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Building Nunavut Together
Nunavuliuqatigiingniq
Bâtir le Nunavut ensemble

The Chief Public Health Officer of Nunavut's 2020-21 Report on COVID-19

Message from the Chief Public Health Officer of Nunavut

This past year had profound impacts across the territory. The COVID-19 pandemic forced us to shift the way we think about things and changed the way in which we live. We had to rethink the very principles this territory was built on, most notably *pijitsirniq* (providing for family and community), *inuuqatigiitsiaqniq* (caring for people), and *tunnganarniq* (being welcoming and open). During this time, Nunavummiut had to make sacrifices to help protect family, friends, and community.

While COVID-19 impacted us all, some Nunavummiut experienced greater health impacts and were disproportionately impacted by public health measures. Elders, essential workers, those isolating in overcrowded homes or experiencing food insecurity, were among groups of individuals who were at higher risk of not only infection, but also significant emotional and social distress.

Nunavut's strict travel restrictions, including the 14-day out-of-territory isolation period, had a significant impact on the way Nunavummiut interact, provide and access services, work, and travel. For many Nunavummiut, travel is the only way to meet certain medical needs. Travel restrictions caused some to delay treatment and increased stress for those who did travel out-of-territory.

Eventually, as Nunavut transitions away from a public health emergency and strict public health measures, the actions of Nunavummiut will play an important role. By the end of March 2021, Nunavut's vaccination campaign was well underway. As we move forward, the vaccination continues to be our best defence against COVID-19. Getting the vaccine is a way to practice *ikajuqitiginniq* (working together for a common cause), to keep everyone safe.

Sincerely,

Dr. Michael Patterson
Chief Public Health Officer
Department of Health
Government of Nunavut

About this Report

The *Public Health* Act states that the Chief Public Health Officer (CPHO) may report on any matter of concern that, in the sole discretion of the CPHO, should be brought to the attention of the Legislative Assembly.

The 2020-21 Report on COVID-19 provides an opportunity to describe the COVID-19 pandemic in Nunavut, its impact across the territory, and the steps taken to mitigate its impact.

The report covers the period from April 1, 2020, to March 31, 2021. The actions taken in response to the pandemic, which are described in this report, reflect the evidence that was available at that time. Information surrounding COVID-19 is constantly evolving. Decision-making pertaining to responses to COVID-19 in Nunavut was based on the available public health evidence and data, while taking into consideration Nunavut's existing health infrastructure and the challenges across the territory, including housing and staffing.

COVID-19 in Nunavut

The first case of COVID-19 was reported on April 29, 2020, in Pond Inlet. However, on May 4, 2020, it was determined that the test result was a false positive.

Positive cases were identified at Hope Bay Mine on September 28, 2020. A total of 14 cases were identified. The outbreak was over as of October 8, 2020.

From April to November 2020, there were no confirmed cases of COVID-19 in Nunavut communities. Up until November 2020, Nunavut was the only jurisdiction in Canada that had not reported any confirmed cases.

The first confirmed case of COVID-19 identified in a community was on November 6, 2020, in Sanikiluaq. Cases were also confirmed in three other communities in the Kivalliq in November 2020, including Rankin Inlet, Whale Cove, and Arviat.

Arviat experienced active cases for several months, despite aggressive contact tracing supported by public health measures to reduce the spread. This required extra staff and near daily charter flights to transport samples for testing. The outbreak was ongoing as of March 31, 2021.

Public health measures began to ease in Arviat in early March, based on Health being able to identify links within the outbreak, staff being able to conduct contract tracing in an appropriate timeframe and there being no evidence of community or uncontrolled

transmission. Additionally, by that time, the vaccine had been made available to all adult residents of Arviat.

See table 1 for an overview of COVID-19 cases in Nunavut, for FY 2020-21.

Table 1: COVID-19 cases in Nunavut, FY 2020-21					
Community	**COVID-19 status**	**Time period**	**Confirmed cases**	**Total recoveries**	**Total active cases***
Arviat	Ongoing	Nov. 2020 – present	339	338**	0
Rankin Inlet	Over	Nov. 2020 – Dec. 2020	19	19	0
Sanikiluaq	Over	Nov. 2020 – Dec. 2020	2	2	0
Whale Cove	Over	Nov. 2020 – Feb. 2021	23	23	0
Total COVID-19 cases in Nunavut:			**383**	**382**	**0**
**As of March 31, 2021.* ***One case of COVID-19 resulted in death.*					

Health's Response

In March 2020, in response to COVID-19, the Government of Nunavut (GN) declared a public health emergency and introduced measures to reduce the spread of the virus. Since then, the public health emergency order has been extended every two weeks. As of March 31, 2021, 23 public health orders extending the public health emergency had been issued.

To reduce the spread of COVID-19 in Nunavut, public health orders including restrictions around travel, mandatory self-isolation, food service establishments, and social distancing and gatherings were issued.

At the onset of the pandemic, it became clear that COVID-19 outbreaks in multiple communities could overwhelm existing health care resources in the territory. As such, travel into Nunavut was prohibited except for residents, essential workers, those travelling for compassionate reasons, and travellers coming from common travel areas including Northwest Territories and Churchill, Manitoba. All travellers were required to receive a travel authorization letter from the Office of the CPHO prior to boarding an aircraft into Nunavut.

Travel restrictions were also implemented for specific communities where a positive case of COVID-19 was identified. In these cases, inter-community travel to and from the

affected communities was banned, except for travellers who received an authorization letter from the Office of the CPHO.

Outbreak Responses

Health developed a comprehensive Rapid Response Program to minimize the impact of COVID-19 in Nunavut communities. The program is a case and contact management system which aims to interrupt networks of COVID-19 transmission. Case and contact management allows for individuals to be screened for symptoms and tested as needed, be advised to isolate as appropriate, and informs Public Health's understanding of the overall epidemiological context and outbreak response.

As part of the Rapid Response Program, Health deployed Rapid Response Teams (RRT) to each affected community within 24 hours of identifying a positive case of COVID-19. The RRTs initiated containment measures, conducted contact tracing, and monitored the health and wellbeing of individuals on home isolation orders.

For FY 2020-21, RRTs were deployed to six locations across Nunavut including Pond Inlet, Hope Bay Mine, Sanikiluaq, Rankin Inlet, Whale Cove, and Arviat. Although the case in Pond Inlet was found to be a false positive, Health followed its Rapid Response Program, including the deployment of a full RRT to the community.

The size and composition of the RRTs varied depending on several factors such as the size of the affected community, current staffing levels, and available local resources. RRTs worked in collaboration with the broader outbreak team, such as local Health staff, Territorial and Regional Communicable Disease Specialists, and virtual public health nurses (vPHNs) who supported the team remotely. The vPHNs were able to adapt staffing levels to address the need during the outbreaks and scale up when required.

COVID-19 Hotline and vPHN Program

The vPHN program and COVID-19 Hotline are integral components of the RRT, increasing accessibility of care for Nunavummiut. Responses to outbreaks included registered nurses who were available by telephone for screening and public health teaching through the newly established COVID-19 Hotline. The nurses completed person under investigation (PUI) documentation and ensured appropriate information was shared according to GN protocols and guidelines. Additionally, the COVID-19 Hotline staff informed individuals when to self-isolate and have further testing completed.

The vPHN team provided support to the RRT by identifying symptomatic individuals, following up with each PUI and conducting further screening and contact tracing, and offering education to increase adherence to public health orders.

The RRT and vPHN were also responsible for identifying and addressing acute needs for those who were on isolation and collaborating with different agencies to ensure individuals' basic needs were met, including access to food. This essential service increased individuals' adherence to public health orders, primarily, self-isolation.

Testing

In Nunavut, approaches to testing are one part of the overall public health and health care response to COVID-19 and require adjusting based on the epidemiology of COVID-19 and current best practices. Although testing has been generally recommended for all those who are symptomatic, there are situations where testing is indicated for people with no symptoms such as in outbreak or cluster investigations, as well as in structured, evaluated asymptomatic screening programs.

At the onset of the pandemic, Nunavut's testing capacity was identified as a significant challenge, as the territory was entirely reliant on out-of-territory labs. When combined with decreased airline service, this meant the turnaround time (the time from the collection of a sample to results reported) was, on average, 6-7 days with some occasions where results were not available for more than 2 weeks.

In response to this, in spring 2020, COVID-19 testing was implemented in-territory using GeneXpert instruments in Iqaluit and Rankin Inlet, with confirmatory testing done at out-of-territory labs. As of September 2020, both labs had BioFire instruments to test COVID-19 specimens and by November, were able to do the confirmatory testing that had been done previously out-of-territory. Nearly all COVID-19 specimens in Nunavut are now being tested and results confirmed in Iqaluit and Rankin Inlet, with turnaround times averaging only 2-3 days.

Additionally, as of March 2021, Abbott ID Now point of care testing (or rapid testing) has been implemented at health centres in Sanikiluaq, Cambridge Bay, Gjoa Haven, Igloolik, Arviat and Kinngait. It is expected that by the end of June 2021, all 23 communities without a lab will have Abbott ID Now operational. These tests are slightly less accurate than the BioFire and GeneXpert used in Iqaluit and Rankin Inlet, but provide faster COVID-19 detection in communities without lab-based testing. They require more nursing time however, and Nunavut's existing staffing challenges are important to consider in this context. All positive Abbott ID Now test results are confirmed at labs in Iqaluit and Rankin Inlet as of early 2021.

Regardless of Nunavut's in-territory COVID-19 testing capacity, Health will continue to work with out-of-territory labs for high volumes of testing and some specialized types of testing.

For FY 2020-21, a total of 10,038 confirmatory COVID-19 tests were administered for Nunavut.

Isolation Hubs

The isolation hubs formed an important part of the GN's response to COVID-19. Lack of access to affordable and appropriate housing and a high prevalence of food insecurity across the territory meant that many Nunavummiut would face challenges completing a 14-day isolation period at their place of residence. Additionally, as seen in other jurisdictions, when COVID-19 arrives in a crowded household, it is common for everyone in the household to become infected. Given the rates of overcrowding in Nunavut, this meant there was a greater risk to families and communities, including vulnerable populations like Elders.

A total of seven isolation hubs were set up across Nunavut's four gateway cities (Ottawa, Edmonton, Yellowknife, and Winnipeg). Isolation hubs included a security team, bilingual staff, mental health supports, social workers, and on-site physician services in select locations. Meals were provided to guests each day, with country food options available on certain days of the week.

As of March 31, 2021, a total of 14,784 individuals had entered an isolation hub. 57% of these travellers were medical travellers and 43% were general travellers, which includes the public as well as construction workers.

The isolation hubs were critical in minimizing the introduction of COVID-19 across the territory. Nunavut's experience, and the experience of other jurisdictions that had strict travel restrictions and isolation requirements, shows that it was a successful risk reduction strategy, reducing the frequency of introduction events and ensuring COVID-19 is kept to a manageable level.

With that said, it is important to recognize the impact of isolation hubs on the social, mental, and economic wellbeing of Nunavummiut. Many struggled with the time spent away from their home, family, and community. While Health worked to ensure adequate mental health supports were available, many Nunavummiut struggled to complete the two weeks of quarantine.

Nunavut's Vaccination Campaign

Remote communities and Indigenous populations were identified as priorities for vaccination in Canada. These populations were deemed most at risk of severe outcomes of COVID-19 infection and of spread amongst the population. The logistical challenges associated with vaccine delivery in remote communities also played a role in vaccine allocation across Canada.

As such, the territories were among the first Canadian jurisdictions to receive and begin administering doses of the Moderna vaccine.

For Nunavut, the vaccine rollout represented a significant logistical challenge that involved locating clinic sites and accommodations in communities, managing staffing shortages, and scheduling charter flights that transported clinic resources, staff, vaccines, and freezers.

Given the logistical challenges, it was determined that mass vaccination clinics in communities would be the most effective way to administer the vaccine. The intent of mass vaccination clinics was to get as many eligible adults vaccinated, regardless of age, occupation, or health status.

Health prioritized communities with Elders' Homes and Continuing Care Centres for the vaccine rollout, which began on January 6, 2021, at the Iqaluit Elder's Centre. Mass vaccination clinics were then held in Arviat, Gjoa Haven, Igloolik, and Cambridge Bay.

Mass vaccination clinics were held in all Nunavut communities, except Iqaluit. Due to its larger population, Health prioritized key populations in Iqaluit, based on their risk of illness and death, and risk of exposure. This included Nunavummiut over 45, shelter residents, frontline healthcare providers and first responders. By March 2021, mass vaccination clinics had begun in Iqaluit for all eligible adults over the age of 18.

As of March 31, 2021, 13,272 eligible Nunavummiut had received the first dose and 7,740 eligible Nunavummiut had received the second dose.

Impact of Public Health Measures in Nunavut

Northern communities are particularly vulnerable to the impacts of outbreaks based on remoteness, social determinants of health such as housing and food insecurity, and existing health care infrastructure. As well, certain populations face disproportionately higher risks for COVID-19, including residents and workers in long-term care facilities, Elders, essential workers, and those living in overcrowded housing or shelters. As such, decision-making surrounding public health measures were made to reduce the risk for these groups. For example, with zero intensive care units in-territory, Health took extra

precautions to prevent COVID-19 from being introduced in the territory, as the existing health care system does not have the capacity to treat life-threatening cases.

While the public health measures impacted all Nunavummiut, some populations were disproportionately affected by the measures, particularly restrictions around social gatherings, social distancing, school closures, travel restrictions and isolation.

Children & Youth

The first school closures occurred in March 2020, with a three-week period starting March 17, 2020. While there were no confirmed cases in Nunavut at this time, the approach aligned with preventative measures in several jurisdictions across the country and ensured the potential spread of COVID-19 was mitigated.

Since that time, temporary school closures have occurred across communities, regions, and the entire territory. From November 18 to December 2, 2020, to limit the spread of COVID-19 across the territory, a territory-wide two-week restriction period was established. This meant all schools were closed and shifted to remote learning. Some communities faced longer school closures due to outbreaks, including Arviat. In Arviat, schools in the community were closed for over two months.

Other public health measures, including social distancing requirements, the closure of arenas, recreational centres, and gyms, decreased opportunities for physical activity for children and youth.

Mental Health & Wellbeing

Increased levels of stress and anxiety are normal during crises. Public health measures that impacted daily routines and restricted social gatherings are likely to have contributed to this stress. Community events and celebrations were put on hold or altered to abide by public health measures.

Some Nunavummiut may have experienced feelings of stigma associated with having COVID-19, being tested, or having to self-isolate. These feelings can increase shame, anxiety, and further isolate an individual from their community.

Medical Travellers

As noted previously, over half of the individuals who entered isolation hubs were medical travellers. Three of the seven isolation hubs were set up for medical travellers exclusively (one in Ottawa and two in Winnipeg). For those that had to seek treatment out-of-territory, self-isolation could have contributed to increased stress and anxiety.

To reduce the impacts of quarantine on medical travellers, Health developed the Expedited Medical Travel Isolation (EMTI) program. The EMTI program allows Nunavummiut attending appointments in low-risk settings in Southern Canada to isolate at a designated GN isolation hub during their entire medical travel trip and return to Nunavut within seven days of leaving Nunavut. Once in territory, EMTI travellers can resume their activities as normal, following in-territory public health measures.

Looking Forward

Looking forward, vaccination rates, along with continued testing capacity and adequate staffing within communities will help inform decision-making surrounding future responses to COVID-19, including public health measures.

As vaccine uptake in the territory rises, our reliance on public health measures will decrease. However, until a vaccine is approved for Nunavummiut of all ages, public health measures will continue to exist in some form to decrease the risk and mitigate introduction of the virus in our communities, and until it is safe enough to lift the public heath emergency.