

# Fall Preparedness and Vaccine Administration in Congregate Settings

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**To:** Chair and Members of the Board of Health

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**Medical Officer of Health & CEO**

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## Recommendations

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It is recommended that the Board of Health receive this report for information.

## Key Points

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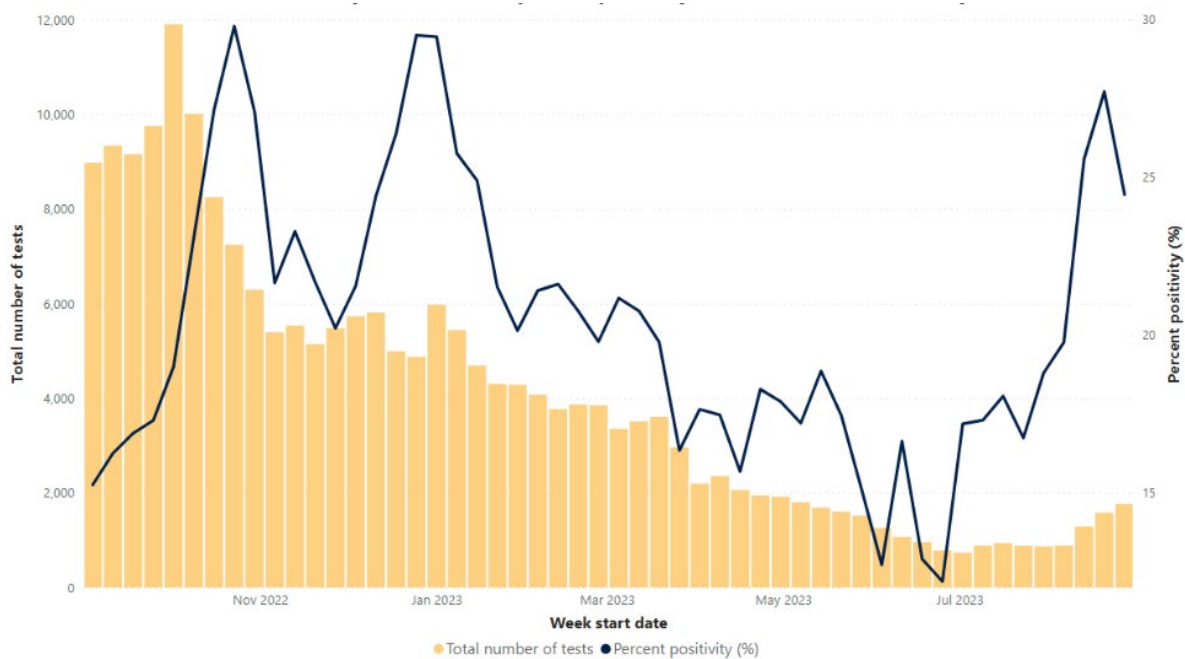
- Respiratory outbreaks in Long-Term Care and Retirement Homes increase in the fall and winter months. Outbreaks can lead to substantial morbidity, mortality, and mental health challenges for residents.
- COVID-19 and influenza vaccinations are effective ways to prevent severe illness and death from COVID-19 and influenza.
- Early education and vaccination - are critical to minimizing the spread, duration, and impact of a respiratory outbreak.
- WDG Public Health successfully planned and implemented a Fall 2023 vaccination campaign with targeted efforts to promote vaccine uptake, early vaccine communications, and vaccine preparedness packages.

- A vaccine information session held with Dr. Mercer reinforced proactive monitoring of vaccine planning and administration within congregate settings.
- Fall preparedness activities implemented by WDG Public Health supported facilities with outbreak preparedness meetings, IPAC site visits, education, and training through the IPAC Hub, and surge planning exercises with health system partners.
- WDG Public Health interventions have made a difference in ensuring the early administration of vaccines.

## Background

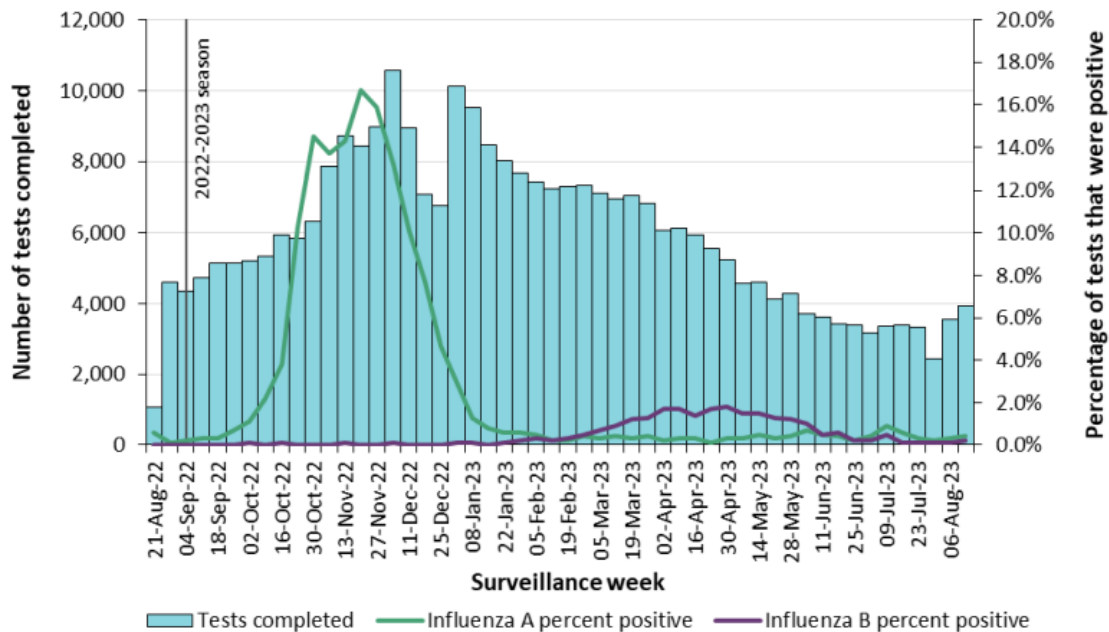
With the fall well underway, respiratory illnesses and outbreaks appear to be following a trend as in previous years. Last respiratory season (September 1, 2022 to August 31, 2023), COVID-19, Influenza, and Respiratory Syncytial Virus (RSV) had a significant impact on the health care system and contributed to most outbreaks in Long-Term Care and Retirement Homes in the fall and winter. COVID-19 activity fluctuated throughout the year with peak activity in October, December, January, and August (Figure 1).<sup>1</sup> Influenza activity started in October and peaked throughout November and December (Figure 2).<sup>2</sup> RSV activity started to increase in October and peaked throughout the winter months before tapering off in early Spring (Figure 3).<sup>1</sup>

**Figure 1: SARS-COV-2 Ontario weekly tests and percent positivity (PHO Data)**



Source: Public Health Ontario. Accessed from: <https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/Respiratory-Virus-Tool>

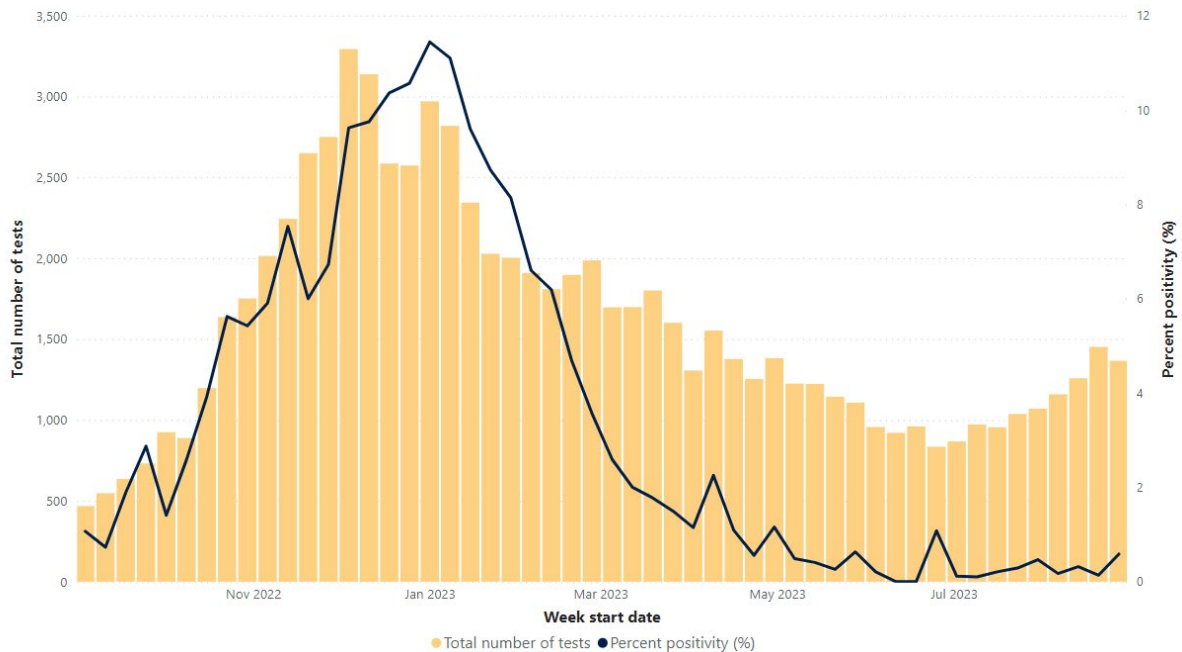
**Figure 2: Influenza tests performed and percent positive by Surveillance week**



**Data Source:** Public Health Agency of Canada, Centre for Immunization and Respiratory Infectious Diseases.

Accessed from: [https://www.publichealthontario.ca/-/media/Documents/nCoV/Archives/Respiratory-Virus/2023/08/respiratory-virus-overview-ontario.pdf?rev=ef397c1a4d9749bba5d3f6583c3d6be5&sc\\_lang=en](https://www.publichealthontario.ca/-/media/Documents/nCoV/Archives/Respiratory-Virus/2023/08/respiratory-virus-overview-ontario.pdf?rev=ef397c1a4d9749bba5d3f6583c3d6be5&sc_lang=en)

**Figure 3: Respiratory syncytial virus weekly total tests and percent positivity in Ontario (PHO data)**

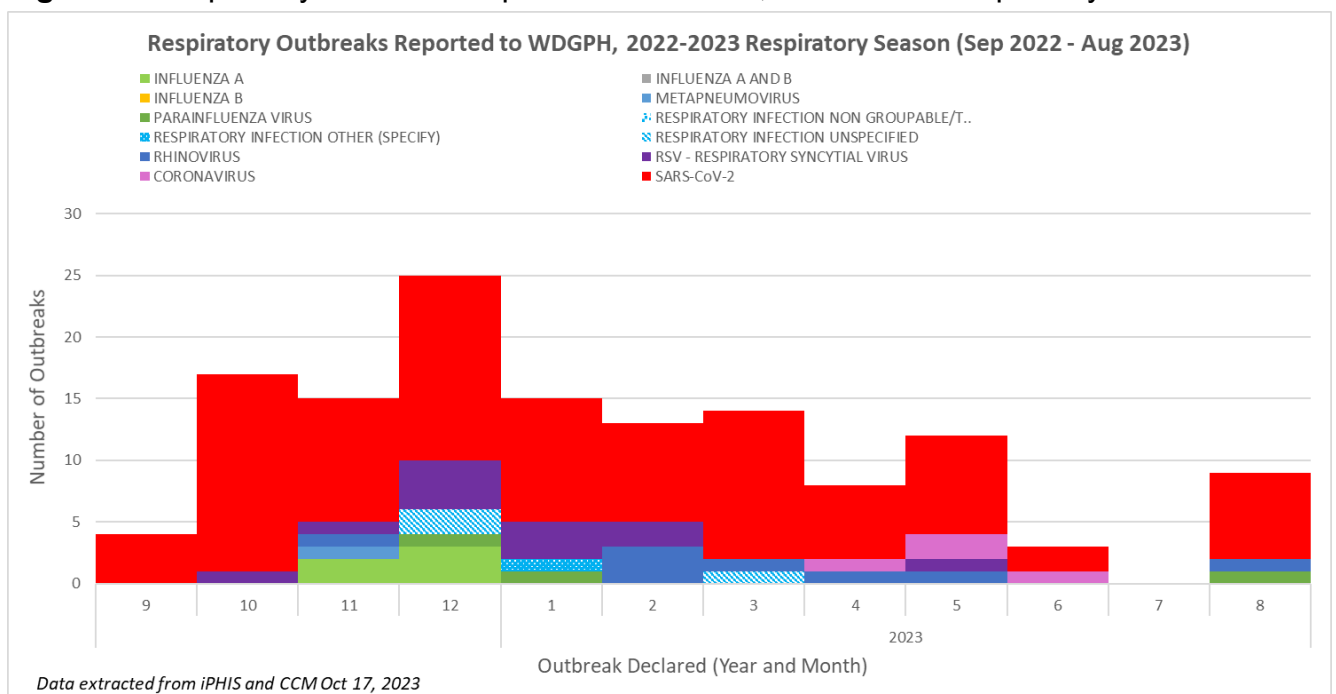


Source: Public Health Ontario. Accessed from: <https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/Respiratory-Virus-Tool>

Respiratory outbreaks in Long-Term Care and Retirement Homes within Wellington, Dufferin and Guelph typically follow a seasonal pattern with most outbreaks occurring in the Fall and Winter months. Last season, there were a total of 135 respiratory outbreaks reported to WDG Public Health; the majority were COVID-19 (98) followed by RSV (12), rhinovirus (8), and influenza A (5).<sup>3,4</sup>

Figure 4 shows the reemergence of common respiratory diseases from Sept 2022 to Aug 2023, which nearly disappeared during the 2020-2021 and 2021-2022 respiratory seasons. COVID-19 is still the dominant respiratory disease at this point. The burden of respiratory outbreaks on facilities and WDG Public Health continues to be substantially higher than pre-pandemic levels.

**Figure 4: Respiratory outbreaks reported to WDGPH, 2022-2023 Respiratory Season**



Respiratory outbreaks can lead to substantial morbidity and mortality. Residents of Long-Term Care and Retirement Homes continue to be among the highest risk groups for severe illness, hospitalizations and death from COVID-19 and influenza.<sup>5,6</sup> Factors such as older age, chronic health conditions and a congregate living environment contribute to an increased risk for this population.<sup>5,6,7</sup>

Outbreaks can also have a significant impact on mental health and well-being. IPAC and public health measures used to prevent further spread of outbreaks - such as self-isolation and restrictions on visitors, activities, and communal dining - can have unintended impacts on the quality of life for residents and families.<sup>8</sup> Although WDG

Public Health works with facilities to identify strategies based on the lessons of the COVID-19 pandemic to minimize the negative impact on residents and families, outbreaks continue to have a significant impact on the daily lives of residents. Outbreaks are also costly, exasperate existing staffing challenges, and increase pressures on the health care system.

Outbreak education and interventions in advance of the respiratory season are of critical importance to minimizing the spread, duration, and impact of an outbreak. Vaccinations continue to be the most effective way to prevent severe illness and death from COVID-19 and influenza. Vaccination is considered a primary strategy to minimize the overall risk and impact of these respiratory outbreaks.<sup>5,6,9</sup> The timing of vaccinations is also very important, as delayed administration results in lost opportunities to prevent infection before exposure leaving residents more vulnerable.<sup>5</sup> As a result, vaccine promotion was a significant component of WDG Public Health's fall preparedness activities this year.

The Ontario Health and Safety Act (OHSA) and associated Regulations for Health Care and Residential Facilities (HCRF) (O. Reg. 67/93) require an annual review of measures and procedures for worker health and safety and may include infection prevention and control, immunization and other related topics.<sup>9</sup>

LTCH/RHs are responsible for encouraging vaccination of residents and staff, developing vaccination policies, keeping up-to-date records of vaccinations, and providing vaccination clinics and/or establishing plans for vaccine administration.<sup>9,10</sup> According to the Ontario Public Health Standards, health units are responsible for monitoring vaccine coverage and working with community partners to improve vaccine uptake.<sup>11</sup>

## Discussion

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Based on both 2022 LTCH/RH vaccination rates<sup>12</sup> as well as feedback from the homes on the Fall 2022 preparedness campaign, the following focused efforts were made:

### Vaccine Promotion

The Fall 2023 vaccination campaign focused on promoting vaccine uptake among facility employees, encouraging vaccinations early in the season (October), recommending co-administration of flu and COVID-19 vaccines to assist with vaccine uptake and practical implementation, and targeted outreach to each facility. Key activities included:

- Vaccine preparedness package sent to all LTCH/RHs in June to support facility vaccination planning and provide links to training and resources.
- Communications throughout the summer to all LTCH/RH with updated vaccination guidance and local MOH recommendations.
- Targeted calls to each facility throughout the summer to ensure vaccine planning was underway and discuss challenges/solutions based on 2022 vaccination rates.
- Vaccine Information Sharing Session (webinar) with Dr. Mercer in September to address common concerns and questions from facilities, to share vaccine recommendations, vaccine information, and resources to promote vaccine uptake.
- Monitored the progress of each facility assisting with strategies and ongoing support.
- Targeted letters addressed from A/MOH to homes that had not secured vaccines or a vaccine clinic plan. Letters were also sent congratulating homes on early planning and administration successes.
- An RSV vaccination campaign was created, like the flu campaign, to provide a seamless process for ordering and administering the vaccine to eligible residents.
- Follow-up contact from the Infection Control team, allowed homes to ask any questions or clarify the process in a timely manner.

As of 2022, the majority of RH and LTCHs in Wellington-Dufferin-Guelph have been able to independently administer influenza and COVID-19 vaccines to their residents. This has made a significant difference in the earlier planning for clinics and administration, as there is no reliance on a community partner to execute. We found that this year's clinics were planned without much hesitation or follow-up needed from WDG Public Health. All flu clinics were concluded by November 3rd and COVID clinics were concluded by November 10th. Given the timing of this report, WDG Public Health is looking forward to providing an update on vaccination rates for facility staff and residents in March of 2024.

## Outbreak Preparedness Meetings

Another important component of preparedness is ensuring outbreak plans are in place prior to the onset of outbreaks. According to the Ontario Public Health Standards, health units are required to provide education to LTCH/RH on preventing and managing outbreaks to support policy and procedure development.<sup>13</sup> Like last year, WDG Public Health made outbreak preparedness phone calls to each LTCH/RH throughout September.

During these calls a variety of topics were reviewed including outbreak definitions and reporting requirements, outbreak-related policies and procedures, confirming appropriate supplies are on-site and available (e.g., specimen testing kits, personal protective equipment, environmental cleaning products), and reviewing outbreak control measures and staff contingency plans. In addition, resources were developed and shared (e.g., guidance documents, fact sheets, and how-to videos) to support facilities in their outbreak preparedness efforts.

## Fall IPAC Site Visits

WDG Public Health conducts IPAC assessments at all Long-Term Care and Retirement Homes in the Spring and Fall to review IPAC program elements, ensure compliance with IPAC best practices, and identify opportunities for additional education and support via our IPAC Hub. This fall, WDG Public Health conducted site visits between September and November as part of our fall and outbreak preparedness activities. Compared to recent years where IPAC assessments have been heavily focused on COVID-19, this year the scope was broadened to include additional IPAC areas that can also contribute to infection and outbreak risk for residents. As these may be newer topic areas for some homes, or areas that have not been reviewed for some time, plans are underway to develop new education/training for facilities based on the learning needs identified through these site visits.

## IPAC Hub Supports

In September 2020, the Ontario government announced funding to implement stronger IPAC support for congregate living settings through the establishment of IPAC Hubs across the province. As shared in a previous Board of Health Report, WDG Public Health was chosen as the local IPAC Hub for Guelph-Wellington.<sup>14</sup> This year the IPAC Hub has supported fall preparedness activities in Long-Term Care and Retirement Homes across Wellington-Dufferin-Guelph by:

- Providing proactive IPAC education/training/mentoring to facilities in advance of the fall respiratory season to help prepare facilities to prevent outbreaks.
- Completing tandem onsite IPAC visits and support for higher need homes, with the Infection Control team. A total of 13 homes were prioritized for this additional support based on several different factors, including previous outbreak events.
- Providing additional follow-up training and customized support for facilities based on the unique needs identified during the fall IPAC site visits.



## Surge Planning with System Partners

Beginning this year, each Ontario Health Team completed a tabletop exercise with system partners (hospital, local government, public health, primary care, congregate settings, community agencies, paramedic services, home, and community care, etc.) to review roles and responsibilities and validate plans and procedures related to fall/winter surge readiness and outbreak scenarios. WDG Public Health played a key role in coordinating, organizing, and participating in one virtual and two in-person exercises (one with Dufferin partners and one with Guelph-Wellington partners) to develop local respiratory season response plans.

Other emergency preparedness measures included securing an emergency supply of antiviral (Tamiflu) to distribute to LTCH/RH in the event of an influenza outbreak if a local supply is not readily available.

## Next Steps

Vaccination rates will be collected in late November and early December to assess the coverage provided within the LTCH/RH sector. WDG Public Health hopes to see an increase in vaccination rates, specifically with the staff, due to early education and intervention. WDG Public Health will also look to explore reasons behind any delays in administration or hesitations with coadministration of vaccinations.

WDG Public Health will also be reviewing outbreak data early in the new year to assess if there is any change in the number of outbreaks that occurred within the LTCH/RH and other congregate settings and whether these changes can be attributed to early education and interventions.

The IPAC Hub and Infection Control team will continue to provide outbreak management and proactive IPAC support to facilities over the course of the illness season and as needed. There is also a hope to provide services to the community partners who provide agency staffing to the homes in the early new year.

## Health Equity Implications

Residents of Long-Term Care and Retirement Homes continue to be among the highest risk groups for severe illness and death from influenza and COVID-19.<sup>5,6</sup> Vaccinations are one of the most effective ways to protect individuals from these severe outcomes and reduce the health disparities experienced by this population. WDG Public Health will continue to monitor vaccination coverage of residents in LTCH/RHs as a priority population, in accordance with the Ontario Public Health Standards, and collaborate with LTCH/RHs to promote vaccine uptake.



## Conclusion

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The introduction of the fall preparedness campaign has had a positive effect on the ability of homes to plan and execute outbreak measures and vaccination clinics efficiently and effectively. It is important that the health unit continues to work closely with the homes and congregate settings within our region to provide early education and vaccination recommendations to allow for timely administration.

The fall preparedness visits have identified areas where there is potential for future educational opportunities, such as cleaning and disinfection practices, foot care services, and general respiratory illness practices. WDG Public Health looks forward to continuing to find ways to support our homes with their fall preparedness and to ensure residents are protected from respiratory illness in as many ways as possible.

## Ontario Public Health Standards

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### Foundational Standards

- Population Health Assessment
- Health Equity
- Effective Public Health Practice
- Emergency Management

### Program Standards

- Chronic Disease Prevention and Well-Being
- Food Safety
- Healthy Environments
- Healthy Growth and Development
- Immunization
- Infectious and Communicable Diseases Prevention and Control
- Safe Water
- School Health
- Substance Use and Injury Prevention

## 2023 WDGPH Strategic Directions

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- People & Culture:** WDG PUBLIC HEALTH has an organizational culture of engagement, inclusion and agility.
- Partner Relations:** WDG PUBLIC HEALTH collaborates with partners to address priority health issues in the community.
- Health System Change:** WDG PUBLIC HEALTH is positioned to be an agent of change within the broader health sector.

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