

# Living with and Managing COVID-19

Technical Media Briefing

# Overview

- With the peak of Omicron behind us, Ontario has been able to cautiously and gradually move through its reopening milestones. The majority of public health and workplace safety measures have now been lifted, and key public health indicators continue to improve or remain stable.
- Thanks to our high vaccination rates as well as the arrival of antivirals, Ontario has the tools necessary to manage the impact of this virus, and we are now learning to live with and manage COVID-19 for the long-term.
- This necessitates a shift to a more balanced response to the pandemic, and changes are being made with respect to the province's pandemic response to reflect a longer-term approach.
- The following slides speak to how Ontario intends to lift the remaining public health and workplace safety measures as well as track key indicators going forward.



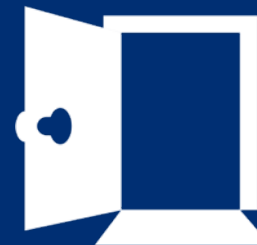
# Ontario's Reopening Plan

Following the peak of the Omicron wave, on January 20, 2022, the government released details of its steps to cautiously and gradually ease public health and workplace safety measures, starting on January 31, 2022.

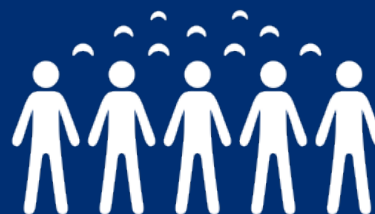
Continued improvements in key indicators have allowed the province to continue to ease public health measures sooner, with **the majority of COVID-19 related public health and workplace safety measures lifted on March 1, 2022.**



All settings may open at **full (100%) capacity**



**Proof of vaccination, capacity limit, and physical distancing requirements lifted** in all settings.



**No limits** on indoor or outdoor **social gatherings** and **organized public events** or **religious services, rites, or ceremonies.**



Sector-specific restrictions such as **limits on dancing or singing, requirements to remain seated, requirements for appointments/reservations, and active screening, etc. lifted.**

# Ongoing Improvements in Key Indicators



Per cent positivity remained stable this past week at 12.07% (February 20 to February 26, 2022). Per cent positivity was at its highest on January 2, 2022 at 34.3%.



COVID-19 hospitalizations have **decreased of 81%** compared to January peak (4190; January 16, 2022). The average for new COVID+ admissions to hospital in the last week was 82 patients per day, which is **a decrease of 79%** from the week of January 10-16 (average was 390).



The average for new COVID-related admissions to ICU in the last week was 15 patients per day, which is a **decrease of 77%** from the week of January 10-16 (average was 65).



The number of wastewater sites in the province reporting a downward trend in SARS-CoV-2 detections has **started to decrease**; with an increase in the number of sites demonstrating a stable trend. It is normal to see fluctuating wastewater trends.

# CMOH Directives & Letter of Instructions

The Chief Medical Officer of Health has issued seven Directives to health care providers and health care entities currently in place detailing precautions and procedures with respect to COVID-19.

In addition, instructions were also issued by the CMOH requiring a COVID-19 vaccination policy in a number of high-risk settings (e.g. the education sector, retirement homes, community care and post-secondary institutions)

A process is now underway to gradually revoke all CMOH Directives and instructions by the end of April. In all cases, Directives will be replaced with operational guidance or recommendations from the CMOH and relevant ministry.



**As Directives are revoked, individual organizations will continue to have the authority to keep requirements in place.**



**Personal protective equipment and rapid antigen tests will continue to be provided to support health and safety in these settings.**

## Key Principles

- **Moving away from emergency measures to ongoing operations**
- **Moving away from reliance on provincial direction** through mandatory requirements
- Endeavouring to bring as much as possible **consistent** guidance, **both across and within sectors;**
- Ensuring **supports for most vulnerable** are removed last
- Providing **sufficient time** for sectors to prepare
- Ontario's **Chief Medical Officer of Health remains key decision maker on Directives and LOIs.** Decisions on revoking pandemic related requirements (Directives or Letters of Instruction,) continue to be **evidence based** and informed by indicators and trends.
- Lifting of measures are undertaken in a **coordinated fashion.**

# CMOH Directives & Letter of Instructions (cont.)

As Directives are revoked, individual organizations will continue to have the authority to keep requirements in place. Personal protective equipment and rapid antigen tests will continue to be provided to support health and safety in these settings.

| Date  | What's Changing?  | Ongoing Support   |
|---|---|---|
| <b>March 14:</b><br>Mandatory vaccination policies end                | <ul style="list-style-type: none"> <li>• Revoke Directive 6</li> <li>• Revoke letters of instruction to Ministry of Children, Community and Social Services, Ministry of Seniors and Accessibility and Ministry of Education</li> <li>• Revoke Minister of Long-Term Care directive on immunization policy</li> </ul>   | <ul style="list-style-type: none"> <li>• Province to continue providing rapid-antigen tests to organizations</li> <li>• Organizations can retain their own policies</li> </ul>  |
| <b>March 21:</b><br>Most masking mandates end                         | <ul style="list-style-type: none"> <li>• Remove masking requirements in most places (including schools), except public transit, long-term care, retirement homes and other health-care settings, shelters, jails and congregate care and living settings, including homes for individuals with developmental disabilities</li> <li>• Lift other measures in schools, including removing cohorting and daily on-site screening</li> <li>• All other regulatory requirements for businesses removed, including passive screening, safety plans</li> </ul> | <ul style="list-style-type: none"> <li>• Province to continue providing rapid-antigen tests and PPE to schools and businesses</li> <li>• Individuals can continue to opt to wear masks</li> <li>• Enhanced cleaning, optimizing air quality and ventilation and absence reporting will remain in schools</li> </ul> |
| <b>March 28:</b><br>Reopening Ontario Act expires                     | <ul style="list-style-type: none"> <li>• <i>Reopening Ontario Act (ROA)</i> expires</li> </ul>  | <ul style="list-style-type: none"> <li>• Final extension of ROA emergency order for 30 days</li> </ul>  |
| <b>April 27:</b><br>All remaining measures, directives and orders end | <ul style="list-style-type: none"> <li>• Remove masking requirements in all remaining settings</li> <li>• Any remaining emergency orders under ROA expire</li> <li>• Revoke Directives 1, 2.1, 3,4 and 5</li> </ul>   | <ul style="list-style-type: none"> <li>• CMOH guidance and recommendations on IPAC, including use of PPE</li> <li>• Province to continue providing rapid-antigen tests and PPE</li> </ul>   |

# Case and Contact Management & Isolation

Due to the unique characteristics of the Omicron variant, case and contact management and isolation guidelines are being updated to minimize the burden to workers and families, while ensuring that our highest risk settings continue to be protected. We are able to make these changes due to the availability of rapid tests and the province's high vaccination rate.

|  | Current  | New Guidance   |
|--|--|--|
| <b>Isolation requirements for non-household close contacts</b> | <ul style="list-style-type: none"> <li>Fully vaccinated individuals do not need to isolate</li> <li>Unvaccinated/immunocompromised individuals need to isolate for 10 days (or 5 days if under 12)</li> <li>Individuals who have tested positive in past 90 days, exempt from isolation</li> </ul> | <p>No isolation requirements for any groups. For 10 days after exposure, all close contacts should:</p> <ul style="list-style-type: none"> <li>Self-monitor for symptoms</li> <li>Wear a mask and avoid activities where mask removal would be necessary</li> <li>Not visit anyone who is at higher risk of illness (i.e. seniors)</li> <li>Not visit or attend work in highest risk settings (unless they have previously tested positive in past 90 days)</li> </ul>   |
| <b>Isolation requirements for household close contacts</b>     | <ul style="list-style-type: none"> <li>All household members need to self-isolate while the COVID-19 positive case/symptomatic individual is isolating (or for 10 days from last exposure if immunocompromised)</li> </ul>   | <ul style="list-style-type: none"> <li>The following household members do not need to self-isolate but should follow above precautions for 10 days:               <ul style="list-style-type: none"> <li>Household members that have previously tested positive for COVID-19 in the past 90 days</li> <li>Household members that are 18 + and have received their booster dose</li> <li>Household members that are under 18 years old and are <a href="#">fully vaccinated</a></li> </ul> </li> <li>Household members that <b>do not</b> meet the above criteria must <a href="#">self-isolate</a> as per current requirements.</li> </ul> |

A close contact is anyone you were less than two metres away from for at least 15 minutes, or multiple shorter lengths of time, without personal protective equipment in the 48 hours before your symptoms began or your positive test result, whichever came first.

# Case and Contact Management & Isolation

Ontario's changes to case and contact management and isolation guidelines ensures that those living and working in the highest risk settings continue to be protected. We are able to make these changes due to the availability of rapid tests and the province's high vaccination rate.

|  | Current  | New Guidance  |
|--|--|---|
| <b>Highest Risk Setting Definition</b>   | <ul style="list-style-type: none"> <li>Hospitals (including complex continuing care facilities and paramedic services) and congregate living settings, including Long-Term Care, retirement homes, First Nation elder care lodges, group homes, shelters, hospices, and correctional institutions</li> </ul> | <ul style="list-style-type: none"> <li>In addition to current eligibility, the following settings are now added to the PCR eligibility list:               <ul style="list-style-type: none"> <li>Home and community care</li> <li>Provincial Demonstration Schools and hospital schools</li> </ul> </li> </ul> |
| <b>Highest Risk Setting Guidance</b>   | <ul style="list-style-type: none"> <li>Cases and contacts who live in highest risk settings must complete 10 days isolation and quarantine</li> </ul>  | <ul style="list-style-type: none"> <li>Sector specific guidance will be released to allow for shorter self-isolation for residents who are contacts</li> </ul>  |
| <b>Recommendations for Cases/ Symptomatic individuals who are Immune Compromised</b> | <ul style="list-style-type: none"> <li>Self isolate for 20 days if severely immunocompromised</li> </ul>   | <ul style="list-style-type: none"> <li>All immunocompromised individuals should isolate for 10 days but follow additional precautions (e.g., masking, avoiding highest risk settings and vulnerable individuals) for an additional 10 days (20 days total)</li> </ul>   |



# Updates to COVID-19 Data Reporting

- As Ontario continues to ease public health measures and begins to manage COVID-19 for the long-term, the province will be making changes to data reporting starting **March 11, 2022**.
- The province is providing additional context for certain indicators to reflect the emergence of Omicron as the dominant variant, and the province's high vaccination rates.
- Changes to testing guidelines as a result of the highly transmissible Omicron variant have resulted in some indicators becoming less relevant.

## Additional changes effective March 11, 2022

### Additions & Enhancements

- Death by **fatality type** (COVID was cause of death, COVID contributed to death, cause of death unknown or missing)
- Deaths by **vaccination status and age group**
- **Removal of deaths known to be not related to COVID from reported death** (i.e., remove deaths that are classified as 'COVID was unrelated to cause of death')

### Sunset/Modified

- **Sunsetting reproductive number** (estimate of the average number of people one person will infect with COVID-19).
- Modifying **outbreaks in non-high risk settings and cases with outbreaks in non-high risk settings**.

# Updates to COVID-19 Data Reporting

Due to the Omicron variant's high transmissibility, Ontario has seen a larger number of cases than previous waves.

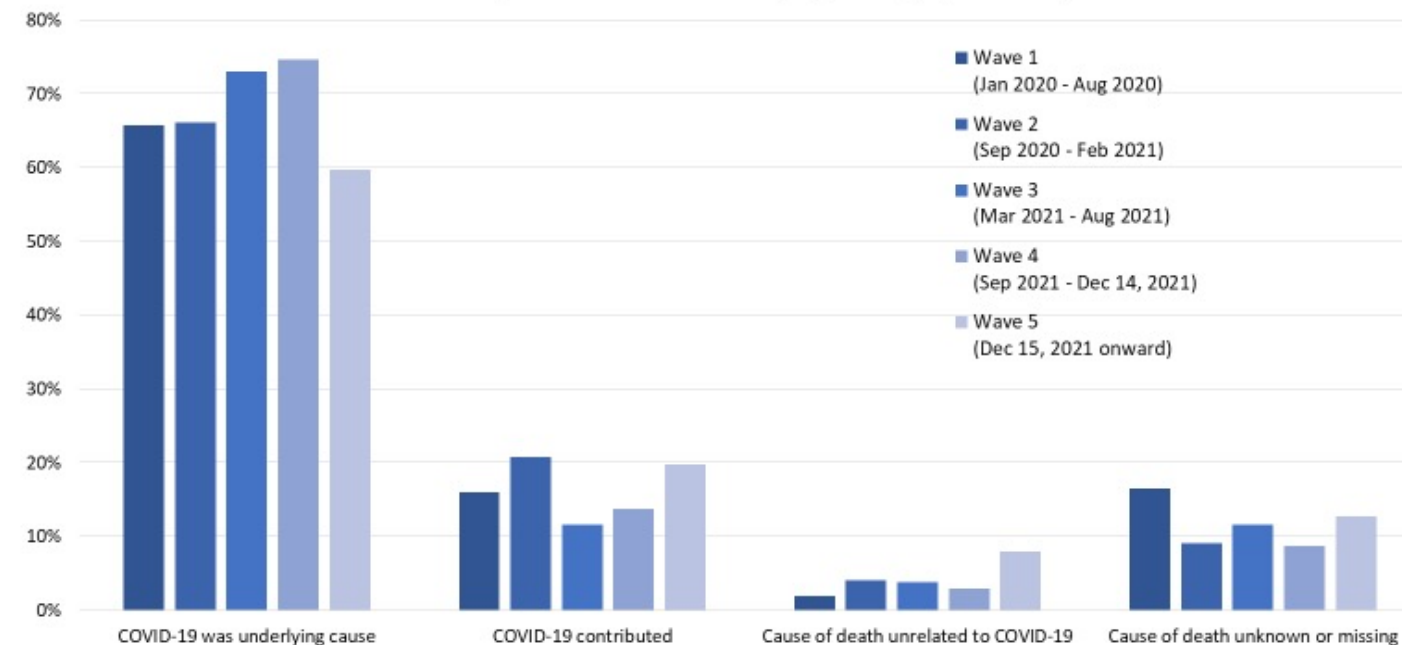
The Omicron variant required a review of our reporting, and we have already made changes to clarify between hospitalization and ICU admissions reporting to stratifying those admitted for COVID-19 versus admitted for non-COVID reasons and tested positive with COVID).

Data from other jurisdictions suggested that with the very high Omicron case counts, some people with COVID-19 infection were dying from causes unrelated to their COVID-19 infection.

This necessitated a review of the reporting processes in place since the start of the pandemic, including whether COVID-19 was causing or contributing to the death of individuals.

## A higher proportion of Wave 5 deaths were reported as non-COVID-19-related than in previous waves

Deaths due to causes unrelated to COVID made up 8% of all deaths in Wave 5, significantly higher than in previous waves



Data: CCM March 6, 2022. Dates are reported date when death occurred. Cause of death reporting may be incomplete for some recent deaths.

# Updates to COVID-19 Data Reporting

The Ministry undertook a review of best practices to better understand how information was being recorded on Medical Certificates of death.

To support having highest quality data on deaths from COVID-19, we have sent best practices to physicians and registered nurses in the extended class to support improvements in reporting. **Ontario's death reporting will be updated to be consistent with the World Health Organization's categorization.**

| Type of Death for Cases of COVID-19                            | Definition   | Change as of March 11 <sup>th</sup>   |
|--|--|---|
| COVID was the underlying cause of death                        | COVID-19 was the underlying cause of death. A death resulting from a clinically compatible illness in a probable or confirmed COVID-19 case.                       |   |
| COVID contributed to but was not the underlying cause of death | Deaths due to chronic or other pre-existing conditions that were exacerbated by COVID-19.  | Will continue reporting as COVID-19 deaths while also outlining fatality type |
| Cause of death unknown*  | Death in a person with COVID-19 infection, cause of death is still under investigation, or the public health unit has been unable to determine the cause of death. |   |
| Cause of death was missing*                                    | Death in a person with COVID-19 infection, with cause of death missing in the Case and Contact Management system (CCM).  |   |
| COVID was unrelated to the cause of death                      | When there was a clear alternative cause of death, e.g., trauma, drug toxicity, other natural death process.   | To be excluded from COVID-19 deaths reported                                  |

\*Due to the live nature of the data, the category may change at a later date when the cause of death is confirmed either as "COVID-19 is the underlying cause of death", "COVID-19 contributed but not underlying cause," or COVID-19 unrelated. As such, data from the most recent days should be interpreted and communicated with caution as those numbers are very likely to increase due to reporting lags.

# Updates to COVID-19 Data Reporting

## Deaths by Fatality Type

As of March 6, 2022, approximately 84% of fatalities in people with COVID were either caused by COVID or COVID contributed to the death. Approximately 4.2% of fatalities in people with COVID were unrelated to COVID.

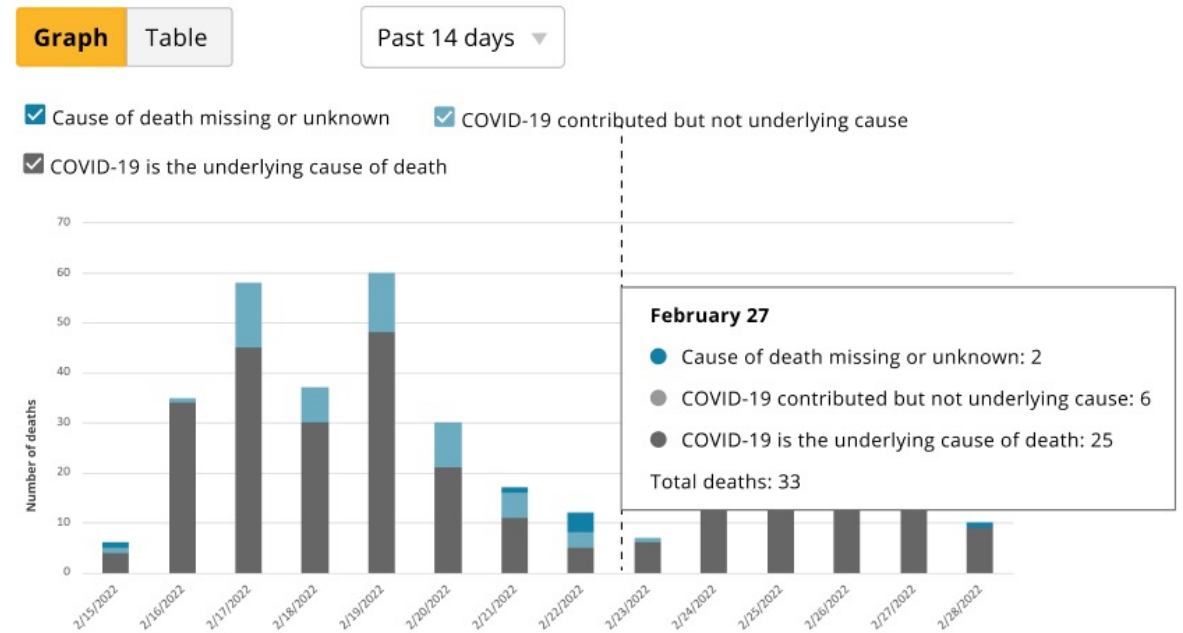
In addition to reporting the total number of deaths, we will begin reporting **daily net changes in the number of COVID-19 deaths reported day over day broken out into three fatality types.**

Information will be provided **from March 2020 and onward.** **Users will be able to select the following historic outlooks** for:

- Past 7 days
- Past 14 days
- Past 30 days
- Past 90 days
- All time

Deaths are not reported by the date on which death happened as reporting may include deaths that happened on previous dates.

### COVID-19 deaths by fatality type



See what we mean by: Cause of death missing or unknown ?

[Find out more about this data, including why there may be negative numbers.](#)

\*Mockup Example of new reporting

# Updates to COVID-19 Data Reporting

## Deaths by Vaccination Status and by Age Group

Vaccination remains the most powerful tool in averting COVID-19 death in all age groups and in particular among those 60 years and older. For example, among those 60+, those not fully vaccinated have a 20 times higher risk of dying compared to those with boosters.

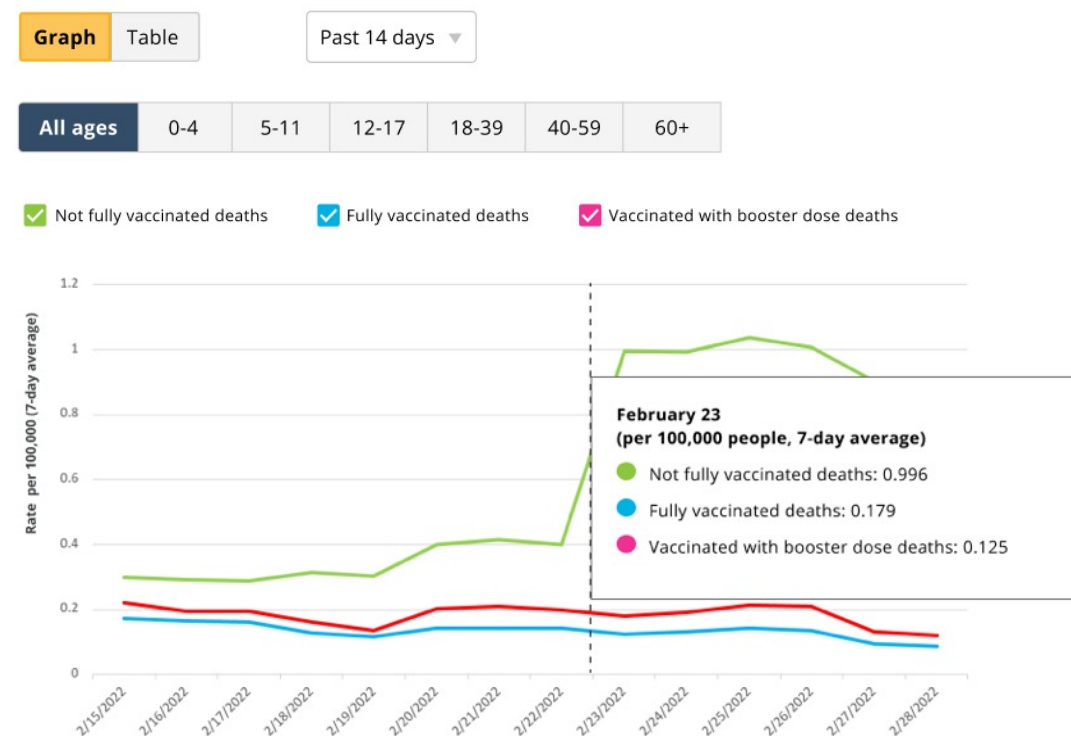
We will report rates of death by vaccination status and age group. Data will be **based on date of death**.

Information will include:

- **7-day moving average of rates of death according to vaccination status and age groups**
- Users will be able to select historic view for the past:
  - 7 days
  - 14 days
  - 30 days (coming soon)
  - 90 days (coming soon)
  - All time (coming soon)

### Deaths involving COVID-19 by vaccination status

Rate per 100,000 (7-day average) of COVID-19 deaths by vaccination status.



\*Mockup Example of new reporting

# Updates to COVID-19 Data Reporting

## Changes on March 11, 2022

We will no longer report deaths if the record indicates that COVID-19 was unrelated to the cause of death. This will cause a decrease in the total number of deaths.

The existing visuals that will be updated with this change include:

- Total deaths table
- Cumulative deaths graph
- Deaths by PHU
- Deaths according to age group

On March 11<sup>th</sup>, the “Reported today” and “Changes from previous day” will not be available for 1-2 days due to the change in methodology. The “Total deaths” will be available.

This change will provide a more accurate representation of deaths that are due to COVID-19 rather than all deaths in people with COVID-19.

## Ending on March 11, 2022

In response to the highly-transmissible Omicron variant, Ontario adjusted its COVID-19 testing guidelines to prioritize testing for those at highest risk and working in highest risk settings, consistent with practice in other jurisdictions in Canada.

In this context, we are no longer able to accurately track the total number of cases of COVID-19 in Ontario. Accordingly, as of March 11, 2022, we are discontinuing reporting on the reproductive number. Certain categories within existing public reporting (e.g., outbreaks in non-high-risk settings, cases with outbreaks in non-high-risk settings) will include the following note to caution interpretation until non-high risk settings are removed from the graph in the near future.

Key indicators such as per cent positivity, hospitalizations, and ICU admissions remain relevant indicators to inform our pandemic response.

The Ministry is examining when frequency of reporting should change.

