

COVID-19: Update #28

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: February 3, 2021

As of February 2, 2021, **51 confirmed cases of COVID-19 have been identified to be the UK B.1.1.7 variant** in the Simcoe Muskoka District Health Unit (SMDHU) area. An additional 94 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 with secondary and tertiary spread noted. 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 (PHO) provided direction late last week that this **guidance now not only relates to VOCs, but to all COVID-19 confirmed or epidemiologically-linked probable or confirmed cases and their contacts**. Therefore, the [COVID-19 Variant of Concern \(VOC\) Strategy](#)ⁱ has been updated with provincial direction. Please note that we expect that this document will continue to have 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.

Notable Revisions in Strategy

Comprehensive & timely case and contact management

- Decrease in isolation periods of confirmed/probable cases linked to VOC from 14 days back to 10 days (no change for cases with 20 days isolation based on existing COVID-19 immunocompromised/severely ill criteria)
- Lower threshold for assessment of all COVID-19 exposures (**applicable to all settings including healthcare**):
 - When contact is wearing appropriate personal protective equipment (PPE) which at a minimum is a medical mask and eye protection, exposures generally remain low-risk;
 - When case & contact are both wearing masks (medical or non-medical), but contact is not wearing eye protection while being within 2 metres of case for at least 15 minutes, the contact will be deemed high-risk;
 - When the case is not wearing a mask, and the contact is not wearing both medical mask and eye protection, any duration of exposure except for a transient exposure will be deemed high-risk;
 - When the contact is not wearing a mask, even if the case is wearing a mask (medical or non-medical), any duration of exposure except for a transient exposure will be deemed high-risk;



- Direct physical contact (e.g., hugging, kissing) with a case (regardless of masking or duration) will be deemed high-risk:
 - Transient interactions (e.g., brushing past someone, grocery clerk passes bag and hands touch) will not be considered high-risk; and
- Situations where the assessment suggests potential increased risk (considering duration, ventilation, adherence to PPE use) will be deemed high-risk exposures. An example would be persons in a small lunch room with no windows and an exposure time of greater than 60 mins.
- Management of high-risk contacts:
 - Testing recommended for high risk contacts:
 - First swab¹: Day 0-6 following exposure; and
 - Second swab: on or after Day 10 of quarantine.
 - Note: testing should occur at any time if symptoms develop.
 - No longer a requirement for asymptomatic high-risk contacts to self-isolate for 21 days if they decline testing (only 14 days quarantine)
 - Negative swab results are not required to be received for asymptomatic high-risk contacts to be cleared
 - Revised messaging to high-risk contact's household members to stay home except for essential reasons, especially while contact is awaiting test results

Infection Prevention and Control/Outbreak Measures

- No revisions at this time.

Immunization

- No revisions at this time.

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

¹ If first swab occurs on or after Day 7 following exposure, repeat testing is not recommended unless symptoms develop.