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# FNHA COVID-19 Response and Vaccination Update

Dr. Shannon McDonald, Chief Medical Officer, FNHA

Dr. Becky Palmer, Chief Nursing Officer, FNHA

Katie Hughes, Vice President Public Health Response, FNHA

Chiefs, Leaders, and Health Directors Virtual Town Hall

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# COVID-19 Updates – First Nations Cases



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As of March 12, 2022

**201**

Active First Nations Cases across BC

**45**

New Cases  
(7-day moving average 20 cases/day)

**24**

Hospitalizations

**256**

Total of COVID-19 related deaths reported among First Nations living in BC

# COVID-19 Vaccine Distribution



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As of March 12, 2022, vaccination coverage for status/status-eligible First Nations individuals, **12+ years** of age:



	At least <b>1</b> Dose	At least <b>2</b> Doses	<b>3</b> Doses
<b>In or near community</b>	84.9%	80.5%	40.5%
<b>All of BC</b>	82.9%	77.6%	37.6%

- **6,808** first doses have been administered to status/status-eligible First Nations, **5-11 years**

**1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> doses** have been administered by regional health authorities (RHAs) to status First Nations people, **5+ years**, and at First Nations community clinics, which may include non-status individuals, as follows:

- **149,672** doses administered in First Nations community clinics
- **174,995** doses administered to First Nations people by RHAs

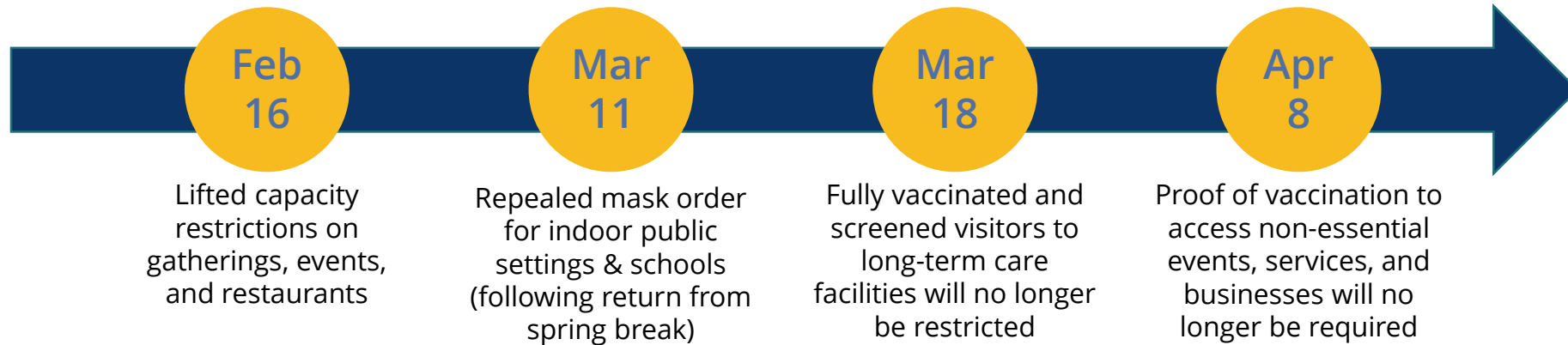


# BC's Easing of Public Health Orders



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- BC is gradually easing COVID-19 restrictions



- These changes are being made because of BC's high vaccination rates leading to community immunity and decreasing transmission and hospitalization rates
- Masks are still required in health care settings (e.g. doctor's offices) and are **encouraged** in spaces where physical distancing is hard to maintain (e.g. public transit)
- Individual businesses and organizations can choose to continue requiring masks or requesting proof of vaccination on their premises
- People may want to continue wearing a mask based on their personal choice, and their comfort levels should be respected



# COVID-19 Testing



- There are 2 types of COVID-19 tests available: **Molecular-based tests** and **rapid antigen tests**

Molecular based tests (i.e. PCR)	At home rapid antigen test
Nasal swab or saline gargle, conducted by a trained health professional at a testing site	Nasal swab, can be conducted at home
Results can take 1-3 days	Results within 15-20 minutes
More accurate results	Less accurate than molecular based tests; most effective when symptomatic

- Some communities have access to nurse-operated community based testing (e.g. GeneXpert, ID NOW)
- PCR tests are prioritized for high risk populations and health care workers; First Nations are considered a high risk population, but there is limited testing capacity
- If you have minor symptoms (e.g. sore throat, headache, fatigue), you are fully vaccinated, **and** you are able to manage the symptoms at home, then stay home until you feel better
- People at a greater risk of severe disease may be recommended to get tested by a health care provider if available in a timely manner, and if capacity allows
- Rapid testing can be another reliable method to detect COVID-19 in symptomatic people

# Community Based Testing (CBT)



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Community Based Testing - Summary			
Region	GeneXpert® System	Abbott ID NOW™	Abbott Panbio™
Fraser Salish	1	1	
Interior	2	4	3
North	4	15	5
Vancouver Coastal	2	4	
Vancouver Island	2		
<b>Grand Total</b>	<b>11</b>	<b>24</b>	<b>8</b>

- BC is shifting away from testing for public health/surveillance purposes
- **The new emphasis is on testing for diagnostic purposes to help inform treatment decisions**
- It is increasingly important to use the most sensitive instruments available for those who are at greater risk of severe illness or potentially eligible for treatment to inform diagnosis where possible
- To be effective, treatment (Paxlovid and Sotrovimab) must be started within 5-7 days of developing symptom. This is why early identification of COVID-19 is important.
- Indigenous people in BC are still eligible for testing per BCCDC guidelines

## Rapid (at home) Antigen Test Kits

Product Quantity	Lucira	BTNX	Artron	Panbio rapid tests	Overall Total
Remaining	3,107	11,452	317,000	92,000	423,559
Distributed and/or Planned	1,824	85,748	444,575	12,000	544,147
<b>Received</b>	<b>4,931</b>	<b>97,200</b>	<b>761,575</b>	<b>104,000</b>	<b>967,706</b>



# Rapid Antigen Tests



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- Rapid antigen tests (Artron, BTNX, Panbio) can be administered at home, and provide quick results within 15-20 minutes. **Rapid tests generally provide accurate results when taken at the peak of infection** when virus levels in the body are the highest. This is why they should be only used for individuals who have COVID-19 symptoms.
- Rapid tests should be used as **RED** lights, not **GREEN** lights. A positive test means you likely have COVID-19 and should self-isolate to avoid passing it on to others. A negative result is not a green light to resume all social activities; you may still have COVID-19 and should self-isolate until symptoms improve.
- FNHA has received a significant number of rapid tests, and has distributed most of these to the regions. More are anticipated from our partners.
- Positive rapid antigen tests results can be accepted to inform treatment eligibility

# COVID-19 Antiviral Pill: Paxlovid



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- Paxlovid is authorized by Health Canada to treat mild to moderate COVID-19 in adults who are at higher risk of progressing to serious illness from COVID-19
- Treatment must begin early (within 5-7 days) after the start of symptoms. A positive COVID-19 test and a prescription from a doctor are required. Paxlovid has drug interactions with certain common medications and will not be appropriate for every patient.
- Paxlovid is being prioritized for those at the highest risk for severe illness / hospitalization, and rural and remote communities where there is limited access to tertiary care
- The federal government has provided a dedicated supply of Paxlovid to the FNHA for remote or isolated communities.
- FNHA nursing and pharmacy teams are collaborating with the regions to responsively support Paxlovid access for all communities
- **Paxlovid does not prevent COVID-19 infection. Vaccination is the best way to protect yourself from COVID-19.**



# Case Management and Contact Tracing



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- The provincial contact tracing system was stretched due to high case numbers from the Omicron variant
- Individuals who test positive on an at home rapid antigen test can report their results online at <https://reportcovidresults.bccdc.ca/>
  - This will have an impact on reporting of case numbers, as not everyone will get tested and those who test positive may not report their results
  - PHN is not required to report a positive case and respondents are asked to self-identify as Indigenous
- If you test positive and/or have symptoms, you should let your close contacts know and self-isolate for 5 days if fully vaccinated (2 doses), or 10 days if not fully vaccinated
- BCCDC has an email template to notify close contacts about a potential exposure

# COVID-19 Recovery Planning



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- FNHA initiated recovery planning in June 2021 and has resumed recently following COVID waves in the fall and again in late December
- Identified that recovery planning needs to:
  - Be informed through engagement with community
  - Occur in the context of other priorities – Anti-Indigenous racism and cultural safety and humility, toxic drug crisis, Indian Residential School findings
  - Continue to strengthen, leverage and build on partnerships while building organizational capacity and resiliency
- What we've heard to date: Focus on mental health and wellness, need for staff relief and rest and support/guidance for safe service delivery
- FNHA's Board approved the establishment of a permanent Public Health Response structure across the organization

# COVID-19 Community Supports



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## ■ **Mental Health and Wellness Supports**

- Mental health and cultural supports available include 24/7 support lines, individual counselling, cultural wellness support <https://www.fnha.ca/Documents/FNHA-COVID-19-Mental-Health-and-Cultural-Supports.pdf>

## ■ **Health Human Resource Surge Capacity**

- Human resources (admin., immunizers) to support vaccination clinics can be requested through regional teams
- Health care provider overtime due to COVID-19 case management, vaccination, health care provider illness, or other COVID-19 related reasons including incentives to retain health staff may be eligible for reimbursement

## ■ **Companion Support**

- Community level reimbursement for companion support for status First Nations individuals who are hospitalized away from their local hospital due to COVID-19. This covers travel and accommodation for one companion.

## ■ **Anti-Viral Support for Treatment of COVID-19 - NEW**

- For status First Nations who have been prescribed anti-viral treatment for COVID-19 where the physician identifies that the individual needs to be located closer to a hospital or urgent care centre. This covers travel and accommodation for the individual and one companion.

# COVID-19 Isolation Support - Updated



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- Meal support is available for status First Nations members self-isolating due to COVID-19 **who test positive on a PCR or rapid take-home test:**
  - Fully vaccinated individuals are eligible for 5 days of meal support
  - Unvaccinated or partially vaccinated individuals are eligible for 10 days of meal support
- Given evolving provincial guidance on self-isolation requirements, effective Mar. 1, 2022 meal support funding is no longer available for individuals who are a close contact of someone who tests positive on PCR or rapid take-home test
- Contact [COVID19@fnha.ca](mailto:COVID19@fnha.ca) or call Health Benefits at 1-888-305-1505 (then press 2 for the 'other' option, and then 1 for enrollment). This number is supported Monday - Friday 8:30 a.m. - 4:30 p.m.



# Thank you

**Gayaxsixa** (Hailhzaqvla)

**Huy tseep q'u** (Hul'qumi'num)

**Haawa** (Haida)

**Gila'kasla** (Kwakwaka'wakw)

**Kleco** (Nuu-Chah-Nulth)

**kwuk<sup>w</sup>stéyp** (Nlaka'pamux)

**Snachailya** (Carrier)

**Kukwstum'clhkal'ap** (St'atimc)

**Tooyksim niin** (Nisga'a)

**Kukwstsétsemc** (Secwepemc)

**čěčəhaθεč** (Ayajuthem)

**Sechanalyagh** (Tsilhqot'in)

**kw'as ho:y** (Halqeméylem)

**T'oyaxsim nisim** (Gitxsan)