ANNOTATED AGENDA

COVID-19 Stakeholders Teleconference:
CPHO Health Professional Forum – Biweekly Update

June 1st, 2020
2:15 – 3:00 pm EST (45 minutes)
Dial-in Information: 1-877-413-4781 or 613-960-7510 **Conference ID:** 5192446

Purpose of today's call:

- To highlight recent PHAC guidance and update on social media campaign.(Kerry)
- To discuss lab testing indication guidance and provide an update on the Immunity Task Force. (Dr. Tam)
- To answer questions from HP Forum members.

Dr. Tam to join the call at 2:30pm to present (confirmed, but prepare for an alternate)

No questions submitted in advance (as of May 28) by members.

Discussion section:

- Immunity Task Force: **Speaking Points pg. 5/6 – Dr. Tam**
- National laboratory testing indication guidance: **Speaking Points pg. 6/7 – Dr. Tam**

Annex A:

- Further information on new guidance (pg. 7-10)

Forward agenda - Preparation for Flu Season (technical expert to be invited)

INTRODUCTION
Forum Secretariat (Ray Clark): **Welcome and Roll Call**

PHAC SITUATIONAL BRIEFING/UPDATE
Kerry Robinson (2:15-2:30PM)

For Reference

Domestic (Sunday, May 31)

- There are now over 48,000 people that have recovered (54 percent) of the 90,000 or so cases.
- Labs across Canada have tested over 1.6M people with about 5% testing positive overall. Last week, we were testing an average of 22,300 people daily.

Key Messages:

- **Progress**: Canada is flattening the curve. We have not yet seen an overwhelmed health care system. We need to continue to work together to maintain this. Certain settings (e.g., LTC, shelters, prisons, meat processing) and hot spots (e.g., Toronto and Montreal) are a concern.
- **Outpatient & Ambulatory Care Guidance:** (new – May 23) The guidance reiterates the fundamentals of controlling the spread of infection and emphasizes measures to be taken.
- **Service Providers for People Experiencing Homelessness Guidance:** (updated - May 25) The guidance provides recommendations for the providers of services for people experiencing homelessness (including overnight emergency shelters, day shelters, and meal service providers). Guidance updates provide new information to addresses use of PPE, NMMs and quarantine.
- **Guidance for a strategic approach to lifting of public health measures**
- **Community-Based Measures to Mitigate the Spread of Coronavirus Disease**
- Strategies for conserving the supply of personal protective equipment at healthcare facilities
- Risk mitigation tools for workplaces/businesses,
- Coming soon: risk mitigation outdoor recreation spaces, child and youth settings.
- **Note about published guidance:** Based on the Canadian context and public health assumptions that reflect the currently available scientific evidence and expert opinion.

Clinical triage thresholds in respiratory disease patients in the event of a major surge during the COVID-19 pandemic

Position Statement – Canadian Thoracic Society

- A resource has come to our attention that may be of interest to members. The Canadian Thoracic Society (CTS) has issued a position statement on the clinical triage thresholds for patients with underlying respiratory diseases (COPD, cystic and pulmonary fibrosis) during the COVID-19 pandemic.
- The statement aims to address the potential issues of constrained capacity for ICU resources, and advises on resource allocation based on ethical considerations, reviewed evidence on estimated disease mortalities (including disease registry data and published literature) and expert opinion.
- It recommends the use of clinical indicators when deciding which patients with critical illness should not be offered ICU intervention based on three levels although no estimates on the prevalence of these conditions were provided.:
    - Level 1 – Patients with > 80% expected mortality in the 6-12 months.
    - Level 2 - Patients with > 50% expected mortality in the 6-12 months.
    - Level 3 - Patients with > 30% expected mortality in the 6-12 months.
- We will share a copy of CTS' statement with members following this meeting (depends on when the email is approved and sent out).

Race-Based Data Collection and Health Reporting (CIHI)

- In late May CIHI released an interim race data collection standard. This standard is adapted from the Ontario Anti-Racism Directorate's race data standards. It can be found on their website (cihi.ca) within their COVID-19 resources under "recently added and updated" for May 29, 2020.

- In July, CIHI will produce a broader discussion paper that provides more comprehensive information on measuring health inequalities across racialized groups in Canada, with additional considerations for ethnicity and Indigenous identity.

Preventative Care – Social Media Campaign Update

- The foundational key messages document was shared with members.
- PHAC's social media team is developing specific messages/posts for different platforms (Twitter, Facebook, LinkedIn). We are in the process of seeking approval internally and will share the document with members once approved.
- As noted by members at our May 18 meeting, we will take a coordinated approach with the recognition that some organization's may wish to tailor/modify the foundational key messages to suit their profession/membership.
- As we shared, Dr. Tam sent six tweets related to virtual care that went live on Wednesday, May 13 and also posted about virtual triage assessment centres & house calls offered by paramedics on May 25.

Next Steps

- We will share the social media plan once approved later this week. Given that approvals may take time on our end, members may want to work on their own social media plans and begin messaging out.
- Planning to launch next week
- Would like to hear from members:
    - What would be the best way for us to share updates on tweets/posts, etc. as we collectively roll out the messages?
        - joint calender rolled up by the secretariat
        - individual social media calendars circulated among the group

===END OF UPDATE===

DISCUSSION

Kerry Robinson

- For the discussion today we have Dr. Tam joining us to speak to our brief overview of the Immunity Task Force and the newly released national laboratory testing guidance as well as answer any questions you may have on these items.

Dr. Theresa Tam

- Happy to be able to have a chance to speak with all of you today and hope that the regular Forum meetings on COVID-19 have been useful for all of you.

- Pleased to hear that the Forum has been collaborating on joint social media messaging to encourage Canadians to seek preventive health services and take advantage of various options to access primary care services.

- There are a few key developments underway related to testing in particular to share with you.

National laboratory testing indication guidance for COVID-19:

- COVID-19 will continue be part of our lives, and **testing will remain an important tool** as part of our management of this pandemic, support for recovery and preparation for another surge or wave.

- We have published just last week updated guidance with PTs through the Special Advisory Committee that we have agreed upon to support a **national approach to testing in Canada** and to optimize the use of local resources in protecting the health of Canadians across the country.

- The guidance recommends **prioritizing people with symptoms of COVID-19, even mild ones**, for molecular testing to diagnose the illness in individuals, identify case contacts and implement public health measures to stop further transmission.

- Testing people who have symptoms is also **the best strategy** because the tests provide more accurate results when symptoms are present.

- The ability of molecular tests to correctly identify those who truly are infected with the virus that causes COVID-19 is linked to the amount of virus or viral load within the person being tested.

There are important limitations to molecular testing:

- Sensitivity varies throughout the disease course: the accuracy of the PCR test is directly related to the presence of viral genomic material. Some studies suggest that the peak viral load occurs just before onset of symptoms or on the first day of symptoms, while other studies demonstrate some patients with a climbing viral load that peaks on day

two or three of illness. Testing too early or later on, during the recovery phase, may affect the sensitivity of the test.

- When a person who has been infected has a low viral load, which can occur in the very early stage of the disease or during the recovery phase, a test could give a **false negative** result. In other words, the virus could be present in the individual, but not be detected through testing during some stages of the illness.

- Test results are used to guide individual patient management, as well as population based public health measures. Therefore, false negative test results could, at the individual level, lead to patients not being managed appropriately or feeling a false sense of security and not following public health measures (e.g., hand/cough hygiene, physical distancing, etc.) and unknowingly spreading the virus to others. At the population level, such false negative test results could lead to public health measures possibly being lifted too soon.

- Performance in asymptomatic individuals is unknown: since, by definition, it is not possible to define what day of illness it is for someone with no symptoms, it is difficult to study the performance of PCR testing in this population. Once serology is more reliable, it may be possible to determine PCR performance in this group of individuals by comparing PCR result with ultimate serological status.

- In some specific instances, testing an asymptomatic person may be beneficial in some local settings or circumstances, such as contact tracing and management of an outbreak among a vulnerable group in a high-risk setting (e.g., long-term care facilities).

- The guidance also outlines that based on local epidemiology there may be situations where testing of asymptomatic individuals may be undertaken through a pilot study or surveillance activities to generate knowledge to make evidence-informed decisions.

- In general across Canada, as we have greater testing capacity we are seeing an opening up testing, for example many jurisdictions have expanded the list of symptoms they use for self-assessment tools or triage processes and have a low clinical threshold for testing.

- We have also seen some jursidictions expand more strategic testing in higher incidence areas or for certain settings or occupational groups such as health care workers and essential workers.

- Through the SAC jurisdictions are sharing the results of their sentinenal surveillance and pilot studies so we can all build the evidence base and learn from experiences of how the test works in different contexts and how it can inforn public health action.

- The percentage of tests that come back positive is a helpful indicator of whether we are testing the right people, or casting the net too wide. Canada's overall test positivity rate has stayed roughly between 3 – 7%, which is within a good range for accurate detection.

- As new testing technology is developed this will allow us more flexibility and additional testing capacity, in particular to prepare for potential dual events of flu season and COVID-19 in the fall.

- There is an approved point of care test (GeneXpert) in Canada that has been placed in **rural, remote, isolated and/or Indigenous communities**, to facilitate faster and easier access to test results. Over time we hope to have more supply of these units and similar technology to enable broader dissemination and use.

Serological Testing & the Immunity Task Force

- **Serological tests** are another important tool that we can use to detect antibodies specific to COVID-19. While serological testing cannot be used to diagnose cases in individual patients, it can provide helpful evidence if someone has had a recent or past infection.
- Following scientific review, Health Canada recently authorized the sale of two serological tests [DiaSorin LIAISON® test (authorized May 12) and the Abbott ARCHITECT SARS-CoV-2 IgG Assay (authorized May 14)].
- The **COVID-19 Immunity Task Force** was established in April to identify priorities and oversee the coordination of a series of country-wide blood test surveys that will tell us the extent of COVID-19 spread in Canada and provide reliable estimates of potential immunity and vulnerabilities in Canadian populations.
- Under the leadership of Dr, David Naylor, Dr. Catherine Hankins and Dr. Tim Evans the Task Force includes experts in public health, infectious disease, immunology, epidemiology, laboratory medicine, and healthcare policy from across the country, as well as PT government representatives (AB, NS, QC).
- I myself sit on the Immunity Task Force, and our National Microbiology Laboratory will support the task force and will provide testing standardization, support procurement of commercial test kits to enable the efficient and standardized operations of the task force.
- The Immunity Task Force will leverage existing work of labs and biobanks, and research networks.

- Rapid and representative national surveys provide a snapshot of where we stand now, and can help to inform what to expect in a possible second wave of infection. They can also shed light on the potential immunity status of vulnerable populations such as Indigenous communities, and residents of nursing homes and long-term care facilities.
- While the presence of antibodies is informative, many questions remain unanswered about how immunity to the novel coronavirus develops, how strong it is, and how long it lasts. Finding answers to these questions is vital both for broad policymaking, and for individuals wanting to understand their own level of immunity.
- We look forward to seeing the results from this work and understanding what immunity status might mean for Canadians and our response going forwards.

Ask members if they have any questions or perspectives on testing they would like to share?
END

Kerry Robinson

- Thank you Dr. Tam for taking the time to join us today. We are now going to move to other items on the agenda for discussion.

<u>Questions for Members</u>

- Are there any updates from members on the issue of access to PPE?
- Do you have any feedback/input regarding recently released guidance or is there guidance or new resources that your organizations are developing that you wish to highlight?
- Are there any key topics that you would like to discuss at our upcoming Forum meetings?
- Please continue to send any questions or comments to the secretariat.

WRAP-UP AND NEXT STEPS

- Next meeting will be June 15, invites will be sent shortly

[CNA may raise its recently published report: 2020 VISION: Improving Long-Term Care for People in Canada. See Annex A, pg. 10 for additional context.

General speaking points could be:

- Thank you very much for highlighting your organization's recommendations to address the situation in long-term care settings.
- It has been shared internally within PHAC.]