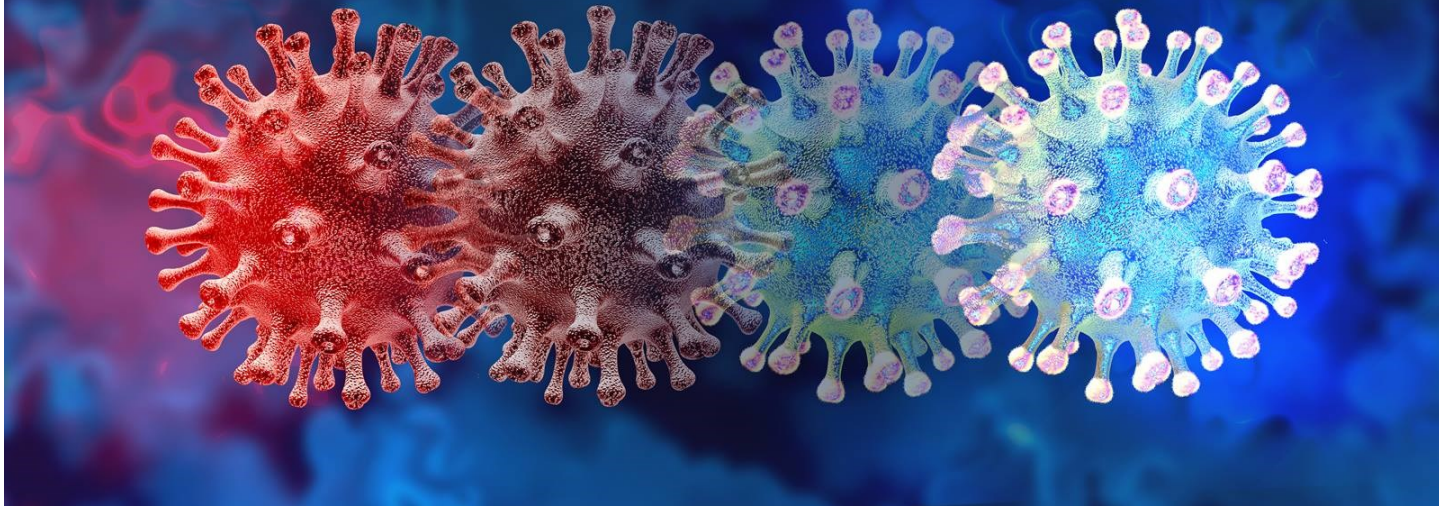


## WHAT WE KNOW ABOUT BA.4 AND BA.5 SUBVARIANTS



BA.4 and BA.5 are the highly contagious subvariants of the Omicron variant with new mutations in the spike protein, which is the main protein that is used as a target in COVID-19 vaccines. The BA.5 subvariant, and to a lesser extent, BA.4, is primarily responsible for the resurgence of cases worldwide, even among those who have recently recovered from COVID-19 infection. In Ontario, there has been a rapid increase in number of COVID-19 cases, hospitalizations, test positivity rates and wastewater signal since past few weeks. The percentage of samples identified in Ontario as BA.5 using whole genome sequencing increased from 14.8% in mid-June to ~66% by first week of July, and is driving the province's 7th wave. But there are indications that the latest wave is starting to wane. Public Health Ontario (PHO) published their updated risk assessment on BA.5 on July 08, 2022 and below are some of their key findings:

- Evidence continues to show that BA.4 and BA.5 are highly transmissible and immune evasive, in part due to reduction in neutralizing antibody titres against the subvariants compared to other strains.
- Risk of all-cause mortality, hospitalization and adverse outcomes increases with SARS-CoV-2 reinfection.
- Preventing high levels of COVID-19 community transmission may reduce the incidence of long COVID.
- Even if BA.4 or BA.5 are found to be no more severe than previous Omicron subvariants, high level of community transmission continues to have severe impact on health care worker absences, shortages, and resident care.
- Use of public health measures is highly effective to reduce risk of transmission, including wearing a well-fitted high quality mask when in indoor spaces, crowded places (including outdoors) and close contact settings, optimizing ventilation, and staying home when sick with symptoms of COVID-19.
- Vaccine effectiveness against infection has been waning in individuals last vaccinated more than 4 months ago, and more so in individuals with two doses compared to three doses. Staying up to date with the recommended doses of COVID-19 vaccines, combined with other control measures, limits the chances of getting infected or reinfected, and significantly reduces the risk of severe illness.

Source: [www.publichealthontario.ca](http://www.publichealthontario.ca)

## LONG-TERM CARE CERTIFICATION IN INFECTION PREVENTION (LTC-CIP) - NEW

The Certification Board of Infection Control and Epidemiology (CBIC) is now accepting applications for the new [LTC-CIP](#) beta test examination that can be written between September 15-October 15, 2022 for individuals who meet all the [eligibility requirements](#). Regular testing for LTC-CIP will become available from early February 2023. The LTC-CIP is the first certification to specifically measure competencies necessary to protect long-term care residents from infection. CBIC recommends, but does not require, one year of full-time infection prevention experience prior to taking the LTC-CIP examination.

As required under the *Fixing Long-Term Care Act, 2021*, the IPAC leads that provide support to long-term care homes will require to get certification in infection control (CIC) from CBIC within the next three years. Even though it is yet not confirmed by the Ministry of Long-Term Care (MLTC), the new LTC-CIP certification should meet and fulfil all the requirements for an IPAC lead, just as the original CIC certification.

The exam is an objective, multiple-choice examination consisting of 150 questions. 135 of these questions are used to compute the score. Individuals have the option to schedule to take the examination at a Prometric testing center or Prometric's remote testing system, ProProctor™. For regular LTC-CIP examination, the results will be provided right away but for

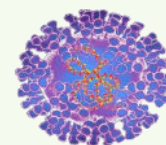


Source: [www.cbic.org](http://www.cbic.org)

## MONKEYPOX OUTBREAK DECLARED A GLOBAL HEALTH EMERGENCY

On July 23, 2022, the World Health Organization (WHO) declared the international monkeypox outbreak a global emergency. Canada has a total number of 681 confirmed cases of monkeypox as of July 22, 2022, with 288 confirmed cases in Ontario. Available information suggests that human-to-human transmission is occurring among the people in close physical contact with cases who are symptomatic. PHO published an updated epidemiological summary on July 22, 2022 and below are some of the highlights:

- 220/288 (76.4%) of the confirmed cases were reported by Toronto Public Health. 99.7% of confirmed cases are male and only one out of the 288 cases is female.
- The most commonly reported symptoms include rash, oral/genital lesions, swollen lymph nodes, headache, fever, chills, myalgia and fatigue.
- 9/288 (3.1%) of confirmed cases have been hospitalized and 2/288 (0.6%) have been in the intensive care unit (ICU). No deaths have been reported.
- The most commonly reported risk factors include engaging in sexual or intimate contact with new and/or more than one partner.
- Although most cases have been identified among males who report sexual or intimate contact with other males (MSM), anyone can get monkeypox. Factors that may increase the potential risk of exposure include close, sexual, and/or other intimate contact with someone who has a monkeypox rash, sore, or scabs.



Source: [www.canada.ca](http://www.canada.ca) | Source: [www.publichealthontario.ca](http://www.publichealthontario.ca)