Report to
Rapport au:

Ottawa Board of Health
Conseil de santé d'Ottawa
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Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE

File Number: ACS2023-OPH-MOH-0007

SUBJECT: Ottawa Public Health's 2023-2024 Respiratory Season Preparedness Plan

OBJET: Plan de préparation à la saison respiratoire 2023-2024 de Santé publique Ottawa

REPORT RECOMMENDATION

That the Board of Health for the City of Ottawa Health Unit receive this report for information.

RECOMMANDATION DU RAPPORT

Que le Conseil de santé de la circonscription sanitaire de la ville d'Ottawa prenne connaissance du présent rapport à titre d'information.

EXECUTIVE SUMMARY

Ottawa Public Health (OPH) has developed the 2023-2024 Respiratory Season Preparedness Plan to address anticipated challenges for the upcoming respiratory season. It is expected that Ottawa will once again see early circulation and peaking of influenza and RSV, along with an ongoing burden of COVID-19 in the community. The 2022-2023 respiratory season disproportionately affected the pediatric and older adult populations and challenged the capacity of the health system. Younger children and infants experienced high rates of influenza and RSV, which caused an unprecedented surge in emergency department visits and admissions at CHEO, while older adults experienced ongoing high rates of both COVID-19 and influenza, leading to hospitalizations and deaths. The highest rates of death due to COVID-19 are among older adults. OPH investigated a much larger number of respiratory outbreaks in institutional settings compared to pre-pandemic seasons.

The 2023-2024 season is expected to be similar to that of last year. OPH is already seeing an increase in COVID-19 activity and outbreaks in the community. Influenza vaccination among Ottawa children remains low, as do rates of COVID-19 booster uptake across all eligible ages in Ottawa. Neighbourhoods with lower socioeconomic advantage had lower levels of COVID-19 vaccination. Long-term Care Homes (LTCHs), Retirement Homes (RHs) and Congregate Living Settings (CLS) face new and ongoing challenges, such as staffing levels, turnover and absenteeism, which may impact institutions' abilities to effectively manage outbreaks during the respiratory season.

OPH recently hosted Fall/Winter 2023/24 Respiratory Season Readiness exercises with internal and external partners, which pointed to the expected challenges that will require continued collaboration across all sectors.

OPH identified six strategies as part of the 2023/24 Respiratory Season Preparedness Plan that will be key to strengthening readiness and response during the upcoming and future respiratory seasons in Ottawa. These strategies will also be viewed with a health equity lens to ensure that they address inequities and prevent disparities from being unintentionally generated or aggravated. This includes closely working with the community through OPH's Community Engagement Team.

- **Surveillance, Modelling & Evidence** will support prevention, detection, monitoring and evaluation to inform the community and healthcare system responses.
- **Immunization** will be a critical component for reducing risk of severe illness for people at greatest risk and alleviating pressure on the healthcare system.
- **Health Communications** will promote informed decision-making by the public and partners around prevention and mitigation strategies for respiratory illness.
- **Community-based testing and treatment** will require ongoing collaboration across the existing healthcare system and community partners to ensure continuous two-way communication and effective engagement activities for timely access to testing and treatment.
- **Infection Prevention & Control (IPAC) and Outbreak Management** will lessen the impact of respiratory surge(s) and assist with protecting the workforce, including individuals who are part of the health sector, and will support schools and childcare settings to help minimize the spread of illness.
- **Emergency Management** includes prevention/mitigation, preparedness, response and recovery and is aimed at mitigating the impact of the respiratory season on Ottawa residents and health system partners.

RÉSUMÉ

Santé publique Ottawa (SPO) a élaboré le Plan de préparation à la saison respiratoire 2023-2024 pour faire face aux défis attendus pendant la prochaine saison de ces infections. Il est attendu qu'Ottawa verra encore une fois les virus de la grippe et le virus respiratoire syncytial (VRS) circuler et atteindre des sommets tôt, alors que la communauté continue de subir le fardeau de la COVID-19. La saison des agents pathogènes des voies respiratoires 2022-2023 a affecté de façon disproportionnée les enfants et les personnes âgées et a exercé beaucoup de pression sur le système de santé. Le nombre élevé de cas de grippe et de VRS chez les jeunes enfants et les nourrissons a entraîné une flambée sans précédent des visites aux urgences et des admissions au Centre hospitalier pour enfants de l'est de l'Ontario (CHEO), alors que les cas de COVID-19 et de grippe sont demeurés élevés chez les personnes âgées, ce qui a mené à des hospitalisations et à des décès. Les taux les plus élevés de décès liés à la COVID-19 ont été observés chez les personnes âgées. SPO a fait des enquêtes

sur un bien plus grand nombre d'éclosions d'infections respiratoires dans des établissements en comparaison des saisons prépandémiques.

Il est attendu que la saison 2023-2024 sera semblable à celle de l'année dernière. SPO constate déjà une augmentation de l'activité et des éclosions de la COVID-19 dans la communauté. Les taux de vaccination contre la grippe demeurent faibles chez les enfants d'Ottawa, tout comme les taux de prise des doses de rappel des vaccins contre la COVID-19, tous groupes d'âge admissible confondus. Les taux de vaccination contre la COVID-19 étaient plus faibles dans les quartiers les moins favorisés sur le plan socioéconomique. Les foyers de soins de longue durée, les maisons de retraite et les établissements d'hébergement collectif composent avec des défis nouveaux et persistants, notamment en ce qui a trait aux niveaux de dotation, au roulement de personnel et à l'absentéisme, qui sont susceptibles d'avoir une incidence sur la capacité des établissements à gérer efficacement les éclosions durant la saison des infections respiratoires.

SPO a récemment tenu des exercices de préparation à la saison des agents pathogènes des voies respiratoires pour l'automne et l'hiver 2023-2024 en collaboration avec des partenaires internes et externes, qui ont révélé les défis attendus qui nécessiteront une collaboration continue entre tous les secteurs.

SPO a cerné six stratégies dans le cadre du Plan de préparation à la saison respiratoire 2023-2024 qui seront essentielles pour renforcer la préparation et la réponse à la prochaine saison des infections respiratoires à Ottawa et à celles qui suivront. Ces stratégies seront également examinées dans une optique d'équité en matière de santé pour s'assurer qu'elles remédient aux inégalités et qu'elles empêchent que des disparités soient involontairement générées ou aggravées. Cela comprend notamment une collaboration étroite avec la communauté grâce à l'Équipe d'engagement communautaire de SPO.

- **Surveillance, modélisation et données probantes** : appuieront les efforts de prévention, de détection, de suivi et d'évaluation dans le but d'informer la communauté et de guider la réponse du système de santé.
- **Vaccination** : il s'agira d'une composante cruciale pour réduire les chances que les gens les plus à risque soient gravement malades et atténuer la pression exercée sur le système de santé.

- **Communications sur la santé** : favoriseront la prise de décisions éclairées par les membres du public et les partenaires en ce qui a trait aux stratégies de prévention et d'atténuation des maladies respiratoires.
- **Dépistage et traitement dans la communauté** : exigeront une collaboration continue à l'échelle de l'actuel système de santé et entre les partenaires communautaires pour assurer une communication bilatérale continue et des activités de consultation efficaces permettant un accès opportun au dépistage et au traitement.
- **Gestion des éclosions et prévention et contrôle des infections** : réduiront les répercussions des flambées d'infections respiratoires et contribueront à la protection des travailleuses et des travailleurs, y compris les personnes œuvrant dans le secteur de la santé, et aideront les écoles et les services de garde d'enfants à minimiser la propagation des maladies.
- **Gestion des situations d'urgence** : comprend la prévention, l'atténuation, la préparation, l'intervention et le rétablissement et vise à atténuer l'incidence de la saison des agents pathogènes des voies respiratoires sur les résidents et les partenaires du système de santé d'Ottawa.

BACKGROUND

The 2023-2024 respiratory season is expected to be similar to that of last year.[1],[2],[3] After two seasons with minimal circulation of seasonal respiratory viruses (other than COVID-19) in 2020-2021 and 2021-2022, the 2022-2023 respiratory season saw an early start (October) to high influenza A and respiratory syncytial virus (RSV) activity followed by an earlier peak (December), in conjunction with the ongoing high burden of COVID-19 in Ottawa.

From August 28, 2022 to August 5, 2023, Ottawa hospitals saw the following hospitalizations related to respiratory illnesses: 1,910 for COVID-19; 184 for influenza; and 187 for RSV.[4] In fall 2022, CHEO experienced an unprecedented surge in emergency department visits and admissions.[5] During the season, 11,439 Ottawa residents were diagnosed with lab-confirmed COVID-19 and 913 were diagnosed with lab-confirmed influenza, which is a very small proportion of all people infected as testing is usually only completed in hospital and outbreak settings.[6],[7],[8]

Influenza and RSV rates of lab-confirmed illness were highest in infants and young children and higher than pre-pandemic seasons. However, older adults continued to

experience the highest rates of lab-confirmed COVID-19 as well as high rates of influenza. Older adults also have the highest risk of hospitalization and death from COVID-19 and this risk increases with age. In 2022, 94% of deaths due to COVID-19 occurred among adults aged 60 years and older. Many adults who have never had a COVID-19 infection (they do not have any natural immunity) depend on vaccines to protect them from serious illness should they get infected. About one third of adults 60 years and older and 1 in 5 adults aged 40 to 59 years have never had COVID-19.[9]

During the 2022-2023 season, OPH investigated 435 outbreaks in hospitals, Long-term Care Homes (LTCHs) and Retirement Homes (RHs), affecting 5,074 residents and staff. Of these, 337 were COVID-19, 20 were influenza, 18 were RSV and 60 were for other respiratory illnesses. This is 3.3 times as many respiratory outbreaks as OPH investigated per season compared to the pre-pandemic average (seasons 2016-2017 through 2018-2019).

Local modelling, which considers historical respiratory data and the ongoing respiratory season in the southern hemisphere, is used to plan for the upcoming season. During the 2023-2024 respiratory season, we anticipate sporadic circulation of influenza A and B and RSV beginning in September, increasing in October and peaking in December, followed by a gradual decline. In the southern hemisphere, where the influenza season typically begins in April and is often predictive of the upcoming season in Canada, children under 15 years old have had the highest rates of lab-confirmed influenza and have accounted for a higher proportion of hospitalizations than the previous season.[10] COVID-19 activity has already started increasing and is expected to continue to rise into October. We anticipate significant impacts of these viruses on younger children and older adults, both in the community and related to outbreaks in institutional settings.

During the 2020-2021 influenza season, half (50%) of Ottawa residents aged 18 years and older reported receiving an influenza vaccination while the rate was 74% among residents aged 65 years and older.[11] Influenza vaccine distribution data show that in the 2022-2023 season there were 540,729 doses distributed in Ottawa. According to the Canadian Health Survey of Children and Youth, most Ottawa children do not receive an annual flu vaccine, showing a missed opportunity to decrease the burden of illness in this population. In 2019, 37% of Ottawa children and youth aged 0-17 years received a flu vaccine.[12] Children under the age of 5 were more likely to have received the vaccine than their older counterparts (49% of 0-4 year-olds vs. 36% of 5-11 year-olds and 31% of 12-17 year-olds). In LTCH, 91% of residents and 63% of staff received the influenza vaccine in 2022-23. OPH will leverage its communication channels and intermediaries

to highlight the value of flu vaccination for children and youth, and other higher risk groups.

In terms of COVID-19 vaccination coverage, as of August 8, 2023, 25% of Ottawa residents age 5 and older had completed the primary series and received a booster in the last 6 to 12 months.[13] Among older age groups who were eligible for a spring booster, 12% of 60-69 year-olds, 27% of 70-79 year-olds and 29% of people aged 80 and older had completed the primary series and received a booster in the last 6 months. Neighbourhoods that are more socioeconomically advantaged generally had higher levels of COVID-19 vaccination compared to those with lower socioeconomic advantage.[14]

To support health system readiness to respond to respiratory outbreaks and surges, the Ministry of Health developed a Seasonal Respiratory Pathogens Readiness and Response Planning Guide (ontario.ca). This guide builds on previous respiratory season planning and lessons learned during the pandemic to support readiness for future outbreaks while integrating a health equity lens. It outlines the roles and expectations of local health units and other health system partners to ensure readiness.

The response to the upcoming respiratory season is in the context of additional changes to provincial guidance, funding and resources that were implemented during the pandemic. The Ministry of Health and sector-specific ministries (e.g., Ministry of Long-Term Care, Ministry of Seniors and Accessibility, Ministry of Children and Social Services) provide guidance, and can issue directives to institutional settings such as LTCH and RH, congregate living settings (CLS), and acute care to help protect priority populations. The latest Ministry of Health guidance for LTCH, RH and CLS was updated at the end of June 2023. One of the updates is that universal masking is no longer required in these highest-risk settings. However, provincial masking recommendations and requirements in these settings are based on a number of factors such as point-of-care risk assessment, source control, and outbreak status. More details can be found in the LTCH RH Guidance for PHUs 20230626 (gov.on.ca). There is no longer provincial direction for universal masking in acute care facilities and facilities are to implement their own policies for masking of staff, patients, and visitors.

In April 2023, Public Health Ontario (PHO) released a technical brief, Interim Infection Prevention and Control Measures based on COVID-19 Transmission Risks in Healthcare Settings (publichealthontario.ca), which proposes that Infection Prevention and Control (IPAC) measures, including mask use in healthcare settings, be adjusted as respiratory virus activity changes. The document's 'Framework for Transmission Risk

Periods' introduces the idea of high risk and non-high-risk periods. OPH worked with local health system partners to develop surveillance tools to help them understand when we are entering a high-risk period based on local epidemiology.

OPH continues to record costs related to responding to COVID-19 and the province has said they will reimburse extra-ordinary COVID-19 costs incurred until December 31, 2023. Other organizations have seen decreases in COVID-19 funding sources that may affect their ability to respond this fall or in 2024.

In February 2021, OPH provided a report to the Board of Health (BOH) titled *Lessons Learned Working with LTCHs during the COVID-19 pandemic*. It described lessons learned and provided priority recommendations to the province with the goal of strengthening the prevention and management of infectious disease outbreaks in the LTCH sector. Some of the challenges highlighted included: LTCHs experiencing lack of adequate personal protective equipment during the first wave, delays in testing turnaround times, staffing shortages, physical layouts of facilities, limiting visitors and activities, and the complex needs of residents. While some of the lessons learned have been mitigated, others, such as staffing levels and turnover, continue to be a challenge for implementing sound IPAC measures. Additional information is highlighted further in this report under IPAC & Outbreak Management.

Implementing OPH's ***2023-2024 Respiratory Season Preparedness Plan*** will be key to preventing, monitoring, and managing respiratory illness this coming season. The plan addresses changes to funding and resources, maximizes our own resources, and includes partners from across the healthcare system – including collaboration with neighbouring health units and local hospitals as well as community in order to have the greatest impact. This will include community engagement strategies to ensure that people facing barriers are supported adequately via focused, multilingual communication strategies, effective outreach and engagement activities at the neighbourhood level, and working collaboratively with community leaders and champions to ensure people who live in marginalizing conditions have access to both information and vaccine. This report details various aspects of the plan including evidence, surveillance and modelling, immunization, health communications, community-based testing and treatment, Infection Prevention and Control (IPAC) and outbreak management, and Emergency Management.

DISCUSSION

The 2023-2024 Respiratory Season Preparedness Plan maximizes internal resources and includes partners from across the healthcare system. The plan outlines key

strategies that align with the Ministry of Health's Seasonal Respiratory Pathogens Readiness and Response Planning Guide including:

- **Surveillance, Modelling & Evidence**
- **Immunization**
- **Health Communications**
- **Community-based testing and treatment**
- **Infection Prevention & Control (IPAC) and Outbreak Management**
- **Emergency Management (Prevention/Mitigation, Preparedness and Response)**

Work in each of these areas is described in detail below.

Surveillance, Modelling and Evidence

The OPH Epidemiology team publishes the Respiratory and Enteric Surveillance Dashboard on a weekly basis year-round to monitor respiratory virus spread, severity and at-risk populations to support informed decision-making. The Dashboard presents data on COVID-19, influenza and RSV wastewater levels, percent positivity, and outbreaks with detailed trend data, simplified interpretations of levels as low, moderate, high or very high, and assessment of change from week to week for each virus. COVID-19 and influenza lab-confirmed case counts and emergency department visits of people with respiratory symptoms are also presented by age group. In September 2023, hospitalization counts and associated levels were added for each virus. A respiratory virus transmission risk in healthcare settings assessment called, "Are Ottawa healthcare institutions in a high-risk period for respiratory illness?" has been added to the Dashboard, in alignment with the 'Framework for Transmission Risk Periods' proposed by PHO. This risk indicator will assist local health system partners in adjusting IPAC measures and clinical decisions using local epidemiology. The modifications, visual presentation and risk assessment approach were developed in consultation with IPAC partners from local hospitals, colleagues involved in wastewater surveillance at the University of Ottawa, and neighbouring public health units. Additionally, the COVID-19 Dashboard is published weekly and the Outbreak Dashboard is published on weekdays with details on ongoing outbreaks.

The OPH Epidemiology team continues to draw on multiple data sources to assess the impact of viruses in the community, such as regular surveillance for all diseases of public health significance and student absences data from local school boards.

In collaboration with the OPH Epidemiology team, the OPH IPAC team uses surveillance data from past local seasons and the current season, including information from the southern hemisphere (where the respiratory season starts several months earlier), to model when the respiratory season may start, when it may peak, which populations may be at higher risk, and how many outbreaks and influenza cases we may see. The information is proactively shared in internal and external meetings with healthcare and institutional partners. This helps orient public health efforts and support health system readiness.

Additional evidence is gathered from provincial, national and international surveillance resources and primary literature, including PHO's Respiratory Virus Overview in Ontario, the Public Health Agency of Canada's FluWatch, the Centre for Disease Control and Preparedness' FluView, and the Australian Influenza Surveillance Reports.

Together, surveillance, modelling and evidence provide information for communications, prevention measures and evaluation for institutions and the public.

Immunization

Achieving high COVID-19 and influenza immunization rates this fall, especially among those at greatest risk of severe illness, will be critical to reducing morbidity and mortality and pressures on our healthcare system. Influenza immunization is recommended annually for people 6 months of age and older. An update to Ministry of Health recommendations for COVID-19 vaccines is expected in the coming weeks. Currently, the Ministry of Health recommends that people consider delaying their booster until the Fall COVID-19 booster program commences. However, certain people may choose to receive their COVID-19 booster based on their own unique health status and personal situation. People are encouraged to speak with their healthcare provider about what is best for them.

OPH will follow the Ministry of Health's COVID-19 and influenza immunization eligibility criteria and processes. For influenza immunization, individuals at high risk and those most susceptible to severe outcomes from influenza will be prioritized with the initial delivery of a smaller volume of doses. Influenza vaccines will be rolled out to hospital and Long-Term Care Home (LTCH) residents, staff, and caregivers at the end of September and into early October, followed by individuals at high-risk for complications

and hospitalization and healthcare workers in October and to the general population starting in November. The timeline for the Fall COVID-19 booster program is expected to be released by the Ministry of Health this month.

OPH has been working with LTCH, RH and congregate living settings to build capacity for immunizing their residents by providing training and resources to administer COVID-19 and influenza vaccines in these settings. Most LTCH, RH and congregate living settings have healthcare workers or receive support from community healthcare partners to administer vaccines within their facilities. Therefore, these locations are responsible for their own immunizations. To support the small number of LTCH and RH that do not have healthcare workers, OPH has been working with healthcare agencies within Ottawa that will support immunizations and may be able to directly administer some vaccinations in selected congregate living settings until December 31, 2023.

OPH will be offering COVID-19 and influenza immunizations with a focus on young children and people facing access barriers. This complements the work of many pharmacies and primary care providers, who received 97% of the 540,729 influenza doses distributed in Ottawa during the 2022-2023 season and 60% of the 398,770 COVID-19 doses administered in Ottawa from September 2022 to August 2023. In comparison, OPH clinics administered 14,096 doses of influenza vaccine and 158,938 doses of COVID-19 vaccine from September 2022 to August 2023.[15] OPH will be offering influenza immunization through its community clinics for children aged six months to under five years and their household members as well as newcomers and people without OHIP who are unable to access influenza immunization through their regular healthcare provider or local pharmacy. These community clinics will also continue to offer COVID-19 vaccines for all eligible residents. OPH Neighbourhood Health and Wellness Hubs, which are located in neighbourhoods that are under-resourced, will also be providing COVID-19 and influenza immunization for people who may be facing additional barriers. To further support neighbourhoods that may be facing additional barriers, OPH will be offering COVID-19 and influenza immunization through after school clinics in priority neighbourhoods. OPH is planning to hold immunization clinics in rural areas to help support residents in receiving COVID-19 and influenza immunization where there are limited options to access these vaccines, such as where there are no pharmacies.

OPH immunization clinics continue to support routine childhood immunization. As children return to school this fall, it is an important time to ensure they are up to date with their routine immunizations. In Ottawa alone, over the course of the COVID-19 pandemic, it is estimated that children have missed 40,000 doses of routine childhood

vaccines. This means that many children have not received the vaccines they need to protect them against serious diseases that can have long-term impacts and result in hospitalization and even death. OPH is working with Kids Come First including partners from across Eastern Ontario to make it easier for children and youth to catch-up on missed routine vaccinations. Children who do not have or cannot access a regular healthcare provider can book a routine vaccine appointment at an OPH community clinic or at a participating partner through the Kids Come First Clinic Flow booking webpage. OPH's Neighbourhood Health and Wellness Hubs will also continue to offer routine childhood immunizations on a walk-in basis to people who may be facing additional barriers.

Health Communications

Collaboration with neighbouring public health units and local hospitals is key to increasing the reach and consistency of respiratory illness prevention and mitigation messaging across our greater region. In alignment with OPH's influenza immunization program and anticipated provincial COVID-19 messaging, collaborative communications approaches will promote informed decision-making by members of the public, workplaces and other institutions. Communication approaches aim to provide important prevention and mitigation information to the public and targeted audiences.

One objective of this year's communication campaign will be to shift from "COVID-only prevention" towards a broader community understanding that "all respiratory illnesses require prevention and mitigation measures" that can protect individuals and improve the public's health. Collective efforts will contribute to better protection for the population, notably for people who are at higher risk of severe illness. Messaging for prevention and mitigation of respiratory illness focuses on using the layers of protections:

- Keeping your vaccinations up to date, including getting your annual flu vaccine and any COVID-19 boosters/doses you are eligible for.
- Staying home when sick until you are fever-free (without using fever-reducing medication) and your symptoms have been improving for 24 hours (48 hours for vomiting/diarrhea).
- Avoiding non-essential mask-less activities for 10 days from when your symptoms started. If you can't stay home, wear a well-fitting mask.

- Wearing a mask to protect yourself from viral respiratory illness, to protect others at higher risk of severe illness, and when you're recovering from illness.
- Washing your hands often and avoiding touching your eyes, nose or mouth with unwashed hands.
- Covering your mouth and nose when you cough or sneeze.
- Disinfecting high-touch surfaces in your home and workplace.
- Gathering in less crowded, well-ventilated or outdoor spaces to reduce the spread of illness.

By increasing public education about prevention, masking, testing and treatment options, promoting vaccine uptake, collaborating with partners and intermediaries to reach priority populations, and disseminating targeted messaging for older adults, children, and immunocompromised/medically complex individuals, the overarching goal is to mitigate the spread of respiratory viruses in Ottawa and minimize the impacts of respiratory illness in the community.

OPH will implement several communication approaches across multiple platforms, including: web, social media, earned media and through targeted advertising to more effectively reach specific populations. A timely start to these communications initiatives will help to promote important respiratory illness prevention messaging ahead of the peak of the season and shift to include more mitigation-focused messaging as we move through the respiratory season. As always, OPH will remain nimble and prepare for unforeseen epidemiological trends and, in collaboration with partners, will adapt messaging and approaches accordingly.

Community-based testing and treatment

To support ongoing access to COVID-19 testing, in particular for people who may be eligible for COVID-19 treatment, OPH has made rapid antigen test (RAT) kits available to residents through existing public health services such as Neighbourhood Health and Wellness Hubs and community vaccine clinics – local health partners and community agencies can order provincial RAT kits through OPH online while supplies last. RAT kit distribution will expand this fall and residents can find out more at OttawaPublicHealth.ca/COVIDTesting.

OPH encourages anyone who may be at higher risk of severe outcomes to know, in advance of respiratory season, how to seek testing and an assessment for treatment of

COVID-19 with antiviral medication. Nirmatrelvir/ritonavir (Paxlovid) is an oral antiviral medication that reduces the risk of hospitalization or death in people at higher risk of serious illness due to COVID-19, including those 60 years and older, persons who are immune compromised and those who have one or more comorbid conditions. Eligible residents can access COVID-19 treatment from their primary healthcare provider and/or pharmacist when they have a positive COVID-19 test and it is within the first five days of symptom onset. A self-test using a RAT is sufficient. OPH continues to keep community healthcare providers updated with treatment guidelines outlined by the Ministry.

To facilitate timely access to COVID-19 testing kits, people who are at high risk for severe outcomes from COVID-19 are encouraged to pick up rapid antigen tests in advance so that they have a supply available for use in case of respiratory illness. Each rapid antigen test kit distributed by OPH includes a factsheet that provides information on who is eligible for treatment (Paxlovid), where to get treatment, and self-isolation guidance for those who have respiratory symptoms or a positive result on the rapid test. Information is available in 26 languages.

Antiviral treatment for influenza with oseltamivir (Tamiflu®) is also available through community healthcare providers, such as family physicians, by prescription. Clinicians will need to assess these patients and determine whether treatment is necessary. Treatment is used for patients with influenza-like illness (ILI) who are at high risk for complications and works best if administered within 48 hours of symptom onset, so influenza testing is not needed to guide treatment.

IPAC and Outbreak Management

OPH's IPAC team provides support in preventing the transmission of infectious diseases by advocating for the appropriate integration and adoption of IPAC best practices in various settings across the city. Responsibilities include supporting long-term care homes (LTCHs), retirement homes (RHs), congregate living settings (CLS), schools, and childcare settings (CCS) with prevention, detection, and management of outbreaks of infectious disease. The IPAC team engages with multiple community partners, including Indigenous childcare partners, shelters and group homes to support diverse client needs and foster relationships for support. The IPAC team also supports workplaces in the community and the general public with queries related to infection control practices.

Ongoing challenges to effective IPAC measures persist in congregate settings, including LTCHs and RHs. These include: high staffing turnover and low levels of staffing at times, lack of IPAC expertise, and capacity issues for immunizing residents

and employees. The IPAC team conducted a needs assessment of LTCHs and RHs to support respiratory season preparedness and will continue to provide IPAC and Outbreak 101 training sessions and on-site inspections for highest risk institutions. OPH consults the regional IPAC hub at The Ottawa Hospital (TOH) to provide additional IPAC supports in LTC and RH settings. OPH is also engaging with representatives from the Champlain Region Family Council Network to promote public health messaging for friends and family members of older adults who live in LTCHs. OPH is seeking to promote a balanced approach to outbreak management that enables residents to continue with social supports and other important activities.

As recommended by the Long-Term Care Commission, OPH collaborates extensively with partners across the health system and relevant organizations, including hospitals, Ontario Health, the Ministry of Long-Term Care, the Retirement Homes Regulatory Authority, the Ministry of Children Community and Social Services, the Ministry of Health, Home and Community Care Support Services, the Regional IPAC Hub, LTCH/RHs, CLSs, community paramedics, and others. Leveraging these strong partnerships ensures a cohesive and coordinated response to challenges posed by the respiratory season. This collaborative approach facilitates the sharing of resources, expertise and data, enabling timely interventions and effective management of outbreaks.

Emergency Management (Prevention/Mitigation, Preparedness, Response, and Recovery)

OPH has reviewed and approved its 2023 Respiratory Infectious Disease (RID) Response Plan to guide decision-making and provide an up-to-date overview of roles and responsibilities during a RID emergency response, should that be required. The goal is to mitigate the impact of RID activity on Ottawa residents and health system partners through minimizing societal disruption, serious illness and deaths.

As part of our preparedness strategy for the respiratory season, OPH hosted two Fall/Winter 2023/24: Respiratory Season Readiness tabletop exercises, based on materials provided by the Ministry of Health to public health units - one internally and another attended by over 20 local partners, including the Chief Medical Officer of Health for Ontario, Dr. Kieran Moore. The purpose of these exercises was to test preparedness and response plans, to strengthen health and non-health sector collaborative networks, and to bolster system and community-level readiness and resiliency for future pandemics and infectious disease threats. The exercises included a scenario outlined

by the Ministry and questions to help identify resource requirements, capacity gaps, strengths, and areas for improvement.

Key findings included:

a) The system is strained, particularly as it relates to health and human resources, with little surge capacity for anticipated staff absenteeism.

b) There is ongoing and significant need to engage priority populations, specifically Indigenous peoples, and those working with people experiencing homelessness, LTC/RH, and congregate settings.

c) Diverse communications and engagement approaches for priority populations and an improvement in access to primary care were flagged as desirable foundational elements for managing the respiratory season.

d) The exercises enhanced role clarity and reinforced strong relationships for mutual support - internally and with partners.

NEXT STEPS - For moving forward with strategies

OPH will continue to prepare for the 2023-2024 respiratory season, ensuring equitable access to vaccines and timely, important multilingual information related to respiratory illnesses, and will continuously evaluate the delivery of its programs. OPH will also continue to work with internal and external partners to advance the plan and strengthen services during the current and future respiratory seasons.

RURAL IMPLICATIONS

The approach presented in this report will support respiratory preparedness in rural communities.

CONSULTATION

As part of the 2023-2024 Respiratory Season Preparedness Plan, OPH continues to work with multiple external partners. This includes regular meetings with the Regional Infection Control Hub to explore opportunities for surge preparedness and collaboration with LTCH/RH, CLS, acute care and neighbouring local health units. OPH’s Community Engagement team continues to engage equity-deserving groups and communities living in neighbourhoods that are under-resourced for ongoing needs assessments.

LEGAL IMPLICATIONS

There are no legal impediments to receiving the information contained in this report.

RISK MANAGEMENT IMPLICATIONS

There are no risk management implications associated with this report.

FINANCIAL IMPLICATIONS

There are no direct financial implications associated with this report.

ACCESSIBILITY IMPACTS

There are no accessibility impacts associated with this report.

ALIGNMENT WITH OPH STRATEGIC PRIORITIES

This report aligns with Goal 1 (Equity-Driven: In working to improve population health outcomes and opportunities, we collaborate to eliminate health inequities, systemic racism, discrimination and oppression) and Goal 4 (Focus on Prevention: Gather, analyze and share evidence on local health needs and inequities with the healthcare system to strengthen clinical prevention. We will engage with healthcare system partners to help inform decision-making) of OPH's 2023-2027 Strategic Plan: *Equity, Prevention, Impact*.

DISPOSITION

This report is presented for information.

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[2] Public Health Ontario. Summary of Southern Hemisphere Seasonal Influenza and Respiratory Syncytial Virus Activity; Current as of August 11, 2023.
[3] OPH. 2023-24 Respiratory Season Planning: respiratory outbreak and influenza case modelling. Unpublished report.
[4] Ontario Ministry of Health. SAS VA Analytics as of August 5, 2023. These underestimate the true burden because they are based on people with lab-confirmed illness. Furthermore, influenza and RSV hospitalization were not collected until November 6 and November 20, 2022, respectively, missing hospitalizations from September through to the start of collection.
[5] CHEO. Viral season and you: How you can help. https://www.cheo.on.ca/en/news/viral-season-and-you-how-you-can-help.aspx. Accessed August 18, 2023.
[6] Lab-confirmed illness underestimates true burden. Testing eligibility for influenza is limited to patients in hospital and outbreak-related cases, while COVID-19 testing is also available to healthcare workers and high-risk individuals following provincial eligibility criteria.
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[8] Ontario Ministry of Health. Integrated Public Health Information System (iPHIS). Accessed August 2023.

[9] COVID-19 Immunity Task Force. Seroprevalence in Canada. https://www.covid19immunitytaskforce.ca/seroprevalence-in-canada/. Accessed August 25, 2023.
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[13] OPH. COVID-19 Vaccination Dashboard. August 17, 2023.
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[15] Ontario Ministry of Health. COVax ON. As of August 7, 2023.