CDA COVID-19 UPDATE ANGELIER CARRIED CARRIED

A Message for CDA Stakeholders

Below is a snapshot of the Canadian Dental Association's (CDA) pandemic work for the week ending August 14, 2020.

Special Notice: Regular updates will resume on September 11, 2020.

This Week's Fast Facts: COVID-19 Situational Report

Worldwide: As of August 2020, there have been over 20 million COVID-19 infections worldwide, with a growth of nearly 10% in new cases per each week for the last two weeks. This is a marginal improvement in new infections worldwide compared to the previous six weeks.

Resurgence in previously stable countries and parts of the United States (U.S.), an increased prevalence of cluster outbreaks and continued community spread are counterbalancing gains made on a global level.

The U.S. continues to lead the world in total growth of new cases, followed closely by Brazil, India, South Africa, Mexico and Russia. Most European countries and Canada are showing very low new case growth. There has been a return to full lockdown in specific areas in Spain and Belgium, with other countries seeing new spikes in national daily infections. As a result, some European countries are deferring final decisions related to return-to-school for September at this point.

Australia and Japan continue to experience significant community spread in specific regions, with total cases still increasing. Hong Kong, which was a model of control related to the spread of COVID-19, is now considered a hot spot and is experiencing what is described as a "third wave of infections" that began in July. Monitoring the pandemic

on a global level is important because it directly affects Canada's imports and exports of medical supplies.

Canada: Canada currently has a total of over 120,000 cases, with about 3,100 new cases (2.6% increase) added this week. This is up from 2,400 cases the previous week. The spike is associated with the August long weekend. New case growth has declined to levels not seen since early March 2020, following a significant reduction in Ontario. Other key points include:

- Cluster outbreaks continue and are associated with individuals traveling to and from other Canadian regions, growth in private house parties, and the re-opening of indoor bars and/or restaurants.
- Canada has two risk points approaching, namely the long weekend in September
 and the upcoming return-to-school. There is a concern that these events could
 lead to significant additional spikes in new case growth, as was experienced with
 gradual reopening measures and the long weekends in May, July and August of
 this year. It typically takes six weeks following a risk point to see the full impact
 of cluster outbreaks and for public health to conclude that the risk has been
 resolved.

U.S.: The situation in the U.S. in terms of new daily cases has improved. However, as expected, hospitalizations and deaths have increased as a result of the dramatic increase in infections over the past four weeks. New cases increased by approximately 20% over the last two weeks (down from 27% for the prior two weeks), exceeding 5.3 million cases and over 166,000 deaths.

U.S. vs. Canada Situation: In terms of the impact to date of the pandemic, 1 out of every 62 Americans has been infected with COVID-19. In Canada, 1 out of every 312 Canadians has been infected with the virus. The number of unresolved cases in the U.S. is significantly higher, with approximately 1 out of every 2,000 Americans currently recovering from COVID-19 compared to 1 out of every 8,000 Canadians. There are reports of community transmission to dental staff in the U.S., which is directly related to the environment where the risks of acquiring an infection outside the dental office environment are significantly higher.

Public Health Circles and What to Expect:

Outbreak Case Reports: Canada has done well in managing the COVID-19 pandemic to date. The course of COVID-19 for the Fall remains uncertain and dentists should pay close attention to their pre-screening of patients and monitor closely information related to any new clusters. Additional patterns of infection may emerge in communities as Canadians move indoors more after the summer period and return to school or work.

Management strategies changing: In addition to the current focus on rapid cluster management, the Public Health Agency of Canada (PHAC) and health authorities across Canada are advancing future planning for measures such as vaccine prioritization and distribution. The PHAC will also insist that any vaccine or medication has undergone

significant testing to ensure it is both safe and effective. The greater emphasis on rapid cluster management means more effective management of the pandemic, rather than attempting to eliminate the virus completely through greater restrictions. As part of the management strategy, masks are mandatory in public places in many jurisdictions. Messaging is being targeted to those under 30-40 years of age due to the rise in cases among these age groups.

Stockpiling PPE: The Government of Canada continues to stockpile personal protective equipment (PPE) in preparation for the Fall. Other countries are engaged in similar activities, which has therefore increased the demand and cost of PPE. There are ongoing strains on the availability of PPE and supply chains. More industries are adapting to the current situation, planning for the months to come by either buying PPE for the first time or expanding their current needs for PPE, leading to increased competition and finite supplies.

The Way Forward: Medication, testing and vaccinations appear to be the only options to move out of the pandemic. At this point in time, there are over 200 vaccines in development, with several having proceeded to their first clinical trials. Two vaccines being developed by two different U.S. companies were given approval this week to move to larger clinical trials involving over 30,000 subjects. While this is good news, more clinical trial evaluations for safety and effectiveness are yet to be completed, which means that a vaccine is unlikely to appear before 2021.

Pandemic Fatigue: Lessons for the Dental Profession

To date, good infection prevention control practices have resulted in no patient transmission in dental offices. However, there are case reports from office settings related to staff-to-staff transmission (two case reports in the U.S. and one in Australia). This offers lessons for the dental profession:

- 1. Examine and continue to respect social distancing practices in the office: beware of pandemic fatigue which grows over time.
- 2. Urge caution with respect to any travel and going to bars and restaurants.
- 3. Generally, outbreaks and case transmission to date among health care personnel are associated with common areas, such as lunchrooms or washrooms¹. This remains a significant concern. Remind dental office staff of the following:
 - o Never let your guard down.
 - o Always wear masks while in the dental office. Given the increased pressure on the supply of all types of medical grade masks, a personal cloth mask that is washed daily is a good alternative when not performing clinical duties, when on breaks, or when entering/leaving the office.
 - Practice social distancing in lunchrooms, sterilization rooms, and other common areas to avoid the spread of the virus.
 - Take all necessary precautions, including disinfecting common area surfaces, such as counters, door handles, faucets, sinks and toilets.
 - o Clean hands frequently.
- 4. There needs to be continued vigilance regarding the screening and pre-screening of patients.

5. Dental offices within cluster outbreak areas should be extra cautious. Cluster outbreaks can be related to a specific indoor facility in their respective area, such as a hospital, processing plant, bar, restaurant or specific large family gatherings. These outbreaks need to be taken into consideration when dental offices screen/pre-screen individuals to help minimize the risk of the spread of infection.

¹This information is based on case reports from Ontario and Quebec, and in particular, within long-term care and hospital settings. In these settings, the routine wearing of masks was not part of protocols, and staff-to-staff infections were common based on the contact tracing and follow-up. Early reports from China confirm similar findings.

CDA's Return to Practice Task Force ("The Task Force"):

The Task Force includes representatives from all Corporate Member provincial dental associations (PDAs). The Task Force works together to discuss deliverables for:

- information exchange on return-to-practice status across the country;
- 2. strategies for obtaining and securing PPEs; and
- 3. communications to the public on dentists returning to practice.

New! Dental Office Poster Series Released: *Be Vigilant Inside and Outside the Op!* To remind dental team members about pandemic fatigue lessons for dentistry, CDA developed a three-part office poster series and suggested team huddle discussion points, upon the request and recommendation from members of the Task Force. The poster series targets dental office staff, reminding them to be as vigilant outside the operatory, as they are inside the operatory.

English- and French-language versions of all materials have been made available to Corporate Member PDAs to co-brand and distribute to your member dentists, as deemed appropriate.



A preview of one poster in the *Be Vigilant Inside and Outside the Op!* series. Colours and text may vary as PDAs may adapt the materials for use by their member dentists.

Reminders:

- The Task Force will return to regular bi-weekly meetings starting on September 9, 2020.
- The Task Force continues to review and prioritize its list of deliverables. Any specific expectations or special requests of the Task Force should be fed forward by Corporate Member PDAs to their PDA member Task Force representative.

Routine Oral Health Care Provision in Canada Clarified:

New! CDA Issued Public Statement Clarifying WHO Considerations to Delay Non-essential Oral Health Care are Not Relevant for Canada

On August 12, 2020, CDA issued a <u>public statement</u>, clarifying that the World Health Organization's (WHO) <u>considerations</u> to delay the provision of non-essential oral health care during the COVID-19 pandemic are **not relevant** for the current status in Canada since there is not wide-spread community transmission of COVID-19 in our country. Canada is experiencing cluster-contained outbreaks and has strong infection protocols in dental offices - conditions which allow for routine oral health care to be provided.

CDA Contacts FDI and Issues Letter to WHO: CDA has subsequently contacted the WHO with a letter, outlining its concerns regarding its ill-timed and unclear release of its considerations which caused considerable confusion for Canadians. In a letter to FDI World Dental Federation, CDA also expressed its surprise and concern around the WHO neglecting to consult with the FDI before the considerations were published. Consultation could have prevented these negative outcomes.

FDI Reacts: The FDI issued a <u>statement</u> on August 14, 2020, in response to the release of WHOs considerations. Additionally, through the WHO Global Oral Health Network on the same day, the WHO advised that unfortunately, a number of media headlines, intentionally or not, when referring to the WHO guidance did not mention that the recommendation to delay routine oral health care is only suggested in an intense uncontrolled community transmission scenario - a scenario that does not fit with the current situation of most of countries around the world.

On behalf of the Canadian dental profession and the public, CDA encourages enhanced communication and collaboration between key international organizations to avoid similar incidents from reoccurring. To maintain good oral and overall health, Canadians should be aware that routine oral health care is accessible in Canada at this stage of the COVID-19 pandemic, and should not be delayed. Individuals are encouraged to like/share CDA's public statement social media post on Facebook, Twitter and Instagram to create further awareness among the dental community until the confusion dissolves.

Knowledge and Information Broker:

<u>CDA Oasis</u> is CDA's primary channel of communication for delivering urgent information to the dental community during the COVID-19 pandemic.

This week's **CDA Oasis Bulletin** collated relevant and timely "news that you can use" related to COVID-19. CDA Oasis also promoted CDA's <u>public statement</u> on clarifying WHO considerations to delay non-essential oral health care.

New! CDA Essentials, Issue 5 is now available <u>online</u>. Check out these articles pertaining to CDA's efforts underway during the COVID-19 pandemic, including:

- From the President: And We're Back ...
- Future-Proofing: Cost Leadership Strategies for Dental Offices
- How Dentists Across Canada Experienced Return to Practice
- Taking Care of Your Oral Health: Your Dentist is Ready to See You
- CDA Addresses House of Commons' Health Committee
- CDA at Work During the Pandemic
- Your COVID-19 Questions Answered



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Mental Health and Wellness:

With the COVID-19 pandemic placing strain on individuals and families across the country, it's important to safeguard your mental health and overall wellness.

Access mental health and wellness support through CDSPI's Members' Assistance Program (MAP) via social media, its Help Desk service, and on its website. MAP can be accessed by calling **1.844.578.4040** or visiting <u>www.workhealthlife.com</u>



Free counselling, referral and information service for dentists, dental office employees, and their families.

CDA Help Desk:

CDA's Help Desk continues to assist dentists and dental office employees on how to navigate and access federal government support programs.

For assistance, please call **1-866-232-0385**, M-F, **7:30** A.M. – **8:00** p.m. EDT.



The CDA COVID-19 Response Team works diligently on a range of fronts to help minimize and mitigate the impacts of COVID-19 on the dental profession. CDA is working to address scientific, clinical, economic and business-related matters impacting dentistry, including efforts to increase awareness about the mental health and wellness of dentists, their families and dental office employees during these challenging times. CDA will communicate regular updates as new information becomes available.

