

COVID-19 Information Bulletin #6

Date issued: April 2, 2020

Purpose of bulletin: To keep local stakeholders informed of the quickly-evolving novel coronavirus (COVID-19) situation and its implications for Wellington County, Dufferin County and the City of Guelph (WDG).

Due to the evolving nature of the situation, further updates may be forthcoming.
For more information visit www.wdgpUBLICHEALTH.ca

Surveillance

- [WDGPH's COVID-19 Interactive Status Report](#) on cases of COVID-19 in WDG has the **most up-to-date information**. For important notes about the data, visit [our website](#).
- [Retirement and Long-Term Care Outbreak bulletin](#) provides an up-to-date list of current outbreaks at Wellington-Dufferin-Guelph area retirement and long-term care homes.
- Additional COVID-19 data sources updated daily:
 - [Status of cases in Ontario](#)
 - [Number of COVID-19 cases in Canada](#)

Public Health Guidance Documents

- April 1: Ministry of Health [Outbreak Guidance for Long-Term Care Homes](#)
- April 1: Ministry of Health [Guidance for Homeless Shelters](#)
- April 1: Ministry of Health [Guidance for Group Homes & Co-Living Settings](#)
- March 31: Ministry of Health [Guidance for Temporary Foreign Workers](#)
- March 29: Ministry of Health [Guidance for Funeral and Bereavement Services](#)

Announcements and Changes to Services

- On April 1, the [Government of Ontario announced](#) a new \$50 million Ontario Together Fund to help businesses provide innovative solutions or retool their operations in order to manufacture essential medical supplies and equipment.
- On March 31, the [Government of Ontario announced](#) people who are being charged with breaching an emergency order will be required to identify themselves if asked by a provincial officer (includes police officers, First Nations constables, special constables and municipal by-law enforcement officers).
- On March 31, the [Government of Ontario announced](#) public schools will remain closed until May 4 for students and May 1 for teachers. Private schools, licensed childcare centres and EarlyON programs will also remain closed until April 13 (as per the

Emergency Declaration). To ensure continuity of learning, the government is launching the second phase of Learn at Home.

Additional Resources

- COVID-19 [information sheet](#) in multiple languages
- WDGPH [latest blogpost](#): What is social distancing and why is it so important?
- Taking care of your mental health [factsheet](#)
- Pregnancy, childbirth and caring for newborns: Advice for mothers [factsheet](#)
- How to quarantine (self-isolate) at home when you may have been exposed and have no symptoms [factsheet](#)
- University of Guelph [video](#) explaining safe grocery shopping during COVID-19
- Talking to children about the COVID-19 pandemic [factsheet](#)
- Resources for Ontarians experiencing mental health & addictions issues [factsheet](#)

Latest Research Highlights

Interventions

[Tuite et al.](#) (MedRxiv preprint March 26) evaluated how non-pharmaceutical interventions could be used to control the COVID-19 pandemic and reduce the burden on the healthcare system in Ontario. The authors propose an interesting approach to controlling the epidemic, with **periodic control measures being instituted based on ICU capacity and admissions**. “...*We project that dynamic social distancing, that reacts to changes in ICU occupancy, could maintain health system capacity and also allow periodic psychological and economic respite for populations.*”

Transmission

Several studies have examined the effects of temperature and other climatic parameters on transmission of SARS-CoV-2. [Araujo and Naimi](#) (MedRxiv preprint March 31) have found that most outbreaks of COVID-19 to date have shown a pattern of clustering in cool and dry areas. [Notari](#) (MedRxiv preprint March 30) reports a similar effect of temperature: “*Our findings give hope that, for northern hemisphere countries, the growth rate should significantly decrease as a result of both warmer weather and lockdown policies.*” [Carleton and Meng](#) (MedRxiv preprint March 30) report similar findings. [Caspi et al.](#) (MedRxiv preprint March 30) and [Ficetola and Rubolini](#) (MedRxiv preprint March 27) also report an effect of temperature. On the other hand, [Jamil et al.](#) (MedRxiv preprint March 31), report: “*We find no evidence that spread rates decline with temperatures above 20°C, suggesting that the COVID-19 disease is unlikely to behave as a seasonal respiratory virus.*” Therefore, **although most studies seem to suggest warmer temperatures will probably reduce transmission of the virus, it remains to be seen what local transmission patterns will be like with warmer weather** in the late spring and summer.

Testing

[Sinnott-Armstrong et al.](#) (MedRXiv preprint March 30) describe **a pooled approach to testing that reduces the total number of tests** up to four-fold or eight-fold, depending on prevalence, **while also reducing test costs and stretching a limited supply of test kits.** “[Yelin et al.](#) (MedRXiv preprint March 27) also advocate a similar pooled approach for a standard RT-qPCR test.

There has not been much discussion in the public health domain about fecal shedding of SARS-CoV-2, which can reportedly be prolonged. In a short communication to the Journal of Medical Virology, [Zhang T et al.](#) **add to evidence of fecal shedding** by describing three pediatric cases of COVID-19 with mild symptoms. All three cases recovered and were throat-swab negative within one to two weeks after treatment, but were found to be shedding virus in their stool 10 days later. [Zhang N et al.](#) (MedRXiv preprint) found a median duration of fecal shedding of 22 days in 23 patients, versus only 10 days for shedding via the respiratory tract. One patient was still fecal-positive 26 days after discharge, while appearing healthy and being respiratory tract-negative. After these findings, the authors state, “*These results indicated that beside respiratory samples, **intestinal samples (e.g. feces) should be recommended for diagnosis of COVID-19, especially before a patient discharge and for monitoring the relapse of discharged patients.***”

Adding to the body of evidence on the relatively high sensitivity of antibody tests, [Liu et al.](#) (MedRXiv preprint March 30) state: “*Although the viral nucleic acid RT-PCR test has become the standard method for SARS-CoV-2 infection diagnosis, high false negative rates [have been] reported.*” The authors evaluated an IgM/IgG antibody test and found it to be more sensitive than the RT-PCR test and recommend that it be used along with viral detection. [Gao et al.](#) (MedRXiv preprint March 30) report similar findings and conclusions for diagnosis of cases in the later stages of disease and [Tom Britton](#) (MedRXiv preprint March 30) expresses the opinion that “*Seroprevalence testing of random samples in a community where the epidemic has ended are urgently needed.*”

Contact Information for Additional Support

WDGPH COVID-19 Call Centre 519-822-2715 ext. 7006

- Available: Monday - Friday from 9 a.m. - 8 p.m. and weekends from 9 a.m. - 3 p.m.
- For inquiries about public gatherings, workplace concerns and protecting yourself from COVID-19: **Dial ext. 4020** open Monday – Friday from 9 a.m. - 4 p.m.

Reliable information sources:

Wellington-Dufferin-Guelph Public Health webpage: www.wdgpublichealth.ca

Ontario Ministry of Health webpage: www.ontario.ca/coronavirus

Public Health Agency of Canada webpage: www.canada.ca/coronavirus