### Memorandum

To: Ms. Kristal Chopp, Chair of the Board of Health of the Haldimand Norfolk Health Unit

Members of the Board of Health of the Haldimand Norfolk Health Unit

Mr. Ken Hewitt, Mayor of Haldimand County

Members of Council of Haldimand County

From: Shanker Nesathurai, MD, MPH, FRCPC

Medical Officer of Health, Haldimand County and Norfolk County

Date: June 3, 2020

Re: Board of Health Update Related to COVID-19 Pandemic

Further to the previous Board of Health Meeting of May 19<sup>th</sup>, this report summarizes some of the salient information related to COVID-19.

## **Summary of Key Data**

The following graphic was produced by the CBC. It summarizes the actual number of cases on a daily basis, as well as the five day rolling average. The graph suggests, at the current time, that the rolling average of the number of new cases remains between 300-400 cases per day. This is similar to earlier in the pandemic, but less than the peak number of approximately 600 cases in the middle of April.

# Ontario: New daily cases of COVID-19

The blue line is the five-day rolling average of new cases per day, which smooths daily spikes.

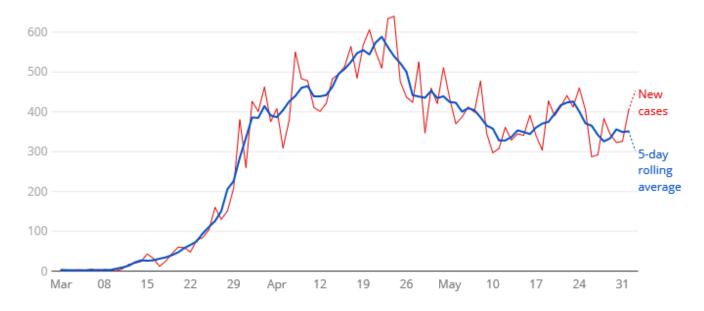


Figure 1: Incidence of Cases by Date and Cumulative Incidence by Date In Haldimand Norfolk

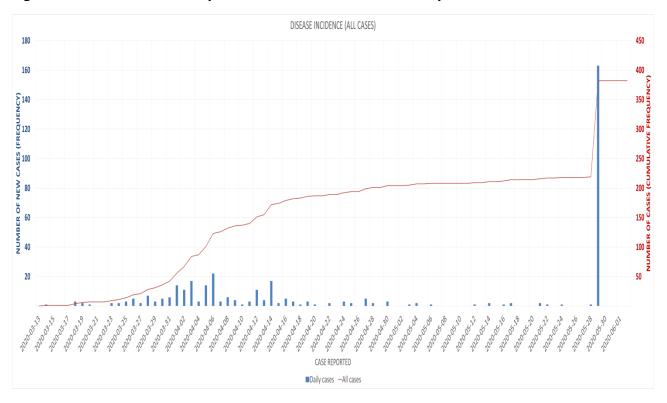


Figure 1 summarizes the number of cases per day since the identification of the first case. 382 people have tested positive for COVID-19. Of note, there is substantial variability in the cases reported on any particular day (blue bars). The red line represents the cumulative frequency; this is the number of total cases as the pandemic progresses. Of note, there was an large increase in the number of cases at the end of May 2020. This was the result of a large number of cases identified in an outbreak at an agricultural enterprise. In this outbreak, the individuals affected were seasonal agricultural workers.

Figure 2: Age Distribution of COVID-19 Residents

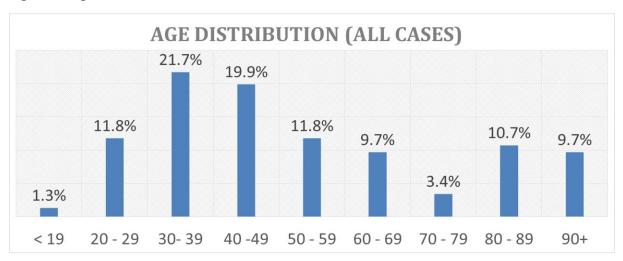


Figure 2 summarizes the age distribution. Of the positive cases, approximately 62 percent are men, and 38 percent are women. This can be attributed to men making up a larger portion of

seasonal agricultural workers. At the current time, most of the positive cases are between the 30 and 50 years of age.

HALDIMAND COUNTY
(Excluding Anson Place
Outbreak)
18%

HALDIMAND COUNTY
(Outbreak Anson
Place)
29%

NORFOLK COUNTY
(Outbreak at Farm)
43%

Figure 3: Geographic Distribution of Cases Tracked by Haldimand and Norfolk County (N= 382)

Figure 3 summarizes the distribution of all positive cases that are in the health district. Norfolk County makes up 53% of these cases while 47% of the cases are in Haldimand County.

Figure 4: Geographic Distribution of Cases in Norfolk County (Excluding Farm Outbreak, N = 38)

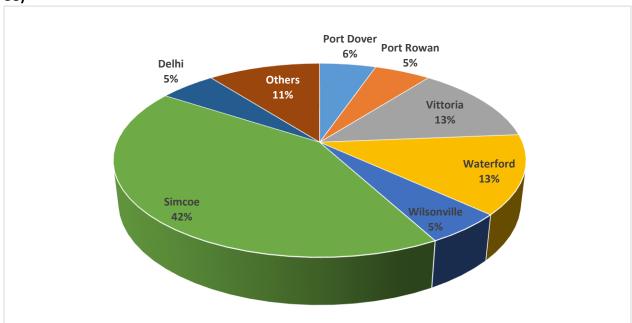


Figure 5: Geographic Distribution of Cases in Haldimand County (Excluding Anson Place Outbreak, N= 69)

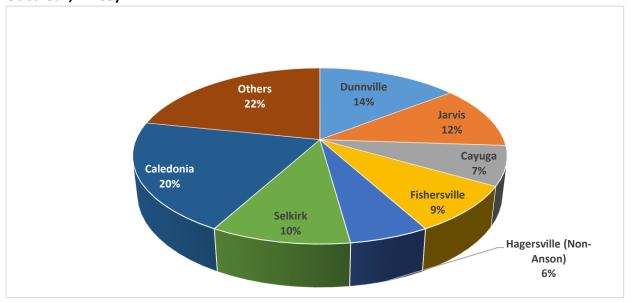


Figure 4 and Figure 5 summarizes the cases by larger population centers throughout the health district. Conclusions related to geographic location should be contextualized to the fact that people may reside at one location, but work and/or travel to other locations.

At the current time, the Public Health Unit can confirm 31 deaths attributed to COVID-19. 27 of these deaths were residents of Anson Place. The remaining deaths were related to individuals residing in the community. The deaths primarily affected men and women in the seventh, eighth and ninth decades of life. This is consistent with the experience throughout the world, where the older individuals with multiple medical problems are at the highest risk of death.

The public health unit is sharing this data to provide additional insights into the impact of COVID-19 in Haldimand County and Norfolk County. When data of this nature is presented, the goal is to balance a number of competing interests. This includes protecting the privacy of the individuals affected and concurrently informing the community on matters of public health.

### **Public Health Order Related to Seasonal Agricultural Workers**

Congregate settings are at high risk for the transmission of COVID-19. Congregate residences are characterized by many people living in a relatively small space and sharing amenities such as bathrooms, showers, kitchens and dining areas. There are many types of congregate settings such as long term care facilities, university dormitories, retirement homes, homeless shelters as well as residences of seasonal agriculture workers. This risk factor continues to this day.

There is consensus that international travel is another significant risk factor for the transmission of COVID-19. The data from the Haldimand and Norfolk County experience was consistent with this construct, as the majority of the initial cases of COVID-19 were associated with international travel. The federal government continues to severely restrict international airline travel to Canada.

In Ontario, the number of new daily cases of COVID-19 in recent weeks range from 300-400. This is approximately the same level as late March. The total number of positive cases in Ontario is approximately 28,000; nationally, there are approximately 90,000 cases. In the North American context,

there are 1.8 million cases in the USA and approximately 97,000 cases in Mexico. The data from Mexico should be contextualized, as the identification of positive cases is related to the availability of healthcare services and testing capability. The testing rates in Mexico have been significantly lower than in Canada. As such, the number of reported cases in Mexico is likely an underestimate of the true burden of disease in that country. Similar challenges related to estimation of COVID-19 risk are present in Caribbean nations.

The recent outbreak in a Haldimand-Norfolk agricultural enterprise has been adverse to the health of the people affected by COVID-19. This is the most significant consequence. At least 8 people have been admitted to the hospital, and 2 have been admitted to the intensive care unit. It has also been immensely disruptive to the agricultural enterprise, where the majority of the seasonal agricultural workers have tested positive and have been put into self-isolation. Additionally, the public health service has reassigned approximately 30 staff to manage this outbreak. As such, significant resources have been redirected away from the long-term care and retirement home setting (which is now relatively stable) to assist in dealing with this outbreak. Furthermore, this outbreak has resulted in the utilization of additional acute care and community healthcare resources.

This outbreak illustrates the significant risk of COVID-19 transmission in large congregate living environments. It remains clear that international travel is a significant risk factor. Furthermore, many migrant workers are arriving from countries with high rates of COVID-19. At the current time, there continues to be concern related to the transmission of COVID-19 among seasonal agricultural workers. This is particularly concerning during the first 14 days, after they have travelled internationally to come to Canada.

Ultimately, the medical officer of health is charged with formulating approaches to advance the health of the 110,000 people who reside in Haldimand and Norfolk Counties. In this context, the section 22 will continue to remain in effect. In my judgment, it is one element of the public health management plan to contain COIVD-19, and is necessary to decrease the risk to health caused by COVID-19.

#### Conclusion

Every person, family, business and institution in Haldimand County and Norfolk County has been impacted by the COVID-19 pandemic. Nevertheless, working together, I remain optimistic that we will be able to return to a new level of normalcy in the near future.