



ᐅᑎᑎᑦ ᐅᓇᓂᓂᑦ ᐱᓂᓄᑦ ᐸᑦᑎᑦᑎᑦ ᐸᑦᑎᑦᑎᑦ
Building *Nunavut* Together
Nunavut iuqatigiingniq
Bâtir le *Nunavut* ensemble

Chief Public Health Officer's Health Status Report on the COVID-19 Pandemic

Biennial Report

Message from the Chief Public Health Officer

October 2023

Health status reports provide a valuable opportunity to share information and support decision-making. They allow us to reflect, consider strengths and challenges, and continue to focus on improving the health and well-being of Nunavummiut. This work requires ongoing partnership with communities, Inuit organizations, and other relevant stakeholders.

Nunavut is still feeling the impacts of the global pandemic these past few years. Nunavummiut, and communities around the world, have had to make many sacrifices and changes to help protect themselves and others. Some, such as elders and those with access to fewer financial resources, have been even more impacted. Given these impacts, while acknowledging the broader work of public health, this report focuses on the pandemic.

There is a richness, strength, and wealth of knowledge within Inuit culture, ways of life, and values. There are also significant health and social challenges facing Nunavummiut. Continuing to incorporate best practices in public health while aligning with commitments in the *Nunavut Agreement* and with Inuit societal values, such as inuuqatigiitsiarniq (respecting others, relationships and caring for people), will help us to address these challenges.

I thank the team members within the Department of Health who worked on gathering the information included in this report, as well as the staff working hard to provide health care and public health services across the territory.

Nunavummiut have demonstrated extraordinary kindness and resilience through this time. There are many things that individuals and communities can continue to do to protect themselves and others from communicable diseases, including accessing vaccines when eligible. I'm also grateful for the opportunity to work with communities and teams on improving health overall in the territory, guided by ikajuqtigiinni, working together for this common cause.

Sincerely,



Dr. Jasmine Pawa

Acting Chief Public Health Officer, Nunavut

Introduction

A health status report provides information about a population's health and factors that influence its health. Such a report may cover information on the population profile, health status, health behaviours, access to health care, and determinants of health. These are multifactorial and complex in their interaction with each other, as well as how they influence the overall health of a population.

Inuit Qaujimaqatuqangit are intended to guide decision-making in Nunavut, including work in the Department of Health (Health). Section 44(6)(e) of Nunavut's *Public Health Act* requires the Chief Public Health Officer (CPHO) to prepare and publish, every two years, a report to the Executive Council regarding the health of people in Nunavut.

The purpose of the CPHO health status report is to provide information that supports policies and public health programs that improve health outcomes and decrease health inequities for Nunavummiut.

Given the impact of the COVID-19 pandemic, this report focuses on that topic, specifically some of the epidemiological data gathered at the time. It does so mindful that there are many more communicable diseases than COVID-19 and that public health is about more than communicable disease. Teams work in partnership on the six core public health functions typically described in Canada: population health assessment, health surveillance, health protection, health promotion, disease and injury prevention, and emergency preparedness and response.

The interventions in the pandemic involved communication and decisions across multiple partners, including communities and hamlets, Inuit organizations, private organizations, Health, and other departments. This report provides a snapshot from this time but does not cover the full breadth of these interventions or collaborations across health care, public health, and whole-of-society interventions during the pandemic.

Context and Determinants of Health

As of the 2021 census, there were close to 37,000 people living in Nunavut, part of Inuit Nunangat. Approximately 85% of the population is Inuit. Nunavut has the youngest population among the provinces and territories in Canada. Close to 40% of the Nunavut population is aged 18 and below. In Canada, this same age group is roughly 19%.

Health outcomes are influenced by determinants of health which can act as both protective factors and risk factors. There is strength and richness in Inuit culture, language, expertise, and perspectives in the territory. There are also significant health challenges faced by Nunavummiut. Inuit Tapiriit Kanatami (ITK), defined health from an Inuit perspective as “Health and the environment are interconnected, and a holistic approach is essential to Inuit well-being. For Inuit, good health is much more than the absence of disease.” This holistic approach includes culture and language, early childhood development, income distribution, availability of health services, and mental wellness.¹ Some factors come up repeatedly, including access to housing and food.

Housing challenges in Nunavut are significant. The proportion of Nunavut Inuit living in overcrowded housing increased from 2016 to 2021 according to the 2021 census. Roughly three in five Inuit in Nunavut live in crowded housing, whilst approximately one-third of Inuit in Nunavut were living in a dwelling in need of major repairs.² Crowded and poorly ventilated settings have been associated with higher risk of transmission of COVID-19, tuberculosis, other respiratory infections, and other health conditions. Food insecurity is generally defined as a situation that exists when people lack secure access to enough safe and nutritious food. In 2017-2018, 57% of Nunavut households were identified as food insecure.³

While the COVID-19 response dominated health system activities and programs for more than two years, other non-communicable and communicable disease challenges remained in the territory. Fewer Nunavummiut rate their general health and mental health as very good or excellent, compared to the rest of Canada. Over 60% of Nunavummiut smoke cigarettes and there are still challenges with other substance use. Tuberculosis and sexually transmitted infection (especially syphilis) rates remain high and require a dedicated response.

¹ [ITK Social Determinants of Inuit Health In Canada](#)

² [Housing conditions among First Nations people, Métis and Inuit in Canada from the 2021 Census](#)

³ [2020 Food insecurity in northern Canada: An overview](#)

COVID-19

COVID-19 is an acute respiratory disease caused by the SARS-CoV-2 virus, a novel coronavirus strain first detected in humans in December 2019. COVID-19 reached a global pandemic level by March 2020, causing serious illness, death, and extensive social and economic disruption for over three years. In May 2023 the World Health Organization declared that COVID-19 was no longer a public health emergency of international concern but emphasized that the pandemic was not over at that time. The virus was still circulating and expected to continue to change over time.

Similar to elsewhere, Nunavut has experienced the pandemic to date over two distinct periods: The first period, pre-Omicron, was from late 2020 to late 2021 and the second period, Omicron, started in late 2021 and is ongoing. In the early stages of the pandemic, there were no clear diagnostic tests, vaccines or known treatments for COVID-19. Testing was rapidly deployed in territory and vaccines became available towards the end of 2020.

Especially in the beginning of the pre-Omicron period, Nunavut's population was largely susceptible to severe outcomes of COVID-19. In contrast, in the Omicron period Nunavut's population was less susceptible to severe outcomes of COVID-19, in large part due to vaccine-induced protection. In this period, COVID-19 was detected in all 25 communities and there was a gradual shift towards less resource-intensive interventions for COVID-19 prevention, detection, and control.

In Nunavut the Public Health Emergency ended in April 2022, when the case count of the Omicron period declined to levels similar to elsewhere in Canada, and when a vast majority of Nunavummiut had access to tools, such as vaccines, to help reduce the risk of severe outcomes of COVID-19.

This report provides an epidemiological overview of the spread of the SARS-CoV-2 virus in Nunavut and the public health interventions during the public health emergency period from March 20, 2020, to April 11, 2022. The health outcomes described are limited to COVID-19 infections and its severe outcomes (e.g., hospitalizations, ICU admissions, and deaths due to COVID-19).

Epidemiology

A total of 3,548 infections of SARS-CoV-2 virus were reported to Health during the public health emergency period (March 2020 to April 2022) (Figure 1). Cases were reported among all age groups, with a median age of 27 years. Overall, a total of 56 hospitalizations, eight ICU admissions, and eight deaths were reported. Note that the number of infections during the Omicron period is likely an underestimate given changes in testing patterns at the time.

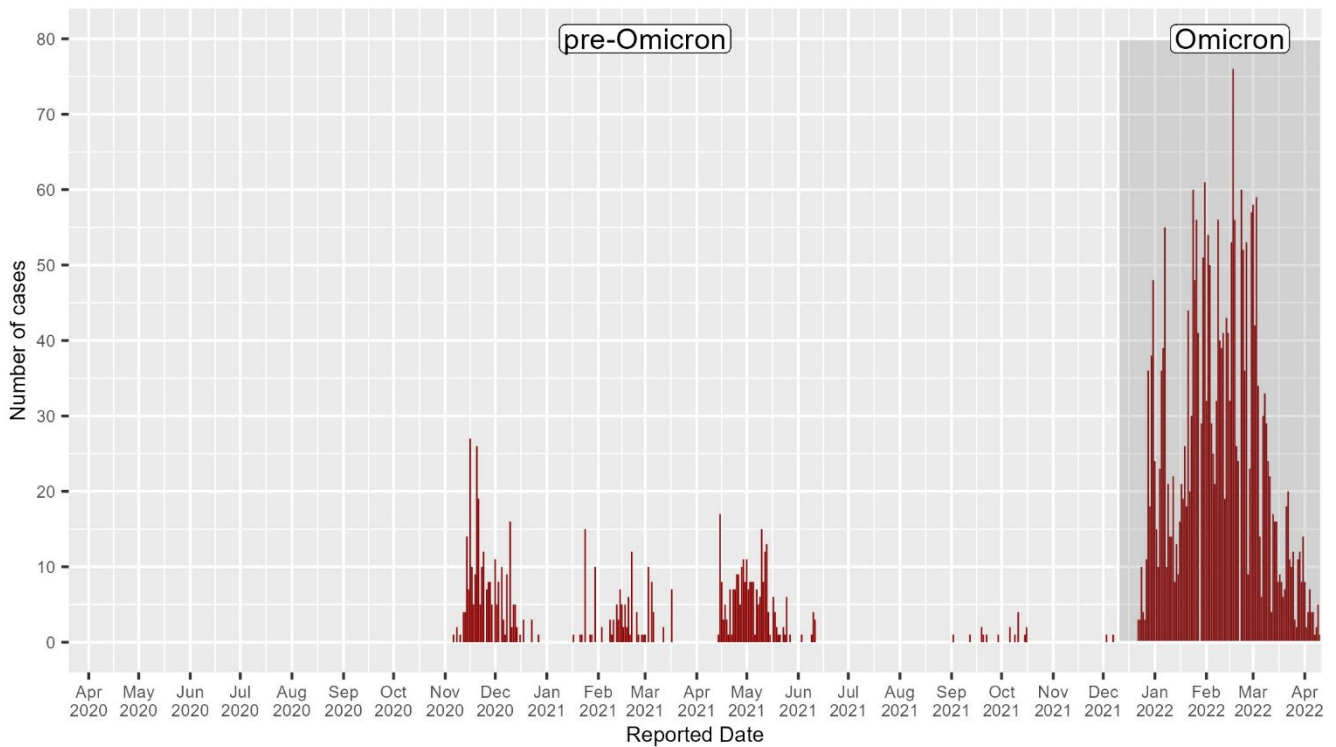


Figure 1: Number of COVID-19 cases by reported date between March 20, 2020, and April 11, 2022 in Nunavut.

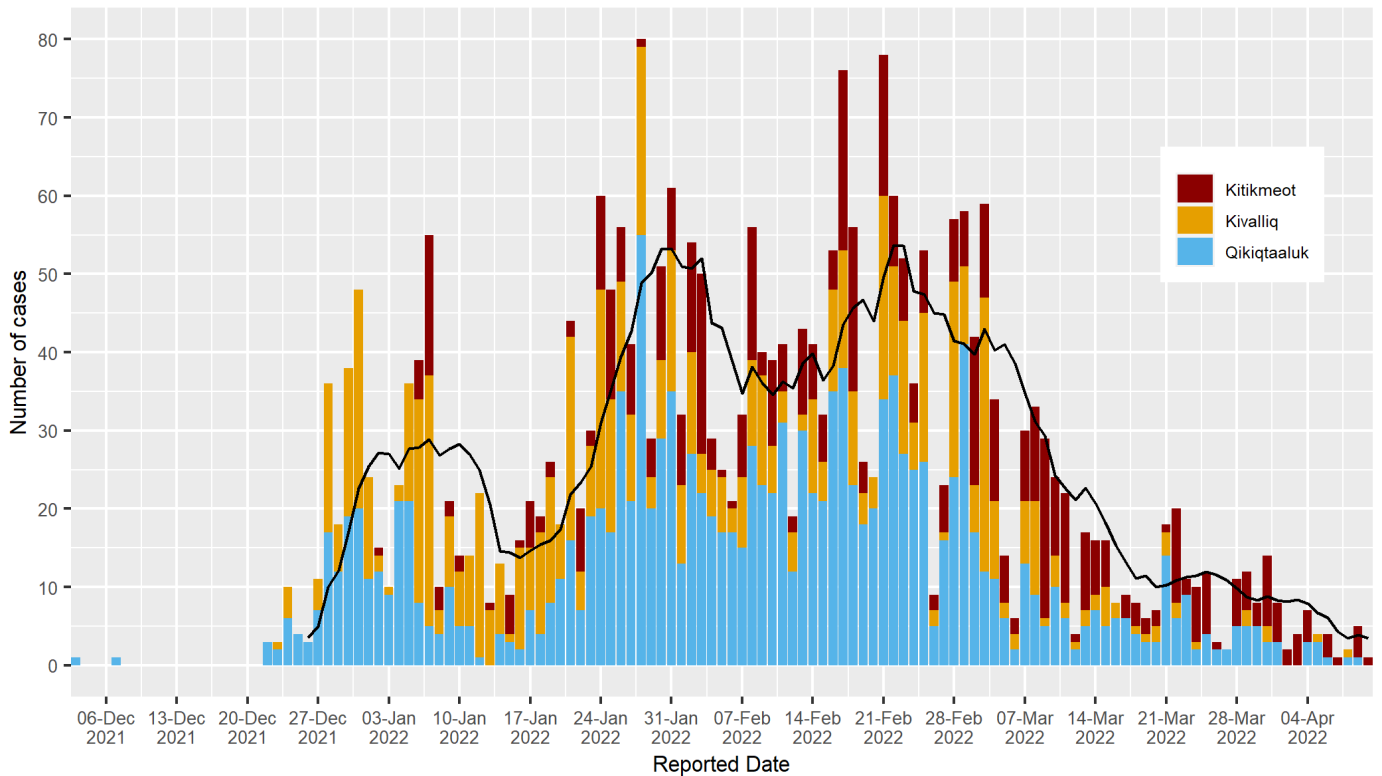


Figure 2: Omicron period, number of new COVID-19 cases by reported date and by region.

The 7-day average of the territorial daily case count is shown in a black line. Note that Qikiqtaaluk has a higher total population so would be expected to have more cases than Kivalliq or Kitikmeot.

Eight communities were most impacted during the pre-Omicron period. In contrast, during the Omicron period COVID-19 was detected in all 25 communities. Of those hospitalized in the Omicron period, the majority were either not yet eligible for vaccination or had received one or no vaccine doses when they tested positive for COVID-19.

Public Health Measures

The overall response to the COVID-19 pandemic was aimed at decreasing severe illness and death, while also minimizing adverse societal impacts. Health’s approach to interventions was based on several factors including social determinants that were significant drivers of respiratory disease transmission in Nunavut communities, health care capacity and in-territory testing capacity, rates of infection in Nunavut and other jurisdictions, availability of vaccines, and other factors.

Public health interventions in Nunavut during the pandemic included enhanced actions in the areas of surveillance, case and outbreak management, vaccination, education, and public communications. Additional community-wide public health measures during the public health emergency period included limits on gatherings, school closures, and travel restrictions (Figure 3).

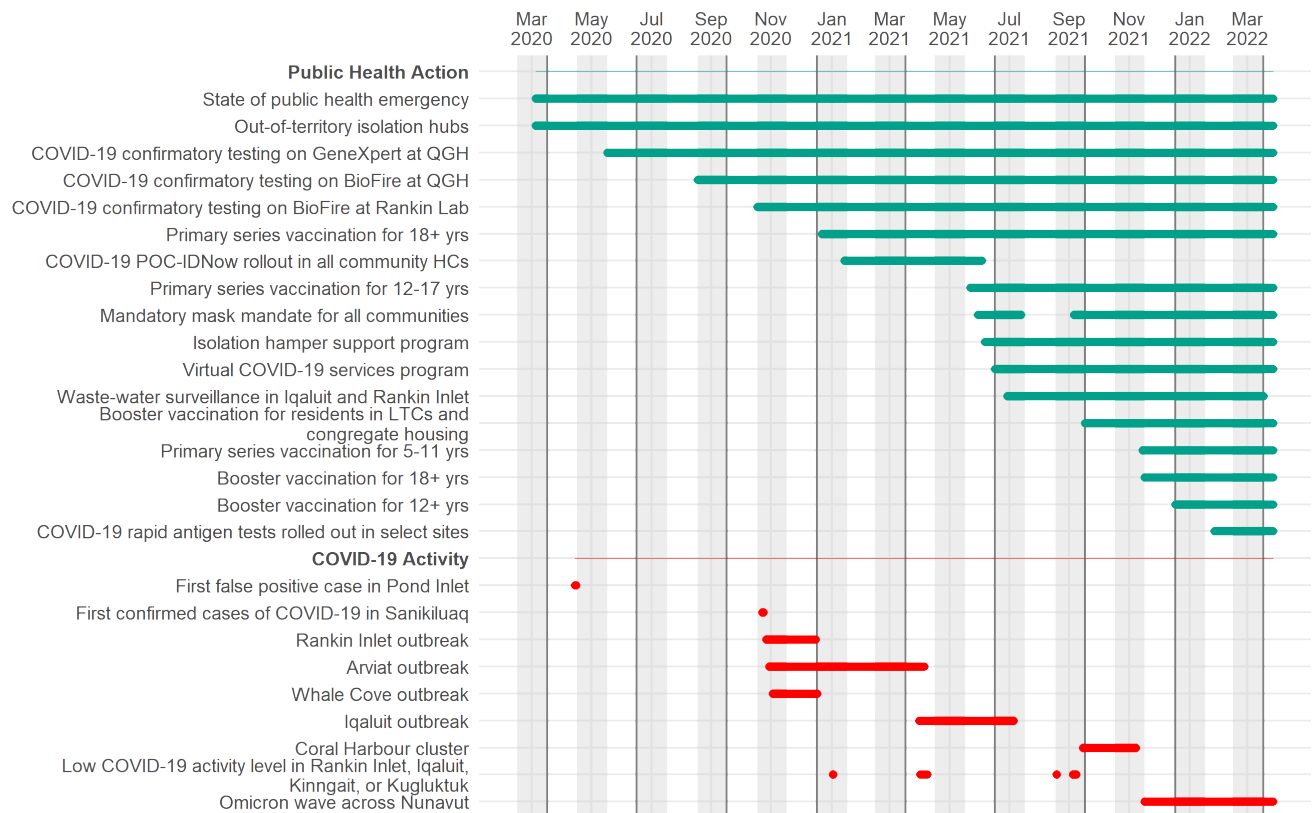


Figure 3: Timeline of key public health action and COVID-19 activity in Nunavut from March 2020 to April 2022.

Establishing and expanding in-territory COVID-19 diagnostic testing capacity and increasing public health surge staff ensured the timely community-level intervention of case and contact management activities. As such, two laboratories (in Iqaluit and Rankin Inlet) were first equipped to process the gold standard molecular PCR tests (BioFire®). Subsequently, point-of-care molecular testing (Abbott ID Now™) became available in all community health centres. This was later followed by the time-limited distribution of free point-of-care rapid antigen tests for self-testing.

Case and contact management, as well as outbreak management, took considerable resources. Throughout this time Health’s epidemiology team worked to provide frequent updates on cases, testing, and vaccines. Virtual COVID-19 nursing services were introduced to support case-contact management and other services. Most interventions, such as the mask mandate, school/business/workplace closures, in-territory travel restrictions, gathering size restrictions, and other public health measures, were based on local COVID-19 activity levels at a given time. Partnerships enabled supports for individuals and families isolating, for example, through the provision of food hampers and cleaning supplies.

In the pre-Omicron period, one of the earliest and key population-level interventions was instituting isolation hubs. Nunavummiut were required to isolate for 14 days at a specified southern location before returning into the territory and non-residents' travel into the territory was restricted. Critical workers were exempted from this isolation to provide necessary services and were allowed entry to Nunavut with instructions to minimize interactions outside of work and adhere to mask wearing for their first 14 days after entering the territory. Critical workers included medical personnel, specialized tradespeople, and staff essential to running airlines and cargo facilities.

Nunavut received its first shipments of the COVID-19 vaccine in late December 2020. Chartered flights delivering vaccines to the communities along with teams of nurses who conducted mass vaccination clinics occurred throughout January 2021. In Iqaluit, elders and vulnerable groups were vaccinated first, followed by staggered vaccination of the general population based on age. At this time, only adults were eligible. Vaccination rates were very high and the roll-out was viewed as effective and timely. Community participation and support was crucial. The success of this roll-out involved significant coordination within the Government of Nunavut and with external partners.

Eligibility for vaccination was expanded throughout 2021 each time Health Canada authorized vaccines for younger age groups. By November 2021, all Nunavummiut five years of age and older were eligible for the vaccine. Coverage rates were tracked weekly and submitted nationally, along with other provinces and territories. As of mid-2022, vaccination rates in Nunavut were similar to the rest of the country with high rates for the initial two-dose primary series but lower rates for additional recommended doses.⁴

The response appropriately shifted during the Omicron period given the level of protection many individuals now had, in part due to the available vaccines. The gradual easing of public health measures across the territory began in late February 2022 when the case count was trending downward in most communities. By the end of March, contact tracing of cases ceased and the isolation of high-risk contacts was no longer mandated. All restrictions across the territory were lifted effective April 11, 2022, including mandatory isolation for COVID-19-positive individuals.

Conclusion

It is difficult to underestimate the impact that the COVID-19 pandemic has had on Nunavummiut. This report has provided a brief overview of the epidemiology and public health interventions, but it is acknowledged that it does not cover the breadth of interventions or collaborations across health care, public health, and society as a whole during the pandemic. These included communication and decisions across multiple partners, including communities and hamlets, Inuit organizations, private organizations, Health, and other departments. Within

⁴ Office of the Auditor General of Canada 2023 [COVID-19 Pandemic: COVID-19 Vaccines in Nunavut](#)

Health, significant collaboration between health care and public health service delivery was needed to successfully respond.

During the health emergency phase of the pandemic in Nunavut, the health system and the population in general were focused on responding and adapting to the impact of COVID-19 on all aspects of society. While COVID-19 still demands significant attention, other health challenges in Nunavut have not gone away.

Public health is about much more than communicable disease, and communicable disease encompasses much more than COVID-19 alone. Teams work in partnership on the six core public health functions typically described in Canada: population health assessment, health surveillance, health protection, health promotion, disease and injury prevention, and emergency preparedness and response. Key areas for development to enhance future health status reports include improving information on social determinants and their impact on the health of Nunavummiut, supporting increased health research capacity in the territory, and ensuring our work incorporates not only quantitative (numbers and data) information but also qualitative (stories and experiences) information.