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ATTN: South Central Saskatchewan - First Nation Health Directors and Nurse Managers

RE: MHO'S PUBLIC HEALTH UPDATE

Each week, I update you with new information related to COVID-19 response in Saskatchewan. The purpose of these updates is to provide Health Directors and Nurse Managers with a summary of new and relevant public health information to inform practice and decision-making. **The updates follow the letter below.**

Information is changing very quickly. I also encourage Saskatchewan First Nation Health Directors, Nurse Managers and EMAP Coordinators to participate in the new COVID-19 Vaccine Information Sessions offered jointly with NITHA on Thursdays. Please email Genevieve.binette@canada.ca if you do not already receive this invite.

Regional contacts and resources:

Questions and requests related to COVID19 should be sent to our generic email address at aadnc.skemergency.aandc@canada.ca to allow our team to provide you with a coordinated and timely response.

General information on COVID-19 and provincial resources can be found at: www.saskatchewan.ca/coronavirus and www.skfn.ca/coronavirus.

Individuals who are concerned about symptoms or risks related to COVID-19 should call HealthLine 811 or use the online self-assessment tool found at the Ministry of Health website listed above.

Thank-you again for all your continued leadership, support and dedication to proactively prevent transmission of COVID-19.

Kind regards,

Dr. Ibrahim Khan, Medical Health Officer
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MEDICAL HEALTH OFFICER’S PUBLIC HEALTH UPDATE FOR HEALTH DIRECTORS AND NURSE MANAGERS IN SOUTH CENTRAL SK FIRST NATIONS

April 30, 2021

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1) HEADLINE STATEMENT:

Pandemics have momentum; similar to the momentum of a train. The variants of concern have supercharged this pandemic and the train is running full speed. We have pulled the breaks on the train with our vaccines, but this will take time to slow the train down and bring the pandemic to a stop.

Until the train comes to a complete stop, we must continue to follow public health measures (and stay off the train tracks). Your efforts matter more now and the payoff has never been higher. This is particularly tough to promote because we see people getting tired of following the public health guidance and are letting their guards down. But we need a few more solid weeks of vaccinating before we are out of the woods.

Public health measures won't last forever, but we need to hit a certain level of immunity first within our communities. There is too much virus around us right now and we have too many unvaccinated people, still waiting for a first dose. These variants of concern are very contagious and if we lift measures now, that's a recipe for breakthrough infections and outbreaks.

We see the United States lifting measures for vaccinated individuals, but here in Canada, we are not there yet. Lifting measures too early will set us back, and we need to keep up the good work in the meantime. We will watch and learn from their successes and mistakes as we move forward.

2) COVID-19 PUBLIC HEALTH UPDATES:

COVID-19 cases are holding steady in province for the week of April 18- April 24. Saskatchewan has now detected P.1 (Brazil) variant cases. VOC cases are spreading further North and are now dominant in the southern zones. An average of 251 new cases were reported in the province per day this week at a rate of 20.5 new cases per 100,000, which is slightly lower than the previous week (261 cases a day yielding a daily new case rate of 21.3 per 100,000). Among First Nation communities, there is an increasing trend in the number of cases. For the week of Apr 18-24, there were an average of 13.4 new cases per day compared to the average of 8.3 cases per day in the prior week of Apr 11-17. This yielded a new daily case rate of 17.0 per 100,000 for First Nation communities (approximately 0.8 times the provincial rate). Around 40% of the reported cases from First Nation communities this week (Apr 18-24) were VOCs.

Summary of COVID-19 cases in Saskatchewan First Nations Communities:

As of Apr 28, there are 6579 confirmed COVID-19 cases reported in Saskatchewan First Nation communities.

- 131 Variants of Concern diagnosed. 29 are the B.1.1.7 UK variant and the remaining 102 are currently undetermined lineage.
- 107 (1.6%) are considered active, 6417 (97.5%) have recovered and 57 (0.9%) residents of First Nation communities with COVID-19 have died.
- 5 individuals are currently hospitalized, 3 inpatient hospitalizations and 2 ICU hospitalization.
- As of Apr 26, an estimated 48,931 tests were completed among First Nations living on or near First Nations communities.



Variants of concern: Outbreaks occurring in workplaces

In Saskatchewan, workplace outbreaks have nearly all been linked to inconsistent mask use and physical distancing, or individuals attending work while symptomatic.

We know COVID-19 is most commonly transmitted through the air – speaking, laughing even if standing apart increases the risk of transmission.

With the variants of concern (VOC), there is no such thing as no-risk or 100% safe indoor gathering or workplace or meeting. There is no 100% guarantee that it is safe or that the virus is not present. We can, however, make these settings *safer*, if they are essential. This requires constant and diligent attention to public health measures.

Here are some ways managers can make workplaces safer:

- Reduce the amount of people working together in the same room at the same time.
- Require non-essential employees to work from home, if they are able.
- Monitor and re-enforce masking and physical distancing.
- Cancel all non-essential business travel.
- With the nicer weather, open windows to help with better ventilation inside.
- Do not share food, including community candy bowls/snacks.
- Make sure employees can list potential contacts; encourage employees to keep a log of who they worked
- If you are feeling even a little bit under the weather, stay home and seek testing

You can seek guidance from the Re-Open Saskatchewan plan or contact your local Environmental Public Health Officer (EPHO) using the local procedures to request services from your EPHO.

<https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/re-open-saskatchewan-plan>

Travel remains the predominant way that variants spread between communities:

Travel between provinces and travel between communities are driving ongoing transmission of the variants and rapid spread.

Please refrain from ALL non-essential travel. This is particularly concerning because last week, the Medical Health Officers identified the P.1 Brazil variant in the province which has spread rapidly across the provinces in the west – BC and Alberta.

What is essential? Essential travel is travel that cannot be postponed or cancelled. Examples:

- Travel for groceries or other household supplies (as few trips as possible)
- Travel for essential medical appointments (including immunizations).
- Travel that is essential for the functioning of the community (i.e. pandemic response, working in essential and/or front-line roles, providing important care to others)



What is NOT essential?

- Travel for visiting family or friends, recreation or vacation
- Travel for meetings that could be postponed or held virtually
- Making extra stops (i.e. visits or recreation) in other communities during essential trips

We are experiencing a very different pandemic with the variants of concern. The Saskatchewan Health Authority compared cases from the week of November 25, 2020 with the original COVID-19 strain to the cases we are seeing now in the week of April 10, 2021 with the variants of concern. While the average number of new COVID-19 cases remained about the same (243 cases/day), there is a significant increase to acute care admission (88% higher) and ICU admission (109% higher) rates due to COVID-19. With the same daily number of cases, we are seeing a drastic increase in the number of people being hospitalized and requiring ICU care.

With the variants of concern, there is no room to bend the rules. We must follow all public health measures to slow the rapid transmission of variants in our province. This includes avoiding all non-essential travel, sticking to only your household bubble, physical distancing, wearing a mask, avoid gatherings and good hand hygiene.

3) COVID-19 VACCINE UPDATES:

All First Nations residents, regardless of band or status, are eligible for vaccine in the community where they reside.

Communities should offer first dose vaccine appointments to eligible individuals residing on-reserve, regardless of band membership or status. Early in the vaccine roll-out, ISC requested Tribal Councils and Independent bands provide an accurate population count that reflected all community residents and where it was provided, ISC used this validated population to calculate dose allocations.

A 20 percent adjustment was also built into allocations to address other situations where each First Nation's population data may not accurately reflect true community residency, as well as to support communities in offering vaccine appointments to a proportion of members and/or their families who reside outside the community but wish to return to their member Nation to access the Covid-19 vaccine.

Communities are encouraged to request additional supplies of the Covid-19 vaccine through their Nurse Manager if demand for the vaccine in the community exceeds their population based allocation. Requests for additional supplies of the vaccine will be considered based on available surplus, and will be distributed based on equitable need.

Question: Why should I get the COVID-19 vaccine if it's not 100% effective?

No vaccine is 100% effective in all people. A vaccine gives each person's immune system a boost to fight a pathogen. In many people, this boost will be enough to prevent infection altogether, but in others that immune boost will be enough to prevent life-threatening illness.

This means most vaccinated people will not get COVID-19. For those who do, they can expect to recover comfortably at home. This is very important – data shows the U.K. variant to-date is that there



is a 64% increased risk of hospitalization, 100% increased risk of ICU care, and a 61% increased risk of death.

Vaccines don't just protect individuals. They work better and better as more and more people become vaccinated and person-to-person spread slows down.

As coverage improves, we expect to see fewer outbreaks, fewer people requiring ICU critical care and we can hope to see a better summer. The Government of Saskatchewan estimates we will need a first dose in 75% of eligible persons and a second dose in 20% of eligible populations before we can start to carefully lift measures.

Vaccines take time to work. Unfortunately, we still have to follow ALL public health measures in the meantime. Some First Nations individuals are experiencing higher levels of infection after vaccine if they are exposed to high levels of COVID-19 activity.

I recognize in the United States, restrictions for vaccinated individuals are lifting, but in Canada WE ARE NOT THERE YET. Lifting measures too early will set us back - so we have to keep up the good work in the meantime.

Question: Are the vaccines as effective against all variants?

Preliminary data shows Pfizer, Moderna and AstraZeneca work just as well against the B.1.1.7 UK variant that is circulating widely in Saskatchewan as the original COVID-19 variant.

The vaccines may be less effective against preventing overall infection with the B.1.351 (South Africa) and P.1 (Brazil) variants, however evidence is showing people who are vaccinated and are infected with these variants still benefit from strong protection against hospitalization and death.

NACI updated recommendation for AstraZeneca

On April 20, the Saskatchewan Ministry of Health expanded eligibility of AstraZeneca to ages 40 years and up.

The National Advisory Committee on Immunization (NACI) came out with their recommended on April 23 that provinces may consider offering AstraZeneca COVID-19 vaccine to people 30 years of age and older where the risk due to COVID-19 is higher than the risk of serious side effects. Previously, NACI's guidance recommended that the vaccine should only be used on those aged 55 and older until NACI could make their recommendation given new evidence on AstraZeneca globally.

The Saskatchewan Ministry of Health has not yet indicated if eligibility for AstraZeneca will further expand but we will continue to keep you updated as new information is announced.

4) HELPFUL COVID-19 RESOURCES:

Vaccine:

- [Information on Saskatchewan COVID-19 Vaccine Eligibility and Clinics](#)
- [Saskatchewan COVID-19 Vaccine Delivery Plan Phases](#)



- [Saskatchewan COVID-19 Vaccine Information and Resources](#)
- [SHA COVID-19 Vaccine Drive-Thru and Walk-in Wait Times](#)
- [Information on Authorized Vaccines in Canada](#)

Public health:

- [COVID-19 and Travel Information](#)
- [Information on current Public Health Orders in Saskatchewan](#)
- [Daily updates of COVID-19 Epidemiology in Saskatchewan](#)
- [Variants of Concern and Indigenous Communities](#)
- [Statements from the Chief Public Health Officer of Canada](#)
- [Public Health Agency of Canada COVID-19 Awareness Resources](#)

Also see our [Google Drive](#) with vaccine confidence and other COVID-19 communication resources.