

COVID-19 MOH Update

AND COMMONLY ASKED QUESTIONS

APRIL 2, 2020

Outline

1. Update on latest COVID-19 virology information
2. Current COVID-19 Situation
3. What online resources are available for COVID-19?
4. Update on isolation and quarantine facilities
5. What happens if there is a positive case in the community?
6. Time for additional questions from communities

COVID-19 Virology

DR. CHRIS SARIN, MEDICAL OFFICER OF HEALTH

What is Coronavirus?

Coronaviruses are a large family of viruses which may cause illness in animals or humans.

In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).

The most recently discovered coronavirus causes coronavirus disease. The official name of the disease is COVID-19.

How does COVID-19 Spread?

COVID-19 is transmitted through person-to-person spread by:

- larger droplets, like from a cough or sneeze
- touching contaminated objects or surfaces and then touching your eyes, nose or mouth

COVID-19 is not airborne and cannot spread through the air over long distances or times, like the measles.

Studies suggest that the virus generally only survives for a few hours on a surface, though it may be possible for it to survive several days under ideal conditions.

Symptoms

COVID-19 symptoms are similar to influenza and other respiratory illnesses.

- Common symptoms can be mild: cough, fever, shortness of breath, runny nose or sore throat
- Symptom of serious illness: difficulty breathing or pneumonia

Common symptoms among reported cases include cough (78%), general weakness (57%), and headaches (57%).

Risk

Most people – about 80% – recover without needing special treatment. However, it can cause serious illness in some, and there is a risk of death in severe cases.

Risk - Severe Illness

COVID-19 is a new disease and there is limited information regarding risk factors for severe disease.

Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19.

Sometimes severe illness develops for unknown reasons.

Risk - Severe Illness

Based on current knowledge, those at high-risk for severe illness from COVID-19 are:

- People aged 65 years and older
- People who live in a nursing home or long-term care facility

People of all ages with underlying medical conditions, particularly if not well controlled, including those with:

- chronic lung disease or moderate to severe asthma
- serious heart conditions
- severe obesity (body mass index [BMI] of 40 or higher)
- diabetes
- chronic kidney disease undergoing dialysis
- liver disease

People who are immunocompromised:

- Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications

Source: CDC COVID-19 People Who Are at Higher Risk for Severe Illness <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>

Risk

Other populations who may be vulnerable include:

- Anyone who has:
 - difficulty reading, speaking, understanding or communicating
 - difficulty accessing medical care or health advice
 - difficulty doing preventive activities, like frequent hand washing and covering coughs and sneezes
 - ongoing specialized medical care or needs specific medical supplies
 - ongoing supervision needs or support for maintaining independence
 - difficulty accessing transportation
 - economic barriers
 - unstable employment or inflexible working conditions
 - social or geographic isolation, like in remote and isolated communities
 - insecure, inadequate, or nonexistent housing conditions

Source: PHAC Vulnerable Populations and COVID-19 <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/vulnerable-populations-covid-19.html>

Hospitalization Status (based on data available for 2,450 (59%) of all cases)

The highest proportion of hospitalizations (43%) and ICU admissions (52%) being reported are among individuals 60-79 years of age.

64% of the hospitalized cases had pre-existing conditions.

Five hospitalizations and one ICU admission were reported in individuals ≤ 19 years of age.

A higher proportion of hospitalizations and ICU admissions are being reported among males (58%).

Current COVID-19 Situation

DR. CHRIS SARIN, MEDICAL OFFICER OF HEALTH

Current Situation

On December 31, 2019, an outbreak of pneumonia associated with a new coronavirus was reported in China.

The outbreak is thought to have begun at a market for live poultry, wild animals and seafood in Wuhan, China.

Cases have been reported in all continents, except for Antarctica, and have been steadily rising in many countries.

- The date of symptom onset of the first case of COVID-19 in Canada was January 15, 2020

On March 11, 2020, the World Health Organization (WHO) assessed COVID-19 as a pandemic.

Current Situation

The global numbers as of April 1, 2020 (WHO Situation Report – 72)

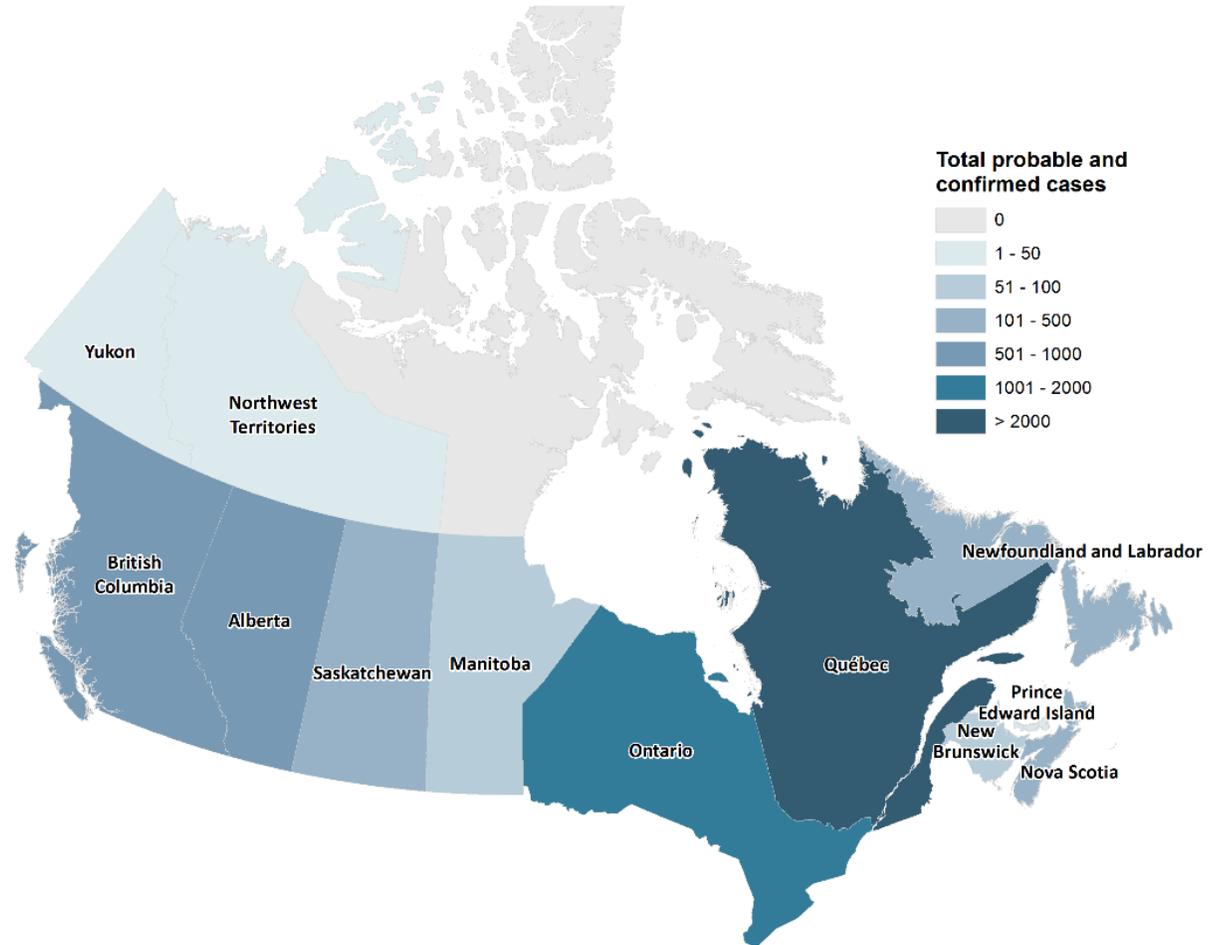
- 823 626 confirmed cases
- 40 598 deaths

The United States is now reporting the highest number of cases, followed by Italy, Spain, China, and Germany.

Current Situation

The numbers in Canada as of April 1, 2020:

- 9 017 confirmed cases
- 105 deaths



Current Situation

- The numbers in Alberta's adjacent locations as of April 1, 2020:

| Location | Confirmed Cases | Deaths | Number of Tests | Total Population |
|-----------------------|-----------------|--------|-----------------|------------------|
| Alberta | 871 | 11 | 53 141 | 4.4 million |
| British Columbia | 1 066 | 25 | 44 639 | 5.1 million |
| Saskatchewan | 193 | 3 | 10 528 | 1.2 million |
| Montana, USA | 217 | 5 | 5 088 | 1.1 million |
| Northwest Territories | 2 | 0 | 979 | 45 000 |

Current Situation

Overview of COVID-19 in Alberta (as of April 1, 2020):



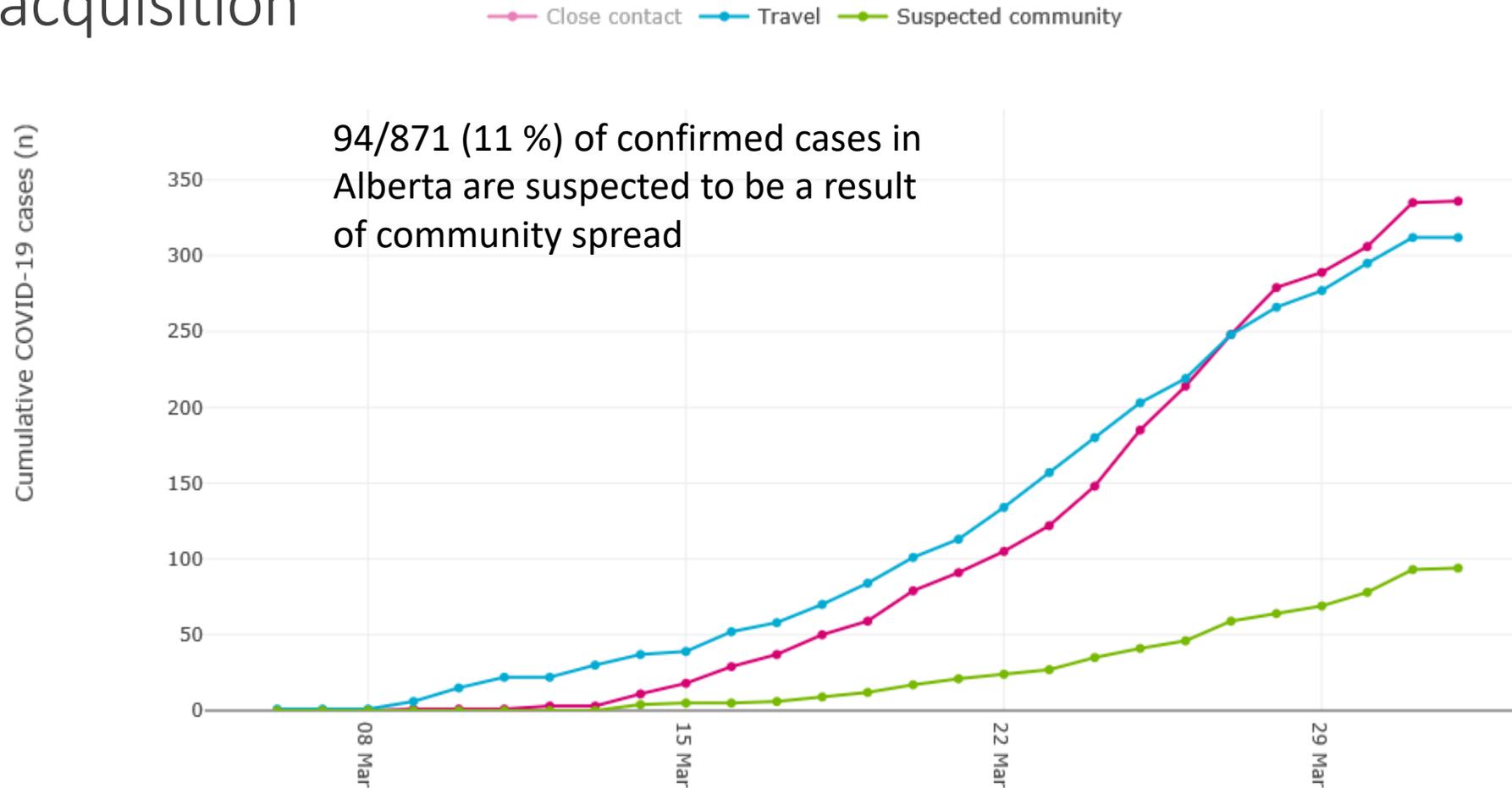
Interactive Alberta data can be found at: <https://covid19stats.alberta.ca/>

Current Situation

The numbers across Alberta as of April 1, 2020:

| Location | Confirmed Cases | Deaths |
|--------------------------|-----------------|-----------|
| Calgary Zone | 527 | 6 |
| Edmonton Zone | 219 | 3 |
| Central Zone | 57 | 0 |
| South Zone | 12 | 0 |
| North Zone | 51 | 2 |
| First Nation Communities | 0 | 0 |
| Unknown | 5 | 0 |
| TOTAL | 871 | 11 |

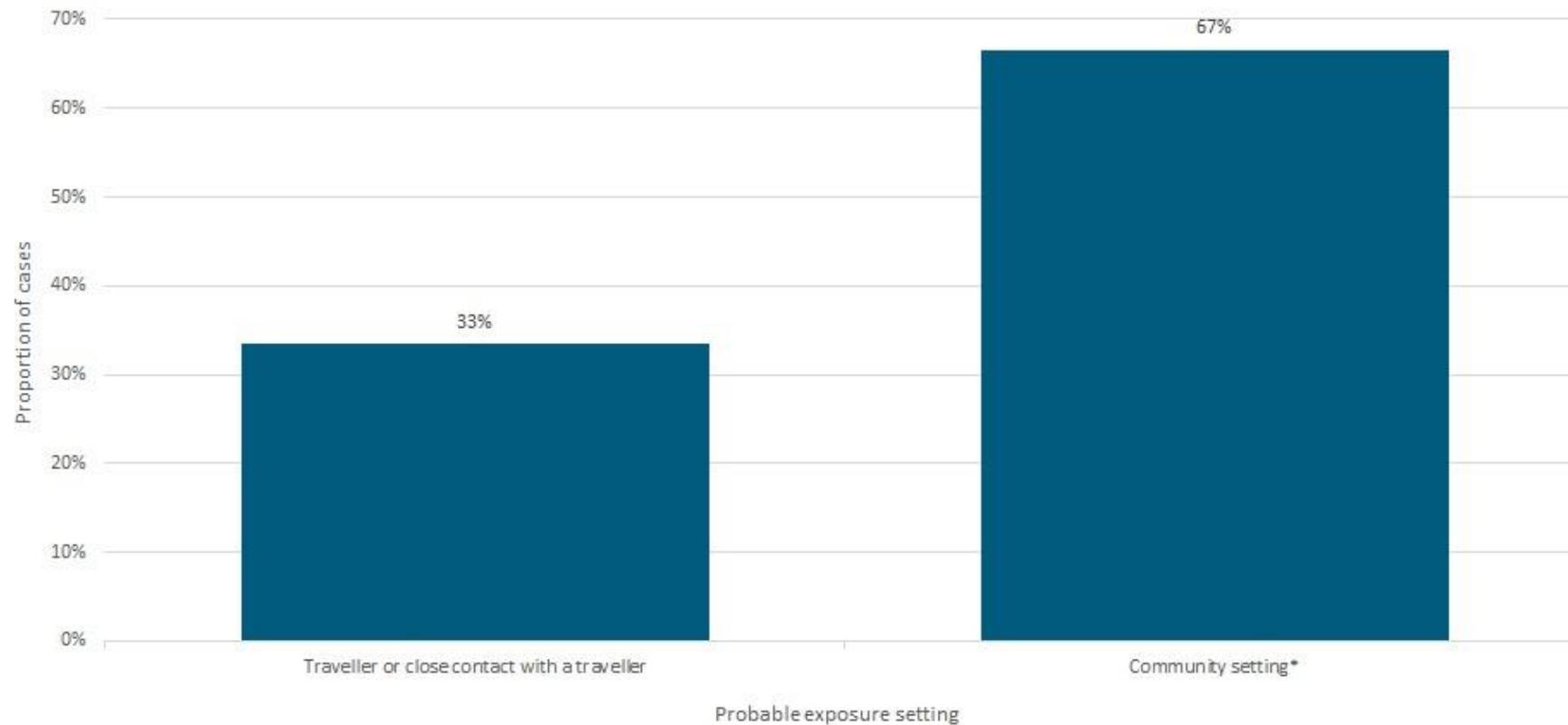
Cumulative COVID-19 cases in Alberta by route of suspected acquisition



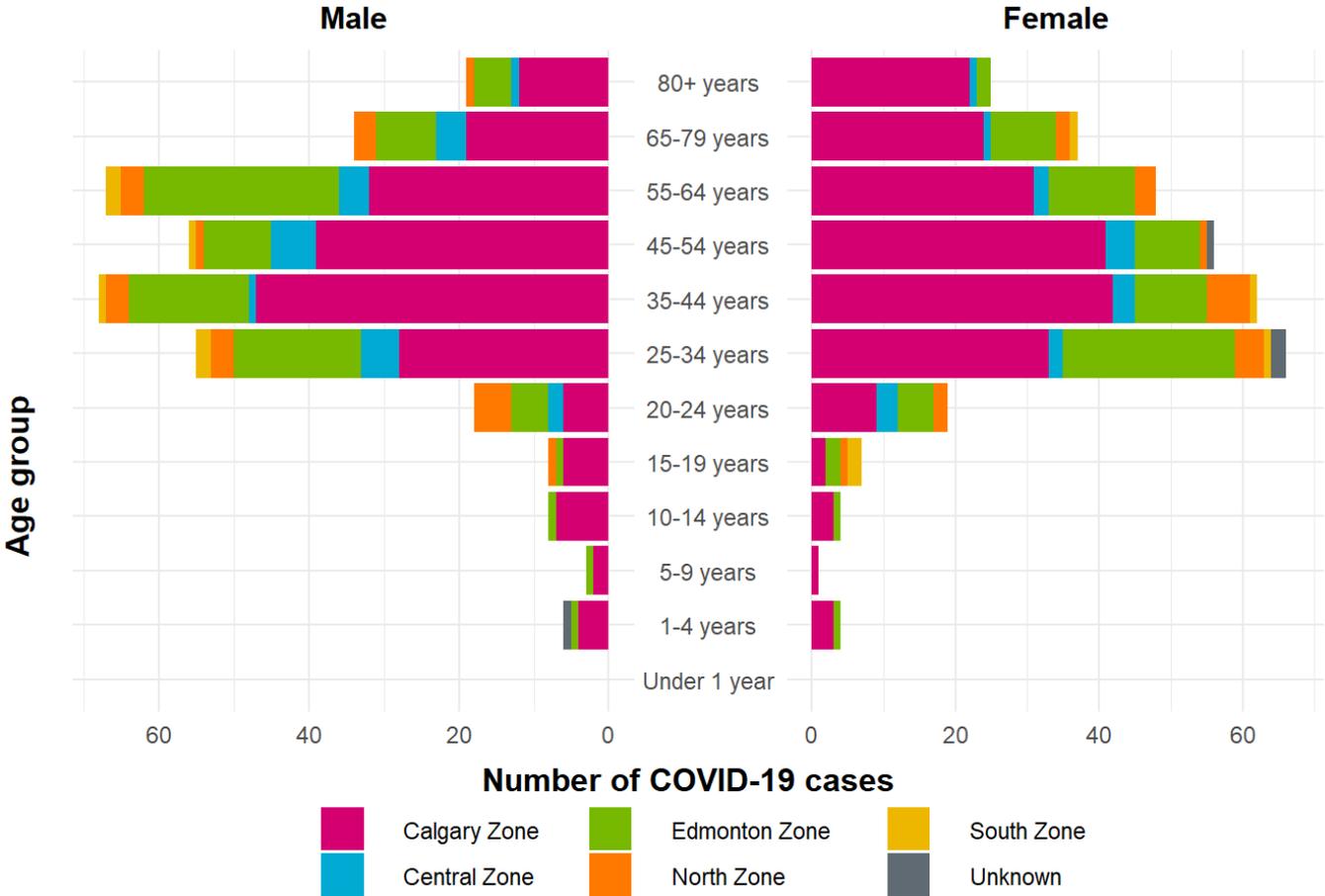
Only includes COVID-19 cases where case report forms have been received.

Reported cases in Canada by route of suspected acquisition

Probable exposure setting of COVID-19 cases (n=5,587) in Canada as of April 1, 2020



COVID-19 cases in Alberta by age group and gender



Continuing Care Facilities - Alberta

As a result of outbreaks currently occurring in 4 continuing care facilities in Alberta, strict restrictions have been implemented for these types of facilities.

- Visitors to any **continuing care**, **long-term care** and **elders lodges** in Alberta are limited to essential visitors only.
- Each essential visitor must be verified and undergo a health screening prior to entering the facility. This may include a temperature check or a questionnaire.
- Facilities must have security staff or a greeter to conduct this screening and verify the visitor is designated.
- Exceptions to these essential visitor rules will be made for family members to visit a person who is dying, so long as only one visitor enters the facility at a time
- Updated operational standards have also been implemented for these types of facilities.

Source: Alberta Health COVID_19 Info for Albertans <https://www.alberta.ca/coronavirus-info-for-albertans.aspx>

Other Public Health Restrictions

Restrictions are in place on gathering in groups of **more than 15 people** in both indoor and outdoor spaces:

- All gatherings, indoor or outdoor, over 15 people must be cancelled
- Gatherings in outdoor public spaces are limited to groups of 15 people in one location and must observe 2-metre social distancing requirements
- Outdoor spaces where individuals or families are walking and
- Access to all public recreation facilities, private entertainment facilities, bars and nightclubs is prohibited
- All dine-in services are prohibited
- Access to retail, clothing and gaming stores is prohibited
- Access to close contact personal services

Source: Alberta Health <https://www.alberta.ca/restrictions-on-gatherings-and-businesses.aspx>

Self Isolation Requirements

Required to self-isolate for:

- 14 days if you returned from international travel or are a close contact of a person with COVID-19, plus an additional 10 days from the onset of symptoms, should they occur
- 10 days if you have a cough, fever, shortness of breath, runny nose, or sore throat that is not related to a pre-existing illness or health condition

Source: Alberta Health <https://www.alberta.ca/self-isolation.aspx>

Testing in Alberta

There have been a total of 53 141 tests completed across Alberta

What online resources are available for COVID-19?

GERALDINE SAWYER, ENVIRONMENTAL PUBLIC HEALTH OFFICER



What Information Resources Are Available?

Overview of the One Health website:

- internal One Health website (login required) - www.onehealth.ca/ab
- public facing One Health website - www.onehealth.ca/ab/ABCovid-19

Other reputable sources of information:

- Alberta Health: www.alberta.ca/coronavirus-info-for-albertans.aspx#toc-2
- Alberta Health Services: www.albertahealthservices.ca/topics/Page16944.aspx
- Public Health Agency of Canada: www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html
- Indigenous Services Canada: www.canada.ca/en/indigenous-services-canada.html
- World Health Organization: www.who.int/emergencies/diseases/novel-coronavirus-2019

Information on Isolation Facilities

SIMON SIHOTA, REGIONAL ENVIRONMENTAL PUBLIC HEALTH
MANAGER

Isolation Facilities

Overview of important considerations when considering locations and setup of isolation shelters.

Information on guidelines for shelters can be found on the One Health website, and through your local Environmental Public Health Officer.

Isolation Facilities- Considerations

1. Purpose- What is the purpose of these facilities ?
2. Functions- What are key functions of these centres ?
3. Key Facility Features and Requirements
4. Identify Resources Required

Isolation Facilities

1. Purpose- What is the purpose of these facilities?

- Provide an alternative to home isolation if needed
- Protect vulnerable population (elders, immunocompromised, underlying health conditions), while providing a supportive environment
- Prevent and reduce possible exposure to others and ultimately to reduce the spread of COVID-19 and related illness

2. Functions- What are key functions of these centres?

- Must have Infection Prevention and Control (IPC) as underlying premises and function for all activities
- Provide a centralized and supportive environment for services, such as health services, meals, accommodations, cultural and mental wellness supports
- Must separate those with symptoms and illness (confirmed, probable presumptive) from those who do not (those undergoing 14 day isolation as precaution)
- Facility must accommodate desired population for a sustained duration of weeks or possible months. (What is the maximum number of people?)
- Must be designed & operated with principles of physical distancing, good personal practises (hand hygiene, cough/sneeze etiquette etc)
- Need visitor and access control policies and procedures (do not want people to come and go)

Isolation Facilities

3. Key Facility Features and Requirements

- The facility must be suitable and sustainable
- Must have basic infrastructure and size (large spaces or separate rooms, water power, heat, sewer, solid waste removal etc) to meet the numbers.
- Must have physical separation (>2m between cots/beds, curtains or walls, self contained units)
- Adequate washroom facilities, including showers, toilets, hand washing facilities and laundry facilities
- Separate areas for storage of supplies, food prep & meals,
- Dedicated areas for health or medical services (Nurse/ Dr./Paramedic), administrative space.

4. Identify Resources Required

- What services and supplies are needed ? (cleaning supplies, signage, handwash/sanitizer stations, cots, beds, bedding etc)
- What staffing resources are needed ? (health staff, cleaning staff, admin staff, volunteers, surge capacity, etc)
- What measures and procedures need to be put in place (access control, security, outbreak protocols etc)

Isolation Facilities

It is very important that there is coordination and collaboration between the Health Centre, the Directors of Emergency Management and Community

Information on guidelines for shelters can be found on the One Health website, and through your local Environmental Public Health Officer.

What happens if there is a positive case in the community?

ANDREA WARMAN, RN – TB PROGRAM COORDINATOR

What Happens When There is a Positive Case in the Community?

FNIHB MOH will be notified of the positive test result by phone.

What Happens When There is a Positive Case in the Community?

Client will be notified of test results by the physician who ordered the test and given the order to home isolate for 10 days from when the symptoms started or until the symptoms get better, whichever is longer.

What Happens When There is a Positive Case in the Community?

Home isolation means:

- Staying home
- No visitors into home who do not reside there

In the home:

- remaining in a room on their own (if possible) or separated from others
- having a bathroom of their own (if possible) or frequent cleaning and disinfecting
- social distancing from others in the home (at least 2 metres)
- not doing any of the cooking for others

What Happens When There is a Positive Case in the Community?

FNIHB MOH will notify the FNIHB CDC nursing team of case.

FNIHB CDC nursing team will contact the nursing team in the community to provide direction for follow up of the case.

What Happens When There is a Positive Case in the Community?

Community Health Nurse will contact the case and collect the names of close contacts

- Close contacts are persons who had exposure to an individual with COVID-19 disease (case) during the 10 days after the beginning of symptoms in the case.

What Happens When There is a Positive Case in the Community?

Exposure means the individual:

- provided care for the case, including healthcare workers, family members or other caregivers, or who had other similar close physical contact with consistent and appropriate use of personal protective equipment (PPE) , OR
- lived with or otherwise had close prolonged contact i.e. for more than 15 min and within two metres with a person while the case was ill, OR
- had direct contact with the infectious body fluids of a person (e.g. was coughed or sneezed on) while not wearing recommended PPE.

What Happens When There is a Positive Case in the Community?

Community Health Nurse will contact each of the close contacts to:

- collect information about the exposure
- assess for symptoms

What Happens When There is a Positive Case in the Community?

FNIHB MOH and CDC nursing team will provide direction to the CHN for close contacts

- need for isolation
- length of isolation

FNIHB CDC nursing team will notify the appropriate health care team for contacts who live in another First Nation community or off reserve.

Questions?
