & https://www.alberta.ca/stats/covid-19-alberta-statistics.htm (April 12, 2021)

	Total Case Hospitalization Rate	Total Case ICU Rate	Case Fatality Rate
Treaty 6	4.6 per 100 Cases	0.9 per 100 Cases	0.9 per 100 Cases
Treaty 7	7.7 per 100 Cases	1.9 per 100 Cases	1.4 per 100 Cases
Treaty 8	5.1 per 100 Cases	1.1 per 100 Cases	1.0 per 100 Cases
First Nations Communities (on reserves)	5.5 per 100 Cases	1.2 per 100 Cases	1.0 per 100 Cases
Alberta (includes First Nations communities)	4.3 per 100 Cases	0.7 per 100 Cases	1.2 per 100 Cases

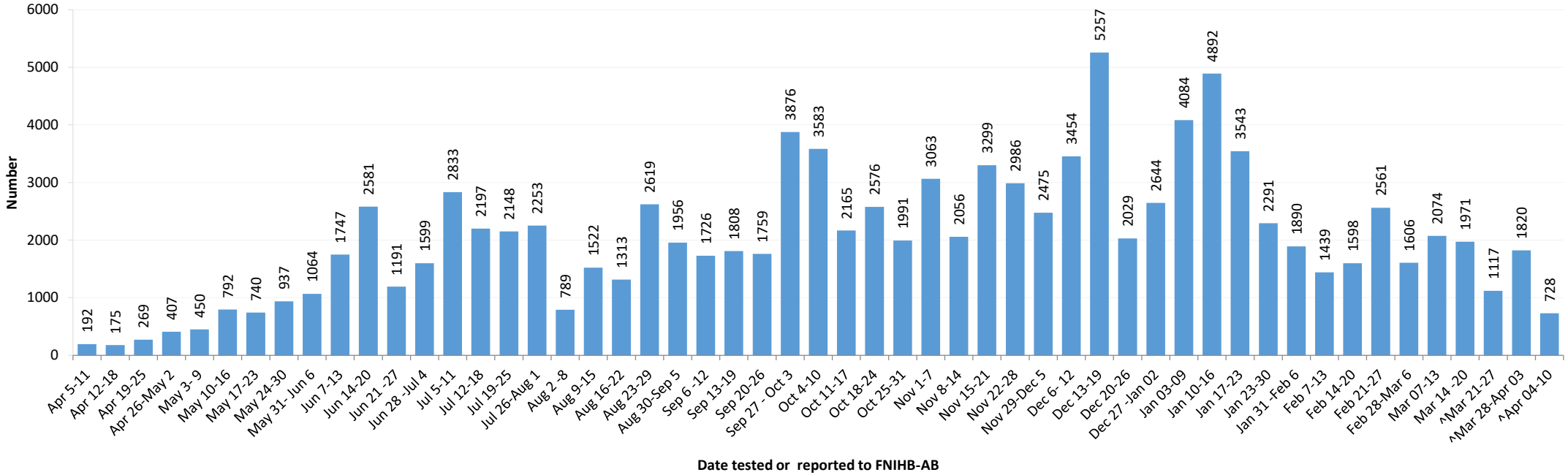
Severe Outcomes –Average Age

Sources: FNIHB COVID-19 ER System via Synergy in Action (April 13, 2021) & https://www.alberta.ca/stats/covid-19-alberta-statistics.htm (April 12, 2021)

	Average age of cases hospitalized	Average age of ICU cases	Average age of deceased cases	Average age of non-hospitalized cases
Treaty 6	53 years (range:14-88)	56 years (range:29-83)	66 years (range:23-88)	29 years (range:0-94)
Treaty 7	55 years (range:16-86)	57 years (range:21-78)	65 years (range:20-86)	31 years (range:0-87)
Treaty 8	58 years (range:1-93)	58 years (range:20-82)	72 years (range:48-93)	29 years (range:0-87)
First Nations Communities (on reserves)	55 years (range:1-93)	57 years (range:20-83)	67 years (range:20-93)	30 years (range:0-94)
Alberta (includes First Nations communities)	62 years (range:0-104)	58 years (range:0-90)	81 years (range:20-107)	36 years (range:0-108)

Test Volume

Sources: Community Reports to FNIHB-AB (April 13, 2021)



^late reporting from some communities

	Test volume	Percent positive test
First Nations (on reserve)*	111,932	6.6%
All Albertans	3,873,417	4.2%

*some communities are not reporting testing data to FNIHB-AB, so percent positive test may be overestimated

Step 1 – Public Health Restrictions

Alberta returned to Step 1 on April 6th due to rising COVID-19 case numbers and hospitalizations.

Restrictions put in place included the following:

- Retail services and shopping malls must limit customer capacity to 15% of fire code occupancy (not including staff) or a minimum of 5 customers.
- Libraries must close.
- Group fitness activities are not permitted.
- Adult performance activities (such as dancing, singing, and acting) are not permitted.
- Restaurants, pubs, bars, lounges, cafes and food courts are not permitted to offer service indoors (as of April 9th).

Alberta COVID-19 Testing Criteria

Testing is available for:

- any person exhibiting any symptoms of COVID-19
- all close contacts of confirmed COVID-19 cases
- all workers and/or residents at specific outbreak sites

Asymptomatic testing has been paused for people who have no known exposure to COVID-19.

FNIHB MOHs will provide guidance to prioritize testing in First Nation communities with cases.

COVID-19: Rapid Testing

Testing continues to be a powerful tool to help identify cases early and to limit the spread.

Rapid testing instruments can provide results in 10 – 30 minutes.

Two types of rapid testing instruments are currently being used by First Nations Health Centres in Alberta:

- GeneXpert System (Real-Time PCR)
- Abbott ID Now (POC)

To date:

- 19 GeneXpert instruments have been deployed
- 46 Abbott ID Now instruments have been or are in the process of being deployed

For questions or to inquire about a rapid test instrument send an email to:

sac.cdemergenciesab-urgencesmtab.isc@canada.ca

Rapid Screening Tests – Alberta Education

Alberta Education has implemented a rapid screening test program in some schools throughout the Province.

Schools are selected based on a variety of factors, including how prevalent COVID-19 cases are in a school or community.

Testing is optional for staff and students. Signed consent forms are required for testing.

Positive results from rapid screening tests in this program are considered preliminary and must be confirmed by a more accurate lab-confirmed test at an Alberta Health Services assessment centre.

For more information on the rapid screening test program in schools refer to the GOA website at https://www.alberta.ca/covid-19-guidance-and-health-measures-for-k-12-schools.aspx.

For information on how to implement a rapid testing program in your organization, refer to: https://www.alberta.ca/rapid-testing-program.aspx

COVID-19 Variants of Concern (VOC)

To date, 3 variants of concern have been identified in Alberta.

- **B.1.1.7 Variant (United Kingdom)**

This strain is spreading rapidly and has become the dominant strain in Alberta.

Research to date has shown this variant spreads more easily and can cause more severe illness.

Vaccines continue to be effective against this variant.

- **B.1.351 Variant (South Africa)**

Research has shown this variant spreads more easily and may be capable of re-infecting people who have previously tested positive for COVID-19.

Vaccines may be somewhat less effective against infections with this variant, but will provide some protection against severe outcomes.

COVID-19 Variants of Concern (VOC)

- **P.1 Variant (Brazil)**

  Research has shown this variant spreads more easily and is capable of re-infecting people who have previously tested positive for COVID-19.

  It is unknown if vaccine effectiveness is changed against this variant.

- Anyone who has been infected with a variant strain will test positive for COVID-19. Positive tests are screened again for all variants to determine the exact strain.

- Vaccines provide some level of protection for all variants of concern. Research is ongoing to determine how the variants affect vaccine effectiveness.

Source: https://www.alberta.ca/covid-19-variants.aspx

Total Number of COVID-19 VOC Cases Identified in Alberta by Zone

As of April 13, 2021

Zone	B.1.1.7 UK Variant	B.1.351 South African Variant	P.1 Brazilian Variant	Total
Calgary Zone	5,780	18	84	5,882
Central Zone	1,456	0	11	1,467
Edmonton Zone	3,581	11	14	3,606
North Zone	1,218	0	28	1,246
South Zone	706	0	1	707
Unknown	24	0	0	24
Alberta	12,765	29	138	12,932

Source: https://www.alberta.ca/stats/covid-19-alberta-statistics.htm#variants-of-concern

Status of COVID-19 VOC Cases in Alberta by Zone

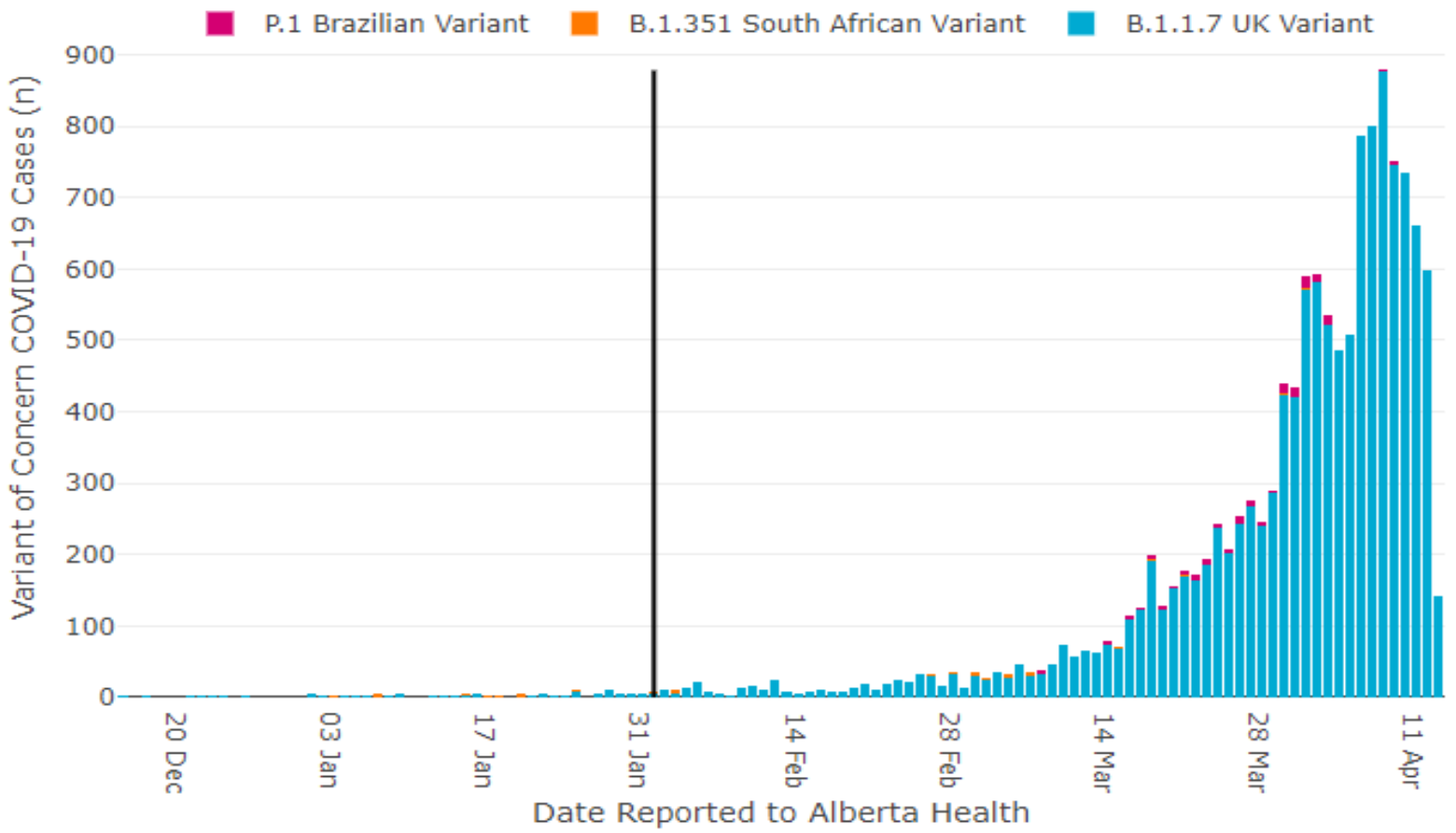
As of April 13, 2021

Zone	Active	Died	Recovered	Total
Calgary Zone	3,806	9	2,067	5,882
Central Zone	885	4	578	1,467
Edmonton Zone	2,182	33	1,391	3,606
North Zone	894	1	351	1,246
South Zone	407	0	300	707
Unknown	23	0	1	24
Alberta	8,197	47	4,688	12,932

Source: https://www.alberta.ca/stats/covid-19-alberta-statistics.htm#variants-of-concern

COVID-19 VOC Cases in Alberta by Date Reported

(As of April 13, 2021)



COVID-19 VOC – First Nations On Reserve in Alberta

To date within First Nation communities in Alberta:

- **165** confirmed cases of the B.1.1.7 strain have been identified

- 19 communities have had at least one case of the B.1.1.7 strain

- No cases of VOC B.1.351 nor P.1 strains

COVID-19 VOC Result Interpretation

Result	Interpretation of Variant Nucleic Acid Test Results
Negative	• No VOC is detected • This patient still has COVID-19 (non-variant)

Positive	• A variant of concern is detected.
	• The lineage (strain) will be reported as:
	  • B.1.1.7
	  • B.1.351 or
	  • P.1

Unresolved	• The viral load is too low to perform variant testing
	  • The strain could potentially still be a VOC
	  • Do NOT treat as negative
	• This patient still has COVID-19

Changes to COVID-19 Case Management and Contact Tracing

The following changes have been implemented because the B.1.1.7 strain has become so prevalent in Alberta:

- Two-step testing approach for all close contacts (variant and non-variant strains)
- Enhanced measures will no longer be applied for VOC B.1.1.7 strain.
- Enhanced measures will be applied for VOC B.1.351 and P.1 strains.
- Enhanced measures would be considered with any new VOC.

For information on isolation and quarantine refer to: https://www.alberta.ca/isolation.aspx

Testing Recommendations for All Close Contacts

Close contacts: **Two (2)** COVID-19 tests

- 1st test: As soon as possible after identification as close contact

If 1st test results are negative

- 2nd test: At least 10 days from **Date of Last Exposure** to the case
  - If the 1st test occurred on day 10 or later from **Date of Last Exposure** to the case, no further testing is required.
  - If an asymptomatic contact develops symptoms, test immediately i.e. don't wait until 10 days.

Close contacts must quarantine for a full 14 days from **Date of Last Exposure** regardless of test results.

VOC Case Management

For further information on VOC case management and follow up view the telehealth session presented by the CDC Team on April 14, 2021.

The recorded session can be found at www.fntn.ca.

COVID-19 Vaccine Update

DR. PARMINDER THIARA, DEPUTY MEDICAL OFFICER OF HEALTH / REGIONAL DIRECTOR OF PRIMARY AND POPULATION HEALTH

CHRISTINA SMITH, REGIONAL CDC NURSE MANAGER

Authorized Vaccines for COVID-19: Canada

Moderna

Pfizer-BioNTech

AstraZeneca

Janssen

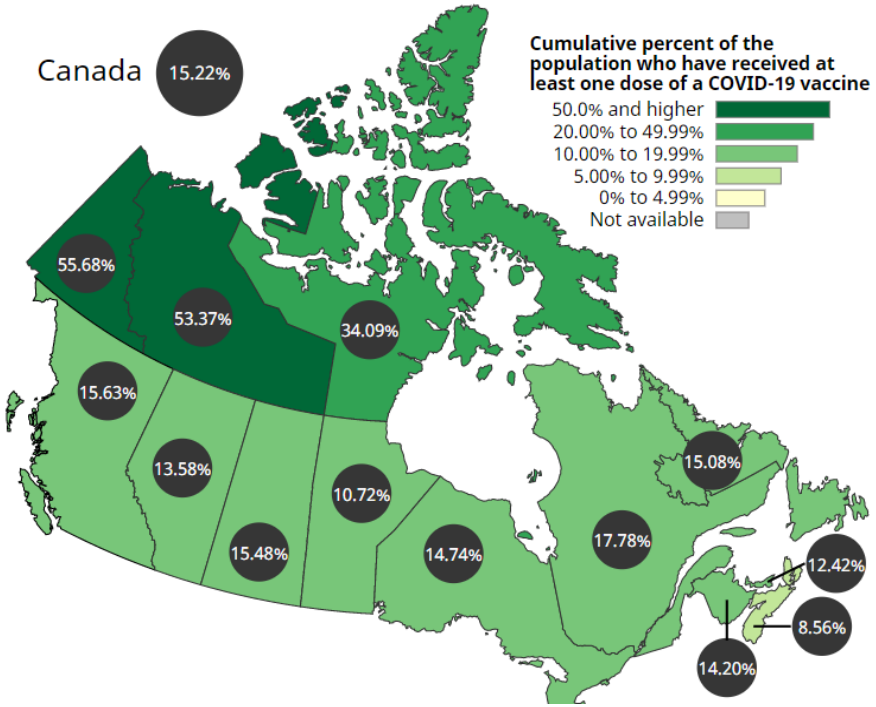
Vaccine Phases - Alberta

- Early Phase: December 2020 +
- Phase 1: January to March 2021 +
- Phase 2A: Started March 15 +
- Phase 2B: Started March 30 +
- Phase 2 (AstraZeneca): Started April 6 +
- Phase 2C: Starting April 12 +
- Phase 2D: May +
- Phase 3: May to June +

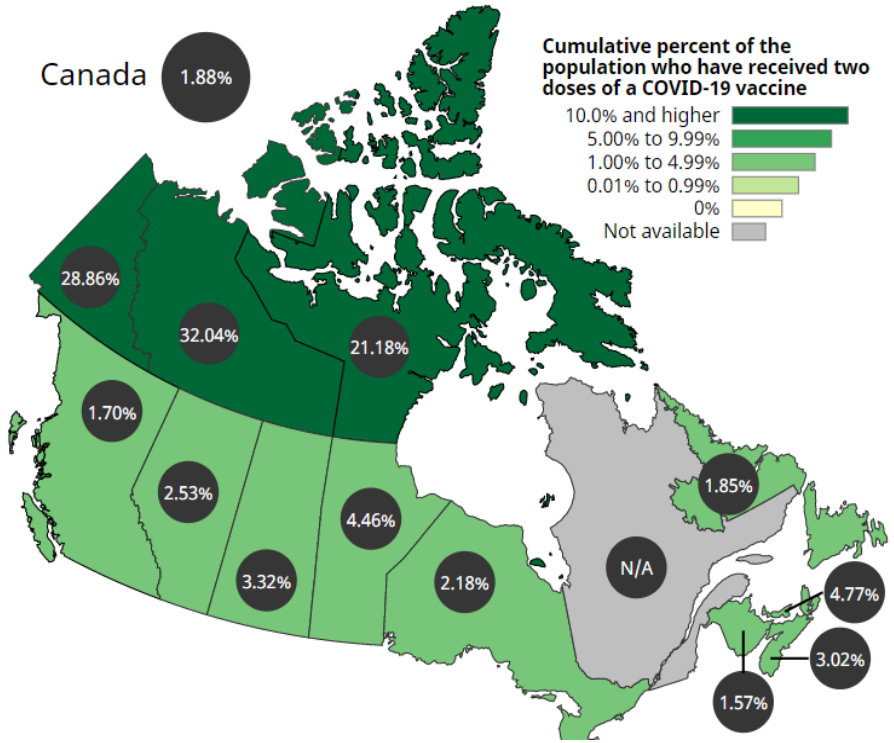
Source: GOA -https://www.alberta.ca/covid19-vaccine.aspx

Cumulative percentage of the population who have received the COVID-19 vaccine in Canada by jurisdiction
(as of April 3, 2021)

ONE DOSE



TWO DOSES



Source: https://health-infobase.canada.ca/covid-19/vaccination-coverage/

COVID-19 Vaccine Data – Provincial

As of April 13th:

- 1,004,123 doses of COVID-19 vaccine have been administered in Alberta.

- This is 22,460 doses per 100,000 population.

- 194,012 Albertans have been fully immunized with 2 doses.

Up to date information can be found at https://www.alberta.ca/covid19-vaccine.aspx

Efficacy and Effectiveness of the First Dose of Available COVID-19 Vaccines

- Current evidence suggests very good vaccine efficacy against symptomatic infection from one dose of COVID-19 vaccine (92% efficacy for the mRNA vaccines; 76% efficacy for the AstraZeneca vaccine).
- Observational studies have shown good effectiveness (generally between 60% and 80%) against symptomatic disease and/or asymptomatic infection, as well as very good effectiveness against hospitalization (approximately 80%) and death (approximately 85% based on one study from the UK).
- While two doses of mRNA vaccines have shown excellent efficacy and effectiveness, one dose of mRNA vaccines appear to perform similarly to one or two doses of the AstraZeneca vaccine and the single-dose Janssen vaccine.

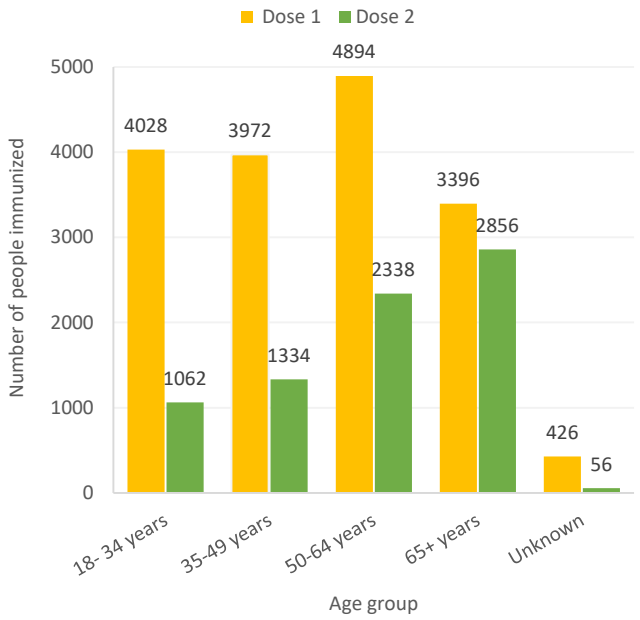
Source: https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/national-advisory-committee-on-immunization-naci/naci-summary-extended-dose-interval-covid-19-en.pdf

COVID Immunization Activity – On Reserve in Alberta

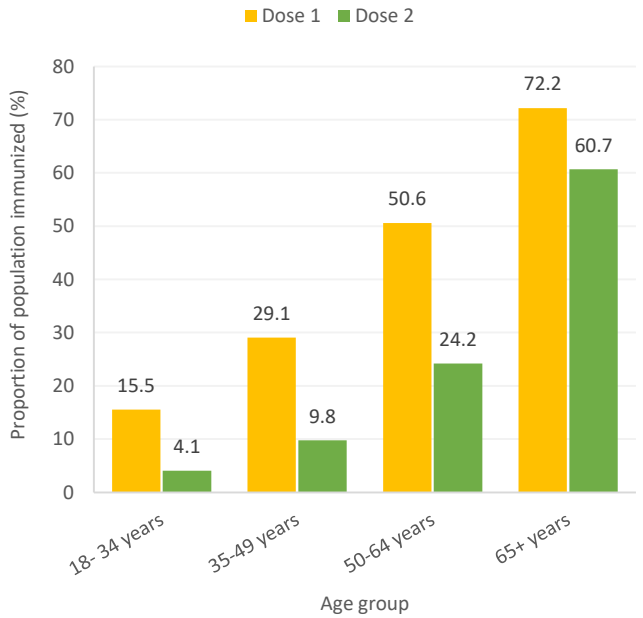
Source: Okaki Slice Analytics (April 13, 2021)

Doses administered	Number of people who have received at least one dose	Number of people who are fully immunized (2 doses)	Number of Nations (bands) with Immunizations
24,380	16,733	7,647	46

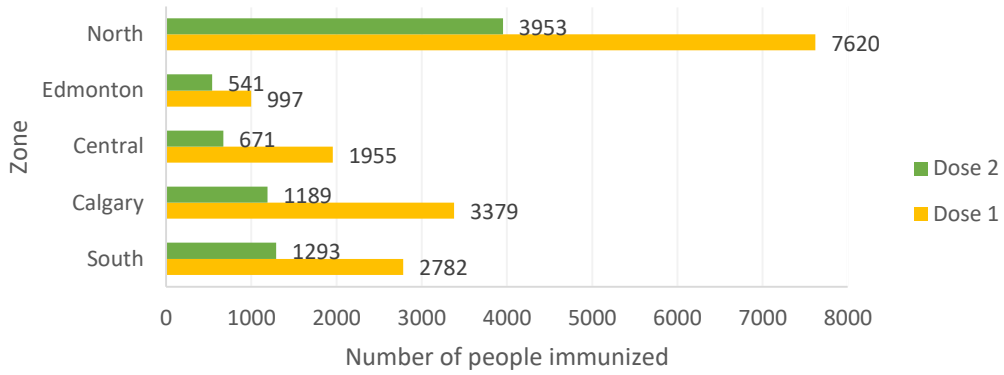
Number of people immunized by age group and type of dose



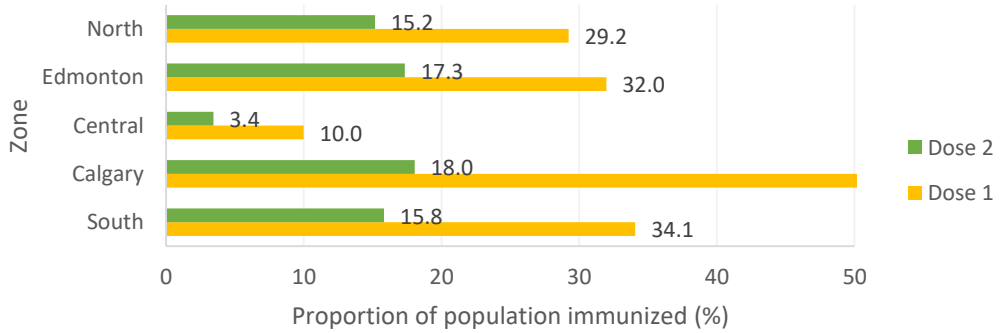
Proportion of population immunized by age group and type of dose



Number of people immunized by zone and type of dose



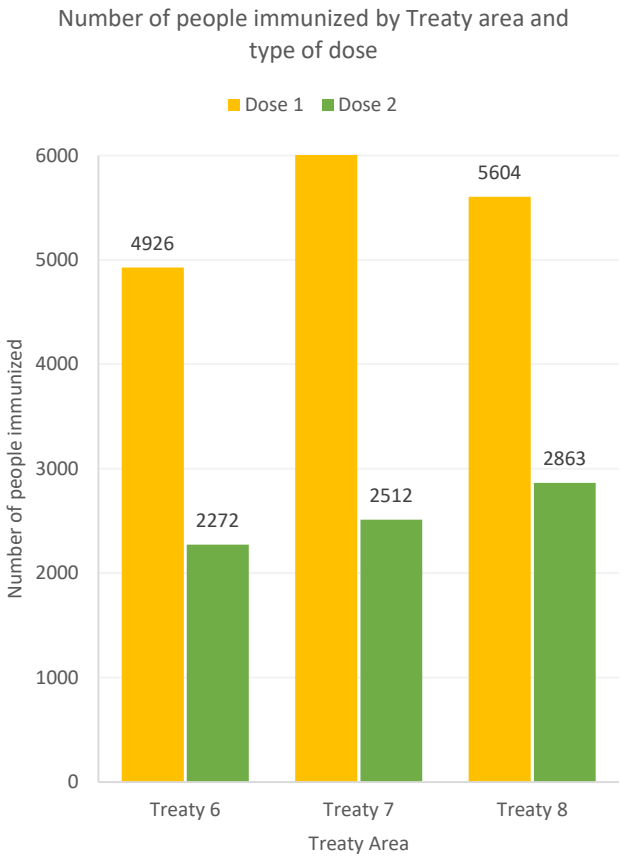
Proportion of population aged 18 years and over immunized by zone and type of dose

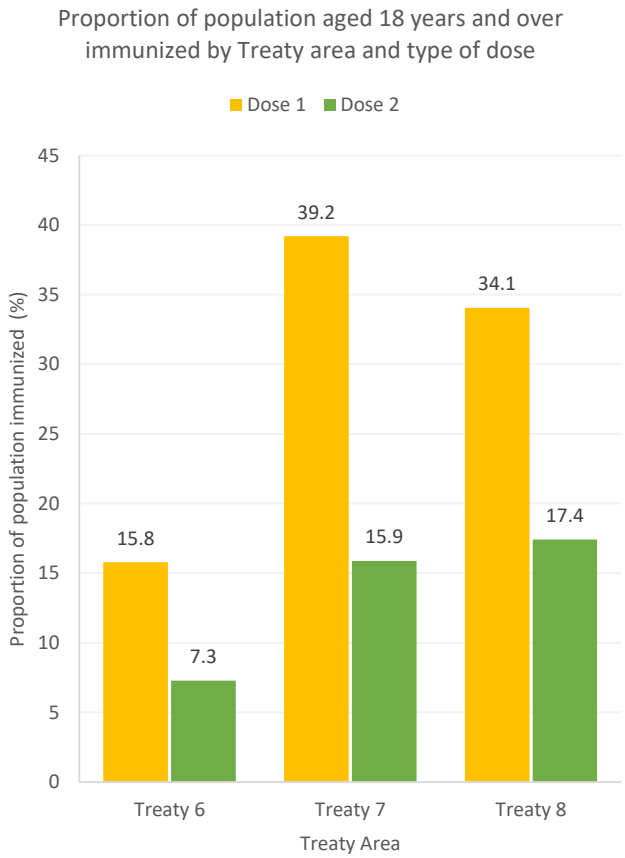


QUESTIONS: VCHELP@FNTN.CA

COVID Immunization Activity – On Reserve in Alberta

Source: Okaki Slice Analytics (April 13, 2021)

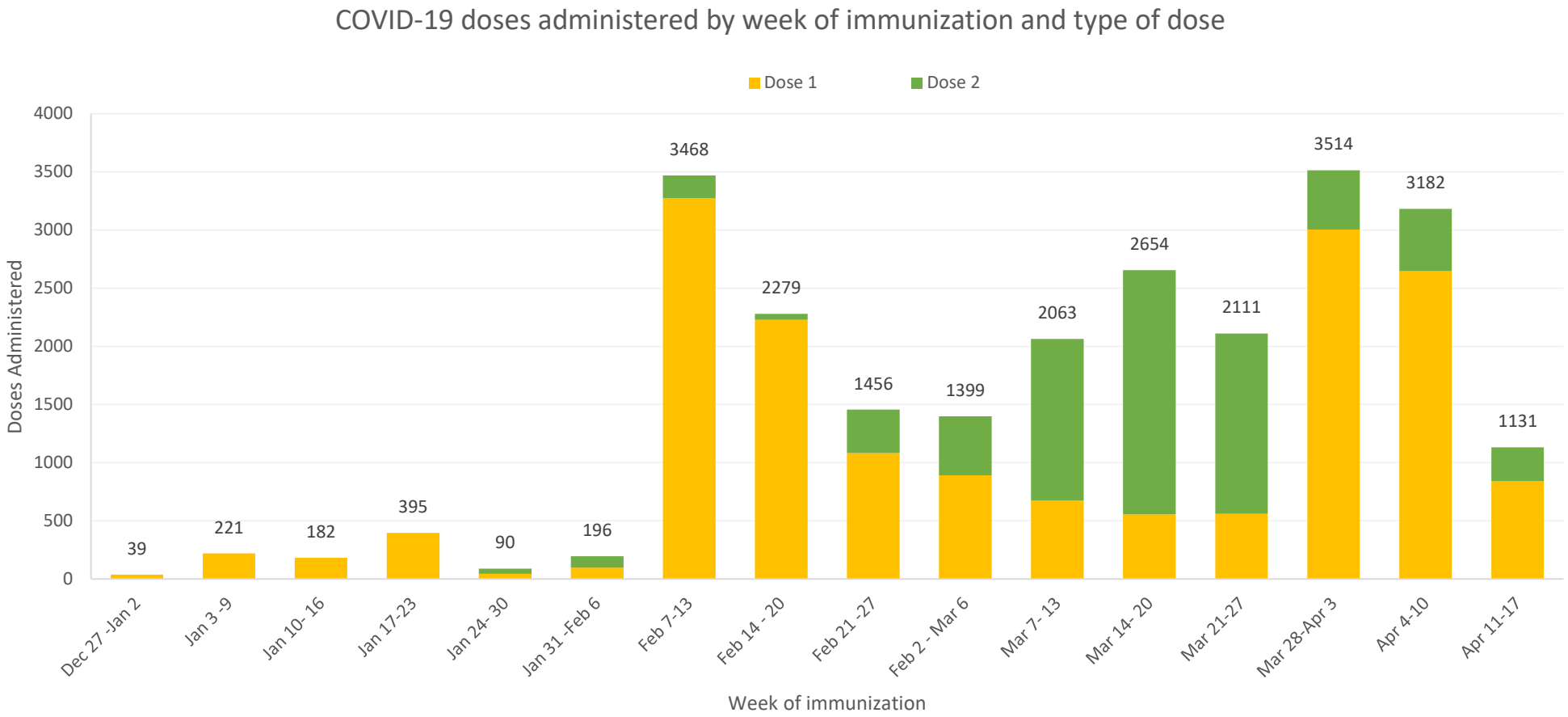




Priority Reason	Dose 1	Dose 2
Healthcare Workers (HCWs)	970	745
Long-term Care Staff	67	62
Long-term Care Residents	47	47
65+ year olds	3229	2710
Other Congregate Care Living Sites	88	46
Essential Services Workers (not HCWs)	1791	984
16 - 64 year olds	10421	3031
Unknown	120	22
Total	16733	7647

COVID Immunization Activity – On Reserve in Alberta

Source: Okaki Slice Analytics (April 13, 2021)



QUESTIONS: VCHELP@FNTN.CA

Restrictions for fully vaccinated people

Until most Albertans are protected, fully vaccinated people must continue following all public health measures: no indoor social gatherings, keep 2 metres apart from others, wear a mask in public, wash your hands, and stay home when sick.

Once both doses take effect, you are less likely to become severely sick with COVID-19. But we don't yet know if the vaccine prevents vaccinated people from spreading the virus.

We must continue reviewing emerging evidence on asymptomatic and variant transmission before we can safely alter public health guidelines.

Source: GOA - https://www.alberta.ca/covid19-vaccine.aspx

Reported Reactions Following Immunization

Health practitioners are to report an adverse event following immunization within 3 days of determining or being informed that a patient has experienced an adverse event following immunization unless it has already been reported.

Resource: Adverse Events Following Immunization (AEFI) policy for Alberta immunization providers

https://open.alberta.ca/publications/aefi-policy-for-alberta-immunization-providers

Reported Reactions Following Immunization

The Province of Alberta has had a total of 351 reported reactions submitted in February:

- 89 (25%) of those met the criteria for an Adverse Event
- 68% of reports were from COVID-19 vaccines

In March, an additional 460 reports were received and are being reviewed.

FNIHB - Alberta Region has had a total of 42 reactions reported to date from COVID-19 vaccines (Moderna).

- 13 (31%) of those met the criteria for an Adverse Event

Reportable Adverse Events

Acute Disseminated Encephalomyelitis

Adenopathy

Allergic Reaction

Anaesthesia/Paraesthesia

Anaphylaxis

Arthralgia/Arthritis

Bell's Palsy

Cellulitis

Convulsions

Encephalitis

Erythema Multiforme

Guillain-Barre Syndrome

Hypotonic-hyporesponsive

Infected abscess

Intussusception

Meningitis

Myelitis

Nodule

ORS

Orchitis

Paralysis

Parotitis

Rash

Screaming Episode/Persistent Crying

Severe Diarrhea and/or Vomiting

SIRVA

Sterile Abscess

Subacture Sclerosing Panencephalitis

Swelling and/or Pain

Thrombocytopenia

Other Severe or Unusual Events

Alberta First Nations Reported Adverse Events to Alberta Health (on-reserve only)

For COVID-19 (Moderna) as of April 14, 2021

Type of Reaction	# Meeting Criteria for Adverse Event
Cellulitis	2
Adenopathy	1
Swelling and/or Pain	3
Allergic Reaction	2
Rash	3
Severe Diarrhea and/or Vomiting	1
Anaphylaxis	1
Other Severe or Unusual Events	0
TOTAL	**13**

The Other Reported Reactions

Delayed local reactions following COVID-19 vaccines

- Reaction seen to COVID-19 mRNA vaccines around the injection site
  - Induration
  - Swelling
  - Erythema
  - Pain/tenderness
  - Median onset on day 8 (range 4 to 11)
  - Resolve within 6 days (range 2 to 11)
  - Systemic AE in some patients
- Thus far appear to be more common with Moderna COVID-19 vaccine
- Observed in the Moderna clinical trial
  - Dose 1: 0.8% of vaccine recipients
  - Dose 2: 0.2% of vaccine recipients
- 50% recurrence after dose 2 (similarly or less severe than the 1st reaction)

Blumenthal KG, et al. Delayed large local reactions to mRNA-1273 vaccine against SARS-CoV-2. NEJM 2021
Baden LR, et al. Efficacy and safety of the MRNA-1273 SARS-CoV-2 Vaccine. NEJM 2021;384: 403-16

Management of Delayed Injection Site Reactions

- Ice packs or cold compresses
- Analgesics
- Monitor the evolution of signs and symptoms

If concerned, client can contact PCP who may offer Antihistamines (for pruritus and burning) or Topical Steroids (if symptomatic relief is needed)

NOTE: Systemic steroids should be avoided as they may blunt response to vaccine

Key Messages

Delayed local reactions are an injection site reaction occurring days after vaccination

- Inform vaccinated patients that these reactions can occur
- Reassure all patients (especially those who have experience it) that the reaction is benign

Delayed local reactions may look similar to cellulitis but resolve without the use of antibiotics and in general have no systemic symptoms

Delayed local reactions are usually not serious and will self-resolve

Delayed local reactions do not precluded future vaccination and do not increase the risk for anaphylaxis with future vaccination

There is a decreased frequency of these DELAYED LOCAL REACTIONS following the 2nd dose of vaccine

For COVID-19 resources and links to credible sources of information

GO TO THE ALBERTA ONE HEALTH COVID-19 UPDATE PAGE

HTTPS://WWW.ONEHEALTH.CA/AB/ABCOVID-19

How has your community increased vaccination rates?

PLEASE SHARE UP TO 5 STRATEGIES THAT HAVE WORKED FOR YOU COMMUNITY.

Is there a topics you would like to hear about, or are you interested in presenting your community's COVID-19 response/experience?

PLEASE LET US KNOW!

EMAIL: VCHELP@FNTN.CA OR

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