

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health  
Michael Clarke, CEO (Interim)

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## **SUSTAINED COVID-19 RESPONSE AND ENHANCEMENTS**

### ***Recommendation***

***It is recommended that the Board of Health receive Report No. 032-20 re: “Sustained COVID-19 Response and Enhancements”.***

### **Key Points**

- The COVID-19 pandemic has required extraordinary efforts of MLHU staff and redeployment of 70% of the organization to respond to this public health emergency.
- This report details the proposed program and its structure that would allow staff to be redeployed back to existing public health programming.

### **Background**

The first laboratory-confirmed COVID-19 case in the Middlesex-London region was reported to the Middlesex-London Health Unit (MLHU) on January 24, 2020. Since then, and up to July 8, 2020, a total of 631 confirmed COVID-19 cases were reported to and followed up by the MLHU. The MLHU conducts surveillance and reports regularly on the status of COVID-19 through internal and [external](#) portals. COVID-19 infections have been reported from among residents of both Middlesex County and the City of London, although most cases (93%, 586/631) reside in London. The number of cases alone represents a substantial follow-up burden. In addition, each case’s close contacts also require follow-up and monitoring, multiplying the programmatic need associated with this new reportable disease of public health significance.

Community control of the COVID-19 pandemic in the Middlesex-London region has been achieved through unprecedented and intensive physical distancing and aggressive case and contact management. Operationally, the robust response of MLHU to the first wave of the COVID-19 pandemic was achieved through the significant redeployment of MLHU staff. This redeployment significantly limited and constrained other MLHU operations.

As physical distancing restrictions are relaxed and in the absence of a vaccination, COVID-19 remains a significant risk to the population. The experience of other jurisdictions globally suggests the potential of recurrent waves of infection.

### **Key Assumptions**

The following key assumptions have been considered in development of this program:

- Non-COVID-19 work remains essential for MLHU to achieve its mission;
- The COVID-19 response is an expansion of the mandate of MLHU;

- Additional resources will be required to support a sustained response to COVID-19;
- MLHU must be prepared to respond to a COVID-19 pandemic for a minimum of 12-18 months;
- The COVID-19 program must be readily scalable; and
- Rapidly escalating COVID-19 prevalence will once again require redeployment of MLHU staff.

## **The COVID-19 Program**

The COVID-19 program will consist of the following interventions noted below that are intended to reduce the burden of illness associated with the pandemic in our community. The fulsome MLHU Plan for Sustained COVID-19 Response is attached as [Appendix A](#).

### ***Case and Contact Management***

Case and contact management are specialized skills that public health staff use in an investigation of any confirmed COVID-19 case. Case investigation is the identification of any person with confirmed and probable diagnoses of COVID-19 (cases). The management of the case begins with a thorough interview to determine and identify close contacts (contact tracing) using a series of questions and data collecting methods so that information can be documented in a case and contact management tool. Contract investigation or contact tracing is the identification, monitoring and support of the individuals or contacts, who have been exposed to the case and possibly infected themselves. This process prevents further transmission of disease by separating people who have or may have an infectious disease from people who do not.

### ***Outbreak Management***

The COVID-19 Program would support all COVID-19 outbreak investigations and management. Ongoing support of facilities such as long-term care homes or child care facilities would be responsibility of the Infectious Disease Control (IDC) team. However, upon identification of a COVID-19 case in a facility, a case investigator from the COVID-19 program would partner with the IDC investigator to support the management of an outbreak.

### ***Screening, Assessment and Testing***

The COVID-19 Program will be required to support screening initiatives, assessment centres, and testing policy. The program will also oversee and update all relevant medical directives related to testing.

### ***Planning and System Coordination***

The COVID-19 Program will participate in internal and external planning for a COVID-19 resurgence, including the possibility of mass immunization. Internally, the COVID-19 Program would be responsible for developing an escalation plan and surge protocols in the instance of increased COVID-19 prevalence. The program would also develop and support the training of other MLHU staff in anticipation of potential redeployment. Externally, the COVID-19 Program would work with partners in the health sector to assist in system coordination and planning.

### ***Liaison and Community Support***

The COVID-19 program will be responsible for liaison and consultation with non-health sector partners regarding COVID-19. The program will also act as a resource for others in the Health Unit who have pre-existing relationship with external partners and are called on to provide COVID-19 guidance. The COVID-19 program will also provide Tier Two telephone support for general inquiries from the public. The Client Service Representatives (CSR) will be the first line of contact for the public calling about COVID-19. Following a screening by the CSR, the caller will either be provided with the information or transferred to the Tier Two level support.

***Scientific and Technical Support***

The COVID-19 Program will collate, review, interpret, and translate all relevant research, policy, and guidelines. The program will be responsible for providing scientific and technical support internally and externally. This will inform the implementation of public health measures locally.

**Next Steps**

The Middlesex-London Health Unit will continue to prioritize its resources to respond to existing public health priorities and the demands of COVID-19.

This report was prepared by the Associate Medical Officer of Health, the COVID-19 Incident Management Team, and the Return to Operations Team.



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