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COVID-19: Update #27 UK Variant: Revised Mitigation Strategies for Community-Spread

Attention: Physicians, Emergency Departments, Infection Control Practitioners, Occupational Health Practitioners, Walk-In Clinics/Urgent Care Clinics, Nurse Practitioners, EMS, Designated Officers, Midwives, Family Health Teams, Pharmacies, Central LHIN, NSM LHIN, Beausoleil First Nation, Moose Deer Point First Nation, Rama First Nation, Wahta First Nation, Long-term Care Homes, Retirement Homes, Hospices

Date: January 26, 2021

As of January 26, 2021, at 1500 hrs, **eight samples** of COVID-19 have been identified to be the UK B.1.1.7 variant in SMDHU. An additional 103 individuals who have had a positive first screening test for a variant of concern have also been identified; most being linked to the Roberta Place outbreak. The second confirmatory test involves whole genomic sequencing. This variant of concern (VOC) is more easily transmitted, resulting in much larger numbers of cases in a very rapid fashion.

Public Health Ontario has provided additional direction regarding the management of variants of concern, therefore, the <u>COVID-19 Variant of Concern (VOC) Strategy</u>ⁱ has been revised. Please note that we expect that this document will have numerous changes as more is known about the epidemiology of VOCs locally and in Ontario. Please reference the link above for the most up to date version.

Relevant Revisions in Strategy

Comprehensive & timely case and contact management

- Lower threshold for assessment of high-risk exposures to VOC/VOC-linked cases including:
 - Any cumulative 15 minutes duration of exposure spent less than 2 metres apart (regardless of non-medical mask use by case and/or contact). See healthcare worker (HCW) exception below.
 - Any duration of exposure spent less than 2 metres apart where case or contact is not wearing a mask. See HCW exception below.
 - Exception: an exposed HCW with appropriate personal protective equipment (PPE), which at a minimum is a medical mask and eye protection, will be deemed a lower-risk contact unless breaches with use noted.
- All high risk and household contacts (regardless of level of exposure) of confirmed/probable cases linked to potential VOCs to be in quarantine within 24 hours of identification:
 - Release from quarantine should not occur until confirmation of a negative result from a specimen collected on/after day 12. Where contacts are unable to complete end of quarantine testing, quarantine should be extended 14 days after the upper estimate of median incubation period (7 days + 14 days = 21 days) to account for an isolation period of potentially unidentified cases.
 - If high-risk contacts cannot adequately self-isolate within their primary residence, and rehousing is not feasible, the entire household may be placed in quarantine.

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Infection Prevention and Control/Outbreak Measures

- Essential visitors no longer allowed onsite to an outbreak facility, when VOC is suspected, unless for palliative reasons and then only one visitor at a time:
 - If the facility has only one unit in outbreak, and VOC is suspected, essential visitors can be suspended to that one unit (and not entire facility) as long as cohort staffing measures are in place.
- Given potential community transmission in Barrie and South Simcoe, all LTCH located in these areas who are in a COVID-19 outbreak, (regardless if VOC is suspected), will no longer allow essential visitors onsite unless for palliative reasons and then only one visitor at a time.
- For health care, LTCH and retirement home settings, avoid use of staff, students or volunteers that are not adequately trained in IPAC measures.

Immunization

• No revisions at this time.

ⁱ <u>https://www.simcoemuskokahealth.org/docs/default-source/jfy-health-care-professionals/smdhu-regional-containment-</u> <u>strategy_forexternal-distribution.pdf?sfvrsn=6</u>