



WINDSOR
REGIONAL
HOSPITAL

OUTSTANDING CARE – NO EXCEPTIONS!

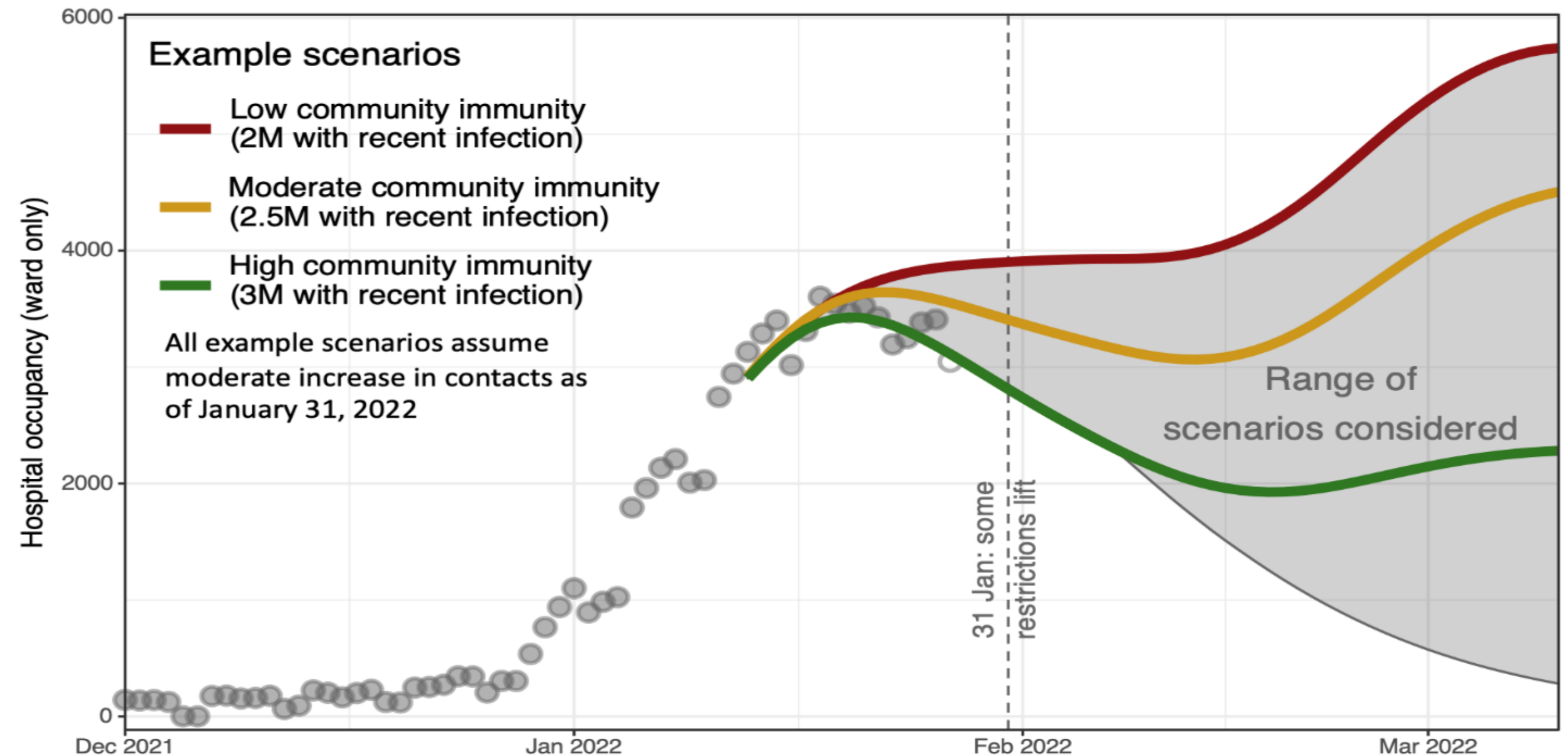
February 3, 2022

Board of Directors
Meeting

We expect hospitalizations to rebound after reopening on January 31, and to remain at a prolonged peak, except under the most favourable assumptions.

Figure shows projections based on models from *two* scientific teams.

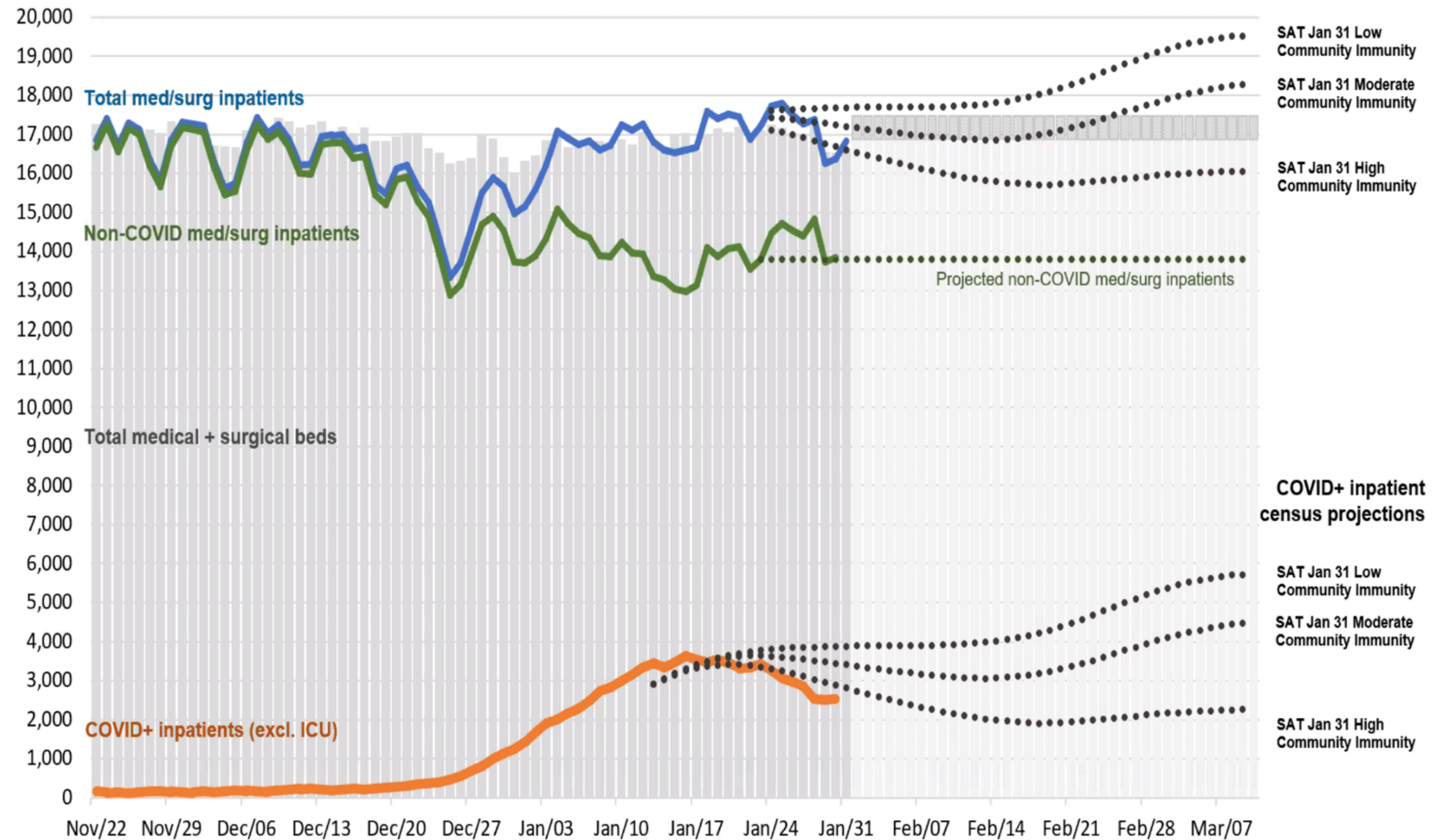
- Different models use different approaches and assumptions.
- Both models are calibrated to case counts (to mid-December 2021) and hospital occupancy (one model), or ICU occupancy (one model).
- Models assume 8M Ontarians will have received booster dose by end of February.
- Scenarios differ by level of community immunity and changes in contacts as of January 31, 2022.
- Considerable uncertainty on current community immunity and changing clinical presentation with Omicron.
- Accelerating uptake of vaccination, including boosters, will reduce hospital admissions.
- Expected increased supply of existing therapeutics may reduce hospital admissions.



Provincial Snapshot

Adult inpatient COVID and med/surg census + projections

Includes all adult COVID inpatients, excluding ICU, and med/surg inpatients



Data sources: Daily Bed Census (med/surg beds and all-patient census), COVID Inpatient Census (COVID+ inpatients), CCIS (excluding COVID+ ICU patients)

Directive #2 (non urgent/non urgent procedures pause)

A proposed phased approach to resumption: Phase 1 Current status (revision of Directive 2)

1. IHFs and private hospitals may resume all activity.
2. Diagnostic imaging may resume all activity.
3. Cancer screening may resume all activity.
4. Pediatric hospitals may resume all activity, but must remain prepared to accept transfers.
5. Scheduled ambulatory clinics, at the discretion of individual hospitals, may be resumed

A proposed phased approach to resumption: Phases 2 through 4

Phase 2: Initiate gradual resumption of surgical/procedural activity

- **System indicators:** Declining hospitalizations; stabilized or declining med/surg bed occupancy, test % positivity, number of outbreaks; stabilized HHR in the acute care sector

Phase 3: Continued gradual resumption

- **System indicators:** Stable or declining new CRCI, CRCI total census, overall ICU census; continued stability of overall med/surg total occupancy (COVID and non-COVID); continued decline in hospitalized COVID cases; continued downward trend of testing % positivity and number of outbreaks

Phase 4: Resumption of full recovery planning and activity

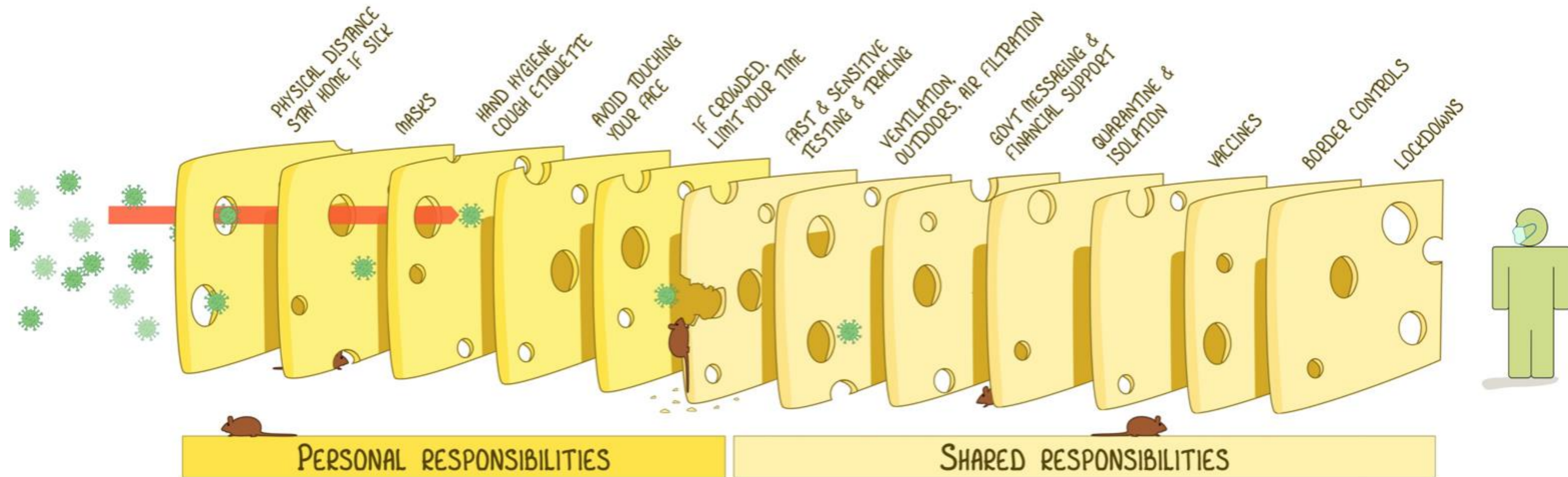
- **System indicators:** Testing % positivity provincially < 2.5%; low and stable total number of outbreaks; continuing stability or decline in new CRCI, total CRCI census, med/surg occupancy (COVID + non COVID), and new COVID hospitalizations

Considerations for resumption: load-sharing to mitigate disparities; unimpeded urgent and emergent activities; stability of staffing; ability to accept transfers from IMS; equitable access

Swiss Cheese Model

THE SWISS CHEESE RESPIRATORY VIRUS PANDEMIC DEFENCE

RECOGNISING THAT NO SINGLE INTERVENTION IS PERFECT AT PREVENTING SPREAD

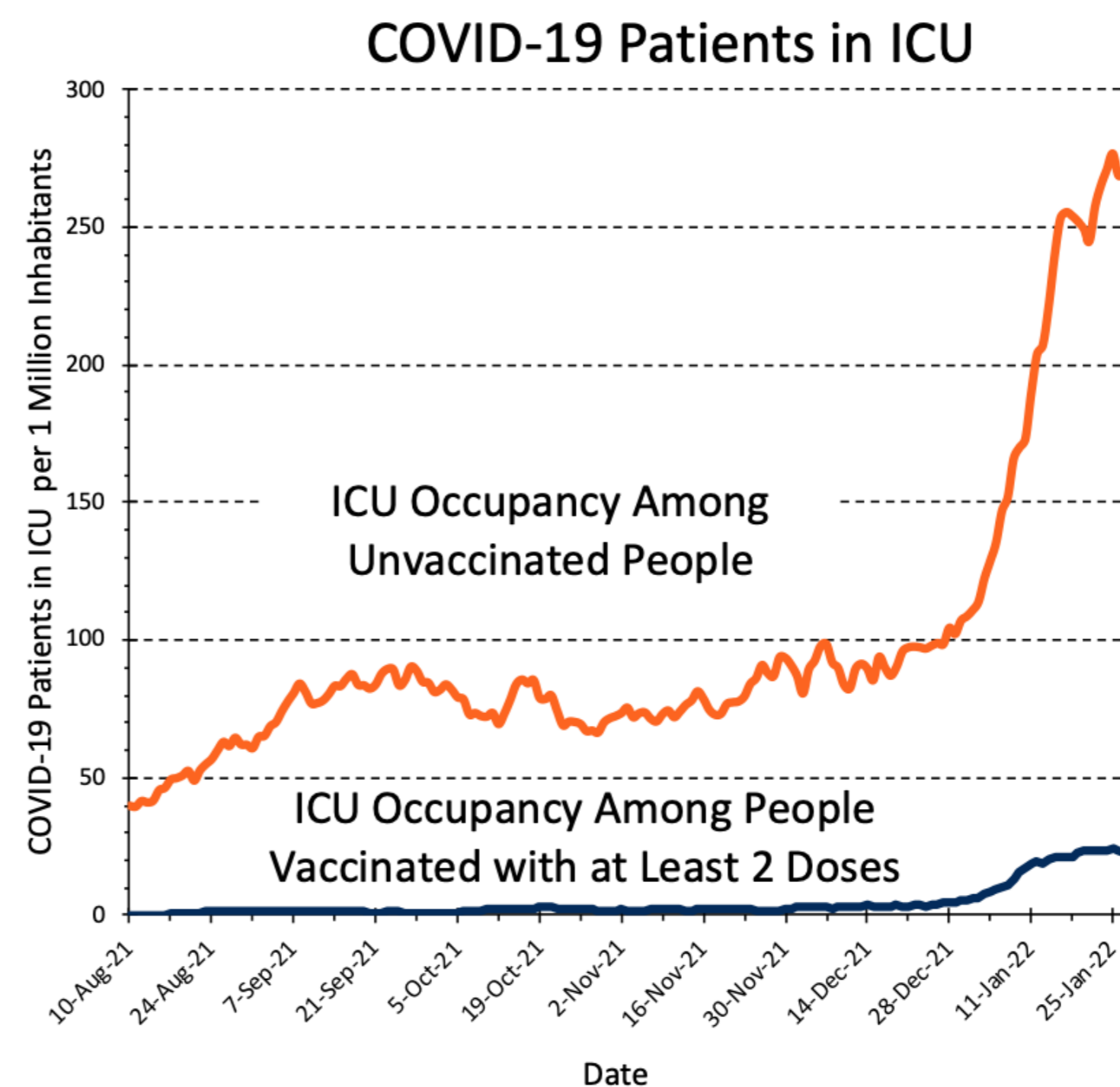
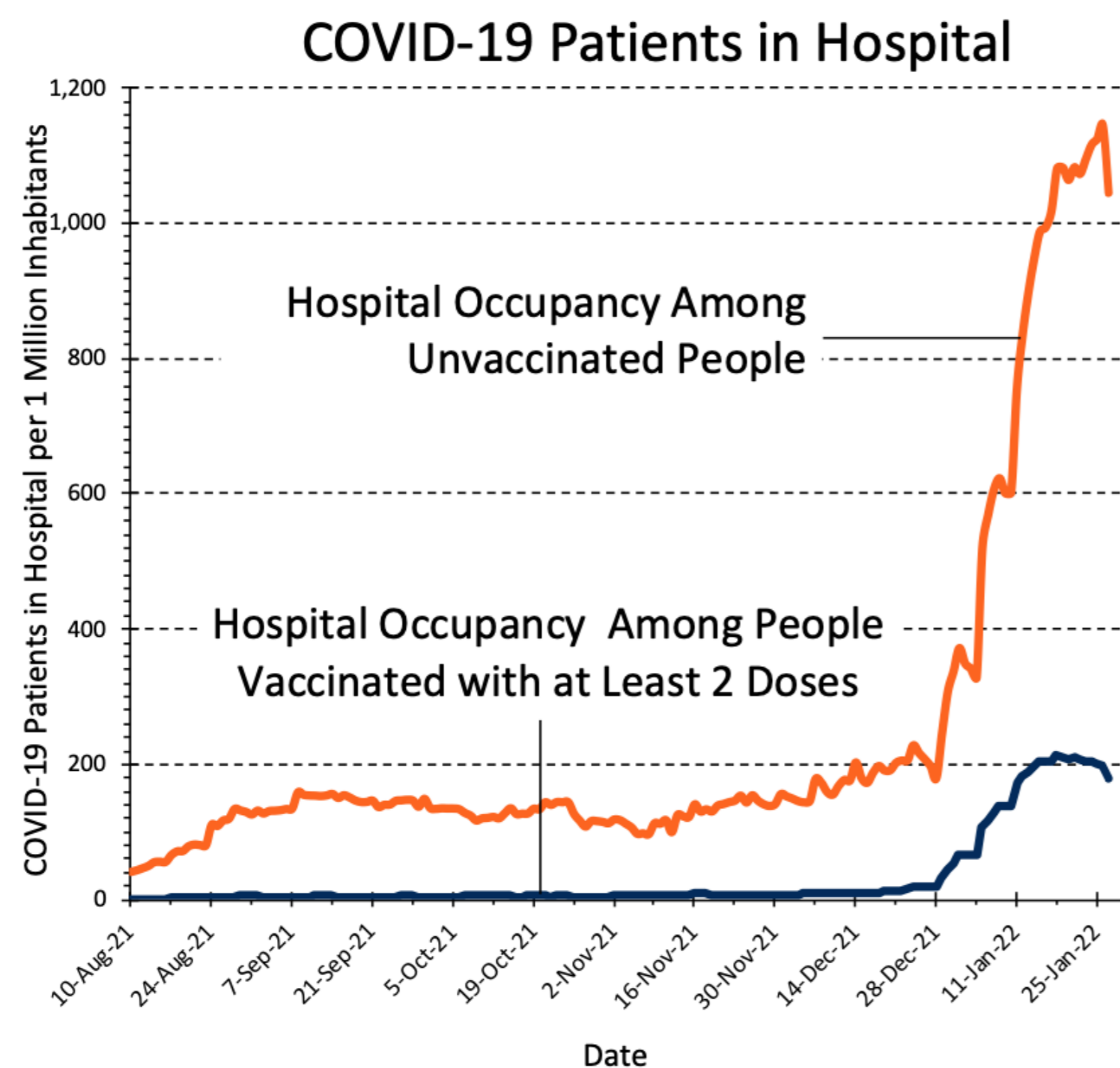


EACH INTERVENTION (LAYER) HAS IMPERFECTIONS (HOLES).
MULTIPLE LAYERS IMPROVE SUCCESS.

Vaccine Effectiveness – Very HIGH !

Vaccination continues to be highly effective against severe outcomes (hospital and ICU admission).

Unvaccinated people currently have a 6-fold higher risk of being in the hospital and 12-fold higher risk of being in the ICU compared to people who received 2 or 3 doses of a COVID-19 vaccine.



Vaccine Data – W/E Data

COVID-19 Vaccinations in Windsor and Essex County Vaccines administered among Windsor and Essex County Residents: 2020-2022

Filter for date administered

02/12/2020 30/12/2021



Overall numbers

793,029

Total doses administered

347,108

Number of people vaccinated with at least one dose

326,642

Number of people who have completed vaccination

119,279

Number of people vaccinated with a third dose

80.3%

Percent of total population vaccinated with at least one dose

75.6%

Percent of total population completed vaccination

Since December 2020 to December 31 2021–

89 ER visits (WRH) and 67 ER visits (ES) related to COVID-19 vaccines (2 patients admitted – one pericarditis and one myocarditis). Both now have three doses/boosters.

Vaccine Data – Canada Data

- 0.01967141% W/E residents attended ED following a COVID-19 vaccine dose (1 in 5,084)
- 0.000252% W/E residents admitted to hospital following a COVID-19 vaccine dose (both admitted ended up receiving third dose/booster) (1 in 396,825)

Total number of vaccine doses administered: 75,026,797

Total Adverse Events (AE) reported: 35,211 (0.047%): 1 in 2,131

Of the total AE they are further divided into

Non-serious AEs (27,685 or 0.037%): 1 in 2,710; and

Serious AEs (7,526 or 0.010%): 1 in 9,969

Vaccine Data – Canada Data

If we break down the Serious AE's a bit further we find the following categories:

Autoimmune Disease – 179 (0.24/100K): 1 in 419,144

Cardiovascular – 1,869 (2.54/100K): 1 in 40,143 of which 1,680 (2.28/100K):
1 in 44,659 are myocarditis/pericarditis – to compare to W/E data.

Circulatory – 1,195 (1.62/100K): 1 in 62,784

Hepato-GI/Renal – 95 (0.13/100K): 1 in 789,756

Nervous system – 998 (1.36/100K): 1 in 75,177

Other – 1,667 (1.55/100K): 1 in 45,007

Total (7.44/100K): 1 in 9,765

Vaccine Data – Canada Data

Up to and including January 21, 2022, a total of 277 reports with an outcome of death were reported following vaccination.

<https://health-infobase.canada.ca/covid-19/vaccine-safety/#detailedSafetySignals>

Although these deaths occurred after being vaccinated with a COVID-19 vaccine, they are not necessarily related to the vaccine.

Based on the medical case review using the WHO-UMC causality assessment categories, it has been determined that:

135 reports of deaths could not be assessed due to insufficient information

97 reports of deaths are unlikely linked to a COVID-19 vaccine

45 reports of death are still under investigation

Even if all 45 deaths were vaccine related (which they are NOT), the risk of death from vaccination is $5.99 \times 10e-7 = 0.000000599$ or 0.0000599% or 1 in 1,667,262

Vaccine Data – Canada Data

Assume worse case (which it is NOT) - 0.0000599% or 1 in 1,667,262
chance of dying from COVID-19 vaccine

% chance of dying from lightening strike this year– 0.00072021% or 1 in 138,848

% chance of dying from sunstroke – 0.012124% or 1 in 82,481

% chance of dying in a car crash 0.9345% or 1 in 107

% chance on winning a gold medal at this year's Olympics – 0.00015106% or 1 in
661,989

* Based on Canada's population of 38,000,000

Update – Antiviral and Antibody

Monoclonal Antibody Treatment or Antiviral Treatment for COVID-19

If you fall under any of the categories below you may qualify for either Monoclonal Antibody Treatment or Antiviral Treatment for COVID-19:

- are at higher risk of severe illness including:
 - [immunocompromised individuals](#) aged 18 and over regardless of vaccine status
 - unvaccinated individuals aged 60 and over
 - unvaccinated First Nation, Inuit and Métis individuals aged 50 and over
 - unvaccinated individuals aged 50 and over with one or more [risk factors](#)

Treatment with Paxlovid must begin within five days of symptom onset to be effective. A full course of treatment is three pills twice daily for five days in a row.

Paxlovid is not a replacement for vaccination. This antiviral is a treatment that is intended for those who are at a higher risk of severe outcomes that may lead to hospitalization.

Before you are approved for Antiviral treatment:

- An appropriate health care provider, often with a pharmacist, will determine if you qualify for either Monoclonal Antibody Treatment or Antiviral Treatment.
- If you are deemed to qualify for oral Antiviral treatment with Paxlovid. A health care provider and pharmacist will review your current medications and determine if any changes to your other medications are necessary to safely take Paxlovid.
- You may require additional lab work to review liver and kidney function prior to being approved for treatment.

If you believe you qualify for any of the above therapies, you should book an appointment at WRH Clinical Assessment Center Ouellette Campus and bring a list of your medications and any important medical conditions to share with health care providers. Book an [appointment online here](#). You can also book an appointment by calling 519-973-4443. Phones are answered Monday - Friday, between 8 am and 4 pm.

We strongly encourage you to get fully vaccinated against COVID-19 as soon as possible to protect yourself, your loved ones and our communities from COVID-19. Please book your [vaccine appointment today](#).