

### **COVID-19 MOH Update**

June 9th, 2022







#### **Outline**

- 1. MOH Update
- Dr. Chris Sarin
- 2. COVID-19 Treatment Update
- Dr. Celeste Loewe
- 3. COVID-19 Vaccine Update
- Dr. Parminder Thiara
- 4. Impact of COVID-19 on Vaccine and Immunization Rates
- Dr. Dean Eurich
- 5. Questions





### MOH Update

Dr. Chris Sarin

Senior Medical Officer of Health







# Overview of Confirmed COVID-19 Cases in First Nations Communities on Reserve in Alberta, June 07, 2022

Source: FNIHB COVID-19 ER System via Synergy in Action (June 08, 2022)

20,252

**Total COVID-19 cases** 

9,577 (47.3%)

**Males** 

184

**Total Deaths** 

1040

Hospitalized ever

249

ICU ever

22

Newly Reported cases, June 01-07, 2022 15 (1 in ICU)

Currently in Hospital

65 years

Average Age at Death

53 years

Average Age at Hospitalization

54 years

Average Age at ICU Admission

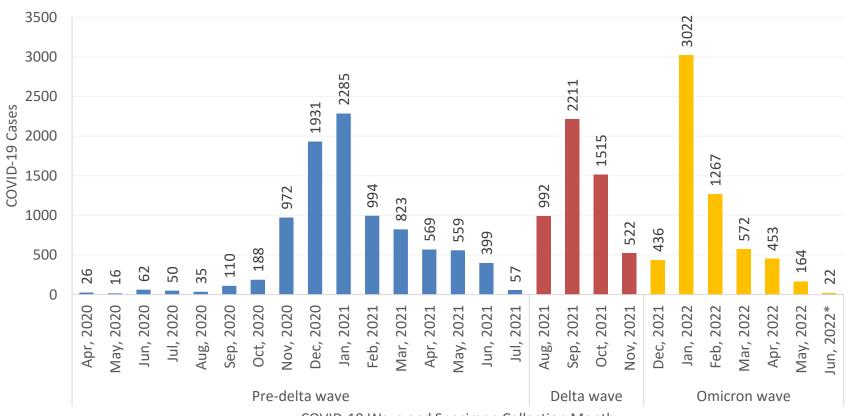
These do not include cases confirmed with only rapid antigen test in communities



# Confirmed COVID-19 Cases by Month and Wave, April 20, 2022

Source: FNIHB COVID-19 ER System via Synergy in Action (June 08, 2022)

COVID-19 Cases in First Nations Communities in Alberta by Wave and Specimen Collection Month



COVID-19 Wave and Specimen Collection Month



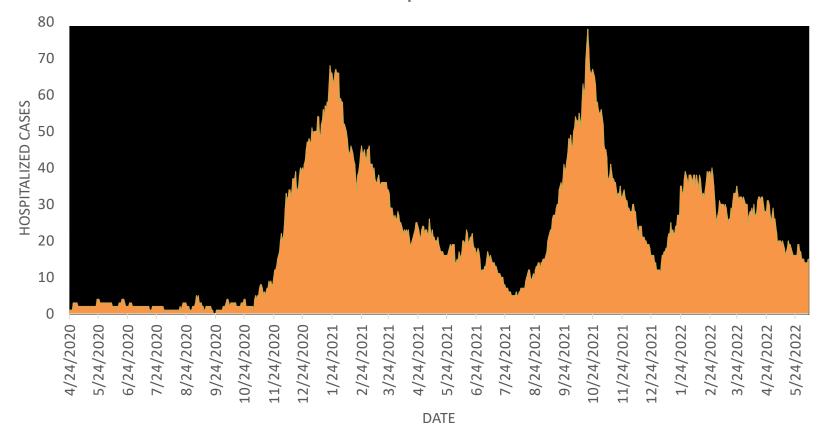


These do not include cases confirmed with only rapid antigen test in communities

# Number of Current COVID-19 First Nations Patients in Hospital

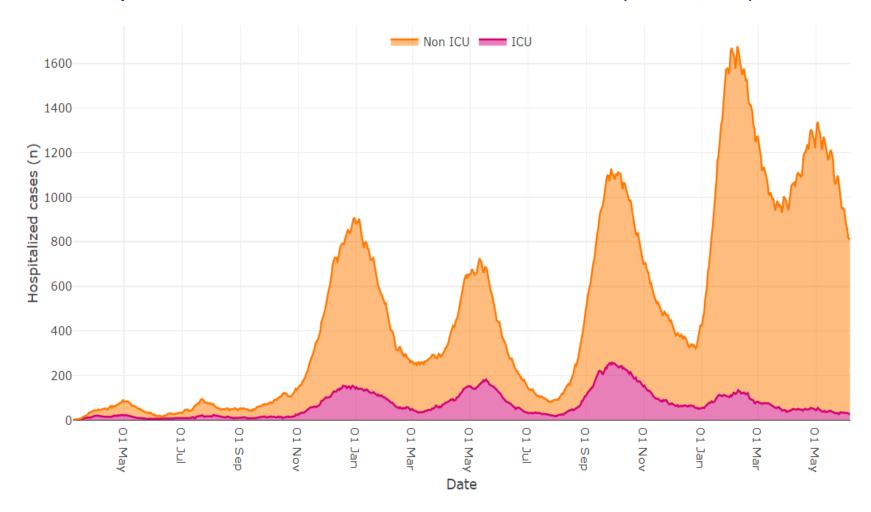
Source: FNIHB COVID-19 ER System via Synergy in Action (June 08, 2022)

Number of Current COVID-19 Cases from First Nations Communities in Hospital



## Number of Current COVID-19 Patients in Hospital in Alberta

Source: https://www.alberta.ca/stats/covid-19-alberta-statistics.htm (June 08, 2022)

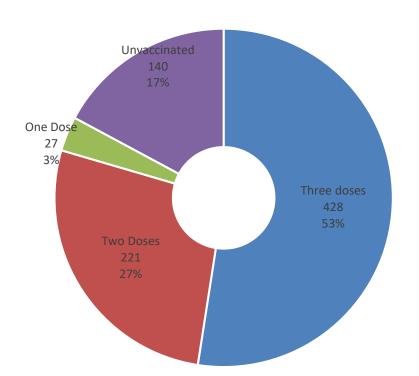


## **Current COVID-19 Hospitalized Cases by Vaccine Status**

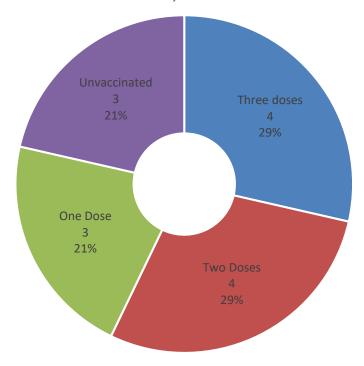
Source: FNIHB COVID-19 ER System via Synergy in Action (June 08, 2022)

https://www.alberta.ca/stats/covid-19-alberta-statistics.htm (June 08, 2022)

Covid-19 Cases Currently in Hospital in Alberta by Vaccine Status, June 06, 2022



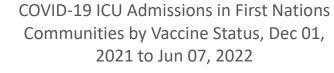
Current Covid-19 Hospitalizations in First Nations Communities by Vaccine Status, June 07, 2022

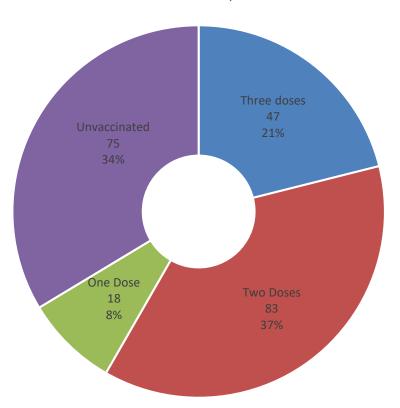


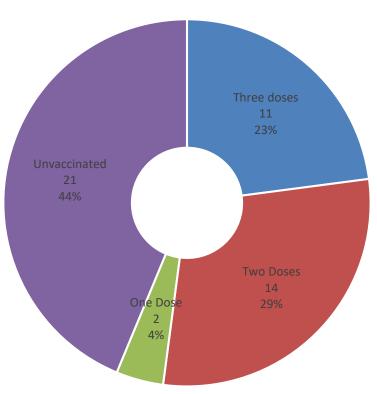
#### **COVID-19 Hospitalized/ICU Cases by Vaccine Status**

Source: FNIHB COVID-19 ER System via Synergy in Action (June 08, 2022)

COVID-19 hospitalizations in First Nations Communities by Vaccine Status, Dec 01, 2021 to Jun 07, 2022



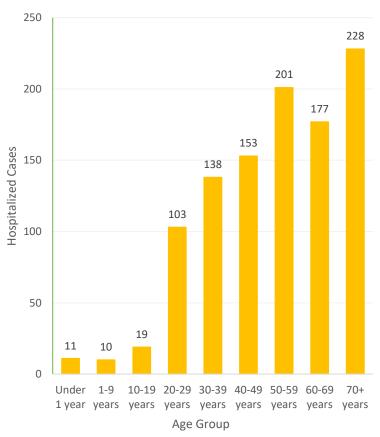




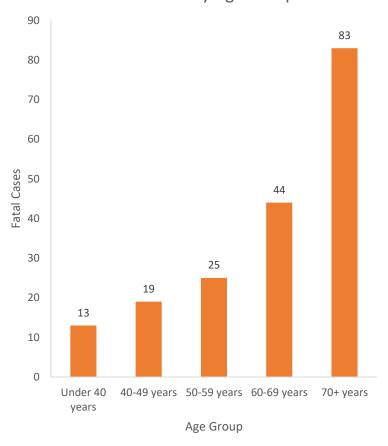
### Hospitalized and Fatal COVID-19 Cases by Age Group

Source: FNIHB COVID-19 ER System via Synergy in Action (June 08, 2022)

Total COVID-19 Hospitalizations in First Nations Communities by Age Group



Total COVD-19 Deaths in First Nations Communities by Age Group



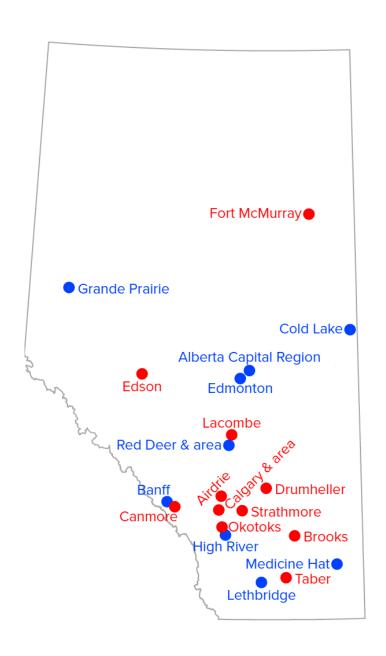
## Total COVID-19 Hospitalizations in Alberta by Vaccine Status count and rate (per 100,000 population) in the past 120 days

Age group	3 doses & hospitalized (n)	3 doses & hospitalized (rate per 100K)	2 doses & hospitalized (n)	2 doses & hospitalized (rate per 100K)	Unvaccinated & hospitalized (n)	Unvaccinated & hospitalized (rate per 100K)
Under 5 years	0	0.00	0	0.00	353	131.82
5-11 years	0	0.00	9	6.75	65	31.31
12-29 years	58	25.44	333	54.84	185	142.11
30-39 years	144	60.24	371	105.34	181	181.90
40-49 years	118	45.32	250	93.45	130	200.19
50-59 years	259	86.67	320	170.78	216	420.26
60-69 years	528	159.35	476	428.18	373	1923.82
70-79 years	900	433.10	484	1204.25	380	5608.86
80+ years	1785	1638,32	522	2615.10	442	5372.25
5+ years	3792	226.48	2765	160.86	2325	395.38

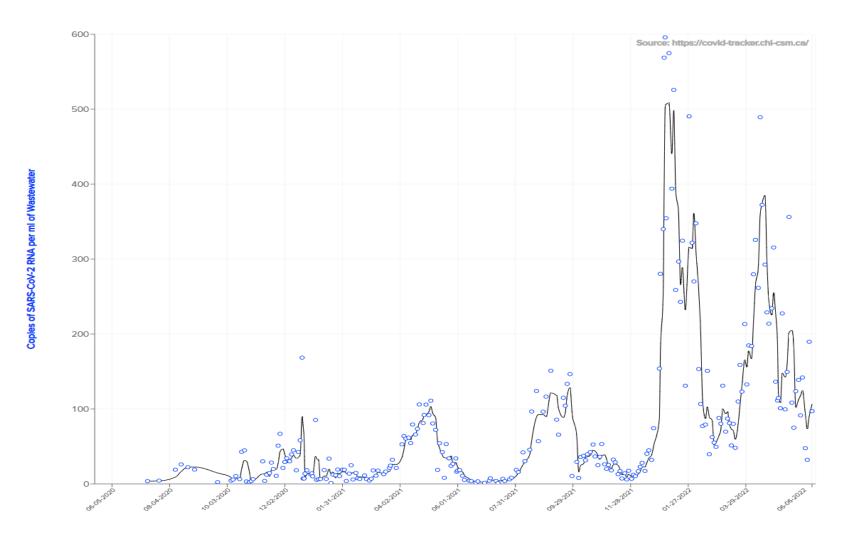
#### **Wastewater Surveillance**

- Wastewater can provide an early indication of infection trends in a community.
  - Infected individuals may pass the virus in their feces before they become symptomatic.
- Overall, levels of COVID-19 RNA in wastewater were stable or had decreased. There were slight increases (from the previous week) at a few sites, including Edmonton and Cold Lake.

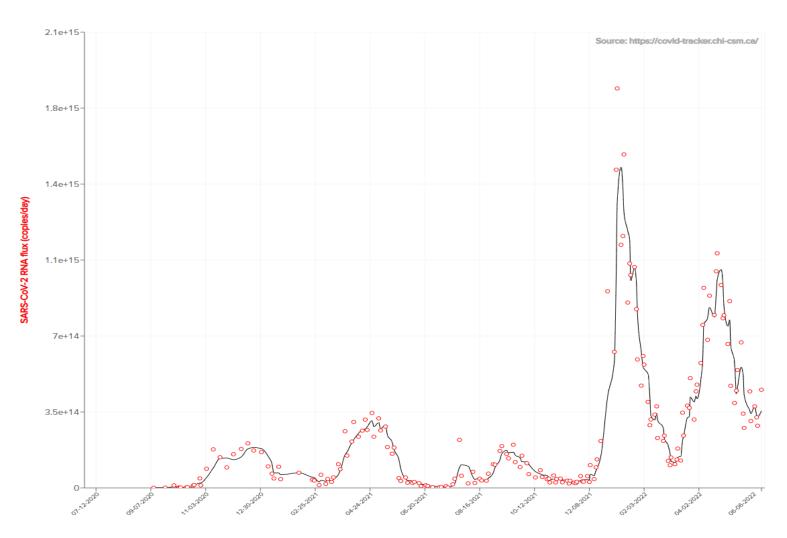
https://covid-tracker.chi-csm.ca/



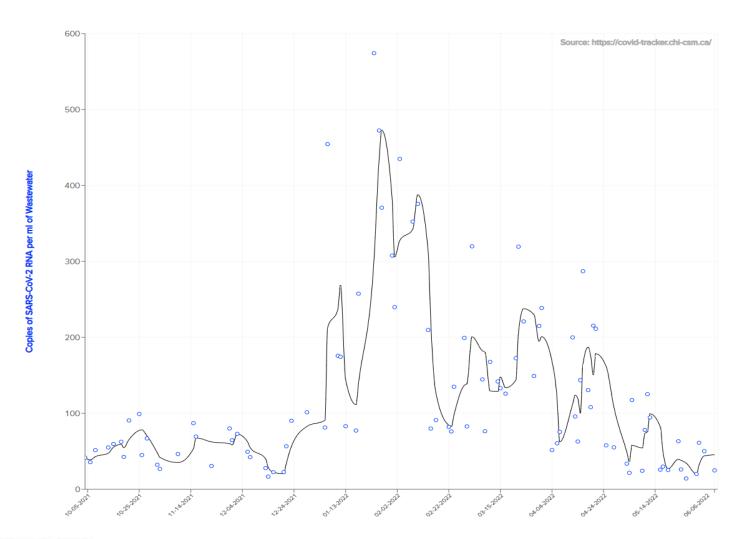
### Wastewater Sampling Data - Edmonton



### Wastewater Sampling Data - Calgary & Area



### Wastewater Sampling Data - Cold Lake



#### **Omicron Variant Sub-Lineages BA.4 and BA.5**

- Two emerging subvariants of Omicron have been receiving attention internationally: BA.4 and BA.5.
- They were first detected in South Africa in January and February 2022, and since then have become the dominant variants there.
- They have been identified in several other countries around the world.
- Available evidence suggests these subvariants are more transmissible than earlier versions, which means they can spread more easily once they are in a community.
- At this time, neither of these subvariants appear to cause an increased risk of severe illness.
- As of June 6<sup>th</sup>, 14 cases of BA.4 and 6 cases of BA.5 have been identified in Alberta.



### COVID-19 Treatment Update

Dr. Celeste Loewe

Deputy Medical Officer of Health







#### **Outpatient Antiviral Treatment for COVID-19**

- Medications currently available in Alberta: Paxlovid<sup>™</sup> and Remdesivir
  - Decreased demand for Paxlovid<sup>™</sup> in May (1766) vs. April (2198) across Alberta
  - >1100 prescriptions in first half of May vs. 640 in last half of May
- Accessed through family doctors or nurse practitioners
  - Those without one can call the dedicated Health Link line at 1-844-343-0971
- Testing requirement relaxed as positive rapid antigen tests are accepted



### **Outpatient Antiviral Treatment for COVID-19**

- Expanded eligibility:
  - most up-to-date information please visit:
     <a href="https://www.albertahealth-astroices.ca/topics/Page17">https://www.albertahealth-astroices.ca/topics/Page17</a>
     <a href="https://www.albertahealth-astroices.ca/topics/">https://www.albertahealth-astroices.ca/topics/</a>
     <a href="https://ww
  - While effective, these treatments are not a replacement for vaccination.

#### Treatment eligibility:

Age	0 to 1 dose	2 doses	3 doses
18+ with one or more pre- existing health conditions or pregnancy	<b>√</b>	×	×
55+ or Indigenous 45+	✓	*	x
60+ or Indigenous 50+ with one or more pre-existing health conditions	✓	<b>√</b>	×
70+ or Indigenous 60+ with 2 or more pre-existing health conditions	✓	<b>√</b>	✓
Immunocompromised  Living in long-term care or designated supportive living	Regardless of Vaccine Status		





### COVID-19 Vaccine Update

Dr. Parminder Thiara

Deputy Medical Officer of Health
Director of Primary and Population Health

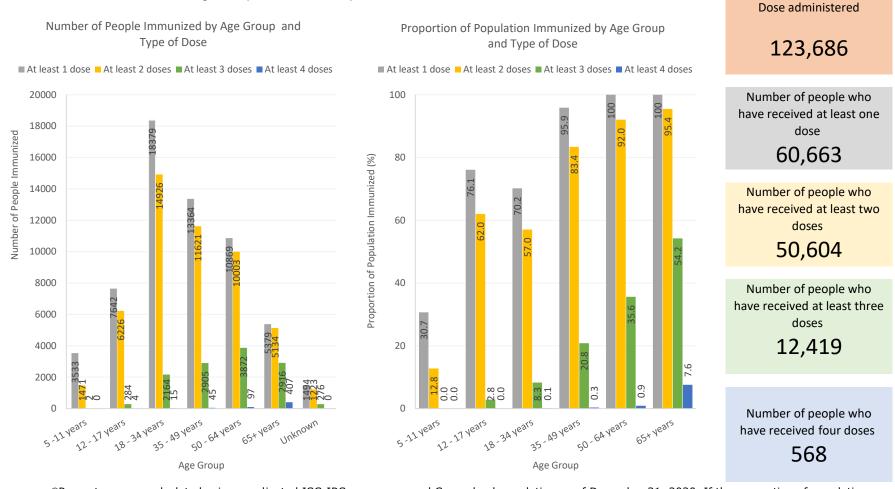






### **COVID Immunization Activity – On Reserve in Alberta**

Source: Okaki Slice Analytics (June 08,2022)

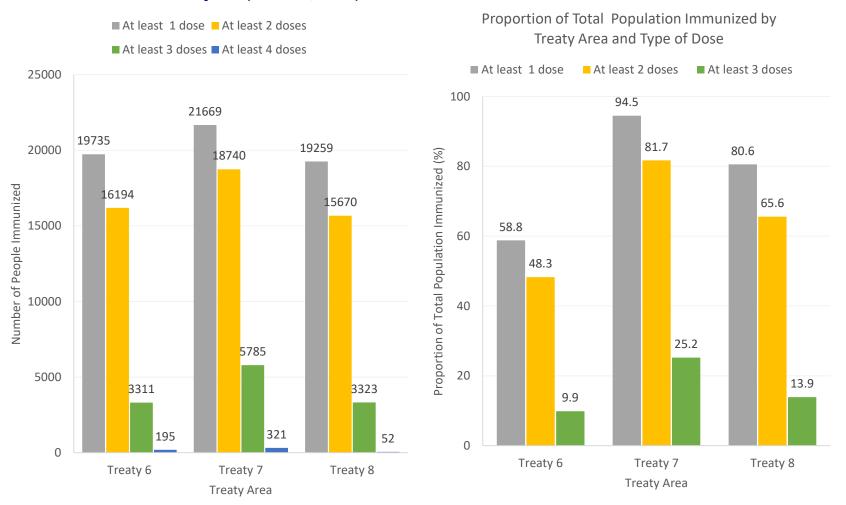


<sup>\*</sup>Percentages are calculated using unadjusted ISC-IRS on-reserve and Crown land population as of December 31, 2020. If the proportion of population immunized in any age group exceeds 100% because of population data limitation, we keep the proportion at 100% by adjusting the population to be equal to the number of first doses administered in that age group



#### **COVID Immunization Activity – On Reserve in Alberta**

Source: Okaki Slice Analytics (June 08, 2022)



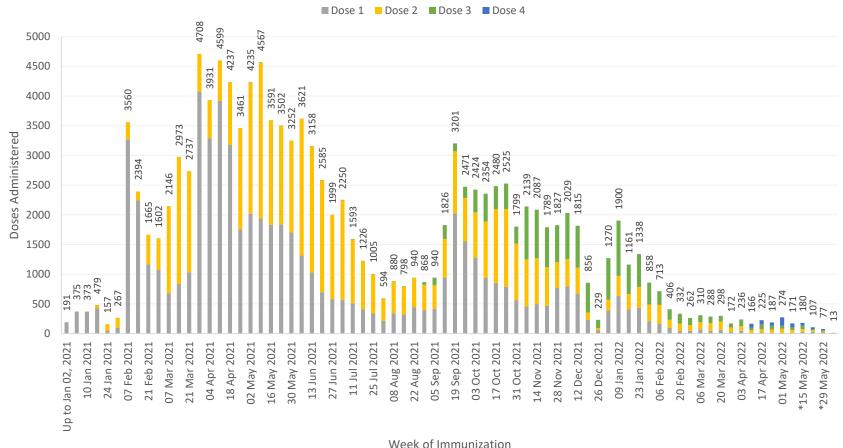
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### **COVID Immunization Activity – On Reserve in Alberta**

Source: Okaki Slice Analytics (June 08, 2022)

COVID-19 Doses Administered by Week of Immunization and Type of Dose







# Impact of COVID-19 on Vaccine and Immunization Rates

Dr. Dean Eurich

Professor, School of Public Health University of Alberta







Impact of COVID-19 on vaccine and immunization rates for First Nations people in Alberta

- Chris Sarin (PI)
- Dean Eurich (PI)
- Salim Samanani (co-App)
- Lynden Crowshoe (co-App)
- Larry Svenson (co-App)
- Lea Bill (co-App)
- Celine O'Brian (Principal Knowledge User)
- Parminder Thiara (Principal Knowledge User)

### Background

- Like the H1N1 pandemic, COVID-19 has differentially impacted Indigenous communities with higher rates of infection and risk for complications.
- Exploring, documenting, and reporting best and wise practices is essential to promote COVID-19 vaccine uptake among Indigenous Peoples to further prevent and mitigate infections, and promote routine immunization for other infections beyond the current pandemic.
- Moreover, public health measures (e.g., physical distancing, reduced travel) implemented to curb COVID-19 infections may have inadvertently caused reluctance among individuals to access other immunization programming, like childhood vaccinations.

### Objectives

- To analyze and report COVID-19 vaccination rates among FN people in Alberta
- To investigate how the pandemic has influenced overall immunization patterns (i.e., delays) for FN people in Alberta
- To explore, document and promote the sharing of tailored strategies and their potential influence on COVID-19 vaccine uptake among FN people in Alberta

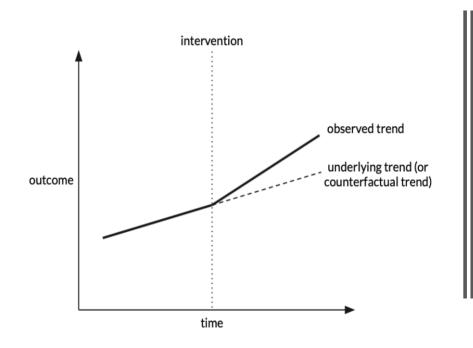
### Methods

- Individual-level immunization data for COVID-19, other childhood vaccinations, and mass immunizations for adults (i.e., influenza) between April 2018 to March 2022 (24 months before and after the start of the COVID-19 pandemic) will be evaluated using CHIP.
  - Immunization rates by sex, age (pre-school, school, and adults (adults in 5-year bands or by age of eligibility)), distinction/community if of interest to the community, Treaty area (6, 7, 8), type of vaccine (Pfizer, Moderna, etc), and intervals between doses.

### Methods

- BEST AND WISE COMMUNITY PRACTICES FOR VACCINATION
  - We will invite all members of the relevant Indigenous stakeholder groups to participate in the compilation of best practices to promote COVID-19 vaccine uptake and routine immunization programming
  - Participants will be asked to describe and share their vaccination strategies and initiatives, including lessons learned and perceived impact, during formal and informal discussions
  - This data will then be further used to see what quantitative impact these initiatives had on vaccine uptake.

### Change in Vaccination Trends





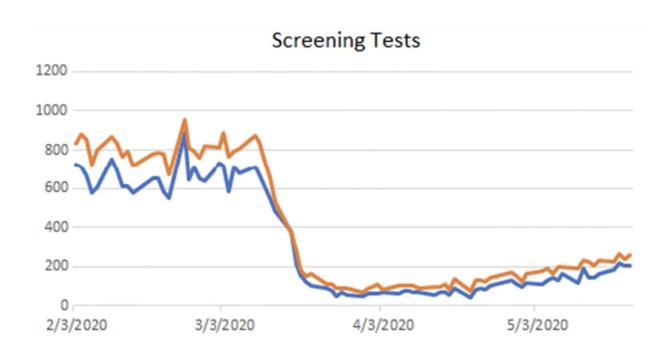
### Ongoing Steps

- Funding in place from CIHR grant
- Ethics completed and approved
- Recruit interested communities
- Research agreements to be completed with each individual community interested in participating
- Once agreements finalized:
  - Data will be deidentified and shared with Dean Eurich for analysis
  - Individual community report will be generated describing the trends and any interventions that seemed to have a positive effect on vaccine uptake (if the community is interested)
  - Any other results will be aggregated at the treaty level and at the provincial level as a whole (no communities to be identified)

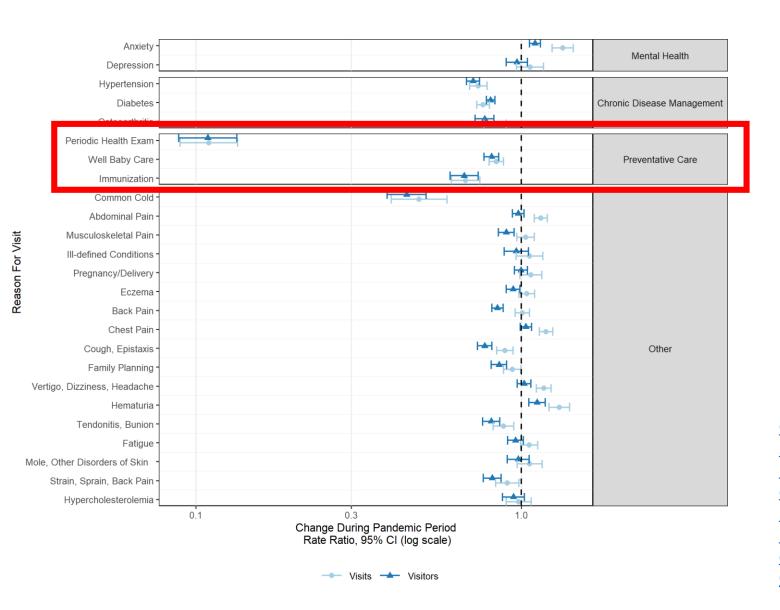
### **Potential Benefits**

- Findings will provide distinctions-based evidence on the effects of and response to COVID-19, including real-time vaccination rates and the pandemic's influence on regular immunization programming
- Summary of culturally-safe strategies implemented to promote COVID-19 vaccination among FN people will provide important evidence for other communities and shape future program planning.
- Identify ongoing care gaps in routine vaccinations for children and adults (outside of COVID-19) which will assist in future program planning to 'catch-up' and close the gaps
- COMPLETE vaccination records the grant will offset costs of vaccine record reconciliation between CHIP and provincial immunization databases (to be completed by Okaki); thus, CHIP will be fully populated will all vaccination records for community members.

# The Invisible Epidemic: Neglected Chronic Disease Management During COVID-19



<u>Journal of General Internal Medicine</u> **volume 35**, pages 2816–2817 (2020)



Changes in the top
25 reasons for
primary care visits
during the COVID19 pandemic in a
high-COVID region
of Canada | PLOS
ONE

# Substantial Impact on non-COVID19 vaccinations expected

- Preliminary data for the first four months of 2020 points to a substantial drop in the number of children completing three doses of the vaccine against diphtheria, tetanus and pertussis (DTP3). This is the first time in 28 years that the world could see a reduction in DTP3 coverage – the marker for immunization coverage within and across countries (source the WHO).
- USA/England The steep decline in vaccination rates was notable for both non-influenza childhood (42%) and measles containing vaccine (50%).... a decline (53%) in the mean number of daily immunization clinic visits during the lockdown compared to 6 months before COVID-19

#### Are we catching back up or is the gap persisting...

The Impact of the COVID-19 Pandemic on Immunization Campaigns and Programs: A Systematic Review. <u>Int J Environ Res Public Health.</u> 2021 Feb; 18(3): 988.



### Questions? VCHELP@FNTN.CA







### **Acknowledgements**

Dr. Dean Eurich, Professor, School of Public Health, U of A

Dr. Chris Sarin, Senior Medical Officer of Health – FNIHB

Dr. Parminder Thiara, Deputy Medical Officer of Health – FNIHB

Dr. Celeste Loewe, Deputy Medical Officer of Health - FNIHB

Ibrahim Agyemang, Senior Epidemiologist – FNIHB

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

**FNIHB Technical Team** 

