



COVID-19 Healthcare Provider Briefing
Middlesex and London Region
May 17, 2022

Welcome

Presenter:

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Middlesex-London Health Unit

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Surveillance Report

As of May 16th:

- Worldwide:
 - Over 519 million COVID-19 cases and over 6.26 million deaths have been reported
 - Over 11.6 billion vaccine doses administered worldwide
- In Ontario:
 - 1.28 million cases of this illness confirmed, including 13,052 deaths
- Locally:

37,681

Total number of confirmed cases

25

New cases since previous day

0

New deaths since previous day

383

Total deaths

432

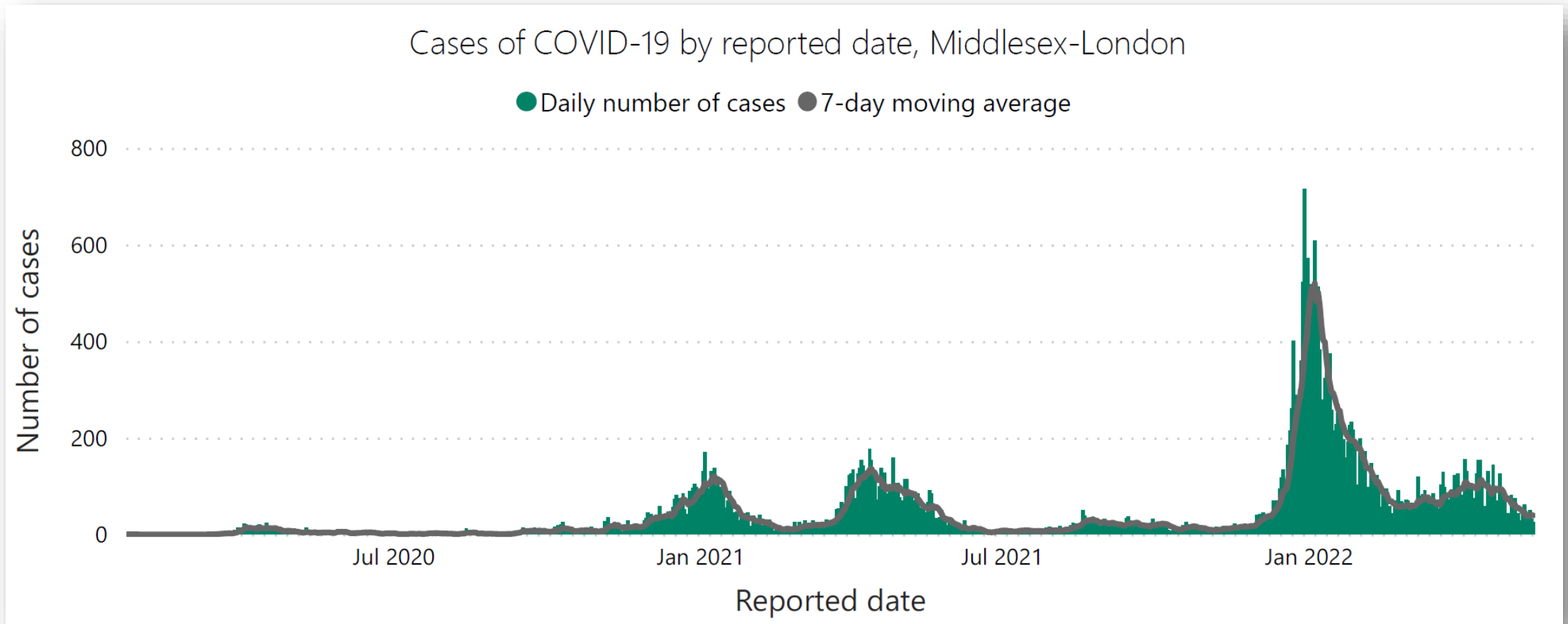
Total active cases

36,866

Total resolved cases

Data source: Ontario Ministry of Health (Ministry) *Public Health Case and Contact Management Solution (CCM)*, extracted 2022-05-17. Data current as of the end of day 2022-05-16.

Cases by Reported Date



Data source: Ontario Ministry of Health (Ministry) *Public Health Case and Contact Management Solution (CCM)*, extracted 2022-05-17. Data current as of the end of day 2022-05-16.

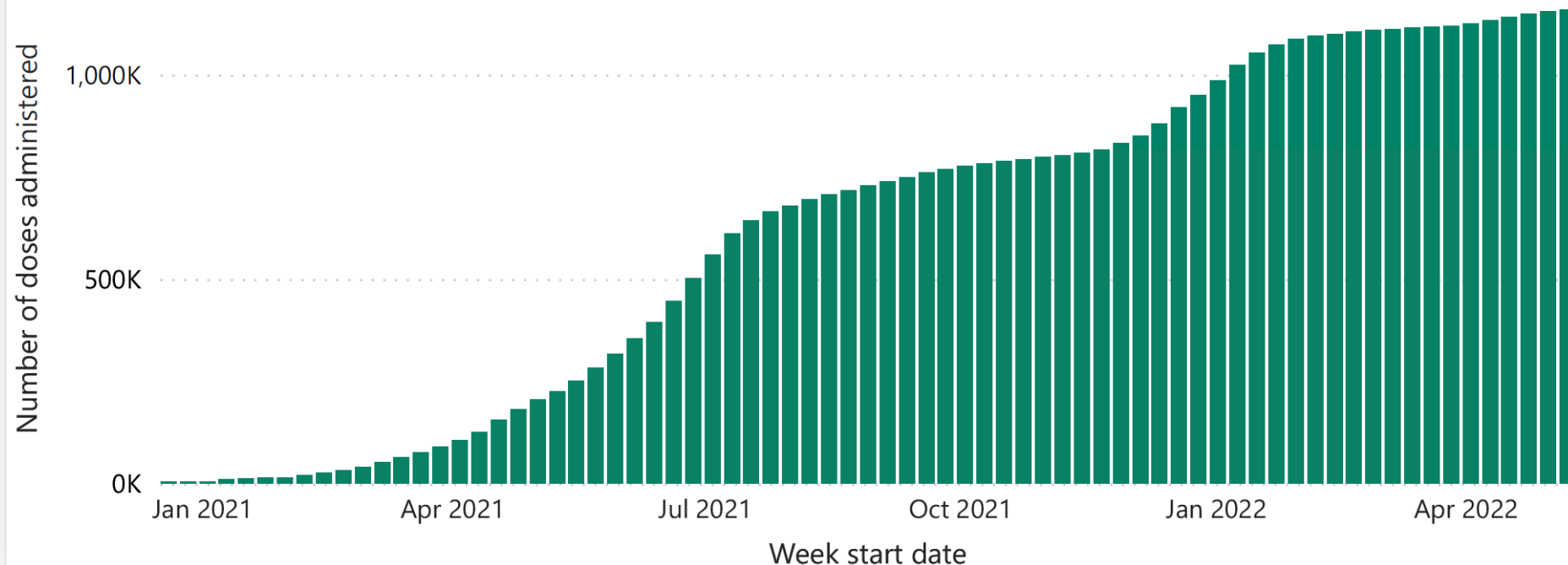
COVID-19 Vaccine Update

Total doses administered in the Middlesex-London region

1,158,995

As of end of day May 14, 2022

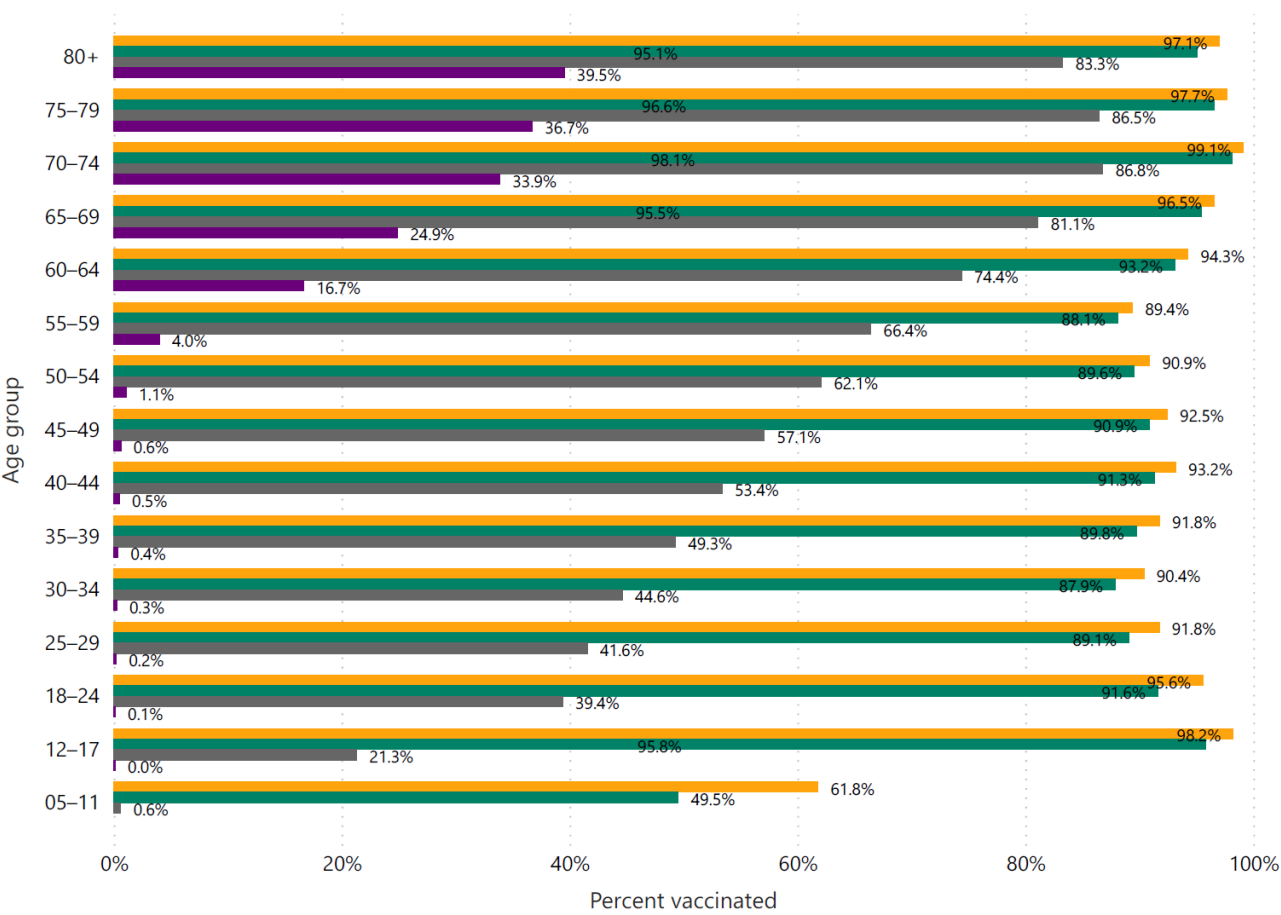
Cumulative doses administered in the MLHU region by week



COVID-19 Vaccine Coverage by age group

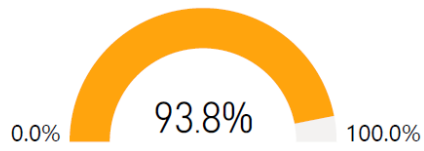
Percent of MLHU residents vaccinated by age group

● At least one dose ● Complete primary series ● Dose 3 ● Dose 4

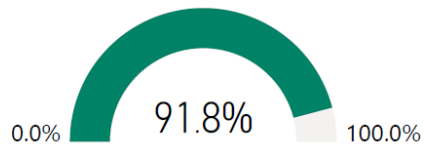


Overall status as of end of day May 14, 2022

MLHU population age 12 and older who have received at least 1 dose



MLHU population age 12 and older who have a complete primary series

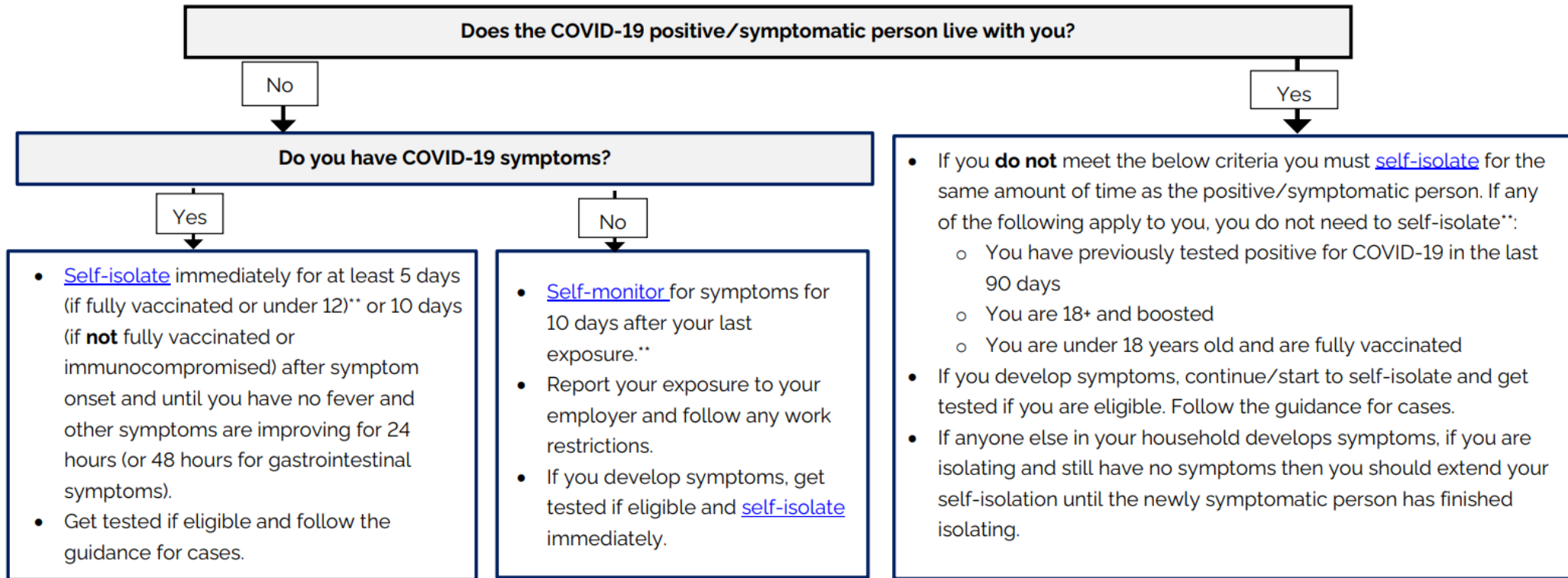


Updated Booster Dose Eligibility

- The province has updated guidance for COVID-19 vaccine eligibility for a fifth dose for those who are **moderately to severely immunocompromised AND who are:**
 - 60+ years of age
 - OR
 - First Nation, Inuit and Métis individuals & their non-Indigenous household members
- Recommended interval is 5 months (140 days) from fourth dose, minimum interval of 3 months (84 days)
- For more information see *COVID-19 Vaccine Booster Dose Recommendations* (page 14)

Review of close contact requirements

You've been identified as a close contact of someone who has tested positive for COVID-19 or someone with COVID-19 symptoms. Now what?



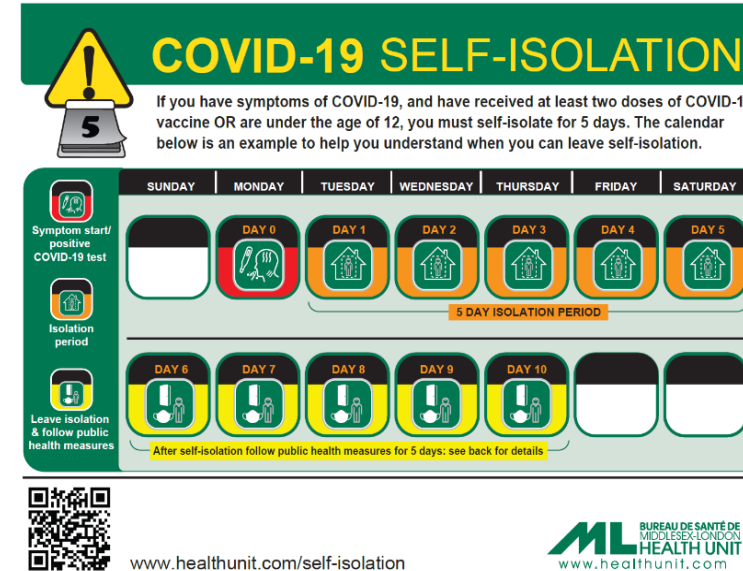
Wear a well-fitted mask in public (including schools and child care, unless under 2 years of age), physical distance and maintain other public health measures for 10 days following your last exposure if leaving home. You should **NOT visit or attend work in any highest risk settings and not visit individuals who may be at higher risk of illness (i.e. seniors or immunocompromised) for 10 days after your last exposure.

Highlighting Evusheld documents from Ontario Health

- Ontario Health has released a guidance document for Evusheld [*Information about Evusheld \(Tixagevimab and Cilgavimab\)*](#) & a patient handout [*What you need to know about Evusheld: For people 12 years old and up*](#) (both available in this week's eNewsletter)
- Evusheld is available to **select immunocompromised patients**, including:
 - Solid organ transplant recipients
 - Stem cell transplant recipients
 - CAR-T cell therapy recipients, and
 - Other hematologic cancer patients undergoing treatment
- To be eligible for treatment, patients must:
 - Be at least 12 years old
 - Weigh at least 40 kg
 - Not have a current COVID-19 infection
 - Not have a recent COVID-19 exposure

Updated COVID-19 self-isolation calendar

- The Health Unit has recently updated our COVID-19 self-isolation calendar available on our website:
www.healthunit.com/self-isolation
- If you would like hard copies of the calendar card to provide to patients, please contact healthcareproviders@mlhu.on.ca with your request
 - Please include your name, clinic name and location, and hours of operation for delivery



Additional information to share with contacts

What should household members do?

If you're 18+ and boosted, under 18 and have received at least two doses, or previously had COVID-19 in the last 90 days, please be cautious and follow the public health measures below for 10 days after your last exposure to the positive / symptomatic household member. NOTE: You don't need to self-isolate, but please monitor yourself for symptoms.

Otherwise, you must self-isolate for the same amount of time as the positive / symptomatic household member and follow the public health measures below for an additional 10 days after your last exposure.

What should close contacts (non-household members) do?

Regardless of whether you're vaccinated or unvaccinated, please be cautious and follow the public health measures below for 10 days after your last exposure to the positive / symptomatic person. NOTE: You don't need to self-isolate, but please monitor yourself for symptoms.

Required public health measures after self-isolation as well as for household members and close contacts

- Wear a mask in public settings, including school and child care
- Avoid non-essential activities where mask removal is necessary (e.g. dining out)
- Avoid non-essential visits to high risk settings (e.g. hospitals, long-term care homes)
- Avoid visits to vulnerable people (e.g. seniors or immunocompromised)
- Employees working in highest risk settings should report their exposure and follow their workplace guidance

Vaccine Preventable Disease Program Updates

Expansion of publicly-funded Tdap vaccine program

- Starting in April 2022, Ontario expanded its publicly-funded Tdap (tetanus, diphtheria, pertussis) immunization program **to include a routine dose during every pregnancy** (regardless of the individual's Tdap immunization history)
 - The expansion of the program aligns with [National Advisory Committee on Immunization \(NACI\) recommendations](#)
- This immunization aims to protect the newborn against pertussis
- A Tdap vaccine should be offered, free of charge, during every pregnancy, ideally between 27 and 32-weeks gestation.

Vaccine return reminders

- Expired or unusable vaccine can be returned to the Health Unit on Mondays, Wednesdays, and Thursdays between 9:00 a.m. and 12:00 p.m., and on Tuesdays from 9:00 a.m. to 12:00 p.m. and 1:00 p.m. to 3:00 p.m.
- Vaccines need to be dropped off at the MLHU's **loading dock** at our downtown London location at CitiPlaza (not at reception area)
- Vaccine returns need to be accompanied by a completed [Vaccine Return Form](#) otherwise they will not be accepted

Summer 2022 cold chain inspections

- Between June and September 2022, the Health Unit will conduct its annual cold chain inspections
- Locations that store vaccine will require an inspection, as well as locations that are participating in the **Universal Influenza Immunization Program (UIIP) 2022-2023**
- A nurse from the MLHU's Vaccine Preventable Disease Team will be contacting these locations to schedule an inspection date in the coming months

Other Updates

Heat related illnesses

- The Health Unit issues heat warnings upon notification from Environment Canada for London when there is a daily maximum temperature of 31°C or higher with a minimum of 20°C or higher (or Humidex of 40°C or higher) for two consecutive days
- Number of heat warnings is expected to increase, resulting in increased heat-related morbidity and mortality
- Symptoms of heat-related illnesses include:
 - Fatigue, cramps, edema
 - Without intervention, can progress to **heat exhaustion or heat stroke**
- Prevention strategies are best employed by primary care providers in spring/early summer

Heat related illnesses continued

- Some groups are more vulnerable to heat-related illnesses:
 - Children (under 1 year old) and elderly (65 years old +)
 - Patients with chronic diseases
 - Patients taking medications (e.g. “Anti” medications)
 - Athletes and outdoor workers
 - Vulnerable populations
- Recommendations to decrease patient risk of heat-related illnesses:
 - Drink water
 - Seek out air-conditioned buildings (cooling centres)
 - Wear breathable, light-coloured clothing and wide-brimmed hat
 - Restrict physical activity to the coolest part of the day
- Resources available in this week’s eNewsletter, including patient handouts

***Refugee HealthLine* seeking volunteers**

- The Ministry is supporting newly arriving refugees by providing a toll-free, multi-lingual ***Refugee HealthLine*** which connects them to HCPs that deliver transitional health care
- Includes: primary care, specialist care, and mental health supports
- Refugees, sponsors, resettlement assistance programs, etc, can contact the *Refugee HealthLine* at: **1-866-286-4770** to find HCPs
- All HCP interested in participating should **contact the *Refugee HealthLine*** to sign-up
 - Primary care providers
 - Specialists
 - Optometrists
 - Mental health service providers

Canadian Antimicrobial Resistance Surveillance System Report 2021

In 2018, antimicrobial resistance (AMR) was estimated to cause 5,400 deaths in Canada.

2021 Canadian Antimicrobial Resistance Surveillance System (CARSS) report

available online:

<https://www.canada.ca/en/public-health/services/publications/drugs-health-products/canadian-antimicrobial-resistance-surveillance-system-report-2021.html>

Between 2015 and 2019



▲ Methicillin-resistant *Staphylococcus aureus*

Methicillin-resistant *Staphylococcus aureus*, commonly referred to as MRSA, is an organism that has become resistant to commonly-used antimicrobials.

The rate of MRSA bloodstream infection increased by nearly 57%.



▲ *Neisseria gonorrhoeae*

Gonorrhoea (the second most common sexually transmitted infection in Canada) is becoming increasingly resistant to antimicrobials.

The rate of multi-drug resistant gonorrhoea increased by 44% between 2015 and 2019.



▲ Carbapenemase-producing Enterobacterales

Carbapenemase-producing Enterobacterales (CPE) is a type of bacteria that has developed resistance to some of our most effective antimicrobials.

The rate of inpatients testing positive for CPE (with or without signs of infection) increased by 250%.

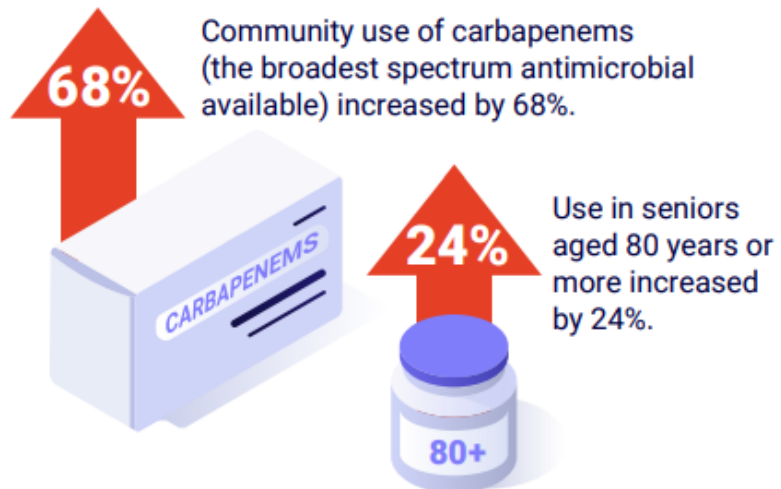


▼ *Clostridioides difficile* infection

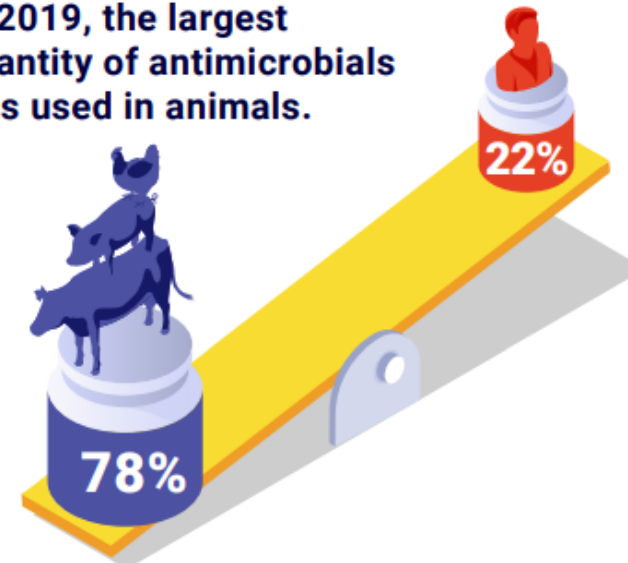
Clostridioides difficile infection, commonly referred to as CDI, can occur following the use of antimicrobials.

The rate of hospital-associated CDI decreased by 22%.

Antimicrobial use in humans decreased by 5% between 2015 and 2019, but there are some areas of concern.



In 2019, the largest quantity of antimicrobials was used in animals.



There are, however, a lot more animals in Canada than people. Adjusted for populations and weights, approximately 1.3 times more antimicrobials were sold for use in animals than people.



Public Health
Agency of Canada

Agence de la santé
publique du Canada

Canada

Sources: The Canadian Nosocomial Infection Surveillance Program, the Canadian Integrated Program for Antimicrobial Resistance Surveillance, the Canadian Antimicrobial Resistance Surveillance System and the Council of Canadian Academies

Healthcare Provider (HCP) Communications Satisfaction and Planning Survey

- Results from this survey will be used to evaluate our HCP Outreach communication strategies pre- and during the COVID-19 pandemic
- Survey will aid in our post-pandemic communication planning strategies geared towards HCP
- Should take 5 minutes to complete & link is available in this week's eNewsletter
 - https://chkmkt.com/HCP_Communications
- Responses are due by **Friday May 20th**

Questions?

- Ask using chat function now, or after the webinar at:
healthcareproviders@mlhu.on.ca
- For urgent matters please call the Health Unit's
main line at 519-663-5317
- For more information
www.healthunit.com/healthcare-providers

