



Media Release

February 10, 2021

COVID-19 Associated with School – Update

The Grey Bruce Health Unit is continuing to work with Bluewater District School Board to address a previously identified probable case of COVID-19, now confirmed positive, as well as a second probable case, associated with Highpoint Community School, in the Township of Southgate, Ontario.

A probable case is defined as someone not yet tested but is showing symptoms and who has a direct link with a positive case.

While there are two individuals with probable and confirmed COVID-19 associated with this school, our assessment, to date, indicates that transmission did not take place within the school environment. There is strong evidence that transmission occurred outside of the school. Currently there are no outbreaks (i.e. evidence of transmission from person to person) in any schools or childcare centres in Grey Bruce. No bus routes of any schools are involved with this case.

In this situation, the individuals with COVID-19 have been contacted directly by our COVID-19 Case and Contact Management Team. We have worked with the individuals and the school, along with the school board and have identified all others, both in and out of the school environment, who may have been exposed and have determined their risk level. Our Case and Contact Management Team has identified further high-risk contacts and, as a result, have excluded an additional cohort within the school.

Those NOT contacted by Public Health need not take any additional steps including asymptomatic testing.

Public Health is the lead in all outbreaks and case management. Public Health will contact you if you have had close contact with someone who has COVID-19, based on a thorough risk assessment completed only by Public Health.

Determining who has had close contact is a decision that can only be made by Public Health. Anyone at heightened risk of COVID-19 transmission due to close contact to a person with COVID-19 will be contacted by Public Health within 24 hours of the investigation.

The Grey Bruce Health Unit will direct those considered at risk regarding testing requirements and recommendations (e.g., timing). There is no value in anyone being tested before they are notified and instructed to do so by Public Health. Results of early testing are unreliable and place individuals at risk of more testing than is required.

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101 17th Street East, Owen Sound, Ontario N4K 0A5 www.publichealthgreybruce.on.ca

As a reminder to the public, if you develop symptoms consistent with COVID-19, please proceed to your nearest assessment centre for testing.

All contact tracing and determination of individual and community risk is made by Public Health. This is true of all cases, whether in schools, workplaces or the community. A health care provider or school official cannot make this decision.

For More Information:

Dr. Ian Arra, MD MSc FRCPC ACPM ABPM

Medical Officer of Health and Chief Executive Officer

To arrange to speak with Dr. Arra, please contact Drew Ferguson at:

519-376-9420 or 1-800-263-3456 ext. 1269 or d.ferguson@publichealthgreybruce.on.ca



Media Release

February 11, 2021

COVID-19 Associated with School

The Grey Bruce Health Unit is working with Ethnos Academy to address a case of COVID-19 associated with the private school in Durham, Ontario.

While there is an individual with COVID-19 associated with this school, our assessment, to date, indicates there is no evidence the transmission took place within the school environment. Currently there are no outbreaks (i.e. evidence of transmission from person to person) in any schools or childcare centres in Grey Bruce. No bus routes of any schools are involved with this case.

In this situation, the person with COVID-19 has been contacted directly by our COVID-19 Case and Contact Management Team. We have worked with the individuals and the school, and have identified all others, both in and out of the school environment, who may have been exposed and have determined their risk level. **All individuals that need to be notified have already been contacted.**

Those NOT contacted by Public Health need not take any additional steps including asymptomatic testing.

Public Health is the lead in all outbreaks and case management. Public Health will contact you if you have had close contact with someone who has COVID-19, based on a thorough risk assessment completed only by Public Health.

Determining who has had close contact is a decision that can only be made by Public Health. Anyone at heightened risk of COVID-19 transmission due to close contact to a person with COVID-19 will be contacted by Public Health within 24 hours of the investigation.

The Grey Bruce Health Unit will direct those considered at risk regarding testing requirements and recommendations (e.g., timing). There is no value in anyone being tested before they are notified and instructed to do so by Public Health. Results of early testing are unreliable and place individuals at risk of more testing than is required.

As a reminder to the general public, if you develop symptoms consistent with COVID-19, please proceed to your nearest assessment centre for testing.

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Media Release

February 11, 2021

COVID-19 Variant Changes Case and Contact Management

The higher transmission rate seen with the new strains of COVID-19 in Ontario has prompted province-wide changes to case and contact management.

Current reporting indicates that the incubation period for these variant strains can be shorter, resulting in rapid transmission; therefore, early containment is essential.

Changes include a revised definition of high-risk contacts to reflect the increased risk of transmission. Additionally, high-risk contacts and their household will be asked to follow more rigorous self-isolation and testing protocols.

These changes will affect case and contact management in many different settings, such as workplaces and schools and will further support limiting transmission in these environments. The Grey Bruce Health Unit's case and contact management team will provide all required information for all contacts and cases.

Variants include the B.1.1.7 (501Y.V1), identified in the United Kingdom; the 501Y.V2 variant, identified in South Africa; and the P.1 variant, first identified in Brazil. To date, none of the new variants have been identified in Grey Bruce.

Public Health is the lead in all outbreaks and case management. Public Health will contact you if you have had close contact with someone who has COVID-19, based on a thorough risk assessment completed only by Public Health. **Determining who is a close contact is a decision that only Public Health can make.**

For More Information:

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Medical Officer of Health and Chief Executive Officer

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Media Release

February 12, 2021

COVID-19 Provincial Re-Opening – Grey-Bruce Moving to Yellow

The COVID-19 lockdown for Grey Bruce is set to end on Tuesday, February 16. Until then, the [shutdown and stay-at-home orders](#), currently in effect, remain in place.

When the lockdown is lifted on February 16, 2021, the province will return to its regional-based [COVID-19 Response Framework](#) using a color-coded system for each health unit (Green - prevent, Yellow - protect, Orange - restrict, Red - control, Grey - lockdown) to determine safe reopening protocols.

The Grey Bruce Health Unit has received notice that we will be entering the Yellow stage of the re-opening framework as identified by the province.

For more information:

[COVID-19 response framework: keeping Ontario safe and open | Ontario.ca](#)

[In-Person Shopping at Retail Stores Permitted with Public Health and Safety Requirements in Place | Ontario Newsroom](#)

[COVID Response Framework \(publichealthgreybruce.on.ca\)](#)

For details on the trends within the province used to make decisions about re-opening, please visit:

[All Ontario: Case numbers and spread | COVID-19 \(coronavirus\) in Ontario](#)

For More Information:

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Medical Officer of Health and Chief Executive Officer

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Kelly Lush

From: Dr. Arra, Ian (MOH) <I.Arra@publichealthgreybruce.on.ca>
Sent: Friday, February 12, 2021 10:14 PM
To: Dr. Arra, Ian (MOH)
Cc: Drew Ferguson
Subject: Grey Bruce Public Health COVID-19 Resources and Information: February 12 2021

[EXTERNAL]: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.



As part of our on-going efforts to keep you up-to-date on COVID-19 related information, we are providing resources and links that may be useful for you and your organization.

*Please be advised you are receiving this email notification based on previous electronic communications with the Grey Bruce Health Unit and/or our community partners. If you **do not wish to receive** these communication updates from Grey Bruce Public Health, please email: a.gaviller@publichealthgreybruce.on.ca*

February 12, 2021

Here are links to some COVID-19 resources/information you may find useful. Many of these items are available on the [GBHU website](#) and may be shared publicly. If you have any questions, please call the Help Line At: 519-376-9420 ext 3000

Please note: The Grey Bruce Public Health website has been updated to include dedicated COVID-19 webpages for [COVID-19 Vaccine Information](#). The new COVID-19 Vaccine section provides specific information for currently available information about the COVID-19 vaccine. At this time, we are not booking appointments or immunizing the general public. **Please do not call in an attempt to book a COVID-19 vaccination appointment.** We will announce when we are at that stage – anticipated to be late spring to summer of 2021.

1. [Ontario Returning 27 Public Health Regions to Strengthened COVID-19 Response Framework | Ontario Newsroom](#)
2. [COVID Response Framework \(publichealthgreybruce.on.ca\)](#)
3. [COVID-19 Associated with School Bus Route Feb 6](#) – Media Release
4. [COVID-19 Associated with School Feb 7](#) – Media Release
5. [COVID-19 Associated with Child Care Feb 7](#) – Media Release
6. [COVID-19 Associated with Child Care Feb 8](#) – Media Release
7. [COVID-19 Associated with School Feb 9](#) – Media Release
8. [COVID-19 Associated with School Feb 9 - Update](#) – Media Release
9. [COVID-19 Isolation Measures](#) - New
10. [COVID-19 and Short Term Rental Accommodations](#) - Updated
11. OPHA COVID-19 Summary of Key Developments for February 8 - 11th (*below Social Media links*)

For additional school reopening resources please visit:

<https://www.publichealthgreybruce.on.ca/COVID-19/School-Reopening-2020>

For information from your local school board visit:

Bluewater District School Board [https://www.bwdsb.on.ca/Parents/Return to School](https://www.bwdsb.on.ca/Parents/Return_to_School)

Bruce Grey Catholic District School Board <https://www.bgcdsb.org/>

**If you have any questions, please call the Help Line At:
519-376-9420 ext 3000**

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[YouTube:](#) GreyBruceHealthUnit

OPHA COVID-19 Key Developments February 11

Provincial Developments:

- Dr. Adalsteinn Brown's update today on the latest modelling data projected that Ontario could "most likely" see between 5,000-6,000 cases per day by the end of March.
- The modelling data suggested that "if public health measures are lifted, cases could rise dramatically depending on spread of B.1.1.7 (U.K. Variant)." Dr. Brown has cautioned that "if the B117 variant behaves as it did in the United Kingdom, cases will start to grow here again in late February or early March."
- Dr. Brown warned that "without the ability to respond quickly and effectively, and without the ability to control spread in the community, we face the very real risk of a third wave, and potentially a third lockdown."
- Dr. Williams said the government will announce on Friday which level of the provincial Framework 28 public health regions will be located after the stay-at-home order is lifted on February 16th. He noted that "while we're going back into the framework, this is not an opening up," and stressed that "we're in a precarious time....so, it's not as if the doors are thrown wide open."
- Education Minister Lecce announced that March Break will be postponed in Ontario until April 12th to 16th, on the advice of the Chief Medical Officer of Health, to help limit the potential of community transmission.

- Dr. Williams acknowledged that while “people do need a break....we want a safe break, a careful break and one that is at the right time and the right way to make sure....that we keep our schools safe; keep our transmission rates in our children down and we keep monitoring it very carefully.”
- NDP leader Andrea Horwath has called for Ontario to implement [clear rules and a plan for distributing leftover doses of the COVID-19 vaccines](#) after reports of “queue-jumping” occurring in long-term care and retirement homes.

Federal Developments:

- Prime Minister Trudeau and Health Minister Hajdu took part in a [virtual roundtable with health-care professionals and advocates](#) from across the country.
- Maj.-Gen. Fortin provided an update on vaccine deliveries.

More details are included below along with an update on cases in Ontario and across Canada.

Provincial Developments:

[Analytics Related to Projections and Modelling:](#)

The Dean of the Dalla Lana School of Public Health at the University of Toronto and Co-Chair of the Ontario COVID-19 Science Advisory Table, Dr. Adalsteinn Brown provided an update on the latest modelling data. The key findings were that:

- **Public health measures are paying off in declining mobility, cases, positivity, and hospitalizations;** Cases and percent positivity declined across age groups.
- **Focusing vaccination on long-term care homes is paying off with declining daily deaths.** Although most deaths continue to arise from long-term care, key indicators have improved.
- **ICU occupancy is flat and the access to care deficit continues to grow.** The majority of ICU admissions arise outside of long-term care homes. ICU occupancy will follow changes in case rates by two weeks. Growth could start as early as the second week in March.
- **The B.1.1.7 Variant of Concern is spreading.** Cases will likely grow again in late February with ICU admissions increasing afterwards. Variants are likely between 5% and 10% of cases now. To prevent an increase in total cases R_e [the reproduction rate] for B.1.1.7 needs to be below 0.7. Current R_e is between 0.8 and 0.9, it has only approached 0.7 once.
- **Aggressive vaccination and sticking with stay-at-home orders will help avoid a third wave and a third lockdown.** Dr. Brown noted that public health measures appear to be effective against all variants.
- **Some key mental health indicators are unchanged.** However, important measures such as emergency department admissions, opioid deaths and care for eating disorders are worsening.

Potential Risk and Impacts of a Third Wave:

- In speaking about a possible third wave, Dr. Brown stressed that “the impact of this third wave will be as inequitable as the first two waves with case and death rates highest in our racialized and low socio-economic status neighbourhoods. There will be little time to react quickly because of how fast the variants spread. We are—let me be clear—operating with uncertainty, that is the nature of a new disease with new variants. We need to do much as we can to reduce that uncertainty.”
- When asked by a reporter whether it’s correct to interpret this modeling data presentation as “actually predicting a disaster”, Dr. Brown responded by saying “no, I don’t think you’re missing anything.”

[Ontario Delays March Break in an Effort to Reduce Community Transmission of COVID-19:](#)

- When asked if this announcement would be extended to private schools, Minister Lecce explained that while the Ministry of Education has authority over public schools, the message today is to both public and private schools and “they should defer the March break.” He said “we cannot take these risks for all students in the province. So, we are very much expecting cooperation with us within the province of Ontario to reduce the potential for congregation to reduce potential risk that comes with these variants.”
- When asked what was behind the decision to delay the March Break, Dr. Williams said, “a number of factors,” including the emergence of variants of concern and the pause in provincial vaccination programs due to vaccine supply challenges. He also advised against all forms of travel be it intra-provincial, as well interprovincial or internationally.
- Minister Lecce reiterated the province’s plans to conduct asymptomatic testing in Ontario’s schools. He confirmed that the province has the “capacity for upwards of 50,000 tests every week, a blend of PCR and the antigen rapid tests.”

COVID-19 Vaccinations in Long-Term Care Homes:

- So far, more than 62,000 long-term care (LTC) residents in the province have received at least one dose of the COVID-19 vaccine, and more than 34,000 residents have received their second dose.
- Ontario will maintain the recommended interval of 21-27 days for residents who received the Pfizer-BioNTech vaccine.
- After vaccinations in LTC homes have been completed, Health Minister Elliot indicated the government plans to prioritize “other places of congregate living” and those living in northern communities. She said “we’re going to be working in ages,” starting with people who are aged 80 years and older; as there are 600,000 people in that category, “that is going to be our priority for the next while.”
- Dr. Williams said the province expects to start rolling out rapid tests in LTC this coming week.

Overview of Cases and The Emergence of Variants:

- Ontario’s seven-day case average is currently at 1,264, which is down from 1,600 last week and 2,128 the week before. Dr. Williams noted today’s case count is probably short 200-300 cases and is in the upper 1,100 or 1,200 range in reality.
- With 68,812 tests conducted, the positivity rate is down to 2.3 percent; the lowest since October 17th, 2020.
- As of February 3rd, Point Prevalence of Variants of Concern is 6.7 percent. Dr. Williams noted that as the doubling time for the U.K. variant is much quicker, usually 7-10 days compared to two weeks, we are “probably well up to around 11 to 14 percent.”
- Variants of Concerns are spread out over 12 public health unit regions, including 29 in Toronto, 28 in Peel, 23 in York and 11 in Durham; So far, 80 percent are either outbreak associated or are close contacts of a confirmed case; 11 percent have no epidemiologic link and 8 percent related to travel.

Federal Developments:

COVID-19 Vaccines:

- Maj.-Gen. Fortin confirmed the next shipment of 168,000 doses from Moderna is expected to arrive the week of February 22nd.
- Maj.-Gen. Fortin also confirmed Canada expects to receive 444,000 Pfizer doses per week for the first two weeks of March.
- Dr. Williams indicated there is “not a lot of data” out of clinical trials on the effectiveness of the AstraZeneca vaccine against variants of concern, though they’re addressing it now. He said, “so far, we will keep monitoring the situation.”
- When asked if people will get to choose the vaccines they prefer or have to accept whatever is on hand, Health Minister Elliott indicated it would be the latter as “that’s what the situation is for now because we only have two

types....but we're still far away from being in a place where we'll have enough vaccines that we'll be able to carry them all and people will be able to choose."

Details and Links to Other Announcements:

- [Social Assistance](#): Ontario is working with municipalities to modernize the delivery of social assistance and on a separate plan with First Nations to renew social assistance for First Nations communities.

Trends and Cases in Ontario, Canada, and First Nations on Reserve:

[Cases Among First Nations on Reserve:](#)

As of February 10th, Indigenous Services Canada was aware of these confirmed cases of COVID-19 for First Nations communities:

- 18,439 confirmed positive COVID-19
- 1,553 active cases
- 851 hospitalizations
- 16,679 recovered cases
- 199 deaths

[Cases in Ontario:](#) (February 10th as of 10:30am)

- Total number of cases: 282,511; an increase of *945
 - *Toronto Public Health's case counts are under-reported today, resulting in an underestimate of the daily counts.
- So far, 236 cases of the B.1.1.17 (United Kingdom) virus variant have been reported and three cases of the B.1.3.5.1 (South Africa) virus variant.
- Most newly confirmed cases are concentrated in three public health units (e.g. 258 new cases in Peel, 116 in York Region and 112 in Toronto)
- Resolved: 263,044 (93.1%); an increase of 1,344
- Deaths: sadly, 6,614 people have died; an increase of 18 people
- Hospitalized: 883 people were hospitalized; 299 were in intensive care and of those, 211 were on a ventilator.
- Long-term care homes (according to iPHIS): 194 active outbreaks; 369 confirmed cases in residents; 501 confirmed cases in staff; 3,694 deaths among residents and 11 among staff
- Lab testing: 10,206,439 completed; 68,812 tests were completed yesterday; up from 52,504 on Tuesday; while the backlog of tests waiting to be completed increased to 43,383 from 41,725.
- As of 8:00 p.m. yesterday, [426,836 doses of the COVID-19 vaccine](#) have been administered, including 14,717 doses on Wednesday; with a total of 136,988 people fully vaccinated

[Cases in Canada:](#) (February 10th as of 7pm)

- Total number of cases: 813,982; an increase of 3,185
- Resolved: 754,736 (92.7%)
- Deaths: 21,004
- People tested per million: 593,440
- Percent Positivity: 3.8%

OPHA COVID-19 Key Developments February 10

Provincial Developments:

- Finance Minister Bethlenfalvy released the province's 2020-21 Third Quarter Finances and provided an update on Ontario's economic and fiscal outlook; key aspects included: program expenses projected to be \$2.6B higher than the 2020 Budget, largely due to investments in hospitals, long-term care homes, and business support; and a projected deficit of \$38.5B in 2020-21, which remains unchanged from the 2020 Budget and the 2020-21 First Quarter Finances.
- Labour Minister McNaughton provided an update on the impact of workplace inspection blitzes that focused on essential businesses.
- While public health measures were loosened in three regions of the province that moved into the Green-Prevent zone, the local medical officers of health (MOHs) [urged local residents to remain vigilant and limit travel with other regions](#). While Hasting Prince Edward Public Health's MOH issued an order prohibiting non-residents from make reservations for dining, accommodation or personal services, Kingston, Frontenac and Lennox and Addington's MOH, Dr. Moore, stressed that "It is absolutely not an invitation for anyone else to come to our region."
- The City of Toronto is planning to [open nine COVID-19 vaccination clinics in April](#), pending vaccine supply; Toronto Public Health projects that approximately 120,000 vaccine doses will be administered weekly.

Federal Developments:

- Prime Minister Trudeau announced \$14.9B for public transit projects over the next eight years, which includes a permanent public transit fund of \$3B a year ongoing starting in 2026.

More details are included below along with an update on cases in Ontario and across Canada.

Provincial Developments:

Ontario's 2020-21 Third Quarter Finances:

Since its 2020 budget, the Ontario government has made additional investments as part of its COVID-19 response, including:

- \$1.4B to launch the Ontario Small Business Support Grant to help small businesses that were required to close or significantly restrict services under the provincewide shutdown;
- \$869M for the hospital sector for supplies and equipment to address the surge in COVID-19 cases, including testing, swabs, saliva tubes and test kits, bringing the total increase in funding to hospitals since 2019-20 to \$3.4B;
- \$609M to support the procurement of additional personal protective equipment, critical supplies, equipment and continued support for essential supply chain operations;
- \$398M in additional support to respond to the impact of COVID-19 in the long-term care sector, including continued prevention and containment measures and more funding to support implementation of testing guidelines; and
- \$235M in additional supports to protect children and staff in child-care and early years settings.

When asked by the media about having a paid sick leave program, the Minister responded that this was part of the \$19B Safe Restart Agreement with the federal government and they are discussing with their federal counterparts ways to make the federal program simpler and fastest. Minister Bethlenfalvy also pointed out that isolation centers have been set up at no cost to those arriving and staying at the facility.

In response to media questions about the contingency fund and unspent federal funds that have been transferred to Ontario, the Minister noted that "these claims are simply incorrect...it's been allocated" and the funds "have been spoken for."

The government will provide its next update on Ontario's finances and the government's plan to continue its fight against COVID-19 in the 2021 Budget, to be delivered no later than March 31, 2021.

Update on COVID-19 Workplace Inspection Blitz:

- So far, more than 38,000 inspections have been completed across the province and 63 unsafe workplaces have been shut down. Since January, provincial inspectors have visited over 2,300 retailers from Windsor, Niagara, Toronto, Muskoka and Ottawa.
- During three weeks of blitzes, with visits to almost 1,500 businesses, the compliance rate among big-box stores increased by almost 19 percent and by seven percent among other retailers such as convenience stores, dollar stores and gas stations.
- Today's inspection campaign will focus on distribution centres in Peel Region. Inspectors will visit approximately 100 warehouses, including breakrooms and back offices to check that health and safety measures are being followed. 430 visits have been carried out in this sector already. Officers will be doing similar inspections in Peterborough and the Guelph area next week.

Federal Developments:

COVID-19 Update for Indigenous Peoples and Communities:

- Chief Medical Officer of Public Health at Indigenous Services Canada, Dr. Tom Wong, said "we're continuing to see positive signs that the curve is beginning to bend. The rate of active cases in First Nations' communities has decreased by more than 50 percent over the past three weeks."
- Cases of COVID-19 variants of concern are present in Canada and data suggests these variants are more transmissible, which pose an increased risk of outbreaks in high risk populations and communities. This includes congregate living settings, Indigenous communities, remote and isolated settings. Dr. Wong cautioned the more variants there are in the rest of Canada, the higher the risk of potential spread into Indigenous communities.

COVID-19 Vaccine Roll-Out in Indigenous Communities:

- Indigenous Services Canada (ISC) is working with the Public Health Agency of Canada and the Canadian Armed Forces to support community vaccine rollout; ISC will continue to work with Indigenous partners to address human health resources and search capacity needs as the rollout of vaccines moves into the next phases.
- As of February 8th, over 72,000 COVID-19 vaccine doses have been administered in 344 First Nations, Inuit and territorial communities reaching 12 percent of the population vaccine dose target at a coverage rate that's six times that of Canada.
- In Ontario, Operation Remote Immunity continues flights to 31 fly-in communities to vaccinate adults and the work is expected to continue over the next three months. Among the Muskrat Dam First Nation, the operation has reached a 96 percent vaccination rate for adult residents.
- Indigenous Services Minister Miller noted that there has been pushback about Indigenous communities' status as one of the priority groups for receiving the COVID-19 vaccine. He made the point that "regardless of where you call home, Indigenous peoples are 3.5 to 5 times more at risk of suffering severe or even life-threatening consequences of COVID-19. That's why the National Advisory Committee on Immunization has identified Indigenous people as a priority for vaccination."
- Minister Miller said "planning our vaccination roll-out in cities also remains a priority. We are in regular discussions with Indigenous organizations at the National and other levels....municipal, provincial and federal health experts as well and vaccination centres are already open in Indigenous communities." In the territories, Canada is "still on track to vaccinate 75 percent of the adult population by April."
- Dr. Wong indicated there has been strong leadership in prioritizing Indigenous peoples in the rollout of vaccines at the regional level. For example, First Nations in Manitoba are working with the province to co-plan how vaccines are mobilized in the North as well as in the South. An immunization clinic is being opened up in Winnipeg for Indigenous healthcare workers, Traditional Healers and Knowledge Keepers.

U.N. Declaration on the Rights of Indigenous Peoples and Systemic Racism:

- In December 2020, federal Justice Minister Lametti tabled Bill C-15 in the House of Commons; this bill would require the federal government to: ensure that the laws of Canada are consistent with the United Nations Declaration on the Rights of Indigenous Peoples; and prepare and implement an action plan to achieve the objectives of the Declaration. When asked today whether Bill C-15 would help in fighting systemic racism, Indigenous Services Minister Miller responded that “you just need to read the declaration....it puts Indigenous peoples on the starting line for once.”
- Minister Miller went on to explain how “these are principals, they’re declarations. The hard work ...is then ensuring that our laws reflect that and that’s a tougher long-term task....that sits squarely with the federal government but as well as with the provinces as they reform their laws....it is not an uncomplicated set of declarations to put into effect.”

Details and Links to Other Announcements:

- **Public Transit:** \$14.9B will be provided to cities and communities for public transit projects over the next eight years, as part of the federal government's plan to create one million jobs, fight climate change, and rebuild a more sustainable and resilient economy.

Trends and Cases in Ontario, Canada, and First Nations on Reserve:

Cases Among First Nations on Reserve:

As of February 9th, Indigenous Services Canada was aware of these confirmed cases of COVID-19 for First Nations communities:

- 18,356 confirmed positive COVID-19
- 1,761 active cases
- 833 hospitalizations
- 16,401 recovered cases
- 194 deaths

Cases in Ontario: (February 9th as of 10:30am)

- Total number of cases: 281,566; an increase of 1,072
- So far, 228 cases of the B.1.1.17 (United Kingdom) virus variant have been reported and three cases of the B.1.3.5.1 (South Africa) virus variant.
- Most newly confirmed cases are concentrated in three public health units (e.g. 393 new cases in Toronto, 196 in Peel and 125 in York Region)
- Resolved: 261,700 (92.9%); an increase of 1,709
- Deaths: sadly, 6,596 people have died; an increase of 41 people
- Hospitalized: 948 people were hospitalized; 313 were in intensive care and of those, 226 were on a ventilator.
- Long-term care homes (according to iPHIS): 200 active outbreaks; 394 confirmed cases in residents; 568 confirmed cases in staff; 3,683 deaths among residents and 11 among staff
- Lab testing: 10,137,627 completed; 52,504 tests were completed yesterday; up from 30,798 on Monday; while the backlog of tests waiting to be completed increased to 41,725 from 33,273.
- As of 8:00 p.m. yesterday, [412,119 doses of the COVID-19 vaccine](#) have been administered, including 13,486 doses on Tuesday; with a total of 125,725 people fully vaccinated

Cases in Canada: (February 9th as of 7pm)

- Total number of cases: 810,797; an increase of 2,677

- Resolved: 750,709 (92.6%)
- Deaths: 20,909
- People tested per million: 589,461
- Percent Positivity: 3.8%

OPHA COVID-19 Key Developments February 9

Provincial Developments:

- As the Hastings Prince Edward Public Health region enters the Green-Prevent zone this Wednesday, [its Medical Officer of Health, Dr. Oglaza, announced today that he is implementing additional precautions](#) to protect residents. A Class 22 order was issued prohibiting the booking of accommodations, personal services and dine-in restaurants to those from other regions where stay-at-home orders are still in effect.
- Ontario is providing \$12.5M to local lead agencies to work in partnership with Ontario Health, public health units, municipalities, and other community partners to help 15 high risk neighbourhoods contain the spread of the virus and access services to better protect individuals and families.
- The provincial government also announced funding to support mental health and addiction services for postsecondary students, supports for seniors to break down social isolation and affordable housing for Indigenous people in Orillia.

Federal Developments:

- Prime Minister Trudeau announced that as of February 15th, individuals will need to present a negative PCR test to come into Canada through a land border. Such tests will need to have been done no more than 72 hours before individuals arrive at the border.
- Health Canada has authorized Pfizer-BioNTech to change the product monograph and label for their COVID-19 vaccine to reflect that each vial contains six doses rather than five; Pfizer-BioNTech is now able to ship fewer vials to Canada and still reach their agreement to supply Canada with a total of 40 million doses.
- Maj-Gen. Dany Fortin confirmed the first shipments of the low-dead volume syringes that are required to extract that sixth Pfizer dose have already arrived in Canada and deliveries will continue into May 2021.
- National Revenue Minister LeBouthillier announced the federal government will provide [targeted interest relief on 2020 income tax debt](#) to Canadians who received COVID-related income support benefits.
- Employment, Workforce Development and Disability Inclusion Minister Qualtrough announced that the government will allow self-employed workers who applied for the CERB based on their gross income to keep their payments, provided that they have met all other program requirements.

More details are included below along with an update on cases in Ontario and across Canada.

Provincial Developments:

Ontario's COVID-19 Response in High Priority Communities:

- Ontario is providing \$12.5M to local lead agencies to work in partnership with Ontario Health, public health units, municipalities, and other community partners to help high risk neighbourhoods contain the spread of the virus and access services to better protect individuals and families.

- More than 160 Community Ambassadors have been engaged and more than 225 are being hired to deliver much-needed targeted outreach and communications to members of 15 communities hardest hit by COVID-19. This outreach includes providing contact information and details on financial and isolation supports in multiple languages.
- The province is implementing and expanding multiple testing approaches including the opening of mobile and pop-up clinics and rapid testing.
- The government is also providing emergency income support to people who are facing a crisis situation and not receiving support from Ontario Works, or the Ontario Disability Support Program. A single individual could receive up to \$733 a month in emergency income support.

Federal Developments:

Emergence of COVID-19 Variants:

- Chief Public Health Officer Dr. Tam cautioned that although national case counts and severe outcomes have been declining for several weeks, increased detection and spread of virus Variants of Concern means we need to be ever more vigilant. She noted this is not the time to loosen public health restrictions, as some provinces have recently done (i.e. Alberta and Ontario).
- She noted that over the past week, the number of new SARSCoV2 virus variants has more than doubled in Canada, with seven provinces reporting one or more variants, and Ontario reporting the first detection of a P.1 variant first found in Brazil.
- So far, provinces and territories have reported over 381 SARSCoV2 Variants of Concern nationally, including 355 B.1.1.7 variants, 25 B.1.351 variants and 1 P.1 variant, first found in the UK, South Africa, and Brazil, respectively.
- Dr. Tam explained that while it's normal for variants to emerge, as viruses evolve, these are considered "Variants of Concern" because they are known to spread more easily. There is also a possibility of reduced protection of current COVID-19 vaccines.

COVID-19 Vaccine and Adverse Effects:

- Major General Fortin confirmed Canada will receive about 400,000 Pfizer doses next week and 475,000 doses in the last week of February.
- Health Canada has [approved Pfizer's request to label each Pfizer vaccine vial as having six doses](#) of what was initially labelled as a five dose vial.
- Shipments of Pfizer-BioNTech vaccine to provinces for this week have already begun and are calculated at five doses per vial. Future shipments will reflect the newly approved monograph.
- Deputy Chief Public Health Officer Dr. Njoo said the Public Health Agency of Canada will be preparing webinars to provide local health providers who are administering the vaccines with good technical support on how to draw the sixth Pfizer dose.
- The acting Medical Officer of Health (MOH) at Niagara public health unit has [confirmed that they've been able to administer 127.7% of their allocated Pfizer-BioNtech vaccine](#). MOH Mustafa Hirji indicated "we have 100% success at getting a 6th dose, and 49.9% success at extracting the elusive 7th dose."
- Retired General Hillier [is on record](#), however, saying that "we've been getting that 6th dose but it's not in every vial."
- Chief Medical Advisor for Health Canada, Dr. Supriya Sharma indicated there have been instances where "very rare" severe allergic reactions, which includes anaphylaxis, were reported during vaccination outside of clinical trials, usually within an hour of receiving the Pfizer shot.
- Dr. Sharma emphasized that people with allergies to the vaccine and its ingredients shouldn't take it.

Details and Links to Other Announcements:

- [Students Mental Health Support](#): \$7M to help increase access to mental health and addiction services for postsecondary students in Ontario during COVID-19.

- [Senior's Support](#): \$4.5M for local projects that support older adults to stay connected with their communities during the COVID-19 outbreak in Ontario.
- [Affordable Housing](#): \$6.2M to help create affordable housing for Indigenous people in Orillia to support those experiencing homelessness during COVID-19.

Trends and Cases in Ontario, Canada, and First Nations on Reserve:

Cases Among First Nations on Reserve:

As of February 9th, Indigenous Services Canada was aware of these confirmed cases of COVID-19 for First Nations communities:

- 18,241 confirmed positive COVID-19
- 1,834 active cases
- 828 hospitalizations
- 16,217 recovered cases
- 190 deaths

Cases in Ontario: (February 8th as of 10:30am)

- Total number of cases: 280,494; an increase of 1,022
- So far, 227 cases of the B.1.1.17 (United Kingdom) virus variant have been reported and three cases of the B.1.3.5.1 (South Africa) virus variant.
- Most newly confirmed cases are concentrated in three public health units (e.g. 343 new cases in Toronto, 250 in Peel and 128 in York Region)
- Resolved: 259,991 (92.7%); an increase of 1,388
- Deaths: sadly, 6,555 people have died; an increase of 17 people
- Hospitalized: 909 people were hospitalized; 318 were in intensive care and of those, 223 were on a ventilator.
- Long-term care homes (according to iPHIS): 205 active outbreaks; 459 confirmed cases in residents; 651 confirmed cases in staff; 3,668 deaths among residents and 11 among staff
- Lab testing: 10,085,123 completed; 30,798 tests were completed yesterday; up from 28,303 on Sunday; while the backlog of tests waiting to be completed increased to 33,273 from 10,693.
- As of 8:00 p.m. yesterday, [398,633 doses of the COVID-19 vaccine](#) have been administered, including 12,462 doses on Sunday; with a total of 115,529 people fully vaccinated

Cases in Canada: (February 8th as of 7pm)

- Total number of cases: 808,120; an increase of 2,967
- Resolved: 747,110 (92.5%)
- Deaths: 20,835
- People tested per million: 587,832
- Percent Positivity: 3.8%

OPHA COVID-19 Key Developments February 8

Provincial Developments:

- Premier Ford announced that the province is gradually returning to its colour-coded COVID-19 Response Framework with three public health regions moving into the Green-Prevent zone this Wednesday.

- While the provincial emergency will be allowed to terminate on February 9th, the stay-at-home order in a majority of public health unit regions remains along with existing public health measures.
- Premier Ford announced that when the stay-at-home order is removed for other public health regions [in person-retail shopping will be permitted to reopen with strengthened public health and safety requirements](#) in place.
- The Premier stressed that his “No. 1 priority will always be protecting the health and safety of all individuals, families and workers across the province....but we must also consider the severe impact COVID-19 is having on our businesses. That’s why we have been listening to business owners, and we are strengthening and adjusting the framework to allow more businesses to safely reopen and get people back to work.”
- Ontario's Chief Medical Officer of Health noted that this change was not a "return to normal" and that people should still only leave their houses for essential reasons. Dr. Williams stressed that "while we are seeing our numbers trend in the right direction, our situation remains precarious as the variants of concern remain a serious risk."
- Toronto Public Health has reported that a Toronto resident has tested positive for the P.1 COVID-19 mutation, known as the Brazilian variant of concern.
- Ontario [expanded eligibility for the emergency child-care program](#) to include more frontline workers in Toronto, York Region and Peel.

Federal Developments:

- As Health Canada continues its rolling-review of the AstraZeneca vaccine candidate, [reports of early data out of South Africa](#) shows the “vaccine doesn't appear to offer protection against mild/moderate disease caused by the 501YV2 variant identified in the country.”

More details are included below along with an update on cases in Ontario and across Canada.

Provincial Developments:

Ontario Extending Stay-at-Home Order Across Most of the Province:

- As public health trends are improving in some regions faster than others, the stay-at-home order will continue to apply to 28 public health regions until Tuesday, February 16th and for Toronto, Peel and York regions until Monday, February 22nd. Final decisions will be subject to a review of the trends in public health indicators at that time.
- The following three regions will be moving back to the Green-Prevent level on Wednesday, February 10th and will no longer be subject to the stay-at-home order: Hastings Prince Edward Public Health; Kingston, Frontenac and Lennox & Addington Public Health; and Renfrew County and District Health Unit region.
- Premier Ford noted that the government is strengthening and adjusting its [COVID-19 Response Framework: Keeping Ontario Safe and Open](#) to include new safety measures for all levels as the government continues to support the province’s economic recovery. One notable change is the introduction of [active screening of every person who works at a business or organization before they enter the premises](#) and all patrons entering indoor malls.
- Recognizing the risk posed by new variants, Ontario is introducing an "emergency brake" if a public health unit region experiences rapid acceleration in COVID-19 transmission or if its health care system risks becoming overwhelmed; this “brake” will allow the Chief Medical Officer of Health, in consultation with the local medical officer of health, to immediately advise that a region move into the Grey-Lockdown zone to interrupt transmission
- For those communities that will be placed in the Grey-Lockdown Zone, the following will apply:
 - in-person shopping, including discount and big box retailers, liquor stores, hardware stores and garden centres can resume with but with a limit of 25 per cent capacity;
 - supermarkets and other stores that primarily sell groceries, convenience stores and pharmacies will be limited to 50% capacity and personal care services will remain closed;

- 10 people will be allowed to gather outdoors but with physical distancing; and
- outdoor recreational facilities (e.g. ice rinks, ski hills and snow trails) can open but with restrictions.

Emergency Child Care Services:

- Construction and transit workers, who are unable to work remotely, in Toronto, York Region and Peel will be eligible for emergency child-care, starting Tuesday, February 9th.
- Access to emergency child-care services in the public health regions of York Region, Toronto and Peel will end on Friday, February 12th in advance of the return to in-person learning on February 16th.

Federal Developments:

National Overview of COVID-19 Cases and Vaccines:

- Canada's Chief Public Health Officer, Dr. Tam, noted that national-level data continues to indicate a downward trend in the daily case counts with a 7-day average of 3,947 new cases.
- Dr. Tam indicated that even with the recent decline in severe COVID-19 outcomes, the situation continues to burden local healthcare resources, particularly in areas where infection rates are highest.
- So far, 1,068,690 COVID-19 vaccines have been administered in Canada across key populations., including 52% of prioritized healthcare workers, 27% of adults and 11% of elderly adults over 80 years of age have received at least one dose of the vaccine.
- As of January 29th, 480 adverse events following immunization have been reported of which sixty-eight of these were considered severe allergic reactions. Health Canada's post-market surveillance has not identified any unexpected COVID-19 safety issues.
- As Health Canada continues its rolling-review of the AstraZeneca vaccine candidate, [reports of early data out of South Africa](#) show the "vaccine doesn't appear to offer protection against mild/moderate disease caused by the 501YV2 variant identified in the country."

Trends and Cases in Ontario, Canada, and First Nations on Reserve:

Cases Among First Nations on Reserve:

As of February 5th, Indigenous Services Canada was aware of these confirmed cases of COVID-19 for First Nations communities:

- 17,657 confirmed positive COVID-19
- 1,750 active cases
- 815 hospitalizations
- 15,731 recovered cases
- 176 deaths

Cases in Ontario: (February 7th as of 10:30am)

- Total number of cases: 279,472; an increase of 1,265
- So far, 219 cases of the B.1.1.17 (United Kingdom) virus variant have been reported, an increase from 155 on Friday, and at least one case of the B.1.3.5.1 (South Africa) virus variant.
- Most newly confirmed cases are concentrated in three public health units (e.g. 421 new cases in Toronto, 256 in Peel and 130 in York Region)
- Resolved: 258,603 (92.5%); an increase of 1,700
- Deaths: sadly, 6,538 people have died; an increase of 33 people

- Hospitalized: *901 people were hospitalized; 335 were in intensive care and of those, 226 were on a ventilator.
*More than 10% of hospitals did not submit data to the Daily Bed Census.
- Long-term care homes (according to iPHIS): 213 active outbreaks; 494 confirmed cases in residents; 686 confirmed cases in staff; 3,669 deaths among residents and 11 among staff
- Lab testing: 10,054,325 completed; 28,303 tests were completed yesterday; down from 51,658 on Saturday; while the backlog of tests waiting to be completed decreased to 10,693 from 16,539.
- As of 8:00 p.m. yesterday, [386,171 doses of the COVID-19 vaccine](#) have been administered, including 6,987 doses on Sunday; with a total of 106,163 people fully vaccinated

Cases in Canada: (February 8th as of 7pm)

- Total number of cases: 804,260; an increase of 3,203
- Resolved: 738,766 (91.9%)
- Deaths: 20,767
- People tested per million: 585,584
- Percent Positivity: 3.8%
- 1,068,690 COVID-19 vaccines have been administered across key populations., including 52% of prioritized healthcare workers, 27% of adults and 11% of elderly adults over 80 years of age have received at least one dose of the vaccine.

Please note that the privacy and security of email communication cannot be guaranteed. Please refrain from using email messages to send personal information.

Vision: A healthier future for all.

Mission: Working with Grey Bruce communities to protect and promote health.

Core Values: Effective communication, Partnership, Respectful Relationships, Quality and Innovation, Integrity, Leadership

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Media Advisory

February 17, 2021

COVID-19 Hockey Hub Mass Immunization Centre

Media are invited to a tour of the Grey Bruce Health Unit's operationally ready COVID-19 Hockey Hub Mass Immunization Centre.

Located at the P&H Community Centre, 269 7th Ave., Hanover, the Hockey Hub Mass Immunization Centre is a fully functional and scalable mass COVID-19 vaccination clinic. The facility offers a model for mass immunization delivery anywhere there is building capacity, such as a hockey arena or community hall.

The tour will take place beginning at 12:00 noon, Friday, February 26, 2021. This event will include a brief presentation of Grey Bruce's Hockey Hub Model, followed by a walk-through and a question and answer period. Face coverings are required and social distancing will be observed.

Hubs can be readied upon notice of available vaccine. Operational, these hubs can administer 4500 doses of vaccine per day.

I welcome you to confirm your attendance with Drew Ferguson, Grey Bruce Health Unit 519-376-9420 or 1-800-263-3456 ext. 1269
d.ferguson@publichealthgreybruce.on.ca

Dr. Ian Arra, MD MSc FRCPC ACPM ABPM
Medical Officer of Health and Chief Executive Officer
Grey Bruce Health Unit

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Media Release

February 17, 2021

COVID-19 Variant Identified in Grey Bruce

Test results confirm the first COVID-19 variant in Grey Bruce.

The individual with the new variant is from another health unit and is self-isolating locally. Potential risk to the public during the trip to the location of isolation was mitigated. The Grey Bruce Health Unit Case and Contact Management Team is monitoring the individual's progress.

Current reporting indicates that the incubation period for these variant strains can be shorter, resulting in rapid transmission; therefore, early containment is essential.

To address the higher transmission rate seen with the new strains of COVID-19, Ontario has adopted a six-point strategy to stop the spread of the new variants. The plan includes mandatory on-arrival testing of international travellers, enhanced screening and sequencing to identify the new variants, maintaining public health measures to keep people safe, strengthening case and contact management to track the spread of new cases, enhanced protections for vulnerable populations, and leveraging the latest data to inform public health decisions.

Changes include a revised definition of high-risk contacts to reflect the increased risk of transmission. Additionally, high-risk contacts and their household will be asked to follow more rigorous protocols.

Public Health is the lead in all outbreaks and case management. Public Health will contact you if you have had close contact with someone who has COVID-19, based on a thorough risk assessment completed only by Public Health. **Determining who is a close contact is a decision that only Public Health can make.**

The new variants are a reminder to everyone to follow the 3 W's to reduce transmission of COVID-19 – **Wash hands** frequently, **Watch distance** (ideally 6ft), and **Wear face covering** correctly.

For More Information:

Dr. Ian Arra, MD MSc FRCPC ACPM ABPM

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Media Release

February 18, 2021

Grey Bruce COVID-19 Vaccine Task Force

Under the direction of the Grey Bruce Health Unit, a COVID-19 Vaccine Task Force provides feedback and support for [The Grey Bruce Health Unit COVID-19 Vaccination Plan](#) and its rollout. Membership in the Task Force will vary to reflect the requirements of the projects before the group. The current Vaccine Task Force membership includes the following, representing specific sectors:

Sector	Representative
Agriculture	Steve Hammell Paul Vickers
Business	James Scongack Ashley Chapman
Congregate Settings (LTC / Retirement Homes)	Jennifer Cornell
EMS	Kevin McNab Steve Schaus
Faith Based Organizations	David Baker
Fire	Doug Barfoot Chris Cleave
First Nations	Doran Ritchie Nick Saunders
Hospitals	Dana Howes
Municipalities	Kim Wingrove Selwyn (Buck) Hicks Sandra Datars Bere Janice Jackson
Nursing /Primary Care/Community Health Centres	Penny Pedlar
Pharmacies	Ryan Fullerton Kristen Watt
Police	Craig Ambrose Krista Miller
Primary Care	Pamela Loughlean Dr. Lizette van Zyl
Schools	Lori Di Castri Sheryl Elliott
Social Services	Anne Marie Shaw

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Medical Officer of Health and Chief Executive Officer

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Media Release

February 22, 2021

COVID-19 Single Symptom? Stay Home! Get Tested! **New Provincial Screening Guidance**

In response to new COVID-19 Variants of Concern in Ontario, the Provincial Government has updated screening for workplaces, schools and childcare centres. Anyone with a single symptom must stay home, self-isolate, and get tested (or chose to isolate for the allotted time). **Household members of someone with symptoms must also stay home while the person waits for their test results.**

Each day before you go to work, school, or even go out in to the community, you should take a minute to think about how you are feeling.

If going to work or school/childcare, you are required to complete the screening tool every day;

[Worker and Employee Screening Tool](#)
[School and Childcare Screening Tool](#)

These screening tools ask you to report on how you are feeling, and if you have any symptoms that are consistent to COVID-19 symptoms.

READ THE SCREENING TOOL CAREFULLY to make sure you are using it correctly.

FILL OUT THE SCREENING TOOL HONESTLY to help identify possible infection early in order to prevent any future spread.

STAY HOME IF YOU HAVE ANY SYMPTOMS that are new or unusual, even if you only have one.

GET TESTED AND FOLLOW THE SCREENING INSTRUCTIONS as it will provide additional details and next steps around testing and isolation.

For more information on COVID-19 in general, please visit the Grey Bruce Health Unit website at [Grey Bruce Public Health Homepage \(publichealthgreybruce.on.ca\)](https://www.publichealthgreybruce.on.ca).

For More Information:

Dr. Ian Arra, MD MSc FRCPC ACPM ABPM
Medical Officer of Health and Chief Executive Officer

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Media Release

February 22, 2021

COVID-19 Vaccine to all Long-Term Care and Retirement homes in Grey Bruce

The Grey Bruce Health Unit confirms that the first dose of the COVID-19 vaccine has been given to all residents, staff, and essential caregivers (who consented to the vaccine) in all 19 long-term care and seven high-risk retirement homes in Grey Bruce.

The first round of vaccine to these residents, caregivers and staff ensures a significant milestone in preventing transmission of the COVID-19 virus in settings where the risk of complications can be serious.

In addition, those who were first to get their vaccine in January have received their second dose, and we anticipate sufficient supply to ensure the second dose for ALL residents, staff and essential caregivers will be received within recommended dosing schedules.

To date 3759 doses of the vaccine have been administered, putting us on schedule to move through the province's framework for vaccine administration.

To view progress, and all of the details regarding the vaccine and the rollout plan in Grey and Bruce, please visit our website at:

[COVID-19 Vaccines \(publichealthgreybruce.on.ca\)](https://publichealthgreybruce.on.ca)

For More Information:

Dr. Ian Arra, MD MSc FRCPC ACPM ABPM

Medical Officer of Health and Chief Executive Officer

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