

CDA COVID-19 UPDATE



A Message for CDA Stakeholders

Below is a snapshot of the Canadian Dental Association's (CDA) pandemic work for the week ending July 31, 2020.

Special Notice: The next COVID-19 Update is slated for August 14, 2020. Regular updates will resume on September 11, 2020.

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

Worldwide: As of July 29, 2020, there have been over 17 million infections worldwide, with a growth of over 12% in new cases per week consistently for the past several weeks.

There has been no reduction in the overall global rate, despite many countries making progress. Resurgence in previously stable areas in the United States (U.S.) and an increased prevalence of cluster outbreaks are counterbalancing any gains made on a global level.

The U.S. is currently leading the world in the total growth in new cases, followed by Brazil India, South Africa and Russia. Most European countries and Canada are showing very low new case growth. Two notable exceptions associated with the increase in European travel include Spain and Belgium, where there has been a return to full lockdown in specific, newly affected communities.

Australia and Japan are experiencing clusters of community spread which continue to increase, and Hong Kong is now also considered a hot spot. 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 115,000 cases, with over 3,500 new cases added this week. This equates to an approximate 2% increase weekly and can be attributed to new cluster outbreaks in various provinces. Other key points include:

- **Provinces:** Canada has added about 6,400 new cases, which is up slightly from the previous two-week period which saw about 4,000 new cases. Although Ontario's daily cases have been consistently below 130 cases per day in recent days, cluster outbreaks are affecting the western provinces, resulting in the uptick in COVID cases.

The situation in Alberta has worsened significantly over the past two weeks, which is largely stemming from cluster outbreaks. Manitoba has experienced new cases associated with specific communities, while the overall new case growth for Saskatchewan and British Columbia remains similar.

Cluster outbreaks are part of a general shift in the pattern of new case growth in Canada. The clusters 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 weekends in August and September. There is a concern that these dates will lead to additional spikes in new case growth, as was experienced with long weekends in May and July. It typically takes six weeks following a risk point to see the full impact and for public health to conclude that the cluster has been resolved.

- **Positive Test Rates:** An indicator of community spread is the rate of positive testing vs. all tests performed. In Ontario, for example, during the peak of new cases, the level of positive tests has been between 2% to 3% of over 20,000 daily tests performed. At present, the positive test rate is negligible (a positive return test rate well below 1 out of 200 or less) and is an indicator that like the rest of the country, there is currently no indication of community spread. For all of Canada, the overall positive test rate remains negligible, with two-thirds of those testing positive now below age 40. New outbreaks are directly linked to indoor gatherings and the lack of social distancing.
- **Death Rate:** Many provinces saw new deaths this week. The death rate from all infections has declined slightly in the past two weeks to 7.8% due to infections largely affecting younger individuals. New deaths were less than 1% of total cases the previous week, and further declined over the past seven days to 0.4%, which coincides with the general trend of fewer hospitalizations and critically ill individuals.

USA: The U.S. has increased its overall cases by over 27% over the last two weeks, exceeding 4.5 million cases and over 150,000 deaths. Overall, 30 states have increased its cases this week, 20 states are remaining at the same new case rate, and only four states (3 continental) have decreased case rates (Arizona, Utah, the U.S. Virgin Islands

and Vermont). As a result, new case rates are plateauing at an alarming rate of 60,000 new cases each day, which is double the number of daily cases seen in mid-April. It is important to continue monitoring the situation because the U.S. is Canada's largest trading partner. Canada's supply chains are directly impacted when problems arise in the U.S.

Public Health Circles and What to Expect:

Management strategies changing: The Public Health Agency of Canada (PHAC) and health authorities across Canada are, in addition to the current focus on rapid cluster management, advancing future planning for measures such as vaccine prioritization and distribution. 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 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 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 are unlikely to appear before 2021. More on vaccines below.

Lastly, the drug *Remdesivir* was recently approved for use in Canada for individuals hospitalized with severe cases of COVID-19. The is the only drug that has been found to reduce the severity of symptoms and the average length of hospital stays from 15 to 11 days. For more details about *Remdesivir*, please see [Health Canada's advisory](#) from July 28, 2020.

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:
 - Never let your guard down.
 - 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.
 - 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.

Coming Soon! Dental Office Poster Series: *Be Vigilant Inside and Outside the Op!* To remind the dental profession about the pandemic fatigue lessons for dentistry, CDA is developing a three-part office poster series and suggested team huddle discussion points, upon the request and recommendation from members of the *Return to Practice Task Force*. The poster series aims to create awareness among staff to be as vigilant outside the operator, as they are inside the operator.

English- and French-language versions will be made available soon to Corporate Member provincial dental associations (PDAs) for distribution to dentists, as deemed appropriate.

¹ This 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.

Advocacy:

Update: Extension to Wage Subsidy Confirmed Until End of 2020: On Tuesday, July 28, 2020 Bill C-20, *An Act respecting further COVID-19 measures*, received Royal Assent and was passed into law. This will enact legislation which will

extend the Canada Emergency Wage Subsidy through the end of 2020 and enable more businesses to qualify.

There are two parts the newly revamped CEWS:

- **Base Subsidy:** The new changes will see the wage subsidy accessible to employers with a revenue decline of less than 30%, and will provide a gradually decreasing base subsidy to all qualifying employers. The intent is to allow employers with less than a 30% revenue loss to keep and bring back workers, while also ensuring those who have previously benefited could still qualify, even if their revenues recover and no longer meet the 30% revenue decline threshold.
- **Top-up Subsidy:** Employers that have been most adversely affected by the pandemic will be topped up with an additional 25%. Employers that have experienced a 3-month average revenue drop of more than 50% will be eligible for this additional top up.

The new CEWS will also provide certainty to employers that have already made business decisions for July and August by ensuring they will not receive a subsidy rate lower than they would have had under the previous rules.

CDA is working to develop top-level guidance on the revamped program. Given the specificity of the program to each particular business, and some of the complexity of the “sliding scale” nature of the new subsidy, it is highly recommended that accounting and finance professionals are engaged to help individual practices and businesses navigate the new rules.

Application process: The application process for the revamped CEWS will likely open next week (August 2020).

All Things Vaccines: COVID-19, Seasonal Influenza, and Routine Immunization Schedule by Age

New! This week, the bi-weekly update of the Office of the Chief Public Health Officer of Canada focused on the work of the Public Health Agency of Canada (PHAC) in two areas:

- To develop a strategy on how to best make a future COVID-19 vaccine available to Canadians; and
- To prepare for the influenza season this Fall, during the COVID-19 pandemic.

COVID-19 Vaccine Strategy: it appears unlikely that a vaccine would be available before 2021. It is also expected initially that adequate supplies may be an issue. This means that difficult choices that will have to be made by authorities on which population groups should receive the vaccine first. To support decision-makers, PHAC has begun a

survey regarding the priorities for vaccine distribution. In its response to the survey, CDA argued that in order to protect the capacity of the health care system, dentists need to be part of the groups that receive the earliest access to a COVID vaccine. There will be more to follow as discussions continue, and the dental profession will need to consider whether it has a role to play in the administration of a vaccine, when it becomes available.

Influenza Vaccine – an increased demand is anticipated: Currently, the demand for the flu vaccine within the [Southern Hemisphere](#) is about four times greater compared to pre-pandemic years. Although there is a delay in the start of the production of flu vaccines for the Northern Hemisphere because of the need to satisfy demand in the south, vaccine manufacturers do not foresee supply issues for the flu vaccination time in the north.

New! Dentists to Encourage Patients to Keep Up with Health Care and Routine Immunization Schedules: A major concern for PHAC is that individuals are delaying seeking health care during the pandemic out of fear of the risk of being infected with COVID-19.

This week, PHAC requested that dental professionals encourage their patients to keep up with their health care, underlining the importance for everyone, and especially children, to maintain their routine immunization schedules. This will help protect the overall health of our populations.

Study to Estimate Risk of COVID-19 Among Canadian Dentists

New! The following study is critical to the Canadian dental profession. Below are the details for dentists to sign up and participate.

Dr. Sreenath Madathil and Dr. Paul Allison from the Faculty of Dentistry at McGill University and Dr. Walter Siqueira from the College of Dentistry at the University of Saskatchewan are doing a study to estimate the risk of COVID-19 among Canadian dentists.

The study consists of completing an online questionnaire and potentially providing saliva samples every four weeks during a 12-month period.

This study has received ethics approval from the Faculty of Medicine Institutional Review Board (IRB) at McGill University and the University of Saskatchewan's Research Ethics Board (REB). Data collected in the study will be analyzed every two months and the results will be provided to study participants as well as dental associations, dental regulatory authorities and public health authorities to aid them in making decisions and guiding dentists and the public. The results will also be submitted for scientific

publication and used for educational purposes. However, no individual data will be shared with anyone beyond the research team. We will not share any personal or individual data with any organization.

There are no known risks associated with this study, and all information will be stored on secure servers accessible only to the principal investigators (Dr. Madathil, Dr. Allison and Dr. Siqueira). Participation is voluntary, and participants can choose to stop at any time without penalty.

Sign-up for participation:

English: <https://surveys.mcgill.ca/lis/458194?lang=en>

French: <https://surveys.mcgill.ca/lis/458194?lang=fr>

For more information, please contact the researchers at sreenath.madathil@mcgill.ca or (514) 398-4400, ext. 00483.

Rising Costs of PPE Further Explained

New! The increased costs of PPE come as a result of additional enhanced requirements by health authorities and other regulators. However, the cost factor is compounded by rising prices due to worldwide shortages of all PPE. CDA reached out to an expert in the PPE industry to find out more details on the factors that are driving costs up. The following details may help the dental profession and their patients better understand some of the reasons for the growing costs of PPE:

- Raw materials used to make PPE are becoming harder to obtain than ever before. As a result, the price of these based materials continues to rise drastically.
- To meet the global demand for products, manufacturers are paying higher labour costs to maintain production. This is also associated with more shifts for longer hours, including weekends, holidays and evenings.
- Due to the urgency to get products to their destination in light of shortages, shipments are being sent via air cargo instead of sea freight which is dramatically more expensive. For example, the cost of shipping a container by sea can be \$2,500 vs. \$60,000 for air cargo when shipping the same volume.
- Additionally, air cargo shipping costs have risen dramatically. There are now fewer flights being operated than before the pandemic with more restrictions imposed, all of which are raising the costs.

The PPE industry is not taking advantage of the COVID-19 pandemic, nor are the prices being hiked artificially. The above are real, incremental costs being incurred by the PPE industry, all of which are accounting the hikes being experienced.

TripleGuard™ Insurance Pandemic Coverage

Update: CDSPI reported that approximately 100 pandemic claims remain open at this point in time. Claimants have been advised by AVIVA what information is required in order to move the claims ahead. For more information, please refer to the latest FAQs (July 23) on the [CDSPI website](#).

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:

1. 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.

Reminders:

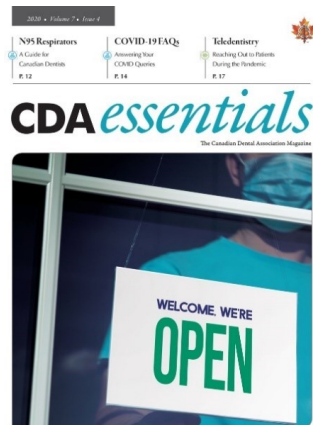
- The Task Force's last meeting this summer was on July 29, 2020, and will return to regular bi-weekly meetings beginning on September 9, 2020.
 - The Task Force continues to review and prioritize its list of deliverables. Any specific expectations or special requests of the Task Force should be fed forward by Corporate Member PDAs to their PDA member Task Force representative.
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Knowledge and Information Broker:

[CDA Oasis](#) 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.

Reminder! **CDA Essentials Issue 4** is available [online](#) and Issue 5 will be available soon.

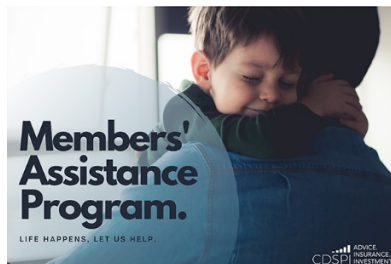


Mental Health and Wellness:

Maintaining good mental health and wellness continues to be a priority. CDA is actively promoting available 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 www.workhealthlife.com

Missed it? The following wellness post was featured in the Mental Health Corner of [CDA Oasis](#):

- [Feeling Overwhelmed? Ways to Cope:](#)
In this insightful discussion with Dr. John O'Keefe, Dr. Sally Safa addresses the issue of overwhelm. But what is overwhelm and why are dentists especially prone to it? And what strategies can we adopt to cope better and lead happier, healthier lives at work and at home? **(July 22, 2020)**



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.



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