

COVID-19 Update

OCTOBER 22, 2020

QUESTIONS: VCHELP@FNTN.CA

Outline

1. MOH Update – Dr. Chris Sarin, Deputy Medical Officer of Health & Bonnie Healy, Health Director – Blackfoot Confederacy
2. Current Topics – Dr. Chris Sarin and Simon Sihota, Regional Environmental Health Manager
3. Questions

MOH Update

DR. CHRIS SARIN, DEPUTY MEDICAL OFFICER OF HEALTH

BONNIE HEALY, HEALTH DIRECTOR – BLACKFOOT CONFEDERACY

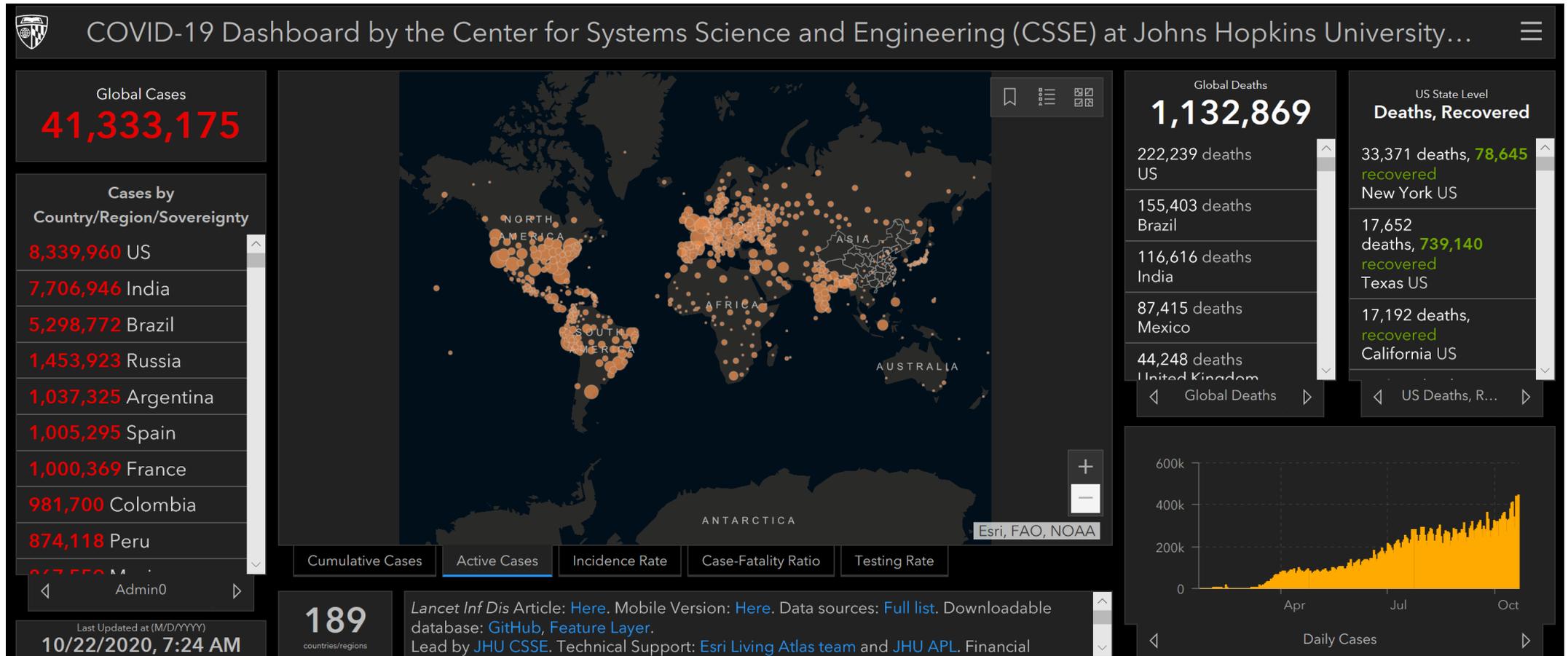
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Reminder - Privacy

- 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.

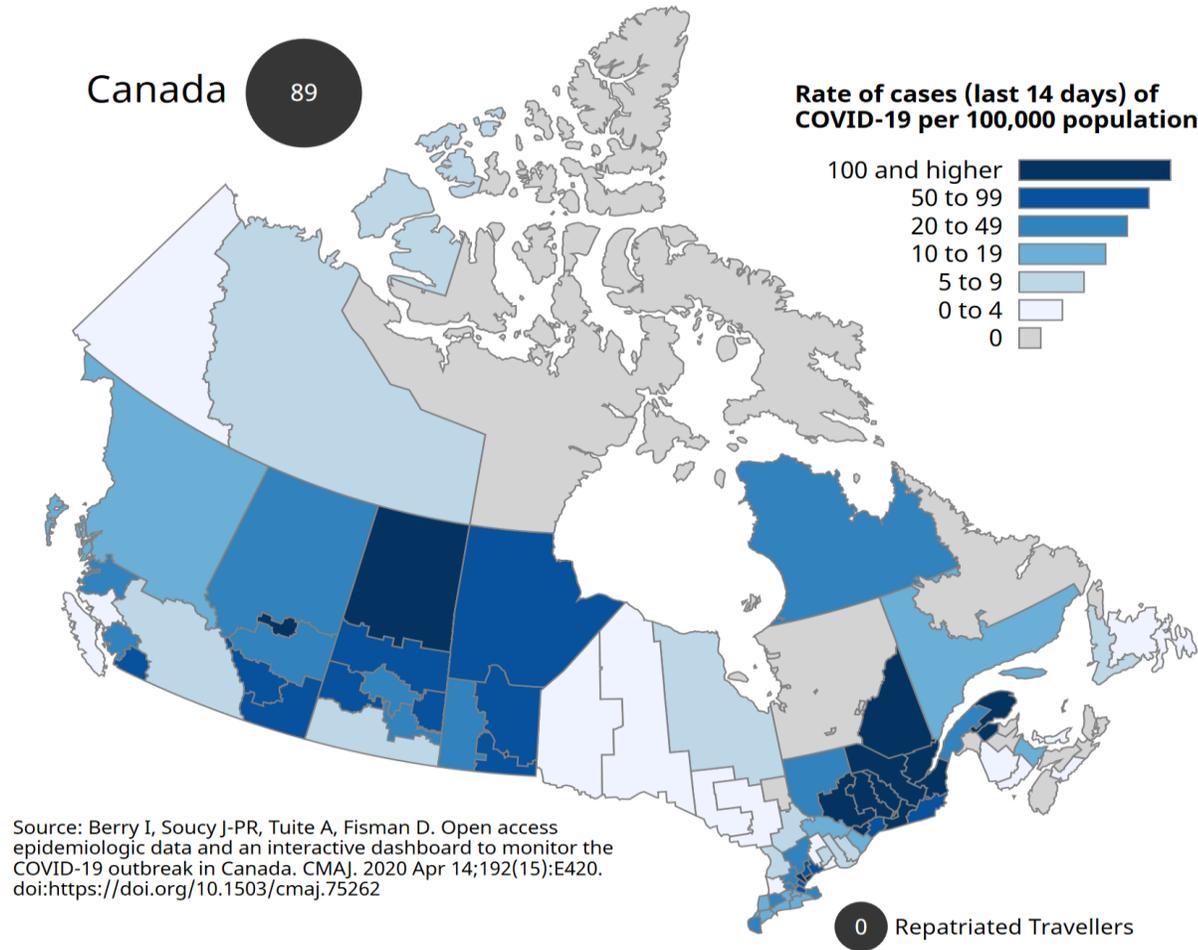
Current situation – Global (as of Oct 22)

Source: <https://coronavirus.jhu.edu/map.html>



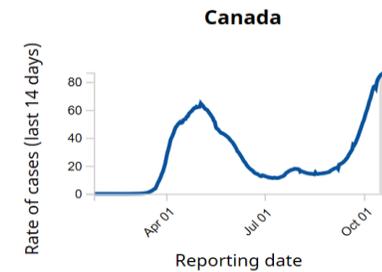
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Current Situation – Canada (as of October 21)



Source: Berry I, Soucy J-PR, Tuite A, Fisman D. Open access epidemiologic data and an interactive dashboard to monitor the COVID-19 outbreak in Canada. CMAJ. 2020 Apr 14;192(15):E420. doi:https://doi.org/10.1503/cmaj.75262

The rate of cases (last 14 days) of COVID-19 in **Canada** was **89 per 100,000 population** as of October 21, 2020.



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

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Current Situation in Alberta

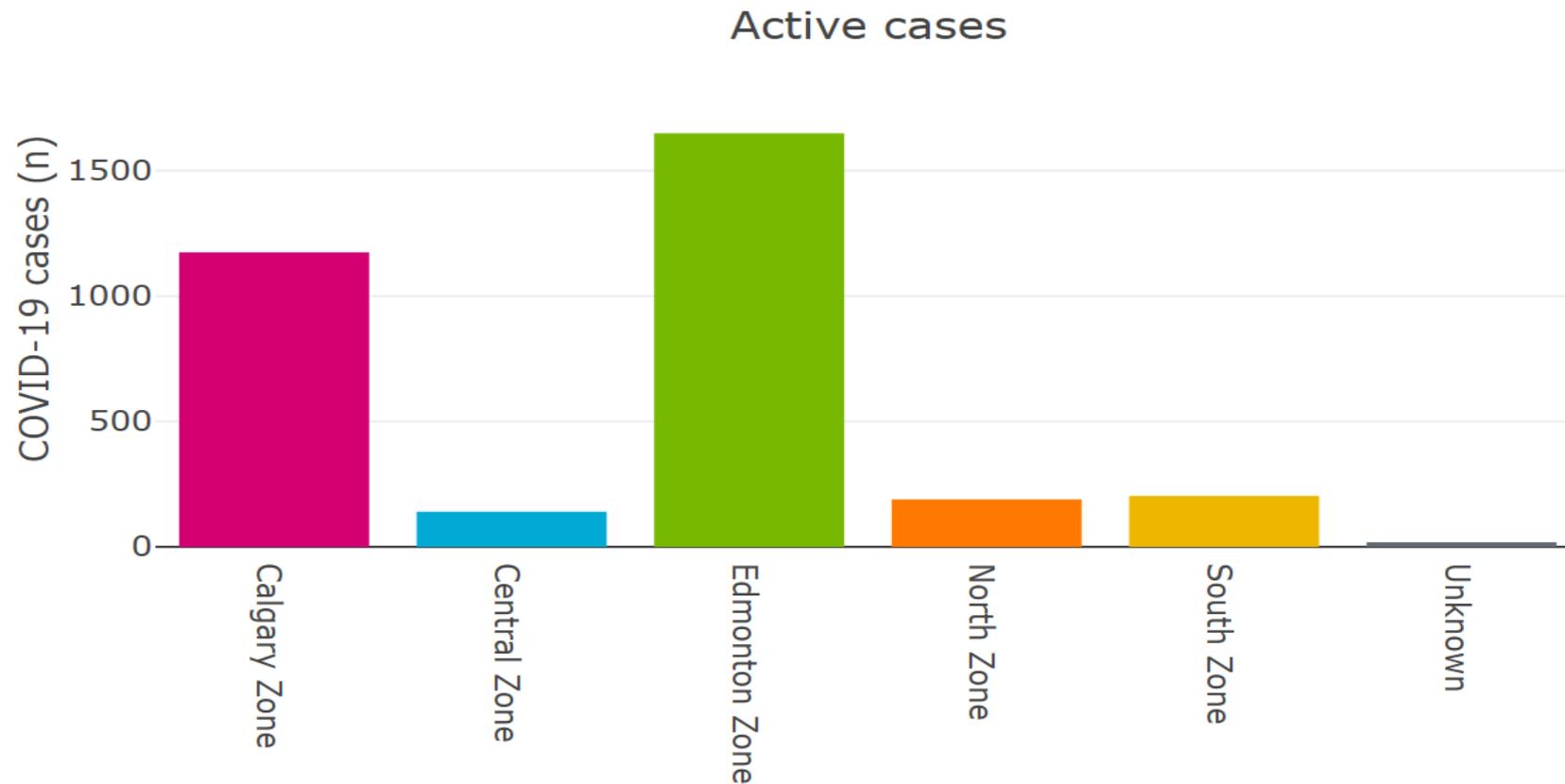
Overview of COVID-19 in Alberta (as of October 21, 2020):



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

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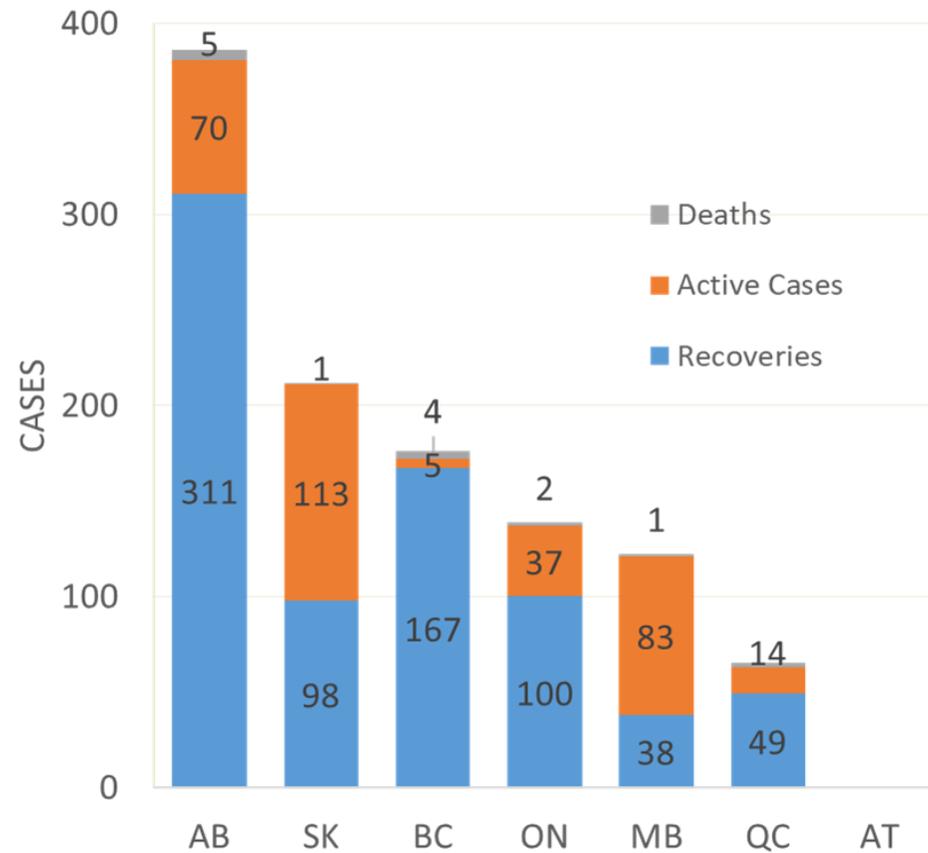
Active Cases by Zone – Alberta (as of October 21)



<https://www.alberta.ca/stats/covid-19-alberta-statistics.htm>

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Status of COVID-19 in on-reserve First Nations Across Canada (All Provinces) As of October 21



National Summary

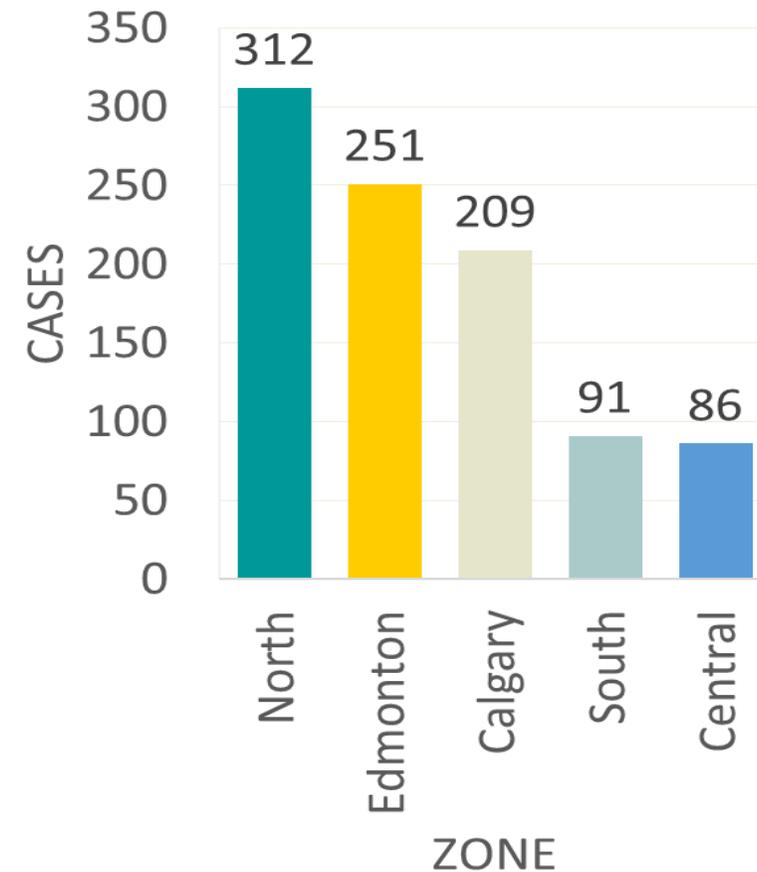
- 1,100 COVID-19 Cases
- 763 Recoveries
- 322 Active Cases
- 72 Hospitalizations
- 15 Deaths

Hospitalizations ever per region:

- AB - 25
- BC - 14
- SK - 9
- MB - 5
- ON - 12
- QC - 7
- AT - 0

COVID-19 in First Nations in Alberta (on and off reserve) As of October 21

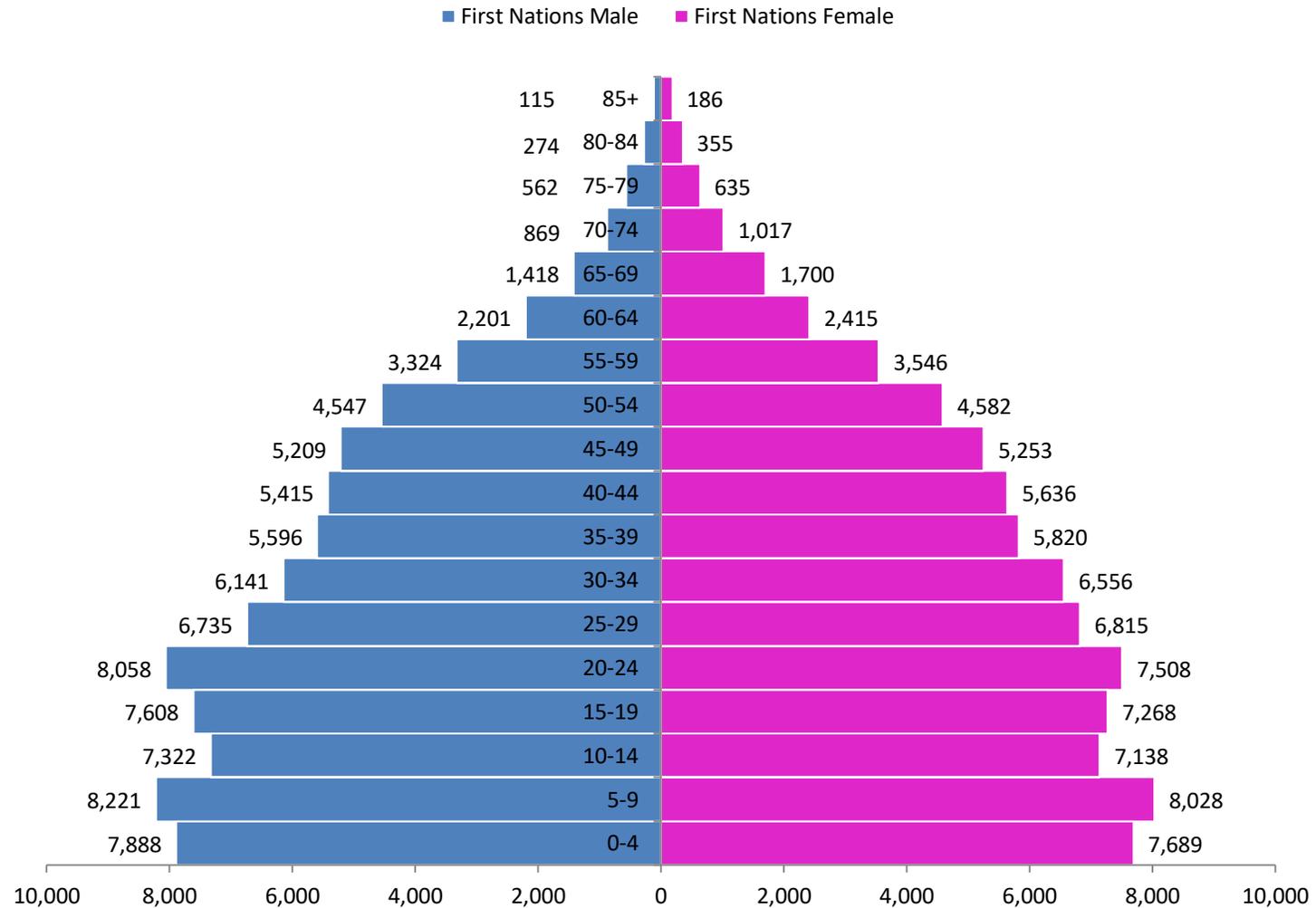
951 Confirmed and probable cases	772 Recovered cases
166 Active cases	84 Hospitalized cases ever
14 ICU cases	13 Deaths



Source: <http://www.afnigc.ca/main/index.php?id=home>

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Source: Alberta Health Interactive Health Data Application (Retrieved May 11, 2016)



Source: INAC Indian Registry System

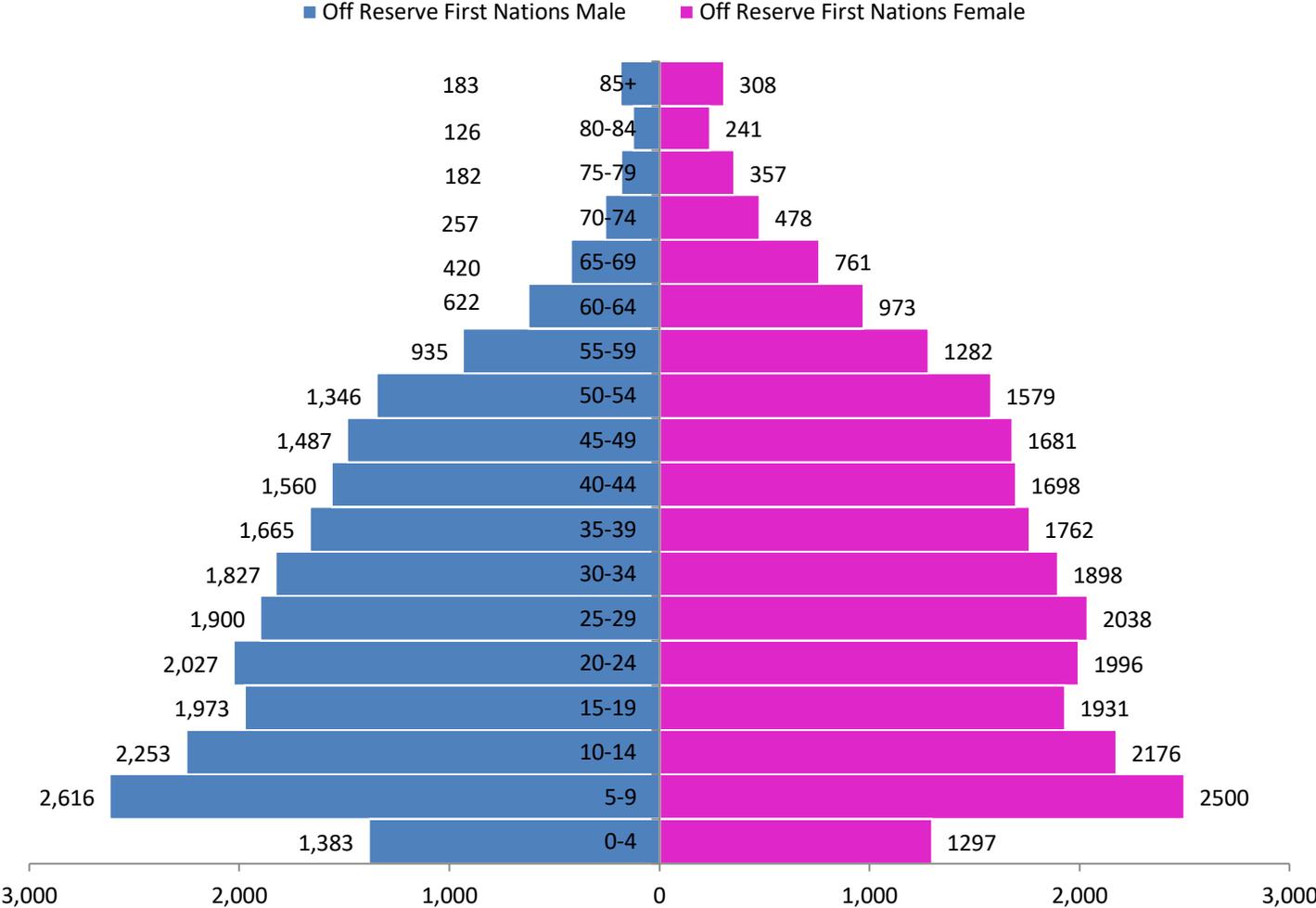
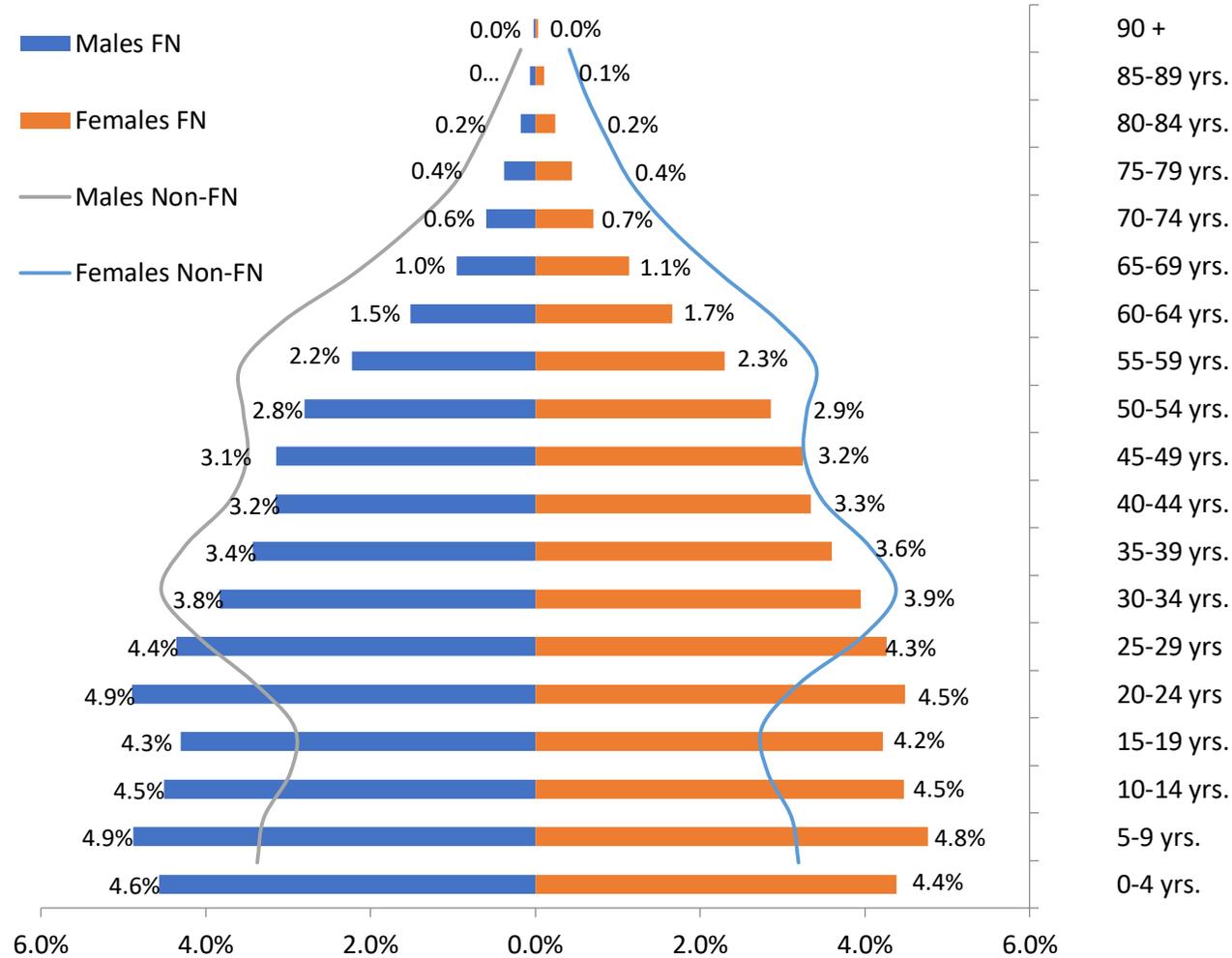


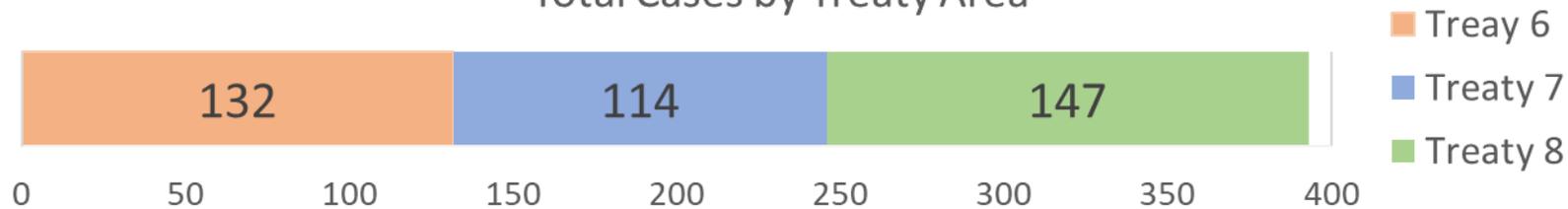
Figure: Proportion of male and female First Nations and non-First Nations people in Alberta within 5-year age groups, 2017



COVID-19 in First Nations in Alberta (on reserve only) As of October 21



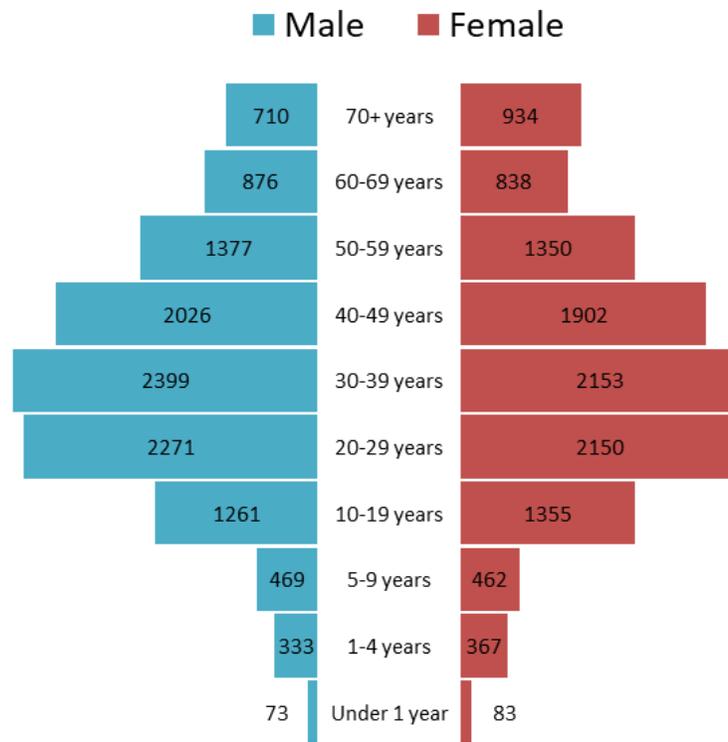
Total Cases by Treaty Area



Age and gender distribution of on-reserve COVID-19 cases in comparison to all Alberta

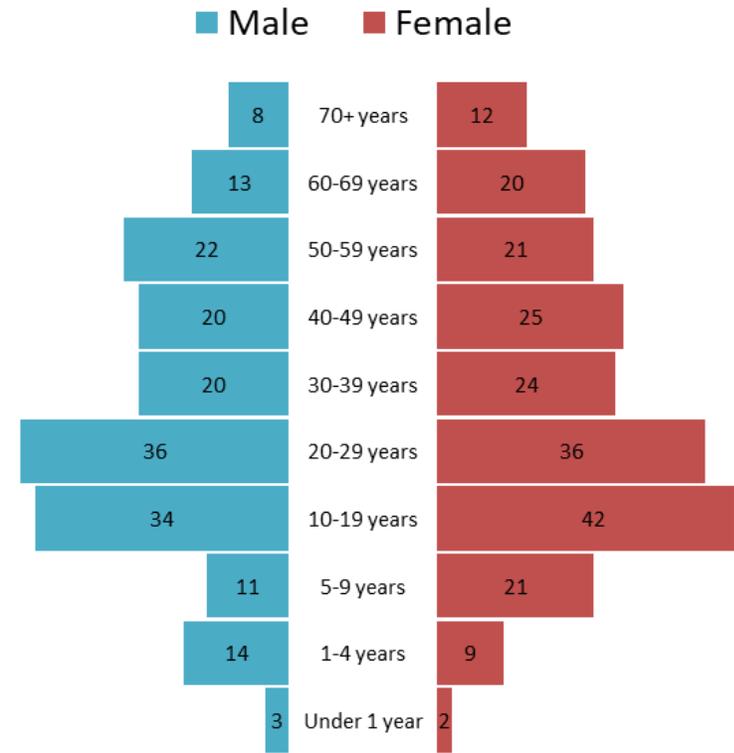
As of October 21

ALL ALBERTANS



Counts

FIRST NATIONS (ON RESERVE)

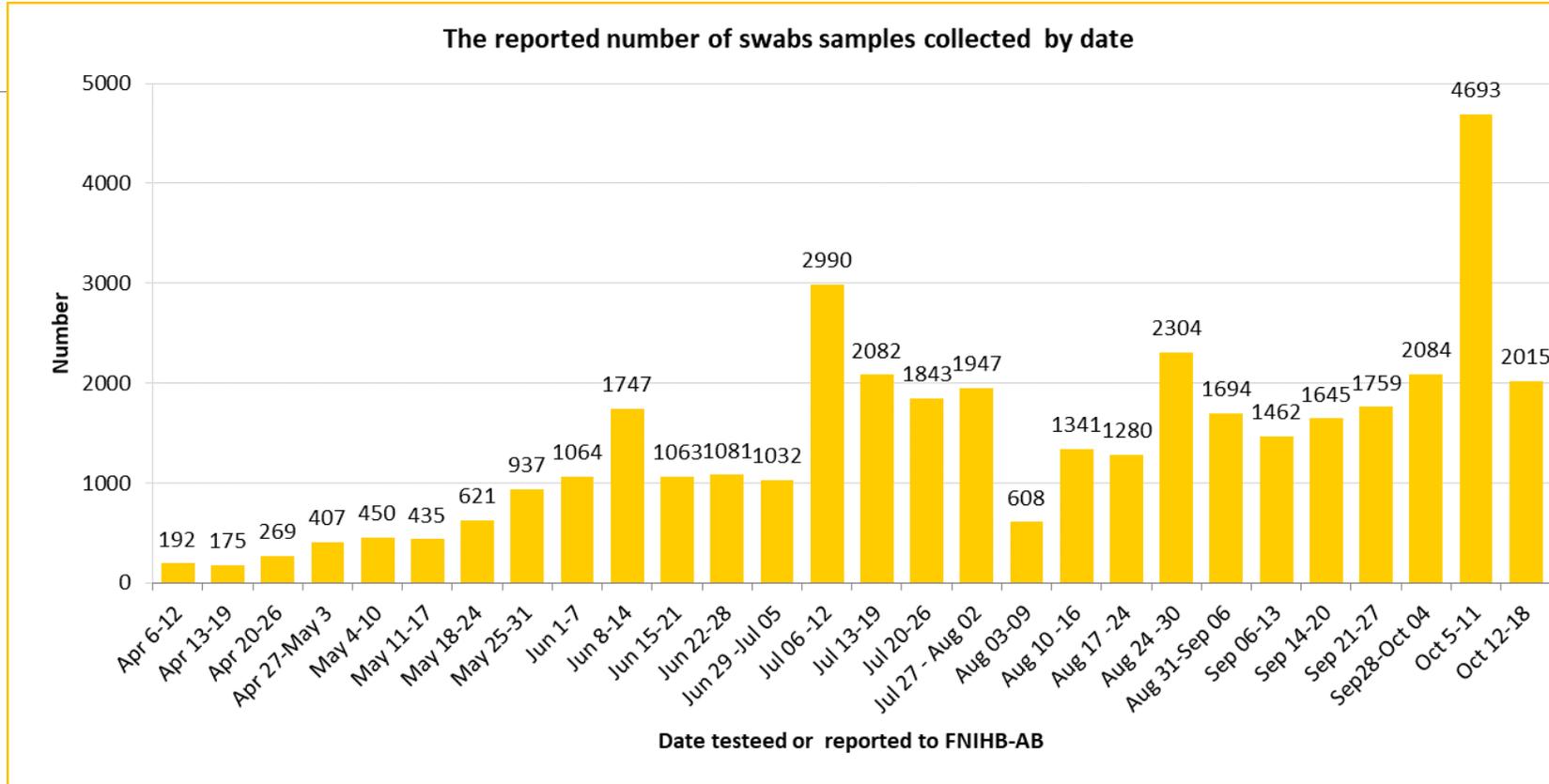


Counts

Severe Outcomes as of October 21

	Hospitalized ever	Currently in hospital	ICU ever	Currently in ICU	Deaths
First Nations (on reserve)	24	3	7	0	5
All Albertans	1036	113	187	16	296
	Fatality rate per 100 cases	Hospitalization rate per 100 cases	Average age of fatality (Range)	Average age of hospitalization (Range)	
First Nations (on reserve)	1.3	6.1	63 years (29-78)	57 years (20-86)	
All Albertans	1.3	4.4	82 years (27 - 105)	62 years (0 - 102)	

Testing Volume as of October 21



	Test volume	Percent positive test
First Nations (on reserve)	39,220	1.00%
All Albertans	1,668,277	1.40%

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Swab Samples across Canada (on-reserve) As of October 21

T12. Swab Samples Collected by Facility Type

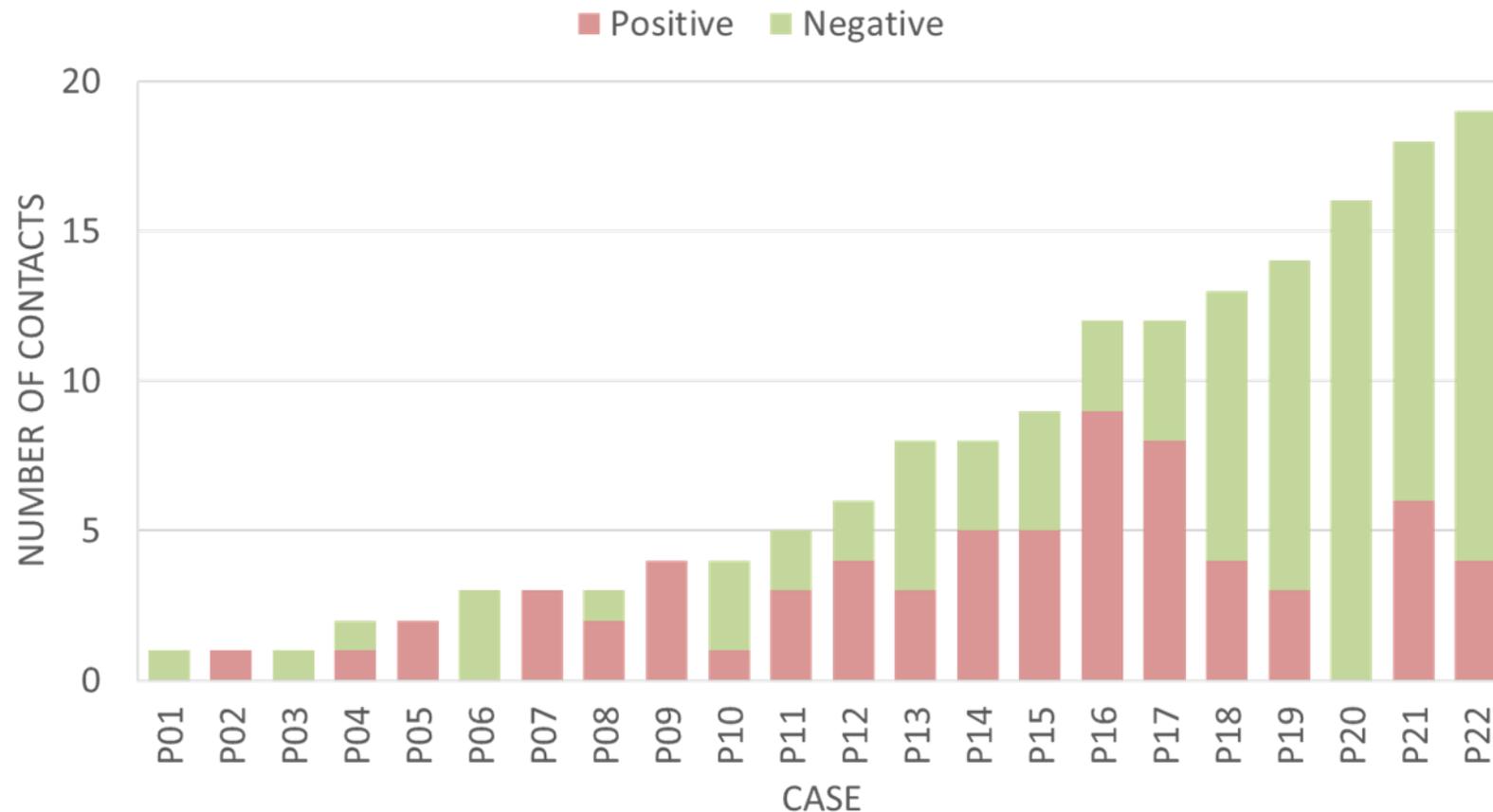
Region	ISC Run Facilities			Transferred Facilities			Total
	Nursing Station	Health Centre	Not Reported**	Nursing Station	Health Centre	Not Reported**	
AB	2729	4587	0	367	30366	0	38049
SK	0	0	1706	0	242	4527	6475
NITHA	0	0	0	0	0	4223	4223
MB	1464	560	96	25	0	4	2459
ON	12067	2529	0	1670	680	0	16946
QC	Testing not reported to National Office						
NFLD	0	0	0	0	65	0	65
NS	Testing not reported to National Office						
NB	Testing not reported to National Office						
PEI	Testing not reported to National Office						
Total	16260	7676	1802	2062	31353	8754	68217

***Considerations:**

1) Swab testing in Quebec, Northern region, Nova Scotia, New Brunswick, and Prince Edward Island is done by Provincial Health Authorities and is not reported to the National Office. 2) Testing is completed in provincial labs of the Ministry of Health where the region is located. 3) Swabs taken in Indigenous communities must adhere to the parameters for testing which are determined by each Provincial ministry of health. The criteria can, and does, vary across the regions. 4) Some Provinces have also started surveillance testing of vulnerable populations, adding the COVID-19 testing on any nasopharyngeal swabs submitted for a respiratory illness. This data should be accessed through regional contacts and could be very different from our data collected. 5) The number of swabs in stations is reported by each region. The method for counting the number of swabs in station is not prescribed, and could result in under or over reporting. 6) The ad hoc nature of reporting by transferred communities can result in a discrepancy in the number of communities who are testing as an overall percentage.

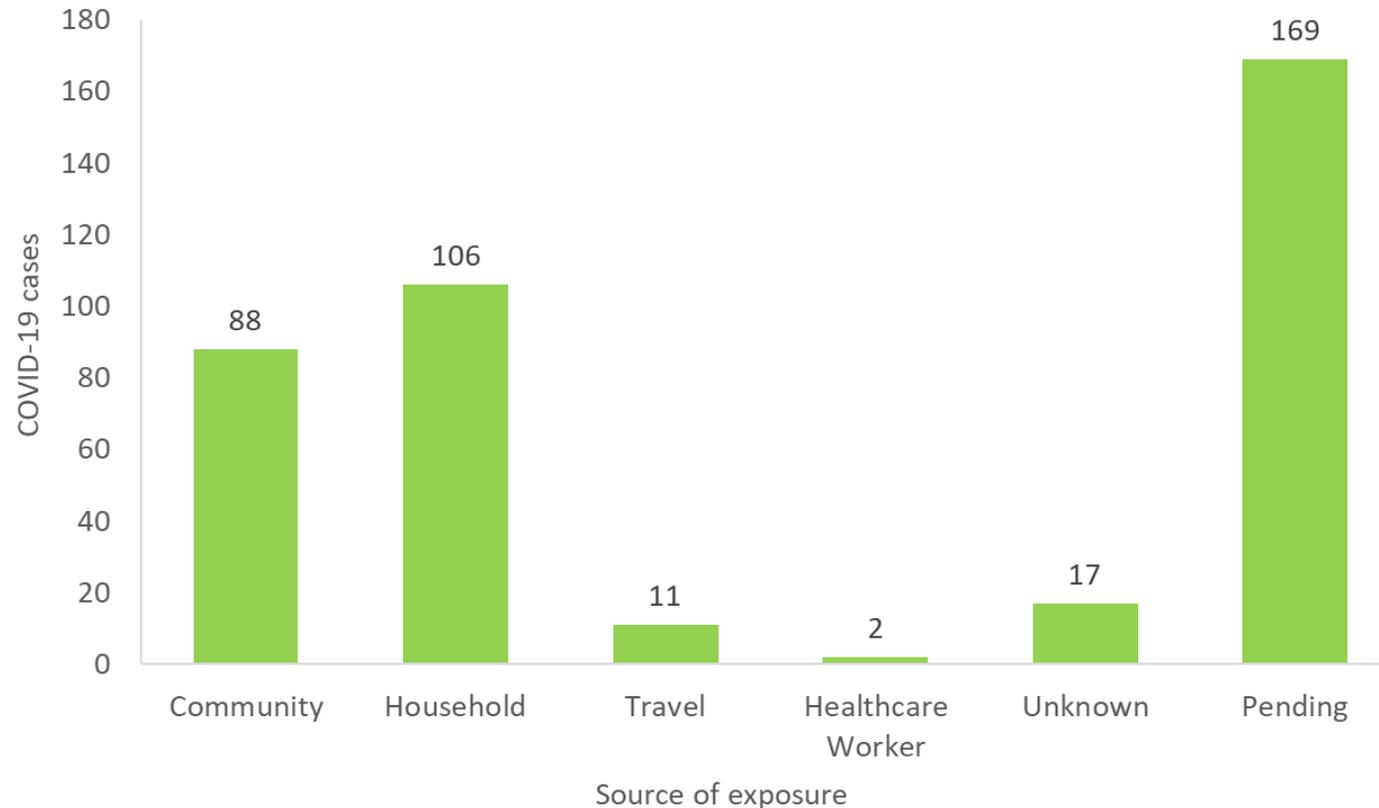
**Facility type is not reported to FNIHB.

Random sample of cases and the number of their contacts by test status



Contributing Factors to increased cases, to date

Confirmed and probable COVID-19 cases by likely source of exposure



Alberta COVID-19 Testing Criteria

Testing will prioritize people with symptoms and vulnerable groups at higher risk of getting or spreading COVID-19.

- Priority testing is available to:
 - 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 pause

- Starting October 20, 2020, asymptomatic testing is being paused for those with no COVID-19 exposure.
- Pharmacies will no longer book new patients for asymptomatic testing. Pharmacies may honour tests that have been booked between now and November 4, 2020.
- Asymptomatic testing will continue for close contacts of a confirmed case or individuals linked to an outbreak.

Voluntary Public Health Measures – Edmonton Zone

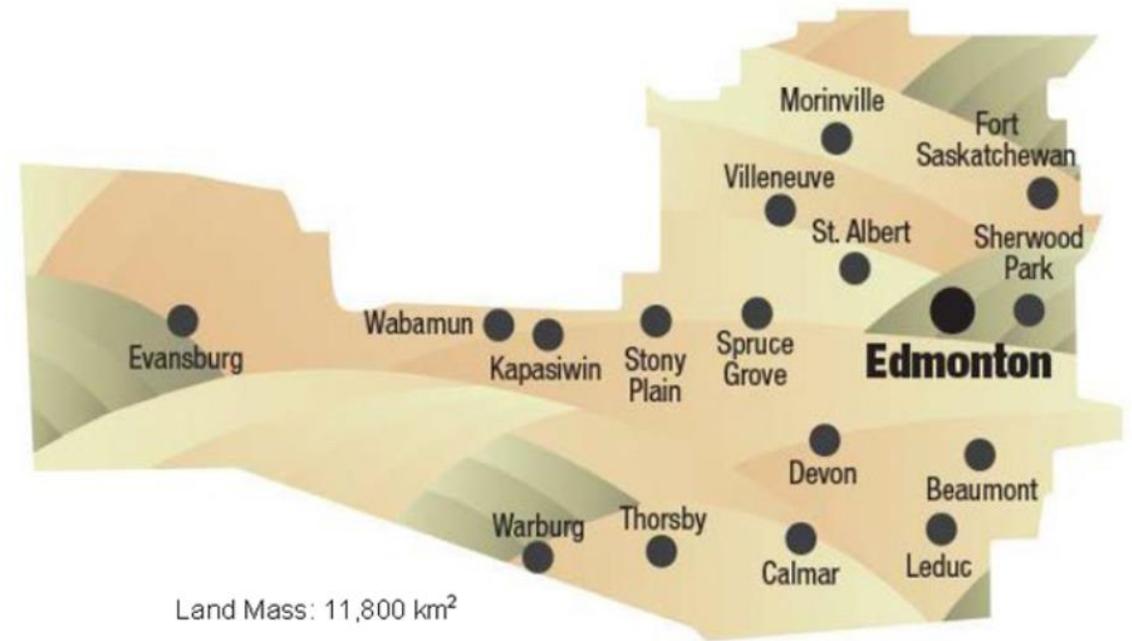
The Edmonton Zone is seeing a rapid rise in active COVID-19 cases. Moving the Edmonton Zone to a **Watch status**.

- Indicating there are at least 10 active cases and more than 50 active cases per 100,000.
- At this level local governments and community leaders discuss the need for additional health measures

As a result, additional voluntary public health measures were announced for the Edmonton Zone on October 8th.

See Alberta COVID-19 relaunch status map:

<https://www.alberta.ca/maps/covid-19-status-map.htm>



Voluntary Public Health Measures – Edmonton Zone

The additional public health measures include:

- Keep family and social gatherings small - no more than 15 people
- Wear a mask in all indoor work settings, except when alone in a workspace like an office or cubicle where you are safely distanced from others, or an appropriate barrier is in place
- Limit cohorts to no more than 3:
 - core household,
 - school, and
 - one other sport or social cohort.

Young children who attend child care could be part of 4 cohorts, given that child care settings have not been a high risk for spread.

Continue to follow all other existing public health measures.

Reminder – Preventing Transmission in Healthcare Settings

Preventing the risk of transmission amongst staff, volunteers and patients remains important.

Measures to prevent transmission in healthcare settings should continue including: restricting the number of staff, volunteers and clients/patients in the setting at any one time; screening for staff/clients/patients; maintaining a two-metre separation between individuals; and spacing out appointments.

Reminder – Continuous Masking

To prevent pre-symptomatic and asymptomatic spread, all health care facilities have been advised to adopt the policy of continuous masking for health care workers. This recommendation is consistent with guidance provided by Alberta Health Services and the Public Health Agency of Canada.

AHS guidelines for continuous masking can be found at this link:

<https://www.albertahealthservices.ca/topics/Page17048.aspx#masking>

Reminder – Fit for Work Screening

All staff and visitors should continue to complete a daily fit for work screening questionnaire:

<https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-daily-fitness-for-work-screening-questionnaire.pdf>



Novel coronavirus (COVID-19) Guidance

Daily Fit for Work or Visitor Screening Questionnaire for Non-Continuing Care

We require you to fill out the below questionnaire to assist in determining your fitness to work or visitation during the COVID-19 pandemic to provide a safe environment for staff, physicians, volunteers, contractors, patients and families.

The information in this questionnaire is collected under the authority of FOIP section 33 (c) and will be used solely for the purposes of determining fitness for work, fit for work screening compliance and workforce planning or for the purposes of visitation during the COVID-19 pandemic. If you have questions related to privacy or collection of information contact **Alberta Health Services / Alberta Precision Laboratories** at 1-877-476-9874 or **Covenant Health** at 1-866-254-8181 or privacy@covenanthealth.ca.

You must follow hand hygiene protocols and remember to clean your keys, phone, computers and other personal items.

The questionnaire only relates to **new** symptoms or a **worsening** of symptoms related to allergies, chronic or pre-existing conditions. Those with symptoms related to pre-existing conditions or allergies can still go to work or visit.

Printed Name: _____ Signature: _____ Date: _____

Risk Assessment: Screening Questions

1.	Do you have any of the following symptoms which are new or worsened if associated with allergies, chronic or pre-existing conditions: fever, cough, shortness of breath, difficulty breathing, sore throat, and/or runny nose?	Yes	No
2.	Have you returned to Canada from outside the country (including USA) in the past 14 days?	Yes	No
In the past 14 days, at work or elsewhere, while not wearing appropriate personal protective equipment:			
3.	Did you have close contact* with a person who has a probable** or confirmed case of COVID-19?	Yes	No
4.	Did you have close contact* with a person who had an acute respiratory illness that started within 14 days of their close contact* to someone with a probable** or confirmed case of COVID-19?	Yes	No
5.	Did you have close contact* with a person who had an acute respiratory illness who returned from travel outside of Canada in the 14 days before they became sick?	Yes	No
6.	Did you have a laboratory exposure to biological material (i.e. primary clinical specimens, virus culture isolates) known to contain COVID-19?	Yes	No

If you answer "YES" to any of the above, you are not permitted to attend work or visit at this time and you must self-isolate. Complete the [Self-Assessment Tool](#) at ahs.ca/covid to determine your need for COVID-19 testing. Healthcare workers, please inform **ALL** managers/leads you report to.

If you answer "NO" to all of the above, you can proceed to work or with your visit. If you develop any of the above symptoms, please complete a new questionnaire. **Note:** If you have any other symptoms which are new or a change from your usual symptoms, then you should stay home and minimize contact with others until you are feeling better. Complete the [Self-Assessment Tool](#) to determine your need for COVID-19 testing.

*Close contact includes providing care, living with or otherwise having close prolonged contact (within 2 meters) while the person was ill, or contact with infectious bodily fluids (e.g. from a cough or sneeze) while not wearing recommended [personal protective equipment](#).

**Probable case is a person with clinical illness who had close contact to a lab-confirmed COVID-19 case, while not wearing appropriate [personal protective equipment](#), OR a person with clinical illness who meets the COVID-19 exposure criteria, AND in whom laboratory diagnosis of COVID-19 is inconclusive. *Clinical illness* of a probable case is new onset/exacerbation of following symptoms: fever (over 38 degrees Celsius), cough, shortness of breath (SOB)/difficulty breathing, sore throat or runny nose. *Exposure criteria* for a probable case is a person who, in the 14 days before onset of illness: had any history of travel outside of Canada; OR had close contact with a confirmed or probable case of COVID-19; OR is a close contact of a traveler with acute respiratory illness who returned from outside Canada in the previous 14 days; OR had a laboratory exposure to biological material (e.g. primary clinical specimens, virus culture isolates) known to contain COVID-19.

QUESTIONS: VHELP@FNTN.CA

Updates - Fit for Work Screening

- Specific screening questions for staff working at continuing care facilities (hospice, long term care, designated supportive living, or congregate living) have been updated to meet requirements from the latest Chief Medical Officer of Health Orders.
- There is also now a separate paper questionnaire specific for visitors to continuing care facilities.
- Questionnaires can be found at <https://www.albertahealthservices.ca/topics/Page17076.aspx>

Current Topics

DR. CHRIS SARIN, DEPUTY MEDICAL OFFICER OF HEALTH

SIMON SIHOTA, REGIONAL MANAGER, ENVIRONMENTAL PUBLIC
HEALTH SERVICES

QUESTIONS: VCHELP@FNTN.CA

Outbreak Definitions

DR. CHRIS SARIN, DEPUTY MEDICAL OFFICER OF HEALTH

QUESTIONS: VCHELP@FNTN.CA

Outbreak-Related Definitions

Outbreak is defined as: *“The occurrence of cases of disease in excess of what would normally be expected in a defined community, geographical area or season”* (World Health Organization, 2018).

- NOTE: A common source of infection or the identification of transmission between cases are not requirements for an outbreak. The epidemiologic features of an outbreak and subsequent public health actions are assessed through the outbreak investigation process.

Alert: A warning sign that the situation may evolve into an outbreak. The threshold for triggering an alert is dependent on the specific setting.

Public Reporting: The minimum number of cases marking the threshold for public reporting of COVID-19 outbreaks.

Definition of an Outbreak of COVID-19 by Setting

Type of Setting	Alert	Outbreak	Public Reporting
Congregate Settings (Continuing Care, Long-term Care, Group home, DSL)	One symptomatic resident or staff member	One confirmed case	Two confirmed cases
Child Care Facilities (Daycares, Head Start, etc.)	One confirmed case OR two symptomatic individuals within 48 hours	Two confirmed cases (staff/child) within 14 days or two confirmed cases that are epidemiologically linked	Five confirmed cases
Schools	One confirmed case	Two confirmed cases within a 14 day period where disease could have been acquired or transmitted in the school	Five confirmed cases
Public Settings (Restaurants, Rec Centres, etc.)	n/a	Five confirmed cases	Five confirmed cases

Updates on School Re-entry Guidance

SIMON SIHOTA, REGIONAL MANAGER, ENVIRONMENTAL PUBLIC
HEALTH SERVICES

QUESTIONS: VCHELP@FNTN.CA

Updated School Re-entry Guidance

Updates to guidance information include:

- **Cohorts** –Teachers/staff should not be in a cohort with each other, unless it is required for operational purposes (i.e., a teacher and a teacher’s assistant who work with the same classroom cohort).
 - If one teacher/staff tests positive for COVID-19 and is in a cohort with other teachers/staff, every teacher/staff in that cohort will be required to quarantine, which may have a significant negative impact on the ability for the school to remain operational for in person learning.

FNIHB School Outbreak Response Team

Role:

- Provide rapid and ongoing guidance and support to community health staff, field Environmental Public Health Officers, and school officials during a potential outbreak situation
- Keep up to date on guidance documents and school related outbreak guidelines
- Develop a repository of documents, templates, resources for use of schools and health staff during a potential outbreak
- Liaise with provincial school response teams for consistent policies and procedures and notification protocols.
- Collect and interpret data related to school outbreaks

FNIHB School Outbreak Response Team

Members include:

- Medical Officers of Health
- FNIHB CDC Team
- Environmental Public Health Officers
- FNIHB Epidemiologist
- Nursing

Updated Resource

COVID-19 Alberta Health Daily Checklist

No information has changed, but the checklist has been updated to highlight the symptoms that legally require someone to isolate and indicates that:

- Individuals with **fever, cough, shortness of breath, runny nose, or sore throat**, are required to isolate for **10 days** as per CMOH Order 05-2020 unless they receive a negative COVID-19 test and are feeling better.
- Reminder to use the [AHS Online Assessment Tool](#) to determine if testing is recommended and follow information on isolation requirements.

Source: <https://www.alberta.ca/guidance-documents.aspx>

COVID-19 INFORMATION

COVID-19 ALBERTA HEALTH DAILY CHECKLIST

Overview

This tool has been developed to support schools, activity organizers, employers, businesses and facility operators in reducing the risk of transmission of COVID-19 among attendees/staff. The tool is meant to be used to assist with assessing attendees who may be symptomatic, or who may have been exposed to someone who is ill or has confirmed COVID-19.

Attendees should complete this checklist prior to participating in the activity or program. Children and youth may need a parent to assist them to complete this screening tool.

If an individual answers **YES** to any of the questions, they **must not** be allowed to attend or participate in the activity or program. *Individuals with fever, cough, shortness of breath, runny nose, or sore throat, are required to isolate for 10 days per [CMOH Order 05-2020](#) unless they receive a negative COVID-19 test and are feeling better. Use the [AHS Online Assessment Tool](#) to determine if testing is recommended and follow information on [isolation requirements](#).

As the COVID-19 pandemic continues to evolve, this screening tool will be updated as required.

Screening Questions

		CIRCLE ONE	
1.	Does the attendee have any new onset (or worsening) of any of the following symptoms:		
	• <i>Fever*</i>	YES	NO
	• <i>Cough*</i>	YES	NO
	• <i>Shortness of breath / difficulty breathing*</i>	YES	NO
	• <i>Runny nose*</i>	YES	NO
	• <i>Sore throat*</i>	YES	NO
	• Chills	YES	NO
	• Painful swallowing	YES	NO
	• Nasal congestion	YES	NO
	• Feeling unwell / fatigued	YES	NO
	• Nausea / vomiting / diarrhea	YES	NO
	• Unexplained loss of appetite	YES	NO
	• Loss of sense of taste or smell	YES	NO
	• Muscle/ joint aches	YES	NO
	• Headache	YES	NO
	• Conjunctivitis (commonly known as pink eye)	YES	NO
2.	Has the attendee travelled outside of Canada in the last 14 days ¹ ?	YES	NO
3.	Has the attendee had close contact ² with a confirmed case of COVID-19 in the last 14 days?	YES	NO
4.	Has the attendee had close contact with an individual who has any one of the first 5 symptoms on this list (shaded) AND who is a close contact of a confirmed case of COVID-19 in the last 14 days?	YES	NO

¹Individuals legally required to quarantine for 14 days when entering or returning to Alberta from outside Canada

²Face-to-face contact within 2 metres. A health care worker in an occupational setting wearing recommended personal protective equipment is not considered to be a close contact.

New School Resource

How Long to Stay Home From School

Source:

<https://www.alberta.ca/k-to-12-school-re-entry-2020-21-school-year.aspx>

COVID-19 INFORMATION

HOW LONG TO STAY HOME FROM SCHOOL

A student who is required to isolate due to symptoms may return to school—**before 10 days**—if they test negative for COVID-19 and no longer have symptoms, as long as they have not been identified as a close contact of a case of COVID-19. For more details: [Isolation requirements](#)

If a student has these symptoms

What to do

- Fever
- Cough
- Shortness of breath or difficulty breathing
- Runny nose
- Sore throat

- Isolate at home for a minimum of 10 days from when symptoms started or until symptoms resolve, whichever is longer.
- COVID-19 test recommended.
- Can return to school before 10 days only if a COVID-19 test is negative, symptoms are gone, and the student is not a close contact of someone with COVID-19.
- If test results are positive, isolate at home for at least 10 days and follow instructions received from Alberta Health Services.

- Chills
- Painful swallowing
- Stuffy nose
- Headache
- Muscle or joint aches
- Feeling unwell, fatigue or severe exhaustion
- Nausea, vomiting, diarrhea or unexplained loss of appetite
- Loss of sense of smell or taste
- Pink eye (conjunctivitis)

- Stay home from school until symptoms go away—**not** required to isolate for 10 days.
- COVID-19 test recommended.
- If test results are positive, isolate at home for at least 10 days and follow instructions received from Alberta Health Services.

For more details: [alberta.ca/returntoschool](https://www.alberta.ca/returntoschool)

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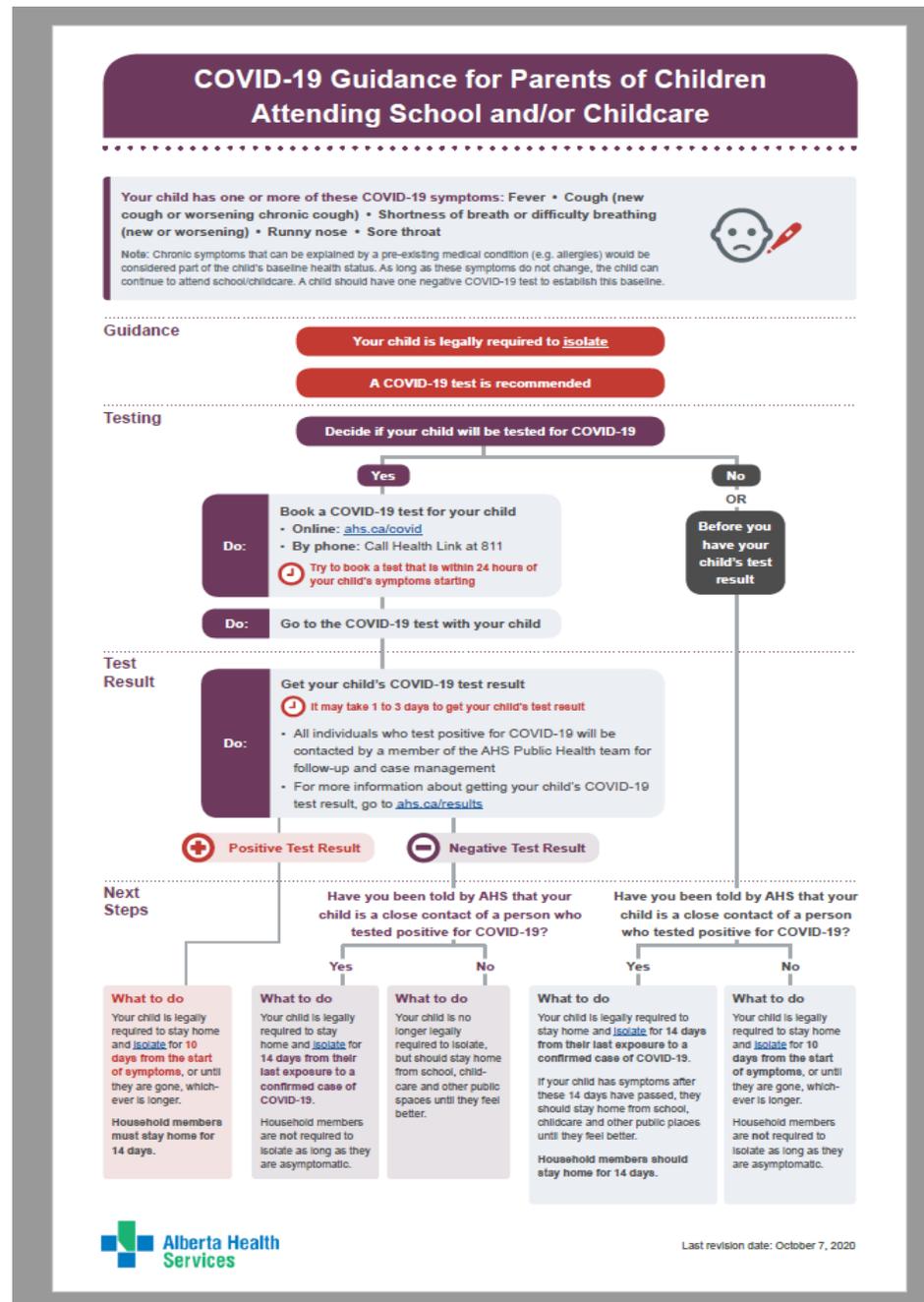
Alberta

New School Resource

COVID-19 Guidance for Parents of Children Attending School and/or Childcare

Source:

<https://www.albertahealthservices.ca/topics/Page16998.aspx>



Next telehealth session

Date: November 19,
2020

Time: 1:30 – 3:00 pm

See the First Nations
Telehealth Networks website
(fntn.ca) for more
information and to register.

The next session will feature:

- Dr. Deena Hinshaw, Chief Medical Officer of Health – Alberta Health
- Amy Colquhoun – Alberta Health
- Lea Bill, Executive Director – Alberta First Nations Information Governance Centre

QUESTIONS: VCHELP@FNTN.CA

Is there a topic you would like to hear about at the next session?

PLEASE LET US KNOW!

EMAIL: VCHELP@FNTN.CA OR

SAC.CDEMERCENCIESAB-URGENCESMTAB.ISC@CANADA.CA

QUESTIONS: VCHELP@FNTN.CA

Interested in presenting your community's COVID- 19 response/experience?

PLEASE LET US KNOW!

EMAIL: VCHELP@FNTN.CA OR

SAC.CDEMERCENCIESAB-URGENCESMTAB.ISC@CANADA.CA

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Acknowledgments

Bonnie Healy, Health Director – Blackfoot Confederacy

Dr. Chris Sarin, Deputy Medical Officer of Health - FNIHB

Simon Sihota, Regional Manager, Environmental Public Health Services – FNIHB

Ibrahim Agyemang, Senior Epidemiologist Bio-Statistician - FNIHB

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

FNIHB Technical Team

Questions?

VCHELP@FNTN.CA

QUESTIONS: VCHELP@FNTN.CA