

It has been four years since SARS-CoV-2, the virus that causes COVID-19 disease, first came into the public spotlight. Compared to the early days of the pandemic, we now are well equipped with multiple tools to combat this virus, including better understanding of how to mitigate its spread and availability of effective therapeutics to treat the disease. Even though we are not in the emergency phase of the pandemic anymore, we still are in a pandemic. There has been continual transmission of COVID-19 throughout the year but it could peak during the traditional winter respiratory viral season.

The above chart shows the weekly numbers for confirmed COVID-19 outbreaks in Ontario over the past year in various congregate settings. We did catch a break during the summer of 2023, where the number of confirmed provincial outbreaks reached its lowest point. But like the hope of Swifties to secure tickets for the Eras Tour concert, the relief was short-lived. COVID-19 activity in the community started to rise again by August, which in turn reflected in the number of outbreaks that steadily increased in congregate living settings within the province.

To review a couple of the key metrics, below are weekly rates for hospitalizations and deaths attributed to COVID-19 this year in Ontario.

Time Period (2023)	Weekly COVID-19 Hospitalizations	Weekly COVID-19 Deaths
January (first week)	553	98
July	55-65	8-12
November (3rd week)	344	51
December (1st week)	170	40



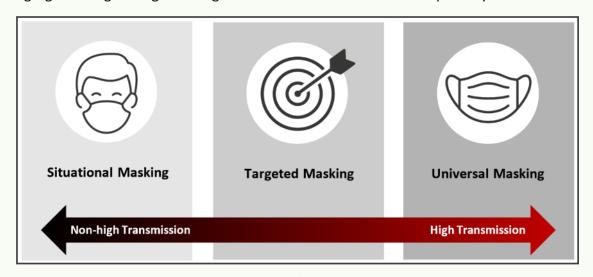


Keeping in mind, the numbers stated are per surveillance week and most likely an underestimate due to multiple factors, including underreporting, disease awareness, and medical care seeking behaviours.

Majority of the reported deaths attributed to COVID-19 occurred in individuals of age 80+, followed by the age group between 60 to 79. For the 2022-2023 surveillance period (Aug 28, 2022 to Aug 26, 2023), there were a total number of **792** deaths reported in long-term care home (LTCH) residents and **165** deaths in retirement home (RH) residents in Ontario. In comparison, a total of 40 deaths in LTCH residents and 8 deaths in RH residents were recorded for influenza during the 2022-2023 surveillance period in the province. For the current 2023-2024 surveillance period, between Aug 27, 2023 to Nov 25, 2023, a total of 205 deaths were reported in LTCH residents, compared to 5 resident deaths due to influenza and 1 due to RSV. Even at this point into the pandemic, the clinical burden of COVID-19 on high-risk congregate living settings is clearly higher than other circulating respiratory viruses.

Switching from being a Debbie Downer to a Sarah-Tonin, what can we do to mitigate the risk from COVID-19 and other resp. viral infections this holiday season? We should continue to adjust and implement the multi-layered IPAC measures that have proven to be effective in the past: stay up-to-date on your vaccines and encourage friends and family members to do the same; use Routine Practices at minimum for all clinical interactions; use recommended PPE when providing care to patients/residents/ clients according to the Ministry of Health's latest guidance and point-of-care risk assessment (PCRA); practice frequent hand hygiene and encourage residents/clients to do the same; improve ventilation in the home and use HEPA air filtration units in common areas, dining rooms, and hallways; be vigilant in self-screening for symptoms and not attend work when symptomatic or feeling sick; and wear a well-fitting mask when indoors during high level of community positivity rates.

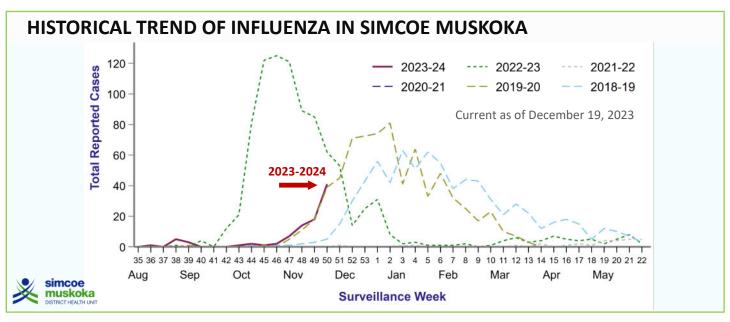
The figure below from PHO illustrates the spectrum of masking recommendations from non-high to high transmission risk periods that is applicable to all health care settings, including LTCHs, RHs, and other congregate living settings to mitigate the risk of transmission of respiratory viruses.

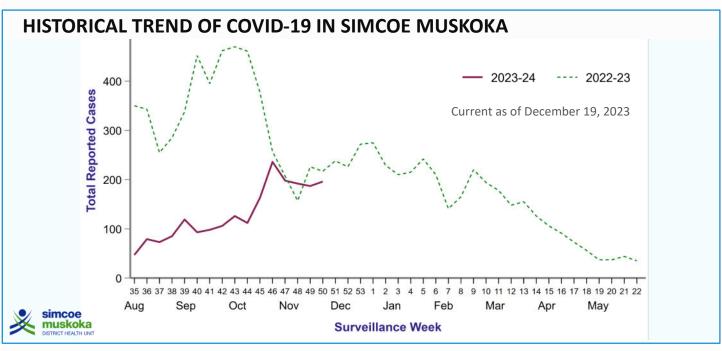


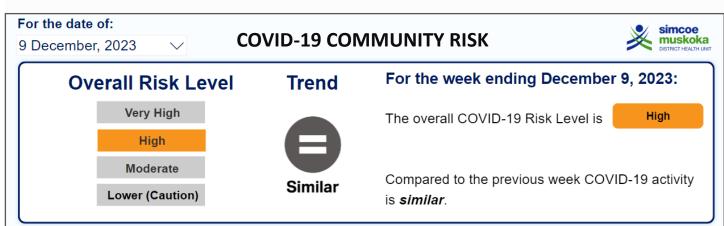
Sources: www.publichealthontario.ca1 | www.publichealthontario.ca2 | www.cbc.ca | www.bbc.com |















## **NEW RESOURCES ON CPE FOR LONG-TERM CARE HOMES**

Public Health Ontario (PHO) recently released three new resources for long-term care homes (LTCH) on carbapenemase-producing *Enterobacteriaceae* (CPE), which are *Enterobacteriaceae* that are resistant to the carbapenem antimicrobials through the production of carbapenemase enzyme. *Enterobacteriaceae* are a large family of Gram-negative bacteria that includes a number of pathogens such as *Klebsiella, Enterobacter, Escherichia coli, Shigella, Salmonella* and other species. CPE infections are particularly difficult to treat since CPE are resistant to almost all available antibiotics.

The first document provides information on some of the frequently asked questions on CPE that can be shared with residents, family members and visitors of residents who are colonized or infected with CPE in a LTCH. The second document provides information on the transmission risk factors of CPE in LTCHs, and the third resource is a useful checklist that the IPAC lead in a LTCH can use when transferring, discharging and admitting a resident with a CPE. The three documents can be downloaded from the PHO's website or by clicking on the thumbnails below.







