

Pointe au Baril + COVID-19

From Mike Evans, M.D., PaBIA's Medical Chair

Involved with World-Wide Contact Tracing, WHO, CDC, Federal and Provincial efforts

Hi all.

So things are different this year. Waters up and...we have COVID-19 and all the things that brings: new protocols, protecting the vulnerable, cancelled camp, people working from home/cottage, border issues for our brethren from other countries, north-south/urban-rural concerns, good information, misinformation, kids, more mature people, judging, lots of anxiety, and just different perceptions of risk. That's just to name a few.

Uncertainty.

There is a lot of uncertainty here, and we all deal with that in different ways. It feels like many of us have a bit of "alarm fatigue" with vague and one-size-fits-all guidance. We've collectively done well; we've made some mistakes, but things are getting better. As a doctor/science type, I would throw in the thought that this is a very new sneaky virus with poor and immature data to guide best practice. And, of course, this is all in evolution.

Going forward.

So, I thought I would just outline some of our advantages, challenges, some science and common-sense behaviours that you might want to think about while in PaB. I am trying to base these comments on best evidence; but still, a great deal of this is an educated guess based on what we know. Most of our calculations thus far has been about things that are easy to count, such as COVID cases, deaths and job loss, but PaB is a lot about the things that are suffering and hard to count: social connectedness, mother nature therapy, family relationships, work separation, and so on.

Same Storm. Different Boats.

The reality is that we are all in the storm, but we are in different boats. Some of us are dealing with young kids, others are healthy seniors, others have teenagers, some of us have risk factors, and so on. We will all have to make our own plans and adapt them as we juggle optimism with realism.

None of the suggestions below will reduce risk by 100%, but hopefully there will be some acceptable trade-offs as you navigate the summer. I have hyper-linked to evidence if people are interested in more or to statistic pages that will change with time.

Let's start with what we have going for us.

We are largely outside. Analysis of Hong Kong spreader events shows of **318 spreader events, only one was outside** (which spread to two people), and this was typically in a more urbane environment. The risk of transmission outside is very, very low (doctors never say impossible). Closer to home, two crowded international events, a dental conference and the Rugby Sevens, at the beginning of COVID in BC, had very different spread dynamics when tracked. The rugby crowd saw virtually no illness whereas the dentists, who were largely inside, often in small rooms, **saw much more COVID-19.**

We don't have a Super Spreader Event set up. In my opinion, this concept hasn't got as much play as it should. Historically, in infectious disease breakouts, **80% of the spread is typically done by 20% of the population.** The **data so far** shows this is the case with COVID-19.

We think of a super spreader as one person. The classic is "Typhoid Mary". Actually, typhoid is a bacteria, and Mary was asymptomatic; and this, combined with poor hygiene, led to her literally handing it on to 51 members of the families she worked for.

However, viruses like SARS-CoV-2 are different, and it's actually more of an "event" than an individual - an event where multiple accelerants come together at the same time. Imagine a campfire where "accelerants" are added simultaneously and then it becomes a bonfire. In the case of COVID-19 the accelerants might be a person with actively shedding virus, crowding, no hand washing, a propellant (singing, sneezing, yelling, poorly placed fan or a/c.), limited air flow, an enclosed space, reduced immunity (frail elderly, on chemotherapy, etc.), extended time of contact, and so on. When a few of these accelerants come together at once the campfire becomes a bonfire. Bonfires can account for 80% of the spread, whereas campfires only 20%. You can see how a nursing home or the elderly choir practice in Washington or the dorms in Singapore can be a bonfire. The point is we are well set up to break this Super Spreader Event chain in PaB.

- **We have all been isolating.** Hopefully. Pods are breaking down a bit, but most have done a good job. Ontario has just launched the Social Circles program recognizing the importance of social connectedness to our health. You can now establish a family or **social circle of** up to 10 people who can interact with one another **without** physical distancing. This is different than “social gatherings” which can now be up to 10 people in Ontario, but social distancing applies.
- **Transmission is maybe harder than you think.** When we look at household contact transmission of SARS-CoV-2 thus far, it is a common pathway because most of us co-habitate, but the actual infection rate is low. In **Korea it was 7.56%**, in **China it was 11.2%** and **16 %**. In the **USA it was 10.5%**. Put another way, despite spending all our time together (sleeping, hugging, sharing food, close proximity, etc..), if somebody tests positive in a family 84 - 92% of the time they did **not** pass it on.
- **We have a low rate of vulnerable people in PaB.** Kind of. We do have lots of healthy seniors (see below in challenges), but very few frail elderly. We are not a nursing home or other institutional setting. Approximately **82% of the deaths in Canada** have been in nursing homes. Maybe another 5% in other institutions (prisons, homeless shelters, etc.). One of the things that bugs me is putting all older people in same bucket. There are many shades of grey.
- **We don't have a lot of inside time with strangers.** Most contact tracing systems worldwide are putting higher risk **when “face to face” for more than 15 mins** or in an enclosed space for more than 2 hrs.. This is an inexact science and, of course, falls apart when somebody sneezes in your face, but most of our interactions are short and outside.
- **Local rates (Parry Sound) of SARS-CoV-2 are low**, at least from **those tested** (11,161 tests, 30 cases, 28 resolved, and 1 death in North Bay-Parry Sound region at time of writing). This is helpful if we, who are coming from more endemic areas, don't increase these local rates. Most people who get tested don't test positive. The Canada wide rate of **positive tests is 3.9%**.
- **We are on islands or secluded.** There is definitely travel between islands, but visiting is a discrete event where risk can be mitigated by common sense. See below in challenges “visiting”.

Some Challenges

Local hospitals do not have the ICU capacity of urban hospitals. Yes, older people with risk factors are overwhelmingly the people hospitalized, but middle-aged people can get sick with COVID19, especially if they have risk factors like significant heart disease or diabetes.

o **Action:** If you're sick or test positive, especially if you have risk factors, and isolation is possible, consider retreating to your home early.

Kids as vectors. The **COVID-19 impact on kids** has been much less than on adults (picturing Matt Damon starring as pediatric virologist in a future movie who figures out why). The question is whether kids are vectors. The data has been back and forth, and the truth is **we still don't know**. Data so far **doesn't suggest that they are super spreaders** but it's too early to say. The **Iceland data** shows lower rates in the under 10 crowd which is encouraging. It's tricky as younger people have more to lose from isolation. **Child care is opening in Ontario** with restrictions. We will soon learn more as kids are now going back to schools in different low risk regions. Sick Kids just **summarized the research of health trade-offs with COVID** and recommended return to school in September. It is getting some critique from infectious disease epidemiologists, but what I like about it is that they are at least looking at the trade-offs of losing socialization on the early childhood brain and other negative impacts relative to increased infectious disease risk.

o **Action:** Distancing is still prudent. Kids are not good at this, so if there is proximity, suggest keeping outside in shade and handwashing before and after. Sick kids should be isolated while ill. BYO snacks. No sharesies. I'd have wipes ready. They are unlikely to get sick themselves, but I would think about their contact with people vulnerable to COVID and plan accordingly.

Inevitable that there will be visiting? I could say no visiting and be giving the most protective health advice; but we are social beings, so if it's going to happen, consider a harm reduction model with a protocol.

o **Action:**

1. Think about it, especially if there are any high-risk individuals involved. If high risk, wear a mask. As you know, there is asymptomatic transmission, so you need to play it safe.
2. Social distance, stay outside, don't go if you are sick.
3. Have sanitizer, soap, or soap on a rope in the boat. Wash hands before and after.
4. BYOB and food as much as you can. Buffets are a bad idea.

5. The new Ontario guidelines are to keep groups to 10 people or less (but still social distancing)

Variable practice. Let's take masks. Places where mask-wearing are **part of the culture** have done better in COVID. I would wear a mask if I was sick, in a public place like a busy store where I can't control proximity, or if I was near somebody who was vulnerable. I wouldn't wear a mask if I was walking outside alone or driving a boat or hiking with my family. Others might feel differently or just less anxious/more protected in a mask or, because of the evidence above, feel we should be wearing more. I think we have to allow for variable practice. Those who want to be more protective and isolated are certainly encouraged to do so. Not sure what to do if somebody engages repeatedly in high risk behaviour. Hopefully we can have some constructive community support.

o **Action:** Be kind.

Many of us, but not all, are coming from areas where COVID is more endemic than Pointe au Baril. Our individual risk may be low, but it's important to recognize local people don't know that; and we need to be respectful of their concerns and be committed to keeping local COVID rates low. We need to protect people who live in Pointe au Baril. Local businesses have had to comply with shifting government guidelines with limited staff (some staff still do not feel comfortable returning) and compromised supply chains due to COVID. Everyone is doing their best to provide the excellent service we are used to, but this year has been extremely challenging to local business as they balance health needs of employees, customers, and business demands. Please be patient, try to give as much warning as you can for requests, and social distance.

o **Action:** Minimize contact with locals and let them guide us.

Missing the big picture. I am worried that, because of COVID, we will miss other much-more-common health concerns. I am worried about things like teenage depression, isolated older persons, or people not going to ER for fear of COVID-19 when they need to. For example, at-home cardiac arrests have gone up 300% in Toronto since COVID (personal communication). People will still need stitches, will get sick, will get sunburned, will have strokes, will make poor decisions...; and we need not lose sight of that. Being aware of COVID is important but its not nearly as common as some of the examples I am giving. Some of which are actually escalating in these times.

o **Action:** If you're sick, seek care. Be on the lookout for problems that are worse with COVID such as mental health, loneliness, and chronic disease management. Check in.

There are many healthy seniors in PaB. Technically at risk, but very individual. Accessibility issues to PaB does mostly screen out super frail elderly.

o **Action:** If you have seniors in your pod, especially frail seniors, make a COVID plan. It's up to you as not being able to hold a grandchild is painful, but so is COVID-19. A plan would have options like distancing, masks when in proximity, early escape plan if sick, not sharing food, and so on.

What do I do if I am worried that I have COVID-19?

We want to try and do this remotely so the following steps should work.

1. **Go to the [COVID-19 Self-Assessment site](#) and fill out the risk questionnaire.** The site will give you advice based on your score. The bar in Ontario is very low now; and if you have any symptoms at all, it recommends self-isolation and going to a testing centre.
2. If you have more questions and no access to your own family doctor, the province (requires an OHIP card) provides a **[digital consult](#)** for non-urgent COVID-19 related concerns.
3. Another option is calling the North Bay Parry Sound District COVID-19 Call Centre. This service is taking calls Monday to Friday 8:30 a.m.- 4:30 p.m. at 1-800-563-2808 option 5.
4. **If the advice is to get tested, the local testing centre is located at the West Parry Sound Health Centre Assessment Centre**

o Testing: Appointment only

o To book an appointment: 705-746-4540 ext 5030

o Location: 70 Joseph St., Parry Sound Unit 105-106, entrance at the back door, please ring doorbell at the time of your appointment and stand back past the sign as directed. It's at a back entrance to an empty mall.

o Age restrictions: Must be 2 years old or older to be tested

o There is **[a website to see your results](#)**, but the public health officials only follow up with you if your test is positive. The will also tell you what to do about contacts.

On a more local note: I talked to Jared Bonis, the Nurse Practitioner at the **[Nursing Station](#)** in PaB. They are still open for business, but as you would imagine protocols have changed (extra time required for cleaning, personal protective equipment, etc.) and so they are really trying to avoid walk-ins unless it's super urgent. Please try and phone ahead to make an appointment (705-366-2376).

No doubt policies and practice will evolve over the summer. COVID19 is a moving target and my info will be out of date soon. Getting to PaB improves our health; and so, it's worth taking some simple precautions to preserve that.

I will miss our friends from other countries, hopefully for not the whole summer, but I am sure they would be first to second me prescribing going for a paddle, hitting a tennis ball, and watching a sunset.

Take Care

Mike