



VOC STRATEGY UPDATE: NSM IPAC HUB

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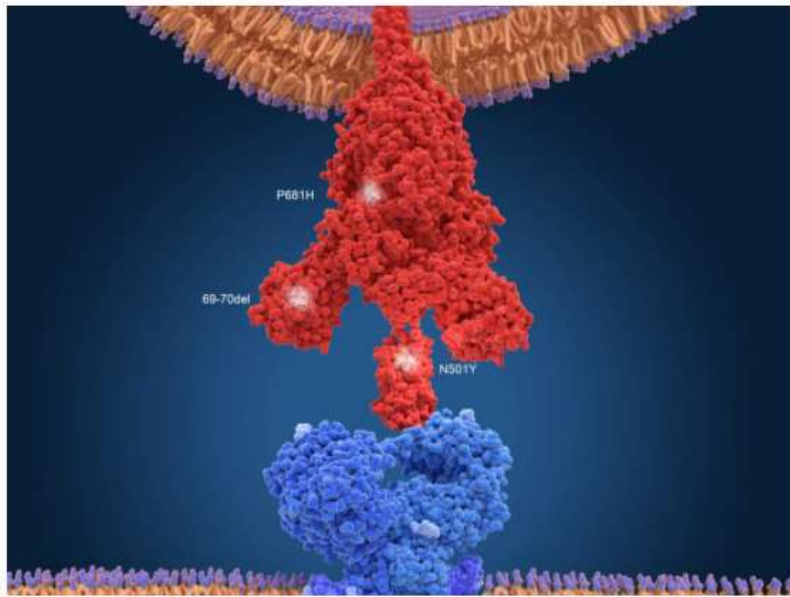
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WHAT IS A VARIANT OF CONCERN?



- Variant of concern (VOC) = mutation where there is strong evidence that it will impact on public health/clinical interventions
- All 3 VOCs so far have a common mutation = N501Y
 - Most strains that have a 501 mutation = VOC but not all
- Two-tier testing to confirm VOC
 - First – screening test (TAT 24-36 hours) = 501 mutation detection
 - Second – whole genome sequencing (TAT 5-7 days) = genetic fingerprinting of exact variant

WHY ARE WE CONCERNED?



*significant caveats due to limited data

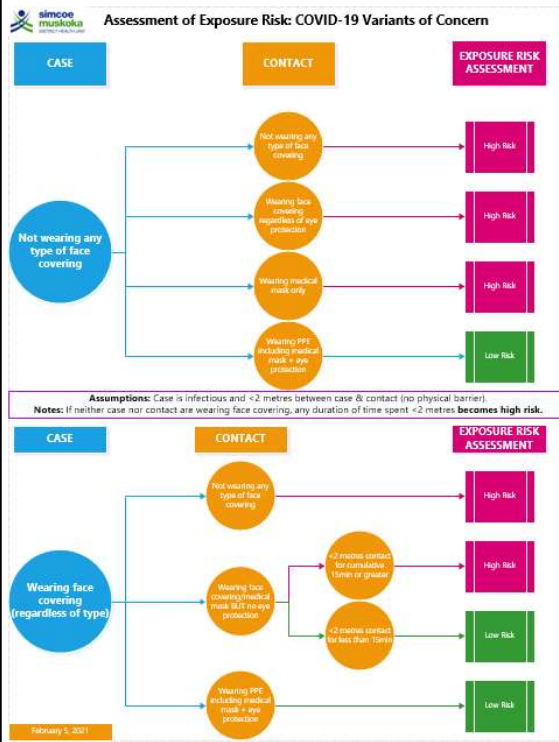
- Mutation is on spike of virus
 - Easier to bind to human receptors
 - Potential evasion of immune response
- Potentially more transmissible*
 - Up to 70% more infectious
 - Higher 2° attack rates
 - Shorter incubation periods
- Potential risks*:
 - ↑ mortality;
 - ↑ vaccine escape;
 - ↑ reinfection risk

REGIONAL MITIGATION STRATEGY



- Goal: Limit transmission of VOC throughout SMDHU/province & mitigate impacts on healthcare system and vulnerable settings
- All cases/contacts treated as if VOC
- Aggressive case and contact tracing
 - Shortened timelines for case/contact follow-up
 - Reduce threshold for who is deemed high-risk contact
 - Enhanced testing

IMPACTS TO HEALTHCARE SETTINGS



High-risk exposures for HCWs

- As long as medical mask + eye protection is worn by HCW, exposure will remain low-risk (regardless of duration or physical distancing)
- If HCW is case, medical mask is not considered source control therefore:
 - Any pts not wearing a mask and <2 m = high-risk
 - Any colleagues wearing medical mask but not eye protection <2 m for 15 minutes+ = high-risk

HIGH-RISK CONTACT CONTROL MEASURES



- Self-isolation within home
 - Work self-isolation considered in critical situations
 - Household members only to leave for essential reasons
 - If self-isolation not possible, whole family may have to strictly self-isolate
- If symptoms develop = probable case
 - Managed as confirmed case
 - Work self-isolation not supported
 - Household members likely considered high-risk contacts

IMPACTS TO HEALTHCARE SETTINGS



- VOC Outbreak Control Measures
 - Work self-isolation for employees & frequent visitors
 - Must self-isolate from household members
 - Cannot work at other LTCH/Rhome/Group Home
 - Recommended to not work at other HCW sites
 - Essential visitation stops (except for palliative)
 - Increased testing
 - Test every 3-4 days

LONG-TERM CARE CONSIDERATIONS



- LTCHs disproportionately affected
- MOH order revised:
 - If any household member of LTCH employee/essential visitor is symptomatic, exclusion required until household member tests negative
 - If testing is refused, exclusion for 24 days from symptom onset (IP + POC)

QUESTIONS?

