



TO: Chair and Members of the Board of Health

FROM: Dr. Alexander Summers, Medical Officer of Health
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MLHU 2022 INFECTIOUS DISEASE CONTROL OPERATIONAL UPDATE

Recommendation

It is recommended that the Board of Health receive Report No. 29-22, re: “MLHU Infectious Disease Control Operational Update” for information.

Key Points

- As of April 28, 2022, there have been 36,831 confirmed cases of COVID-19 and 375 total deaths in Middlesex-London region.
- The Infectious Disease Control Program has continued to respond to reports of all other Diseases of Public Health Significance (DOPHS).
- COVID-19 continues to require significant resources for infection prevention and control, case screening, case investigation, outbreak investigation and management.
- The program has undergone and will continue to undergo significant change to reflect local infectious disease epidemiology and provincial policy direction.

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. As of April 28, 2022, a total of 36,831 confirmed COVID-19 cases were reported to and followed up by the MLHU. Additionally, the Infectious Diseases Control (IDC) Program continues to respond to all reported cases of Diseases of Public Health Significance (DOPHS) within Middlesex-London. While some pathogens have seen reduced incidence rates (Salmonellosis, average of 79 episodes per year to 52 in 2021), others have seen increased incidence rates (Tuberculosis, average of 10 episodes per year to 20 in 2022). The Infectious Disease Control Program Description can be found attached as [Appendix A](#).

Program interventions have shifted considerably from what was initially planned for 2022 due to the emergence of the Omicron variant and its related sub-variants in late 2021. Earlier variants allowed MLHU to effectively utilize case and contact management to control the spread of COVID-19 in our community by quickly identifying positive individuals and their contacts to stop the chain of transmission. The original operational planning assumptions for 2022 anticipated that case and contact management of COVID-19 would remain a foundational intervention for the IDC program.

However, the Omicron variant was both highly transmissible and vaccine evasive. Compared to the Delta variant’s doubling time of 7.2 days, Omicron had a doubling time of 3.2 days. As a result, community-focused case and contact management was no longer as effective an intervention.

Current Operational Response

Since the emergence of the Omicron variant and provincial direction to only perform case and contact management in high-risk settings, IDC has primarily acted as an outbreak investigation and management team. With community contacts no longer being identified and quarantined by public health, contact tracers have acted as case screeners, identifying individuals who had acquisition or transmission exposures at high-risk outbreak settings (long-term care and retirement homes, acute care, group homes, shelters, detention centres, and First Nation communities and congregate settings). Once high-risk cases are identified, public health nurses or inspectors conduct a case investigation interview to assess each high-risk exposure and trigger outbreak investigations. If an outbreak is subsequently identified, the team works closely with facility operators to implement outbreak control measures for areas at risk.

Local COVID-19 cases peaked on December 30, 2021 at 715 reported cases. The seven-day incidence rate since that time has been no less than 60 cases per day. This has required the entire team complement to be engaged in the triaging of cases and outbreaks.

Expected Q3 and Q4 Operational Response

Barring the emergence of a new and more transmissible and immune-evasive variant, it is expected that there will be a reduced incidence rate of COVID-19 cases and outbreaks through to September 2022. The winter respiratory season will likely see an increased incidence rate of cases and outbreaks due to waning immunity from vaccination and previous infection. Continued uptake of booster doses will be critical to ensure that a sufficient level of population immunity is maintained to avoid severe pressure on the acute care system.

Operational Response for 2023 and Beyond

There is still considerable uncertainty for what COVID-19 endemicity will look like globally and locally. Until a steady state is reached, the delivery of the Infectious Disease Control Program will be variable, responsive to community need with the resources it has available.

Next Steps

Once greater clarity regarding COVID-19 epidemiology emerges, updated program needs for 2023 will be brought forward for Board of Health consideration.

This report was prepared by the Environmental Health and Infectious Disease Division.



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