

## JN.1: WHAT WE KNOW SO FAR ABOUT THE NEW COVID-19 SUBVARIANT

As SARS-CoV-2 continues to circulate and mutate, a new subvariant, known as **JN.1**, has emerged and is now the dominant strain across Canada (shown above in pink) and other parts of the world. At present, the World Health Organization (WHO) and the Public Health Agency of Canada (PHAC) have classified JN.1 as a variant of interest (VOI), which is the second-highest level of monitoring. JN.1 is the heir/offshoot of the BA.2.86 Omicron variant with a single change in the spike protein, a scenario not unlike before. When it comes to emerging variants, it's *Groundhog Day* every day. Or every few months.

The JN.1 variant has an elevated ability to evade the immune system compared to its predecessors but there is no evidence available to indicate an increase in transmission or disease severity associated with it. There is also no evidence to indicate that the symptoms associated with JN.1 infections are markedly different compared to the typical COVID-19 symptoms we saw in the past year, which include fever or chills, cough, fatigue, lethargy, headache, sore throat and runny nose. We should bear in mind that because of the strong overlap with flu symptoms, it is virtually impossible to distinguish COVID-19 symptoms from influenza without using a PCR test or getting a positive result on a rapid antigen test.

Since the spike protein is targeted by the currently available XBB.1.5 monovalent COVID-19 vaccine, it is predicted to provide protection against JN.1 and other potentially emerging lineages of BA.2.86 and XBB.1.5. One of the easiest things to do is to get the updated COVID-19 vaccine if it has been more than 6 months since your last vaccine dose or COVID-19 infection. We should continue to use all available personal protective measures that have proven to be effective in the past to mitigate the spread of COVID-19, limit the emergence of new variants, and protect the most vulnerable amongst us.

Sources: [jamanetwork.com](https://jamanetwork.com) | [hub.jhu.edu](https://hub.jhu.edu) | [thelancet.com](https://thelancet.com) | [www.bbc.com](https://www.bbc.com) | [globalnews.ca](https://globalnews.ca)

## NEW LTC-CIP PREP GROUP FOR IPAC LEADS IN LONG-TERM CARE HOMES

Sunnybrook Hospital, University Health Network, Scarborough Health Network, Lakeridge Health and Michael Garron Hospital's IPAC Hubs have together developed a series of lectures for the IPAC leads in long-term care homes (LTCHs) to prepare for the CBIC's Long-Term Care Certification in Infection Prevention (LTC-CIP) exam. The weekly virtual lecture series will start from **February 1st, 2024** and is scheduled for every Thursday from 1-2PM until the first week of April 2024.



As per the Ontario Regulation 246/22 under the *Fixing Long-Term Care Act, 2021*, the IPAC lead in a LTCH in Ontario is required to obtain certification in infection control from the Certification Board of Infection Control and Epidemiology (CBIC) within three years of the regulation coming into effect, which is by **April 2025**. If you do not pass the exam, there is a mandatory 90-day waiting period before you can reapply. Please follow the [CBIC's FAQs link](#) for further information on this certification.

Apart from the weekly lecture series, there are also weekly sessions for exam practice questions that are scheduled for every Tuesday, also from 1-2PM, starting February 6th, 2024. The lecture series and practice question sessions are open to anyone who would like to attend and is specifically designed for IPAC leads working in LTCHs in the province of Ontario.

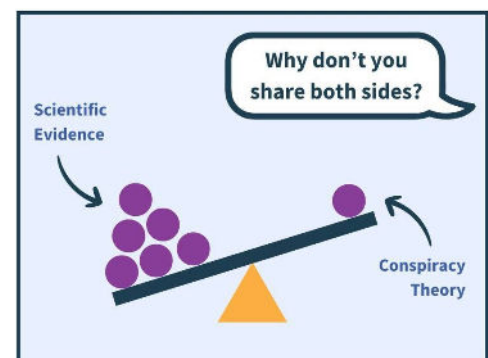


If you would like to receive the Microsoft Teams invite for the virtual lecture series, please provide your contact information using this [form](#). Anyone who accepts the invitation will also be added to a distribution list, and will have access to the recording of the lectures for repeat viewing. Questions regarding this prep group can be directed to your IPAC hub liaison. You can also watch the introduction video for this LTC-CIP prep group by clicking on the YouTube icon above.

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## THE IRONY OF FALSE BALANCE BIAS

False equivalency or false balance is a bias when opposing viewpoints are presented as equally valid, even when one side has stronger evidence. When it comes to public health, the false balance bias has been seen, among other topics, in discussing vaccines. In appearing impartial, journalists in legacy and new media will often present opinions of a celebrity or a social media influencer as equally credible as evidence-based information from a qualified expert in the relevant field of study. It's like having a debate on climate change with a climate scientist and to "provide balance" to the her views, the interviewer invites a member from the Flat Earth Society.



Opinions and conspiracy theories from a podcaster (for the sake of anonymity, let's use a fictional character and call him Roe Jogan) with no academic or professional training in immunology or even

basic biology are considered as equally valid to the scientific consensus on the safety of vaccines that is based on a large body of knowledge and scientific evidence built over many years if not decades.

The sad irony of false balance bias is that it arises from a concerted attempt to *avoid* bias in the first place and be impartial or neutral. But neutrality does not necessarily equate to objectivity. False balance gives dubious narratives in the media a veneer of legitimacy and creates a false perception in the public mind that there is a scientific controversy or disagreement on an issue, such as safety of COVID-19 or flu vaccine, when there is none. It creates an aura of doubt that can result in unwarranted inaction or hesitancy when it comes to utilizing a readily available public health measure. “A lie can travel halfway around the world while the truth is still putting on its shoes”. Ironically, this quote itself is mistakenly credited to Mark Twain.

False balance bias has long been exploited by the tobacco and fossil fuel industries to muddy the waters. And it can have terrible consequences when it comes to public health. This is not to say that an argument from authority is always correct and should be accepted without question. But scientific consensus is not an argument from authority. It is gradually built and derived on the strength of evidence for a given position. The next time you come across two points of view presented as equally valid, ask yourself the following questions:

- What is the scientific consensus on the topic?
- Are the people pushing a specific narrative speaking or writing outside their field of expertise?
- Have I checked what other sources are saying?

Being mindful of this bias—especially in the age of social media where the spread of misinformation is rampant and difficult to counter—is essential in making a truly informed decision when it comes to your health and the health of your loved ones.


Source: [www.scienceupfirst.com](http://www.scienceupfirst.com) | [Grimes DR, 2019 - EMBO Reports](#)




## COVID-19 Community Risk

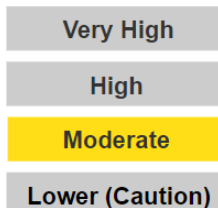
CLICK HERE 

For the date of:

20 January, 2024 

 Seasonal Comparison

### Overall Risk Level



### Trend



### For the week ending January 20, 2024:

The overall COVID-19 Risk Level is **Moderate**

Compared to the previous week COVID-19 activity is **decreasing**.