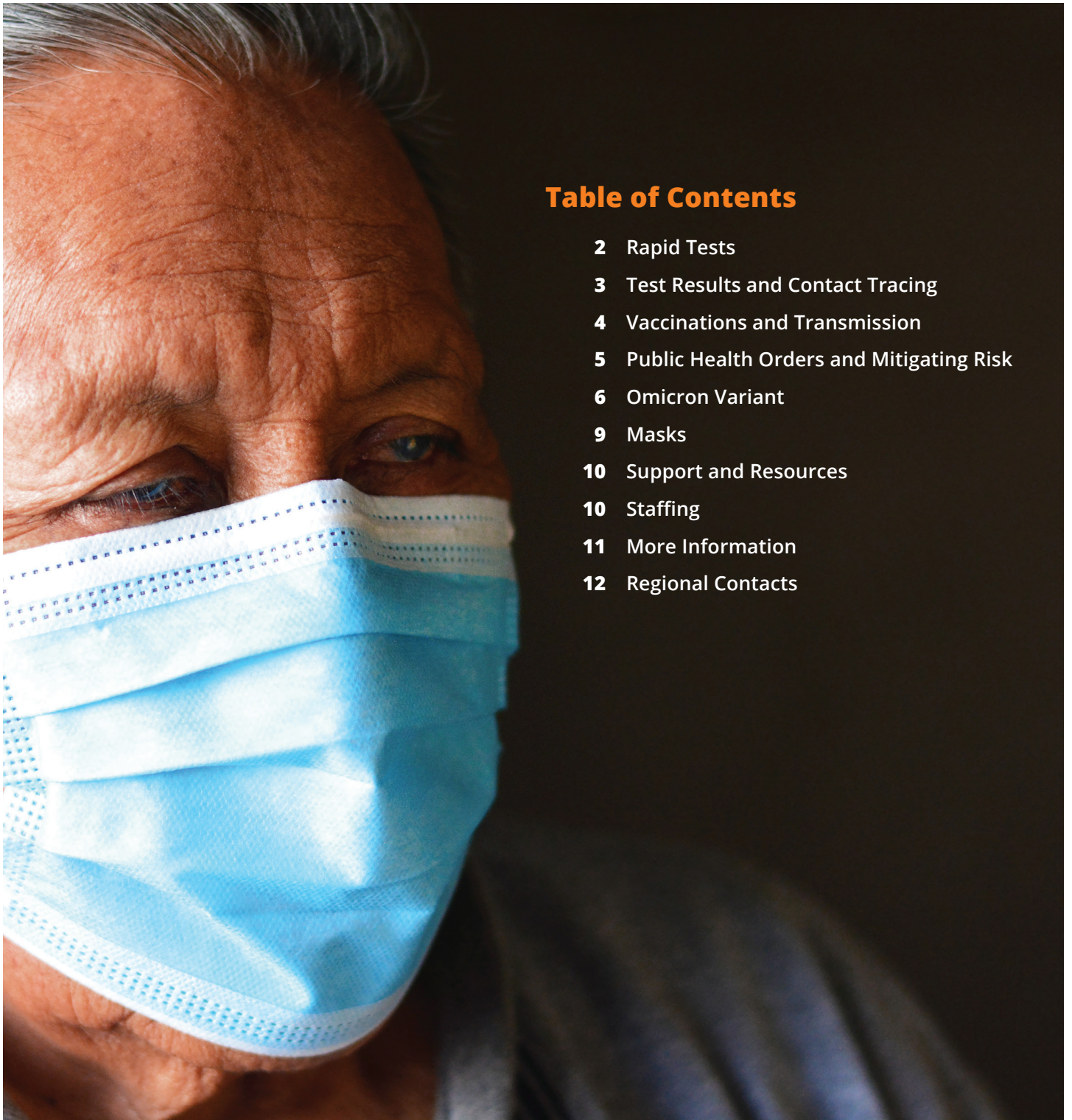




First Nations Health Authority  
Health through wellness

# FNHA Zoom Town Hall Q&A for Jan. 12, 2022



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## Rapid Tests

### **What rapid tests are available in BC and what is the Province's policy on using rapid tests?**

At-home rapid tests are used in BC only for individuals who have COVID-19 symptoms. The FNHA website includes instructions on how to use the rapid test kits that are available in BC.

- [More information](#) (FNHA.ca)

### **How effective is a rapid test?**

The accuracy and performance of a rapid test depends on the prevalence of the virus in the community and timing of when the individual takes the test. In times of higher disease prevalence, when many people in a community are infected, interpret negative test results with caution. However, if a rapid test result is positive, the test result is highly reliable and that person should be considered infected with COVID-19.

If an individual takes a rapid test at the peak of their infection, the rapid antigen test generally provides accurate results, as this is when virus levels in the body are at their highest. This is why these tests are only being used in BC for individuals who have COVID-19 symptoms.

- [More information](#) (FNHA.ca)

### **Are there enough rapid tests for all communities?**

The Government of Canada is ramping up the procurement and supply of rapid tests. The BC Ministry of Health and the regional health authorities are continuing to explore effective ways of deploying testing kits to communities across BC. The province has prioritized First Nations people for access to rapid tests.

### **When will our communities be getting rapid tests?**

Rapid antigen tests have been distributed to all FNHA regional teams who are sending out to BC First Nation communities. Regional teams are responsible for storing and distributing the tests and will support tracking of their use. The FNHA continues to have conversations with federal and provincial partners about increasing the supply of rapid tests and we have commitments from both that this will happen.

### **If our nurse provides PCR testing do we still need rapid tests?**

No. It's not recommended that you do repeat testing or use multiple kinds of tests unless the primary care provider needs to complete several tests as part of managing a severe case with respiratory illness when the initial test result was negative.

### **Where can I get a COVID-19 test?**

Information on how and where to get a COVID-19 test in BC is available at the BCCDC website. Contact your community health centre to see if testing is available in your community.

- [More information](#) (BCCDC)

## Test Results and Contact Tracing

### **How accurate are the current numbers of First Nations people who have COVID-19?**

The accuracy of positive case numbers will be an issue with the introduction of at-home rapid antigen testing. Right now, we receive a list of all positive cases confirmed through PCR testing in the provincial system and a data link is made with the First Nations Client File. That's how we are notified of cases.

For rapid testing, which is often done at home or in workplace settings, we do not have access to information on positive cases unless people self-report and identify as Indigenous. We're working closely with the regional health authorities to continue to get the list of positive cases but they won't be as accurate.

When regional teams have contacted health leadership, we usually find out that there are more cases than we know of. We will do our best to keep track where possible but we'll be challenged by it and we will need your help to identify where supports are required. We will depend on communities calling in and telling us if they need additional support.

### **If a rapid test is positive, who do we need to inform and what information do we need to share?**

If someone uses a rapid test kit at home, the individual is responsible for self-reporting the results and notifying their close contacts of a potential COVID-19 exposure.

- [Self-reporting website](#)

### **The results of rapid testing provided by industries in our area are not being captured and our Health Centre team does not know who has had positive results. What kind of contact tracing is being done for rapid tests?**

We encourage that all rapid test results be self-reported at the link provided in the previous question and individuals with a positive test result are responsible for advising their close contacts. Additional information related to advising close contacts can be found here:

- [More information](#) (BCCDC)

### **If a person had a PCR test in a region outside their community, will the community be notified if the result is positive?**

All regional health authorities continue to provide positive PCR test results to the BCCDC and the FNHA, who continue to aggregate the data and notify communities.

### **I have been told there is online guidance to do our own contact tracing as the system is overwhelmed. Is this true? Where can I find out more?**

The BCCDC has clear instructions for notifying contacts and guidance for close contacts of someone who has tested positive. This also includes a link to an email that you can send to contacts.

- [More information](#) (BCCDC)

This information is also available on the FNHA web page under [I Have COVID-19](#) along with information about self-isolation and managing symptoms.

**With regards to self-reporting, our nurses are also tasked with contact tracing – is this still required? We’re not getting proper uptake and there is a lack of self-reporting.**

The practice in BC is to now ask individuals who have tested positive to let their contacts know. Self-reporting may be a challenge and it will be important to encourage people to self-report positive results on the BCCDC website. If your team has the resources and capacity for contact tracing, we recommend that this continue.

**I tested negative on a rapid antigen test even though I have some COVID-19 symptoms. What should I do?**

If you take a rapid antigen test too early, it may show up negative even if you have COVID-19. A person with mild symptoms and low risk of severe illness should manage their illness at home, including the self-monitoring for worsening symptoms. Seek medical attention if your symptoms are getting worse even if your test result was negative.

If you are not sure about your risk for severe COVID-19 illness, you should ask your primary health care provider whether you are considered a high risk. They can advise you based on your individual medical history and other clinical considerations.

At this time, close contacts do not need to self-isolate. If you develop symptoms you should stay home until your symptoms improve. This means staying home from work or school, avoiding public places like restaurants and avoiding travel unless you’re going to a medical appointment. You can go back once your symptoms have improved and you are able to participate in your usual activities.

- [More information](#) (BCCDC)

## **Vaccinations and Transmission**

**Are there any updates on when vaccines will be available for children under five?**

Vaccines for children under five have not yet been approved by Health Canada. The FNHA will notify communities as soon as we know more.

**Where can I find information on vaccination by age group?**

Updates on vaccine distribution by age group can be found in our Community Situation Report, published weekly on our website.

- [More information](#) (FNHA.ca)

**Numbers are high in the north and this was originally attributed to low vaccination rates. Is this still the case?**

Positive case numbers continue to rise following the emergence of the Omicron variant. For the most up-to-date information on the number of cases in BC and in different regions, please visit the BC Government website and click on the latest “COVID-19 pandemic update.” Regional vaccine uptake information can be found in our Community Situation Report, published weekly on our website.

- [More information](#) (FNHA.ca)
- [More information](#) (BC Government)

**The FNHA said it has provided vaccination statistics to First Nations leaders about how many community members have received first, second and third doses. When was this last done and will it be shared again?**

The surveillance team has informed us that community-specific vaccination uptake reports will be available to Chiefs and Health Directors by the end of January. These reports will include information on first, second and third doses.

**Nuu-chah-nulth leaders believe there needs to be easier access to vaccines for our most marginalized people, such as the homeless. Can pop-up clinics be used to address this issue?**

Island Health has been providing pop-up clinics for people experiencing homelessness. If you have specific locations you think could benefit from a clinic, let us know and we can talk with you about hosting a clinic and what supports would be needed.

The Northern Region has also had successful pop-up clinics for members both in the community and away from home, and the public has also been invited to these clinics.

## **Public Health Orders and Mitigating Risk**

**When can COVID-positive people return to work?**

The requirements for self-isolation and self-monitoring in BC are periodically reviewed and revised. The most up-to-date version of the baseline requirements are available at the BCCDC website.

We recognize that some First Nations communities, in consultation with their regional medical health officers, might decide to implement additional restrictions and requirements that differ from those declared by the Province.

- [More information](#) (BCCDC)

**We have unvaccinated people gathering with the vaccinated. What message can we give them to not gather together? Can communities hold events?**

Gathering with close contacts in indoor spaces increases the risk of virus spread. The most up-to-date recommendations and restrictions related to gatherings in BC are available at the BC Government website.

- [More information](#) (BC Government)

**Quebec has announced a health tax on the unvaccinated. Do you see BC following that?**

While we cannot speak for the BC government, we are not aware of plans for taxing or charging unvaccinated people in BC.

**Is temperature checking still recommended?**

Temperature checking is still being used in places to detect if people have fevers that they haven't noticed themselves. Temperature checking is one tool that some organizations have kept in place to help safely manage their setting. This is one of many measures. However, it's most important people continue to follow current public health guidance and stay home and isolate if they are feeling unwell.

## COVID-19 Omicron Variant

### **Is Omicron airborne? How is it affecting vaccinated and non-vaccinated people?**

All COVID-19 variants, including the Omicron variant, are spread in the air by respiratory droplets. Smaller droplets remain floating in the air for longer periods. We are not certain why the Omicron variant is spreading more effectively and becoming the dominant variant. One explanation could be its ability to evade the immunity that follows vaccination or previous infection.

Both immunized and non-immunized people seem to have similar rates of becoming infected with the Omicron variant. However, compared to non-immunized people, those who are immunized are better protected against severe illness and death due to COVID-19 infection.

### **How many cases of COVID-19 are Omicron?**

At this point, the majority of cases in BC are Omicron. There is no instant test to know whether a COVID-19 case is Delta or Omicron; you only know by doing whole gene sequencing at a provincial lab. However, whether you have Omicron or Delta, the response is the same.

If you have a positive test, and you're fully vaccinated, you need to self-isolate for five days and until your symptoms improve and you no longer have a fever. If you are unvaccinated or have received only one dose of an mRNA vaccine (Moderna or Pfizer), you need to self-isolate for 10 days.

Although there is a higher risk of hospitalization for those with Delta than Omicron, the decision about whether someone requires hospital care is made on a case-by-case basis.

### **Is any data being regularly collected and shared regarding the number of Indigenous people (including proportional data) impacted by long-term effects of COVID-19 (aka long haulers)?**

The FNHA surveillance unit continues to gather and monitor this information, including active cases and hospitalizations by region. We don't have a data linkage that can identify individuals with long COVID-19. This is going to be very challenging as the symptoms are so varied and because there isn't a concrete case definition at this time. Monitoring the long-term health impacts of COVID-19 is certainly necessary, and when a data linkage is possible, we will pursue it.

### **Who is testing positive for COVID-19? Is it mainly older people? Or those with compromised immune systems?**

People of all ages can become infected by COVID-19, including the Omicron variant. However, the most severe cases are often noted in those who are not immunized or are only partially immunized, older people, and those with chronic health conditions.

### **Is Canada getting the antiviral COVID-19 pill? What are the pros and cons?**

On Jan. 17, 2022, Health Canada authorized nirmatrelvir/ritonavir (PAXLOVID™), for the treatment of mild to moderate COVID-19 in adults (18+) who do not require hospitalization and are at high risk of progressing to serious illness.

This antiviral pill does not prevent COVID-19 infection, which is why vaccination remains the best way to protect yourself from COVID-19. The antiviral is one more tool in the toolbox, but no drug can replace vaccination and public health measures.

Treatment with the antiviral pill will require the patient to take 30 pills over five days. It also has drug interactions with certain common medications, including medications to treat erectile dysfunction, high cholesterol and seasonal allergies, among others, meaning that the pill will not be appropriate for every patient.

It's anticipated there will be high demand and short supply of the antiviral pill. The Government of Canada has procured an initial quantity of one million treatment courses. Delivery of a limited quantity will begin soon and larger quantities will be delivered throughout the year. Based on the information related to monoclonal antibodies for COVID-19, it's expected that the provinces will begin receiving larger quantities within the next few weeks.

People who are at the highest risk for severe illness and hospitalization (particularly older age adults) are prioritized. Prioritization is also given to rural and remote communities where there is limited access to tertiary care, and in situations where social and economic determinants of health, such as food insecurity, inadequate housing and a higher level of pre-existing medical conditions may exacerbate health inequalities.

**What information can you give us about the COVID pill? Our Elders are refusing to take the vaccine but they're open to the anti-viral pill.**

As discussed, the antiviral COVID-19 pills are not yet readily available in the province. There are also limitations in their use and people need to be identified early in their infection to receive them. Intravenous medication is currently available with limited scope in some communities where there are nursing staff available to do the infusion, but it hasn't been well received and there has been low buy-in.

**I am wondering where things are at with regards to monoclonal antibodies\*. I was advised just before Christmas that this treatment would soon be made available to our communities.**

The FNHA's Office of the Chief Nursing Officer (OCNO) engaged with federal and provincial health authority partners to access a limited supply of monoclonal antibodies for remote communities with nursing stations. Various provincial committees with FNHA representation are tasked with ensuring the equitable distribution of supply to remote First Nations and other communities.

OCNO has a small supply at all remote nursing stations in BC where a COVID-19 outbreak would significantly increase the need for emergency medical services, and there are nurses available with advanced scope of practice. Monoclonal antibodies are available through regional health authorities for most urban and rural communities because of the intense nature of treatment, which is administered through intravenous infusion. We have not yet seen a widespread use of this treatment in BC and monoclonal antibodies are recommended only in certain situations.

The FNHA is discussing distribution pathways with the Northern Region (where there are many remote nursing stations) and examining how we would engage all regions for COVID-19 treatments (orals/monoclonals) once widespread provincial distribution models are determined.

*\* Monoclonal antibody treatment for COVID-19 is a one-time intravenous treatment that can be offered to unvaccinated, partially vaccinated or immunocompromised individuals who meet established criteria. Treatment can reduce the severity of illness and hospitalization rate for some patients by promoting an initial immune response in those with no prior antibodies to COVID-19. This response may also help prevent severe COVID-19 illness in people with weakened immune systems who may not generate a robust response to the COVID-19 vaccines.*

### **How common is it to be asymptomatic with Omicron?**

We don't yet have any reporting or numbers on the current prevalence of asymptomatic COVID-19 cases with Omicron or other COVID-19 variants in BC and in Canada. Answering this question would require testing a representative sample of asymptomatic individuals across all demographics, and we are not aware of plans for doing such a study.

However, asymptomatic infections with Omicron are theoretically possible and have been reported outside of Canada. In one study from South Africa conducted on a small number of participants, 31 per cent of asymptomatic tested individuals were positive with the Omicron variant of COVID-19. However, it should be noted that we cannot generalize these numbers to the entire population in South Africa or elsewhere in the world.

### **Will there be modelling of potential cases for First Nations communities similar to what we've seen at a provincial level?**

Unfortunately, even with relatively high case numbers, the small sample size for First Nations communities will not allow us to replicate the modelling done by the BCCDC to predict expected COVID-19 cases in First Nations communities. The confidence intervals would be so large that this modelling would have very little predictive value. The best resource we can rely on in this case is the provincial predictions.

### **Do we have data on the severity of illness that children are experiencing if they have tested positive?**

Severe illnesses for children with COVID-19 are rare. The best way to protect children is to immunize them as soon as they become eligible for the vaccine.

### **Is there dialogue with Minister of Education Jennifer Whiteside about fear in our communities now that our children are back in school and we are experiencing an increase in the number of sick kids? And that children are potentially bringing this virus back into homes, families and communities?**

The increase in positive case numbers has been noted in all settings and all ages following the emergence of the Omicron variant. The Ministry of Education, in consultation with the Public Health Officer, is planning to implement additional measures to minimize the spread of virus at schools.

### **If the number of Omicron positive cases continues to skyrocket, will the provincial education minister close public schools?**

We cannot speak for the Minister of Education.

### **Is the BCCDC taking measures to tighten up how incoming travellers are screened?**

There are specific restrictions and guidelines implemented by the Government of Canada for those travelling to and from abroad.

- [More information](#) (Government of Canada)



## **Given that Omicron has led to milder illnesses than other COVID-19 variants, are we heading towards COVID-19 becoming endemic\* rather than pandemic?**

COVID-19 isn't going anywhere. It will be part of our life and will likely be part of the winter respiratory season. The media has been saying that if more people get the Omicron variant and the population builds a natural immunity, it will be harder to have another large outbreak. Perhaps, but we're not sure!

A new variant may show up. The hope is that we have an opportunity to build towards recovery. Once we get through this wave, if the population is more resistant to infection, we'll be able to move towards normal life – this is our hope! But it is currently beyond anyone to make an accurate prediction of what things will look like.

*\* A disease that is **endemic** is one that reemerges on a seasonal basis, occurring at a predictable rate in a certain area or among a set population, such as malaria. **Epidemic** refers to when the number of infections rises above what is normally expected in a certain population or region. An outbreak is basically the same thing as an epidemic, although the term is often used to cover a more limited geographic area. **Pandemic** relates to the geographic spread of a disease. The World Health Organization designated COVID-19 as a pandemic on March 11, 2020, citing the spread of the new virus to several countries.*

## **We had an incident where both patient and support persons were unvaccinated and the support persons were not allowed in hospital. What would this situation look like moving forward?**

We want a family member to feel supported in a hotel/place nearby if their loved one is hospitalized away from their local hospital due to COVID-19. Our regional teams can support the cultural safety aspects. Indigenous Patient Navigators can also help with these situations so we'll make sure we can get you in touch with them.

## **Can people have a co-infection (COVID-19 and Influenza)?**

Yes. We are identifying folks with “flurona” who have both the flu and COVID-19. Getting your flu shot is an important way to protect yourself.

## **Masks**

### **Will N95 respirators be made available to communities?**

There is a role for medical N95 respirators when it comes to specific and high-risk medical procedures performed by healthcare workers like those that generate aerosols. Aerosol-generating medical procedures is only one of the reasons why healthcare workers might wear N95 respirators, including assessing clients with airborne transmissible diseases such as tuberculosis, measles, or chickenpox in a high-risk environment. Healthcare workers are the priority group for receiving N95s.

For healthcare workers, in order for N95s to be effective, they must meet quality standards and be fit-tested. Similarly, medical masks need to be well-fitting and placed over the nose, mouth, and chin.

Per the [Public Health Agency of Canada](#), community members can wear a well-fitted KN95 respirator as an alternative to masks. Ensuring proper fit is important to reduce the potential for unfiltered air from entering and exiting the gap between the respirator and face. Facial shape, size and hair can affect the quality of the fit.

FNHA is in the process of securing inventory of KN95 respirators.

### **Can you please advise on what type of masks we should be buying?**

All types of masks help reduce transmission of COVID-19 when they fit comfortably over the mouth and nose with no gaps around the face. In settings where a large proportion of the population is at risk for severe outcomes of COVID-19 (e.g., long-term care facilities, shelters), respirators and medical masks may provide better protection than other masks when worn correctly and consistently. Choose the mask that is best for you, depending on your ability to comfortably wear it, what you can afford and your individual risk.

- [More information](#) (BCCDC)

### **How do I get my healthcare providers fitted for N95?**

Community healthcare professionals requiring fit testing can reach out to [safetymatters@fnha.ca](mailto:safetymatters@fnha.ca) to be connected to a third-party vendor.

## **Supports and Resources**

**Can the FNHA help create a committee to start discussing various aspects of recovery from COVID-19? This could involve health, leadership and those of us working in emergency management. Can the FNHA also provide or advocate for direct funding for communities to do COVID-19 recovery planning from an overall health and wellness perspective for communities?**

The Communicable Disease Emergency Response Plan template on the FNHA website does include a section related to recovery, and there is COVID-19-related funding for communities to review or create an emergency response plan. Funding eligibility also extends to a stand-alone health-related COVID recovery plan. The template can be found on the FNHA website.

- [More information](#) (FNHA.ca)

### **Will COVID-19 supports for communities continue into the next fiscal year?**

We've been reviewing the COVID-19 supports on a quarterly basis. All benefits are currently available until March 31, 2022. If need continues we will continue to extend this deadline.

## **Staffing**

### **What's the deadline to submit for hours worked for the COVID-19 pandemic?**

Overtime requests related to health human resource surge capacity can be submitted dating back to the outset of the pandemic if that's what is required. Submissions can be sent to: [COVID19needs@fnha.ca](mailto:COVID19needs@fnha.ca)

### **At what point do we close the office when we have a number of staff out and sick?**

In conversation with health authorities, about 30 per cent of staff had called in sick in the first few weeks of January. Some facilities were closed and staff from smaller health centres were moving to larger centres to provide care. Based on projected numbers, it is possible that 50 per cent or more staff will call in sick and be required to isolate.

When addressing staff shortages, we encourage you to think about a contingency plan to keep staff and community members safe. We are doing some of that work internally within the FNHA, and as we look at workplace contingency planning, we may be able to share some guidelines/principles.

To start, look at the staff required to meet high-priority service needs and response times so that the high-priority items can be sustained and less critical items can be delayed or put on hiatus. Inventory all the work performed and identify which items are most urgent. Focus on those items and create capacity by shifting things out further that don't have a risk associated to clients or organizations.

Dr. Bonnie Henry has recommended that organizations go back to their original WorkSafeBC plans, including closing offices to guests, checking staff every morning and doing contact tracing as needed.

### **What should be the contingency plan for our communities if our two nurses get COVID-19 and have to isolate?**

Operations teams are keeping track of who is available so they can put resources in place as needed. We are having conversations with regional health authorities to keep a pulse on how our health care teams are doing. If we need to redirect/redeploy resources where they're most needed, we will do that. Some of our environments require unique skillsets for specific communities, but we are keeping an eye on that.

## **More Information**

The following health wellness and cultural supports are available:

- Tsow-Tun-Le-Lum (cultural support and counselling): 1-888-403-3123
- Indian Residential School Survivors Society: 1-800-721-0066 or 604-985-4464
- KUU-US Crisis Line Society: Adults and Elders at 250-723-4050; Children and Youth at 250-723-2040; Toll-free at 1-800-588-8717

A comprehensive list of resources can be found at FNHA.ca:

- Webpage: [FNHA COVID-19 testing](#)
- Webpage: [FNHA COVID-19 rapid testing](#)
- Resource: [Fact sheet for individuals on at-home rapid tests](#) (PDF)
- Resource: [COVID-19 Mental Health and Cultural Supports](#) (PDF)
- Webpage: [COVID-19 community leaders page](#)

For more information on COVID-19 prevention and response, please visit [fnha.ca/coronavirus](https://fnha.ca/coronavirus)

Individuals who test positive on an at home rapid antigen test can report their results online at <https://reportCOVIDresults.bccdc.ca/>

## Regional Contacts

### Vancouver Island

- Vaccine Clinics: Ashley.Marshall@fnha.ca and Hanna.Scrivens@fnha.ca and [Anna.Chong@islandhealth.com](mailto:Anna.Chong@islandhealth.com)
- Rapid Testing: Ashley.Marshall@fnha.ca and [Francine.Gascoyne@fnha.ca](mailto:Francine.Gascoyne@fnha.ca)
- Deliveries of tests: [Reanna.August@fnha.ca](mailto:Reanna.August@fnha.ca)

### Northern Region

- For all COVID-19 related supports (Vaccine Community Clinics, Community Based and Rapid At-Home Testing, PPE, etc.) please contact: [NorthernHealthEmergency@FNHA.ca](mailto:NorthernHealthEmergency@FNHA.ca)

### Vancouver Coastal

- Vaccine Community Clinics Leads: [Brent.Tom@fnha.ca](mailto:Brent.Tom@fnha.ca); [Riley.David@fnha.ca](mailto:Riley.David@fnha.ca); [Tatiana.Ticono@fnha.ca](mailto:Tatiana.Ticono@fnha.ca)
- Rapid Antigen Testing inquiries: [Melissa.Towes@fnha.ca](mailto:Melissa.Towes@fnha.ca)
- Clinical Leads/Education and Training: [Sheila.Paquette@fnha.ca](mailto:Sheila.Paquette@fnha.ca); [Leona.Smith@fnha.ca](mailto:Leona.Smith@fnha.ca)
- PPE Inquiries: [Shailen.Tom@fnha.ca](mailto:Shailen.Tom@fnha.ca)
- MH&W Inquiries: [Riley.David@fnha.ca](mailto:Riley.David@fnha.ca)
- Health Emergency Management Inquiries: [Brent.Tom@fnha.ca](mailto:Brent.Tom@fnha.ca)

### Interior Region

- Casey Neathway, Manager of Environmental Public Health Services: [Casey.Neathway@fnha.ca](mailto:Casey.Neathway@fnha.ca)

### Fraser Region

- Vaccine Community Clinics Leads: [Sam.Noizadan@fnha.ca](mailto:Sam.Noizadan@fnha.ca)
- Rapid Antigen Testing inquiries: [Lindsey.McCuaig@fnha.ca](mailto:Lindsey.McCuaig@fnha.ca)
- Clinical Leads/Education and Training: [Tara.Langlois-Young@fnha.ca](mailto:Tara.Langlois-Young@fnha.ca)
- PPE Inquiries: [Lindsey.McCuaig@fnha.ca](mailto:Lindsey.McCuaig@fnha.ca)
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