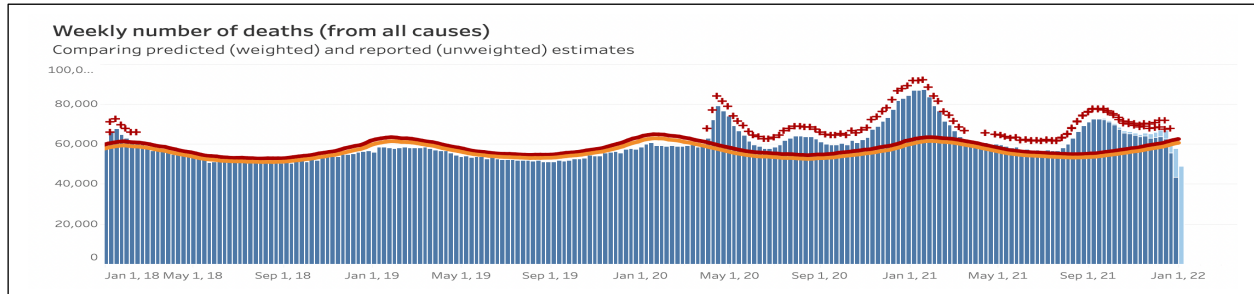


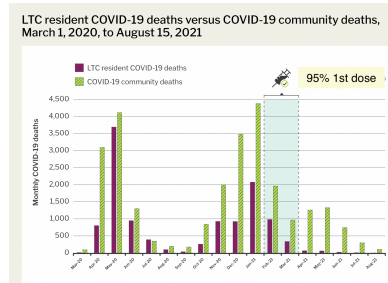
Covid-Omicron Report



Expected mortality trends have a seasonal variation as seen in the graph of USA data from the Centre for Disease Control (CDC). The peaks in mortality seen in the winter months is likely greater in congregate settings such as LTC. This graphic shows the excess deaths associated with the four waves of the Covid pandemic. The solid line is the average expected deaths.

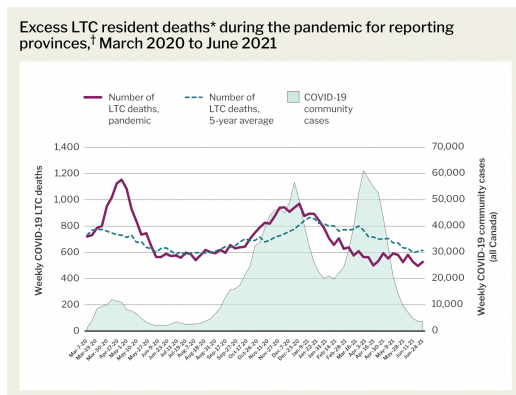
[CDC excessive deaths](#)

Ontario presently has 3,630 in hospital with Covid; 481 of 500 patients in ICU have Covid. Covid is often found on testing when a patient is admitted for other reasons. In the 1st and 2nd waves, LTC accounted for 65% and 47% respectively of deaths from Covid. Since vaccination, the relative Covid-related death rate in this vulnerable population with limited life expectancy is now around 5%. Vaccinations continue as most residents receive their 4th dose.



Based on experience from Israel and the UK, Public Health Ontario Recommendations: **Fourth COVID-19 Vaccine Dose for Long-Term Care Home Residents and Older Adults in Other Congregate Settings** provides the rationale for giving 4th doses to residents at this time.

[PHO 4th dose recommendations, Dec. 29](#)



“Capturing deaths due to COVID-19 can be elusive.”

COVID-19 can indirectly contribute to resident deaths by accelerating deterioration, making it difficult to determine the exact cause of death. After an increase in LTC resident deaths during the first and second waves of the pandemic. By January 2021, the number of LTC resident deaths had dropped below the expected level. From March 2020 to June 2021 there was an overall drop in transfers of 25% compared with the pre-pandemic period. Reduced patient transfers help to reduce the spread of Covid-19.

Reasons for reduced resident transfers may include goals of care discussions and improved IPAC measures for conditions such as COPD and pneumonia. The data does not tell the mental health consequences from changes in care and social isolation during the pandemic.

[CIHI - Covid-19 Impact on LTC, Dec 9, 2021](#)

PROTECTING RESIDENTS AND STAFF...Staff are family

More than forty per cent of Ontario long term care homes are in outbreak. This prompted CBC radio to reach out to OLTCC Director, Dr. Sandy Shamon, for a series of live interviews on CBC's Ontario morning programming throughout the province. Dr. Shamon is a palliative care physician with Sinai Health and works in two Toronto long term care homes. Dr. Shamon provided direct care to LTC residents in a couple of lethal outbreaks in the previous waves of the Covid pandemic. "We are not seeing the same level of illness that we have seen previously," noted Dr. Shamon, citing the fact that LTC residents are fully vaccinated including boosters, which is protecting LTC residents from this outbreak.



While the LTC residents are protected with three vaccinations, the general population and LTC staff are not. Dr. Shamon explains how the rapid spread in the community results in more outbreaks in LTC homes. It only takes one staff member to test positive for "evidence of spread". This has meant the need for visitor and activity restrictions in LTC homes. One resident, Jennifer Brown, says "We can't leave our rooms...because I have no family, I have no visitors." Dr. Shamon empathized with the isolation and notes that it is devastating for residents, however "If transmission is not contained, it can lead to loss of staff." Staff shortages are already due to a health human resources shortage and COVID related absenteeism is exacerbating the situation. Loss of staff impacts resident care in many ways. Dr. Shamon reminds us that the "staff in the home becomes their family."

Wei Chen began her interview by asking what happened to the "iron ring" to protect long term care. OLTCC advocates for protection for residents and for staff. This includes mandatory vaccination of staff, third dose boosters for staff, and fourth dose boosters for the vulnerable resident. Dr. Shamon went further to note that the iron ring around LTC lies not only in the full vaccination of residents and staff, but called on the community to do its part, get vaccinated and be part of that iron ring around the most vulnerable among us.

[CBC - Ontario Morning, Jan 11](#)

Therapeutic Management of Adult Patients with COVID-19

The updated Clinical Practice Guidelines from the Ontario Science Table, January 8, are attached. Covid patients with mild illness are categorized into four tiers based on risk of more severe disease. Many OLTCC members opine that this CPG is of limited use to affected LTC residents. Not only is the access to anti-viral and monoclonal antibody infusion very limited, but also the recommendation for high-dose fluvoxamine causes concern. A subsequent statement about fluvoxamine prescribing is attached. The National Institutes of Health concluded: "There is insufficient evidence for the COVID-19 Treatment Guidelines Panel to recommend either for or against the use of fluvoxamine for the treatment of COVID-19." The studies show a benefit of fluvoxamine in younger, community-dwelling residents. The mean age of subjects in the St. Louis study was 46 years old.

[NIH Covid treatment guidelines, Dec 16](#)

OLTCC webinar: Update on COVID-19 Hot Topics with Dr. Allison McGeer

Thursday, January 20, 2022, at 7:00 pm. *Topics Include:*

1. N95 Use in Long-Term Care
2. Omicron and what to expect
3. Monoclonal antibodies, antivirals, and therapeutics for LTC
4. Evidence for fourth doses in Long-Term Care residents

To attend, use this Zoom link:

<https://us06web.zoom.us/j/86981831107?pwd=NzZNS3ora3Y0aUIOV2lWOG52QWNUZz09>