

Memo

To: Board of Health

From: Dr. Matt Strauss

Date: March 1, 2022

Re: COVID-19 Update

It is a pleasure to update the Board of Health on matters related to the Covid-19 pandemic today.

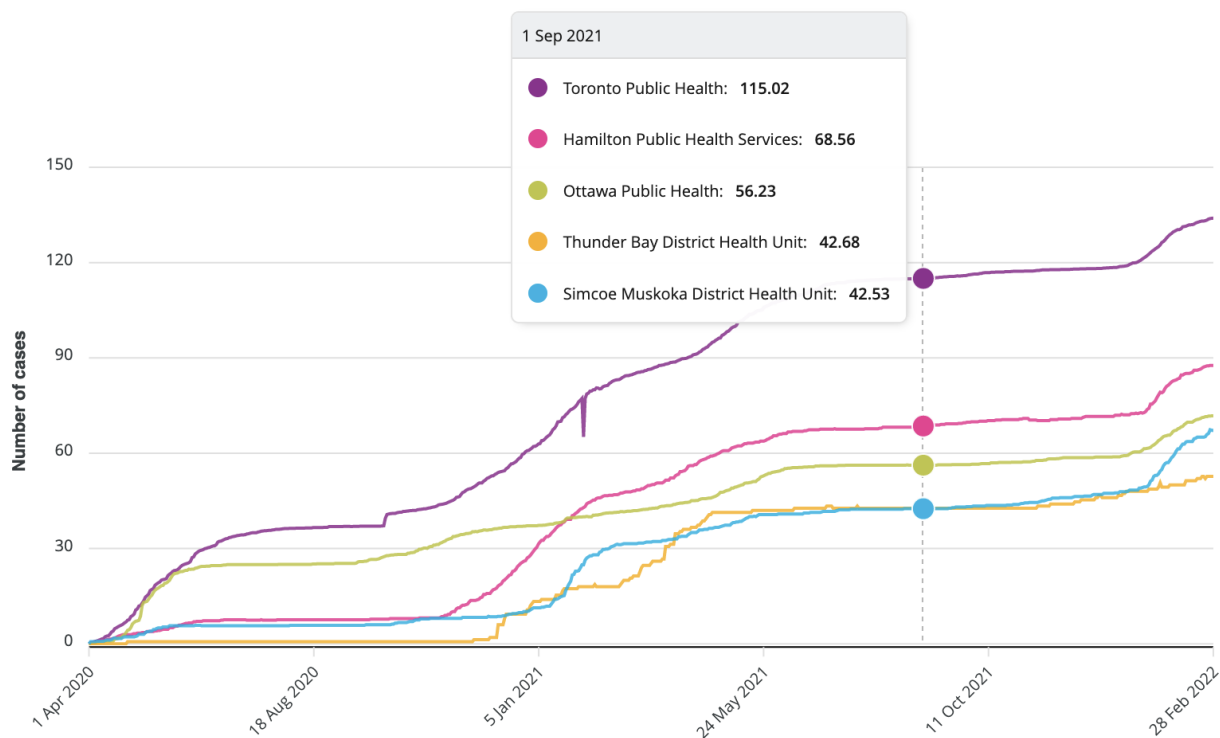
It is an exciting and hopeful time. In Ontario, ICU occupancy from Covid-19 is down, hospitalizations are down, case rates are down, wastewater signal is down. Many countries have almost entirely done away with public health restrictions: Sweden, Norway, Denmark, Ireland, the United Kingdom, Portugal, Mexico, etc. Ontario is slated to reduce a raft of restrictions, including proof of vaccination requirements today. I expect these trends to continue throughout March into spring.

When we spoke in January, I had mentioned that perhaps in March we would speak of the pandemic that was, rather than the pandemic that is. I do believe we are more or less ready to make this shift over this month. To be clear, Covid-19 will continue to be with us. Adherence to vaccination recommendations will remain an integral part of personal health protection. However, sudden, unexpected and massive waves of Covid-19 in an immunologically naïve population are I think behind us. The Omicron wave has left millions and millions of Ontarians with robust natural immunity. Certainly, the public health service in Ontario will be actively monitoring for any potentially worrisome new variants, much as they long have monitored for worrisome influenza variants.

I thought that this meeting might then be a good time to review some of the pandemic outcome metrics in Haldimand-Norfolk. It is been emotionally and materially a very difficult two years for everyone in our community. Covid-19 has been a dreadful pestilence and our community suffered significant losses. At times, there have been disagreements: locally, provincially, nationally and internationally, about how best to tamper these losses. "Life can only be understood backwards but it must be lived forwards." Making decisions in real time, with incomplete data, can be difficult and confusion can ensue. We now have two years of data and much greater opportunity for agreement and cohesive action. Additionally, I think we have much to be proud of as a community. Now is a time to put divisions aside and heal.

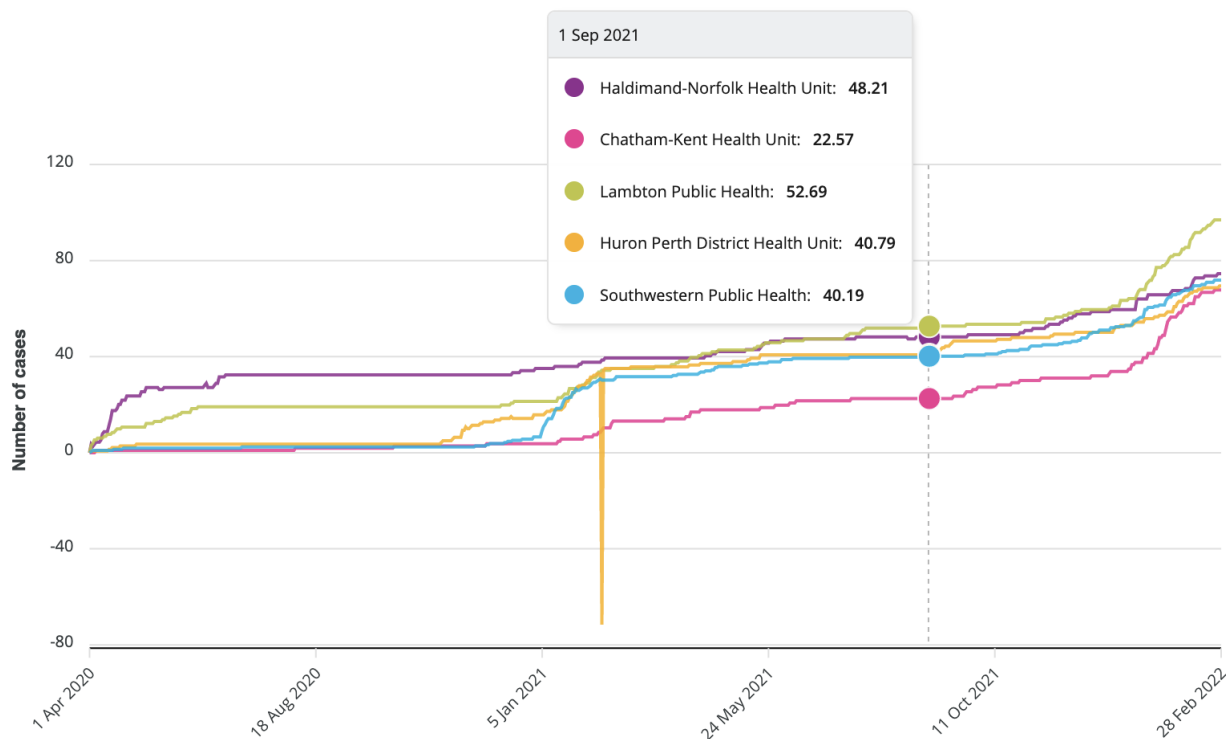
I would like to take you through some of this data now.

Figure 1: Urban and Rural/Remote Public Health Regions, Deaths per 100,000



Here we can see that larger urban centres, with more international travel and less ability to socially distance, were hit harder and faster. Over time, the virus made it out to smaller and out-of-the-way communities like Muskoka and Thunder Bay.

Figure 2: Haldimand-Norfolk and Rural Neighbours, Deaths per 100,000

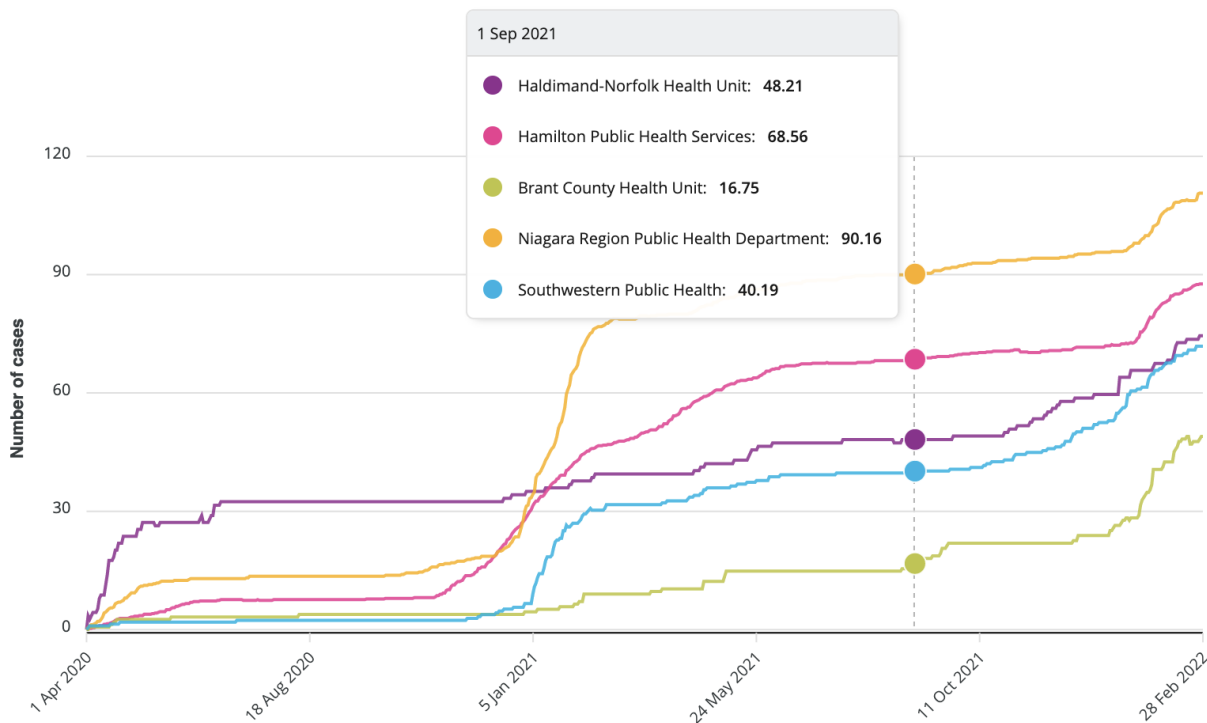


Haldimand-Norfolk, did not have the usual rural experience in the first days of the pandemic. I wasn't there at the time, but from what I now understand, there were some unfortunate early outbreak experiences in which stochasticity, or bad luck, played a role.

To look back six months ago, Haldimand-Norfolk remained well ahead of these comparators, except Lambton with whom we were roughly even. Today, we are roughly even with these comparators, except Lambton which has climbed well ahead.

In the last six months, Covid-19 mortality in these 5 regions has increased and average of 95%, but in Haldimand-Norfolk, only 55%.

Figure 3: Haldimand-Norfolk and Surrounding Health Regions, Deaths per 100,000



Here, aside from Haldimand-Norfolk's peculiar early and unfortunate experience we see both patterns at work. The more urban and central regions, Hamilton and Niagara, were hit hard and early. Of the more rural regions, Haldimand-Norfolk had experienced more death six months ago, but these differences have diminished over time.

It is worth noting that over this time, Haldimand-Norfolk has taken a much less restrictive approach than these comparable regions. In keeping, I believe with the state of the best science on subjects such as vaccine mandates, school closures, isolation periods, and community masking. These 5 health units saw an average mortality increase of 77%, again compared to Haldimand-Norfolk at 55%.

Provincially, the average health unit saw a 115% Covid-19 mortality increase over the last 6 months.

Over the past two years, Haldimand-Norfolk has a raw Covid-19 mortality rate 10% lower than the province as a whole. However, as a popular retirement destination, we would have expected to have a higher death rate than the province as Covid-19 is particularly dangerous to elders. Table 1 shows age-standardized Covid-19 mortality to be 28% lower than the province.

Table 1 - Haldimand Norfolk COVID-19 Relative to Provincial Average (Jan 2020 to Feb 2022)										
Age Group	Population	Cases			Hospitalization			Death		
		Actual	Expected	A / E	Actual	Expected	A / E	Actual	Expected	A / E
0-19	25,116	1,215	1,543	79%	7.0	9.7	72%	0	0.10	0%
20-39	27,477	2,434	2,780	88%	16	27	60%	2	0.9	216%
40-59	30,756	1,932	2,400	81%	60	75	80%	6	7	86%
60-79	30,754	1,020	1,402	73%	92	170	54%	27	44	62%
80+	5,905	366	426	86%	45	99	45%	49	65	75%
Total	120,008	6,967	8,551	81%	220	380	58%	84	117	72%

I think that as we close this chapter in local history, we can be proud of our performance. I am proud of all of the Public Health Unit staff, the County staff and frankly every community member who worked and sacrificed to look after each other over this difficult period.

Part of what is so remarkable here, is that in many ways, when it comes to health outcomes, rural communities have the deck stacked against them. In Haldimand-Norfolk, there are nearly five times fewer physicians per capita than the provincial average. Cigarette smoking is more common. Car accidents are more common. Teen pregnancy is more common. Obesity is more common. Mental health concerns are more common. Vaccine hesitancy is more common. As we have previously discussed, rates of venereal disease are markedly on the rise. These statistics are not good. Yet, as far as this pandemic is concerned, this community has outperformed. There are resiliencies and strengths here that all those statistics evidently do not capture.

Obviously, this is no time to rest on our laurels. For each of these other determinants of health, there is so much work to do. As the pandemic comes to its end, I will be turning my focus to these other critical files. I am so pleased to report that the public health unit will be opening its doors to the public in the next two weeks. We will be cleaning children's teeth. We will be sending nurses to help young mothers breastfeed. We will be designing new programs to improve the whole of the public health, not just the Covid-19 public health.