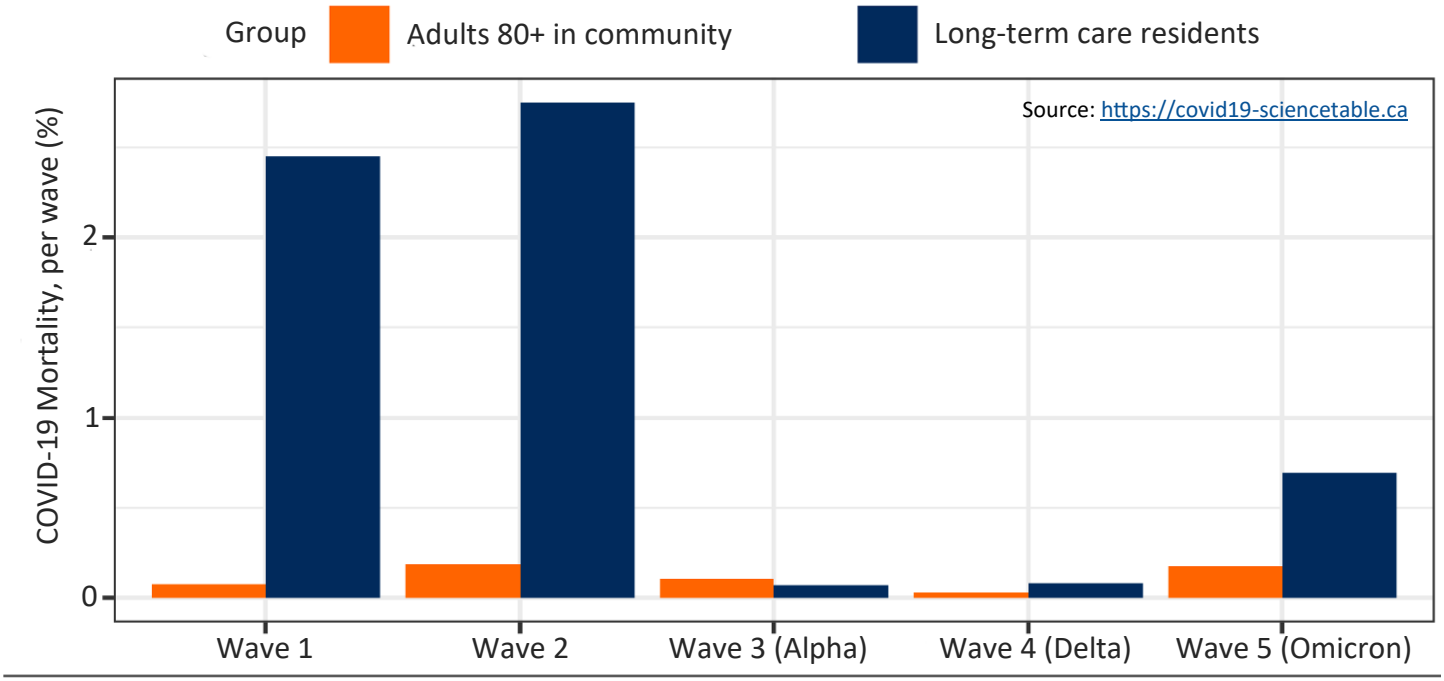


IMPACT OF COVID-19 WAVES ON LONG-TERM CARE HOMES IN ONTARIO

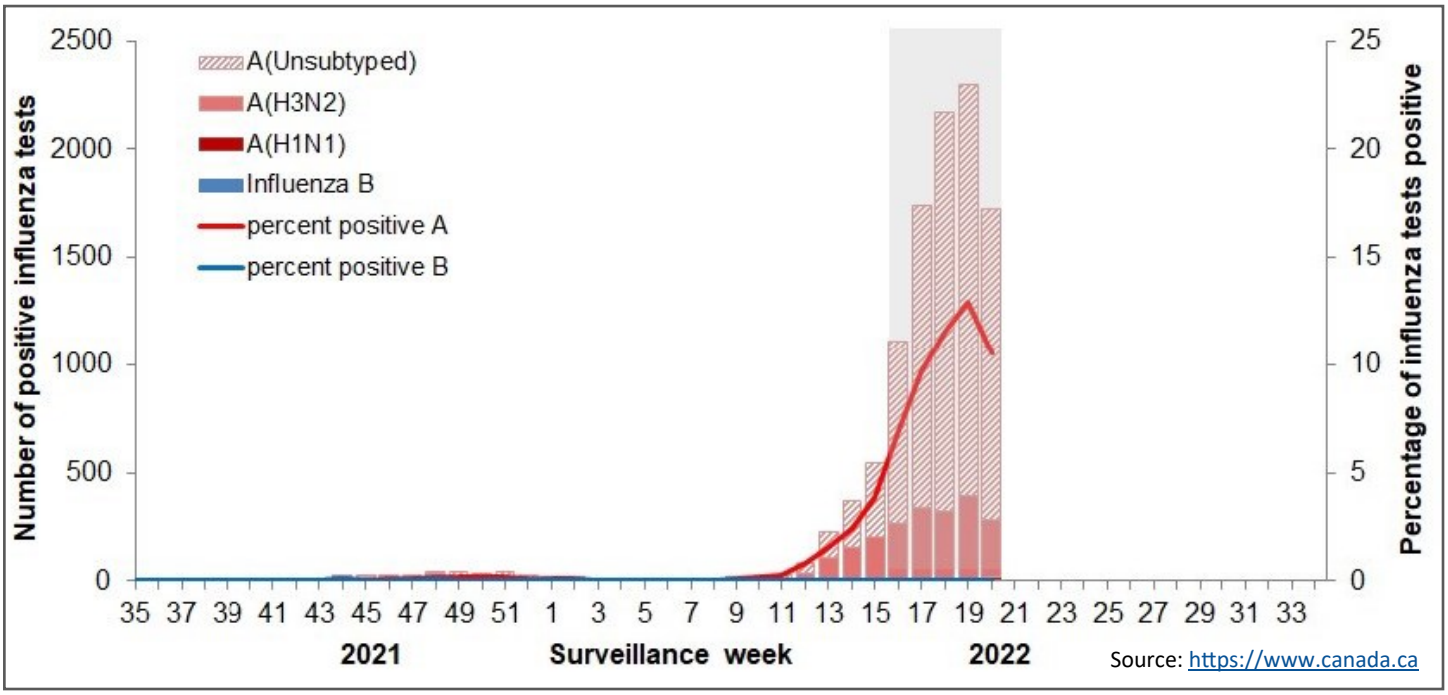
Some of the most devasting impacts of the COVID-19 pandemic have been on the older adult population living in Ontario's long-term care (LTC) homes, including disproportionate deaths, prolonged isolation from family and essential caregivers, and reduced quality of life. The first and second waves of the pandemic showed a dramatic difference in the mortality rates between adults 80+ who reside in the community and residents in LTC homes. The incidence of COVID-19 specific mortality in LTCH homes was **29.6 times** that of adults ≥80 years of age living in the community in wave 1 and **13.5 times** in wave 2.

A timely and effective vaccination campaign during the third (Alpha) and forth (Delta) wave helped in greatly mitigating the burden on LTC home residents. However, with the new Omicron variant, there was a reversal with an increase in COVID-19 attributable mortality in LTC homes compared to 80+ adults living in the community. The Ontario COVID-19 Science Advisory Table released a science brief on April 28, 2022 on the impact of COVID-19 waves on LTC homes and shared their findings and five key recommendations for policymakers to enhance quality of care in LTC homes that are summarized below.

- Enhance entry and retention of LTC home staff through the creation of full-time positions, adequate staffing, and improvement of working condition.
- Reduce crowding through the elimination of three and four bed ward rooms and creation of more private rooms and bathrooms.
- Maintain the ability for essential caregivers to have in person access to the resident.
- Ensure residents have access to timely and high-quality palliative care.
- Build and maintain infection prevention and control expertise within LTC homes.

Source: https://covid19-sciencetable.ca

Number of positive influenza tests and percentage of tests positive, Canada, week 2021-35 to 2022-20



Source: https://www.canada.ca

RESURGENCE OF INFLUENZA

Flu cases have sharply increased in Canada since the beginning of April 2022, even though the trend is generally opposite during this time of the year. Researchers have found that pandemic measures that were put in place to slow the spread of COVID-19, also helped in significantly limiting the spread of influenza.

During the 2020-2021 Canadian influenza season, no community circulation of influenza occurred, with only 69 positive detections of influenza being reported, and influenza percent positivity did not exceed 0.1%. Comparing that to the week of May 15 to May 21, 2022 (week 20), **1,793** laboratory detections were reported according to the Government of Canada's latest FluWatch report. Below are some highlights from the report:

- The percentage of tests positive for influenza in week 20 was 10.7% and is above expected pre-pandemic levels (3.2 to 9.1%).
- Majority of the 1,793 laboratory detections were from influenza A virus (>99%), with only 12 detections from influenza B virus.
- The majority detections were in individuals under the age of 45 years.
- In week 20, two laboratory-confirmed outbreaks were reported in Canada.
- In terms of severe outcomes, **363** influenza-associated hospitalizations were reported from August 29, 2021 to May 21, 2022 in the participating provinces and territories.
- In the 2021-22 influenza season, vaccine coverage was similar to the 2020-21 season at **71%** among seniors (aged 65 years and older).

Source: https://www.canada.ca

Government of Canada

IPAC RECOMMENDATIONS FOR MONKEYPOX IN HEALTH CARE SETTINGS – NEW

In May 2022, new cases of a rare infection, typically limited to Africa, began spreading within Europe and North America. Known as monkeypox, this infection is a milder form of smallpox that has seen a gradual increase in cases over the last decade. Currently, the understanding is that monkeypox virus can be transmitted from animals-to-humans (zoonotic transmission) or person-to-person by contact with infected lesions, skin scabs, body fluids or respiratory secretions. The virus can also spread by contact with contaminated materials. The incubation period averages 7 to 14 days (range 5 to 21 days) and some cases may be contagious during their early set of symptoms such as fever, malaise, headache before the rash develops.

Based on the data currently available, the primary mode of person-to-person transmission has been through respiratory secretions and direct contact with skin lesions, or a patient's items that have been contaminated. However, due to involvement of the respiratory system, possible transmission during the early phase of infection, and similarities to the variola virus that causes smallpox, the potential for airborne transmission cannot be ruled out. Keeping that in mind, Public Health Ontario (PHO) released their IPAC recommendations for all health care settings on May 20, 2022.

PHO currently recommends use of Airborne/Droplet/Contact Precautions in addition to Routine Practices for a suspected or confirmed case of monkeypox, with the use of a fit-tested, seal-checked N95 respirator in staff. Additional Precautions should be maintained until all scabs have fallen off and new skin is present.

PDF

The complete PHO document with all the recommendations can be accessed by clicking on the PDF icon on the left.