

Covid-19 in Manitoba - Brent Roussin, Chief Public Health Officer

- Case fatality rates dropped after a vaccine
- As well, the nature of Omicron
- Delta wave - we were wide open during that time, this was the “pandemic of the unvaccinated”
 - No one in ICU was vaccinated, those who were vaccinated were living restriction free
- Omicron changed things
 - Highly infectious with a short incubation period, significantly lower fatality rate
 - Case and contact management does not work with Omicron, by the time people would be reached it would not be useful

Innovations

- Wastewater analysis - PCR and looking for pathogens, for COVID, we find it to be useful between waves during low transmission, low levels may give an insight to an impending wave
 - We are looking to add more pathogens, such as syphilis and Polio
- Alternate isolation accommodations
 - Houseless or crowded homes → hotels or other places we can isolate people in
 - Many reasons why we need to isolate people and have wraparound services
- No way public health and nurses could have kept up with the vaccine demand
 - Other healthcare workers were trained in necessary courses
- REI data → race, ethnicity, indigeneity indicator
 - Help to find at-risk groups, compared to gen pop, BIPOC admitted 20 years younger than others
 - Chronic health issues and disease disparities → can help public health practice
- Culturally appropriate access is not just about being nearby an institution
 - Access is not just close, it is safe, timely, and culturally appropriate

Covid plans for this year will not be the same as in previous years. Not everyone will be tested and not everyone will stay home. We cannot do the same things that we were doing in the past, lack of restrictions, asymptomatic transmission, what we did the past 2 years won't work. It doesn't matter what virus you have, staying home will help stop the transmission of anything.

- We are moving from a pandemic to a state of endemic
- Move task forces to normal structure and regular operation

Public Health Orders

- Goals are to reduce severe outcomes, we knew there was more to health than disease
- We want to minimize societal disruption → desire to balance, health care systems only focus on stopping transmission. In public health, it is difficult to speak to people who only are concerned about physical health.
- “Work to get out of false dichotomies,” where everyone thinks that they have the only possible correct answer, situations like this are not true and will not help to move us forward → “if you know you have the answer, you are wrong”
- Ethics
 - Harm principle - use coercive measures when something has the risk of harming others
 - Least restrictive means - required in Canadian law, understand the ethics of public health, this is a part of legal requirements
 - Reciprocity - benefit society to get some benefit, extend the favour backwards by helping and supporting people isolating
 - Transparency

Brent got many many emails of hate. It went both ways. Either he was wrong for having restrictions, or wrong for not being strict enough.

Public Health order Consequences

Intended consequences - but not unknown, it was known that there would be consequences

- Reducing virus transmission
- Reducing severe outcomes → hospitalization, ICU, deaths

- Preventing the health system from being overwhelmed

Unintended consequences

- Social isolation and increases in mental health problems
- Deaths

It was found that restrictions saved approx. 800k+ lives in Canada, specifically, restrictions that restrict contact between people. Other finds concluded that public health restrictions had little impact on the growth of cases in Canada

It is hard to evaluate the full impacts so soon. Pre-pandemic, it was found that 17% of youth found their mental health poor. In 2020 57% of youth reported their mental health between “somewhat” or “much” worse than when the pandemic began. Of course, there are other factors, but the lack of social interactions and declining grades that came along with the restrictions had an impact for sure. We will see more of it in the future.

MB education and Early Childhood Learning

- Desire to keep kids connected, went above and beyond to try and work on things such as engagement and absentees
- Adjust learning strategies and development
- Recruitment and retention of staff
- In school-aged children, in the 2019 fall year → 3 kids died of influenza, which isn't uncommon, but no one spoke about shutting down schools or restriction

Innovation in Ed

- Staggered recess, breaks, entrance and exit of the building
- Bus seating plans
- Use of technology to meet virtually

Grade 9 attainment

- High school rates steadily declining, and we will see the impact of the pandemic in the next few years, it will be hard to see if it was the length of the pandemic, restrictions, or anything else

- People will try to pinpoint exactly what it was, he says it is best to move forward and continue to try and improve health

There is an overrepresentation of BIPOC in lower socioeconomic classes. The most important determinant of health is income. If you are living in poverty or are unhoused, you are less healthy than a billionaire, that is clear. The transition of wealth and health goes all the way down. We know it is income and everything that comes along with chronic stress in society. In the last number of decades, when we talk about health policy, how do we talk about health? It is mostly about health care, but that is only one determinant of health. We all know that those of lower socioeconomic status are at higher risk for certain illnesses. We try to fix it by hiring more healthcare professionals. Most of our budget goes into healthcare but it can't be the only aid we try. We need to try and fix the issues at their root.

- It is difficult to openly criticize
- Decoupling public health from politics is hard
- People have quit because lockdowns weren't hard enough, and people who quit because the lockdowns existed in the first place

Self-interest bias is large during times like this. There were arguments where people lost their jobs and livelihoods, they believed it to be wrong due to their experiences, they aren't wrong for that, but the bias is clear.

Evidence was clear that the use of random chemicals certain politicians were suggesting would not work. People were desperate to get out of the situation and believed what they could because of how badly they wanted to.

What should we be teaching about this pandemic as we move forward?

- Looking at typical respiratory virus seasons, the only beneficial thing we can learn from this is disparities in health
- A pathogen was introduced with universal vulnerability, but we saw disparities in who it attacked
- There are reasons that specific communities are targeted more than others, those reasons are social inequities

- It isn't about early warning signs or what lockdowns work, moving forward we need to improve disparities because that is what led to lockdowns and deaths
- Look at who was affected most by the pandemic