MHO position statement August 26, 2021

Since the removal of Provincial public health measures in early July 2021, there has been a steady increase in COVID-19 cases. In the past few weeks, this increase has begun to accelerate and we have also seen an increase in COVID-19 hospitalizations, ICU admissions and deaths, heralding the start of a fourth wave of the pandemic, mainly driven by the Delta variant of concern. The difference between this wave and previous waves is that it is predominantly affecting the unvaccinated population but there is spillover (breakthrough infection) in the partially or fully immunized population as well. Saskatchewan has among the lowest vaccine uptake of any province for both first and second dose, making this a critical and concerning time for us as a province. In addition, Saskatchewan was one of the first provinces to end mandatory public health measures and unlike many other provinces, has not indicated a desire to re-instate them as the fourth wave begins. The Delta variant is more transmissible and appears to be causing more serious illness in younger people as well. If current patterns continue similar to what is being seen elsewhere in the world with similar vaccine coverage also facing a fourth wave, in the coming weeks we are likely to see:

- Continued exponential growth of cases in the unvaccinated population (made up of the under 12 yr olds who cannot yet be immunized, and higher numbers of younger people where coverage rates are lower, as well as certain local communities where coverage rates are low such as many northern communities, some rural communities and lower income neighborhoods in cities)
- Higher numbers of hospitalization and ICU admissions and deaths due to the large number of cases in unimmunized groups and also increasingly in partially immunized and even fully immunized people due to various factors.
- The inability to continue previous levels of contact tracing and testing required to slow the spread of this wave due to the inability to access a broader labor pool as the letters of understanding allowing this practice have expired and staff are overworked and tired.

As public health specialists and leaders in Saskatchewan, the local Medical Health Officers are concerned about the COVID-19 situation in the province as we head into the fall. We recognize that it is due to the collective hard work and sacrifices made by the majority of residents in the province that we have managed to avoid completely overwhelming our health system and mitigated the worst impacts of the previous waves of the pandemic. We too are parents and members of local communities and would like to return to a more “normal” state of functioning for our economy, our schools and universities and all sectors, but only when it can be done safely in a gradual, evidence-based manner. Therefore, in response to the current situation, the SHA MHOs provide the following recommendations:

**General recommendations**

1) In the absence of a Provincial government public health order, Government messaging is very important and should include clear warnings and advice/recommendations, to ensure the public is aware of the seriousness of the current situation including statements such as:
   a. The COVID-19 pandemic is not over yet. We may have won the battle of the third wave and had some respite over the summer, but the war is not yet won. Another push is necessary, and ignoring it will not make it go away
   b. We have knowledge of effective measures and tools from the past 3 waves, and we can apply those that are relevant and necessary in this wave but we need the backing of the public and Government to make them effective with high compliance.
   c. Our rates of immunization are not yet high enough to just “live with COVID”. At current rates, we will still have high numbers of cases, hospitalizations and many deaths that are preventable with
fewer measures at our disposal than before vaccines. To get to a more stable state, we need to see higher vaccination rates quickly as well as high levels of testing and contact tracing, and high levels of masking (especially in crowded indoor environments)

**Immunization**

Recent outbreaks in hospitals, Long Term Care facilities and day cares have been traced to unimmunized workers as a likely source of infection. Other outbreaks are being fueled by large gatherings where unimmunized people are allowed to attend. In order to end this pandemic quickly, people need to be fully immunized if they want to engage in activities where there is indoor mixing of people or if they want the privilege of taking care of vulnerable persons. In the end, this means nearly everyone in the province must be immunized. Therefore, it is recommended that:

2) The Saskatchewan Health Authority adopt a mandatory COVID immunization policy for all Health Care Workers, but especially in Long Term Care facilities (and work with affiliate LTC operators and personal care homes to have this same policy) as soon as possible to limit transmission and spread of COVID-19 to vulnerable populations seeking health care services.

3) Mandatory immunization policies be put in place in Saskatchewan to protect our children (in schools and daycares). The Ministry of Education should adopt a mandatory COVID immunization policy for all eligible students and their parents, teachers, and other school staff. This should include students less than 12 years of age when they become eligible for vaccination in addition to the other measures recommended by local MHOs to school divisions (such as mandatory masks, ongoing testing and screening, physical distancing and hand hygiene. See MHO reference document to school divisions). This will be reviewed during the school year with the possibility of loosening restrictions once case numbers come down sufficiently. All daycare staff should have similar requirements.

4) Mandatory immunization should also be required for all provincial and municipal government employees.

5) Proof of immunization against COVID (“vaccine passports”) or proof of a recent negative COVID rapid test should be required for entry to nightclubs, bars, restaurants, and other social and recreational events, and many other businesses should consider similar policies especially if they serve large numbers of people indoors, or have clientele who are at increased risk of complications from COVID. Essential services can use other means to safely provide services to unimmunized clients such as cohorting, masks, physical distancing and hand hygiene.

**Masks, other public health measures**

While Canada is privileged to have access to safe and effective vaccines in sufficient numbers, immunization is not enough by itself to get us out of this pandemic crisis. With the resurgence of cases primarily driven by variants of concern such as Delta, further layers of protection are required. Saskatchewan needs to bring back some of the other public health measures that have worked in previous waves of the pandemic to avoid unnecessary cases, hospitalizations and deaths, while minimizing negative unintended effects on the economy. Therefore we further recommend that:

6) Mandatory masking be reinstated for all indoor public spaces until such time as immunization rates and other control measures bring case numbers and serious complication rates down again. Clear thresholds (for vaccine coverage rates and case rates, hospitalization rates and other epidemiologic parameters) for when these measures can be removed should be announced to the public for transparency as to what is required to allow for a gradual return to normal society.

7) SHA continue or increase the routine precautions needed to protect those in LTC such as mandatory masking of both HCW and visitors, and mandatory vaccination of HCW and visitors

8) Mandatory isolation of COVID cases and close contacts be reinstated, along with the staffing needed to carry out case investigation and contact tracing on the increased number of infectious cases to reduce and contain the spread of COVID-19 in communities through tailored approaches e.g., “Test-to-Protect” in Health Care Sector or strategies like “Learn-to-Return” in education sector.

9) Infrastructure for graduated enforcement including ticketing should be reinstituted to support the implementation of and adherence to public health measures.

10) A comprehensive Covid-19 testing strategy and process which covers screening (by antigen testing), symptomatic testing and active case finding be established as a part of outbreak management.

11) Improvements to ventilation in schools and Long Term Care facilities be carried out where needed.
Staffing/capacity
As was the case at the beginning of the pandemic, there is very little surge capacity in the public health system, and extra supports are critically needed to respond to large surges in cases and to deliver new vaccines. Therefore we recommend that:

12) Surge capacity to meet demands for Public Health staffing based on risk assessment be reinstated. This staffing is required for increased demand for case management, contact tracing, immunization, testing (including school clinics) so we do not let other public health services fall further behind, leaving whole cohorts of people to fall behind in routine immunizations, and other public health issues to worsen as has been already seen with recent increases in syphilis cases and opioid overdoses for example. Discussions should be initiated to prepare for possibly re-instituting some aspects of the Letter of Understanding which allowed for more staffing flexibility.

13) Government and SHA messaging to the public reflect what Public Health will and will not do going forward with the changing nature of the pandemic given current levels of staffing and enforcement tools available and as this changes if/when new measures are put back in place.

Reporting, monitoring, data
Public trust and adherence to recommendations are closely tied. There are many examples of best practice in reporting and monitoring from other jurisdictions that have led to improvements in public communication and improving program and policy decisions. Saskatchewan has been able to implement some of these best practices, but has become an outlier in some aspects of reporting and monitoring in others. For example, Saskatchewan is the only province that has not been able to do our own provincial COVID seroprevalence studies and investigate vaccine effectiveness with linked laboratory and immunization data. We are also not able to report on COVID impacts on vulnerable sub populations. We recommend that:

14) Routine, regular public reporting of:
   a. % of population partially and fully immunized by age group at the small area geography/community level, and for key sub populations such as health care workers by site of work (in order to guide further progress in immunization rates and inform the public of where these increases are most needed.
   b. Cases, hospitalizations, ICU admissions, deaths by age group and by the percentage that are unimmunized, partially immunized and fully immunized

15) Data linkage be allowed between public health data (such as immunization data and case data) be linked to healthcare data such as hospitalizations and other COVID outcomes as is done in other provinces in order to do enhanced surveillance and research into the pandemic and guide and evaluate our response.

16) If changes to legislation, regulation or policy is required to allow for this type of reporting, that this be prioritized to bring Saskatchewan in line with other parts of Canada in being able to do public health evaluation and research to better respond to this crisis and future needs.

17) If Provincial government is not providing regular public reporting or updates, that the SHA do this reporting through website updates and media briefings by MHOs and other senior leaders

Signed,

Dr. Cory Neudorf, Interim Senior MHO, Saskatchewan Health Authority
& the Saskatchewan Medical Health Officers in the SHA, NITHA and ISC

Healthy People, Healthy Saskatchewan
The Saskatchewan Health Authority works in the spirit of truth and reconciliation, acknowledging Saskatchewan as the traditional territory of First Nations and Métis People.

NOTICE OF CONFIDENTIALITY: This information is for the recipient(s) listed and is considered confidential by law. If you are not the intended recipient, any use, disclosure, copying or communication of the contents is strictly prohibited.