



TO: Chair and Members of the Board of Health

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

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MONITORING IMPACTS OF THE COVID-19 PANDEMIC AND RELATED PUBLIC HEALTH MEASURES

Recommendation

It is recommended that Report No. 041-20 re: “Monitoring Impacts of the COVID-19 Pandemic and Related Public Health Measures” be received for information.

Key Points

- Unprecedented public health measures have been implemented to help contain and reduce morbidity and mortality related to COVID-19. While the measures have been important in protecting the population from COVID-19, they may have had positive and negative impacts on other health issues and social determinants of health.
- Data will be actively monitored throughout the pandemic and beyond to assess the impact of the pandemic and its related public health measures on the health and well-being of the Middlesex-London population.
- The information can be used to weigh the benefits and harms of the public health measures and help inform decisions about the delivery of public health programs and services during the pandemic.

Background

According to the World Health Organization, over 25 million cases of COVID-19 have been reported globally as of August 31, 2020, including over 840,000 deaths. Since the outbreak of the novel coronavirus was declared a global pandemic on March 10, 2020 unprecedented public health measures have been implemented at all levels of government (regional/municipal, provincial, federal) to help contain spread and reduce morbidity and mortality related to the virus (refer to [Appendix A](#) for a summary of key measures). While these measures—including encouraging staying home, travel restrictions, and closures of schools and non-essential workplaces—have been important in protecting the population from COVID-19, they may have also impacted health (e.g. social isolation, delays in seeking medical care, but also reduced vehicle collisions) and social determinants of health (e.g. unemployment, food insecurity, family violence).

As the pandemic continues, the Health Unit will monitor available data to assess the impact of the pandemic and its related public health measures on the health and well-being of individuals in the Middlesex-London community. This information will help the Health Unit and other public health authorities weigh the benefits and harms of public health measures and help inform decisions about the delivery of public health programs and services as the pandemic continues and evolves.

Current Project Status

An initial list of indicators to monitor has been developed ([Appendix B](#)) that includes a broad range of topics such as: social determinants of health, injuries, substance use, oral health, infectious disease, immunization coverage, health pregnancy, and birth and early development. The indicators will be monitored over time in order to capture potential long-term impacts and to account for the lag in the

availability of some data. The list of indicators may change as the pandemic evolves or as new data become available.

Data collection and analysis are currently underway by the Population Health Assessment and Surveillance team. Some dashboards have already been developed to facilitate visualization of the data. Internal processes are being developed to ensure continued monitoring of these indicators.

Preliminary findings

Some preliminary findings for the Middlesex-London population:

- *Measures to reduce the spread of COVID-19 may have also reduced the spread of influenza.* In the 2019–20 influenza season, there was a 63.2% decrease in the number of influenza cases reported in February 2020 compared to March 2020. This is higher in comparison to the 2018–19 influenza season where there was a 17.4% decrease from February 2019 to March 2019.
- *Fewer emergency department (ED) visits at the peak of the pandemic.* There was a 43% decrease in the number of ED visits in April 2020 compared to March 2020. Since May 2020, the monthly number of ED visits has increased to approximately 82% of the 2019 monthly average.
- *No significant change for indicators related to healthy pregnancy.* For women who gave birth from March to July 2020, preliminary data have not shown a change in the percentage who had depression or anxiety during the pregnancy when compared to women who gave birth before the start of the pandemic. Furthermore, the preliminary data also have not shown a change in the percentage of women who reported any alcohol or drug use during their pregnancy.
- *Initial increase in opioid-related ED visits at the beginning of the pandemic, but no increase in deaths.* In March 2020, there was a 37% increase in opioid-related ED visits compared to the previous month. However, starting in April 2020, monthly counts returned to levels observed prior to the pandemic. Preliminary mortality data have not shown an increase in opioid-related deaths in March and April 2020.

Early unemployment data for the London census metropolitan area (CMA):

- *Significant increase in the unemployment rate.* From February to June 2020, the seasonally adjusted unemployment rate for the London CMA increased from 4.9% to 12.6%. In July 2020, the unemployment rate dropped to 10.5%.

A more comprehensive assessment of the impacts of the COVID-19 pandemic on health and social determinants of health will be possible once more data become available over time.

Next Steps

As more data are collected and analyzed, findings will be disseminated to help inform public health decisions and policies. Where possible, data analysis and reporting will include consideration of particularly impacted sub-populations (e.g., particular age groups, vulnerable populations, race-based data).

Conclusion

The COVID-19 pandemic has had a major impact on our daily lives. Monitoring population-level indicators over time will enable the Health Unit to assess the impact of the pandemic and its related public health measures on the health and well-being of the Middlesex-London community, and help inform policy and decision-making.

This report was prepared by the Incident Management System (IMS) Planning section and the Associate Medical Officer of Health.



Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health



Michael Clarke, PhD
CEO (Interim)