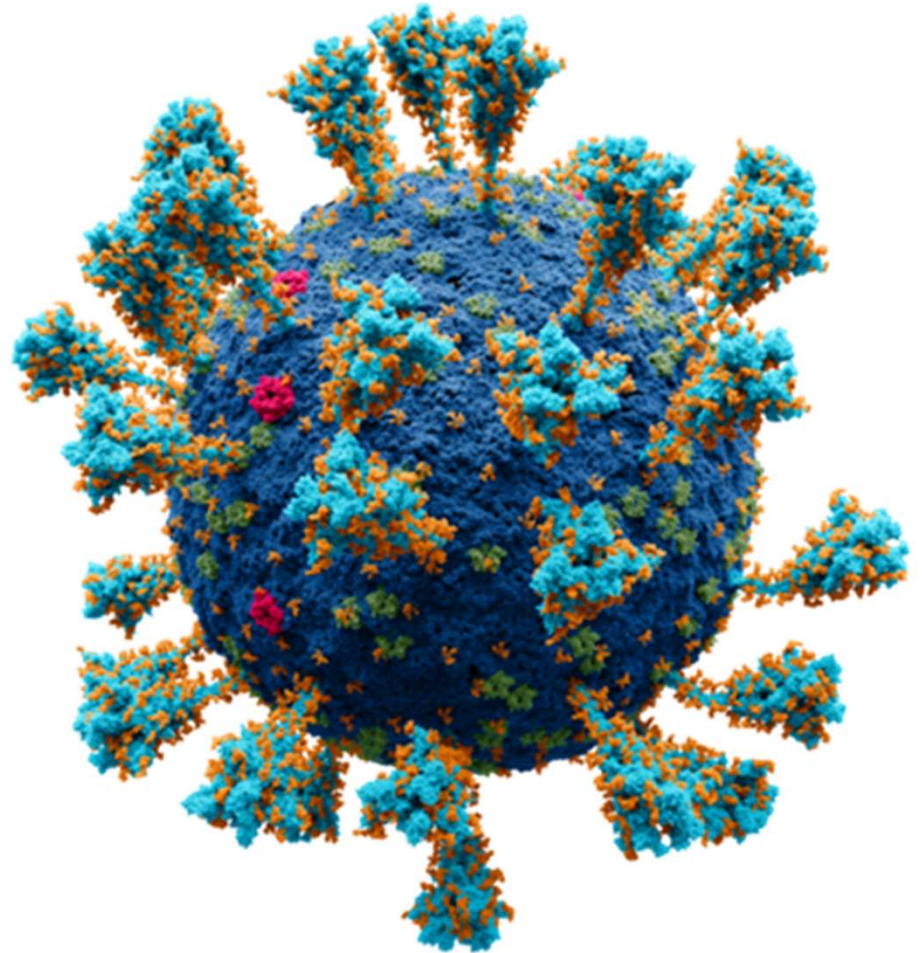


COVID-19: Fall 2021

September 27, 2021





Outline

- Where we are today
- Delta Variant Update
- Vaccine Science Update
- The Coming Fall

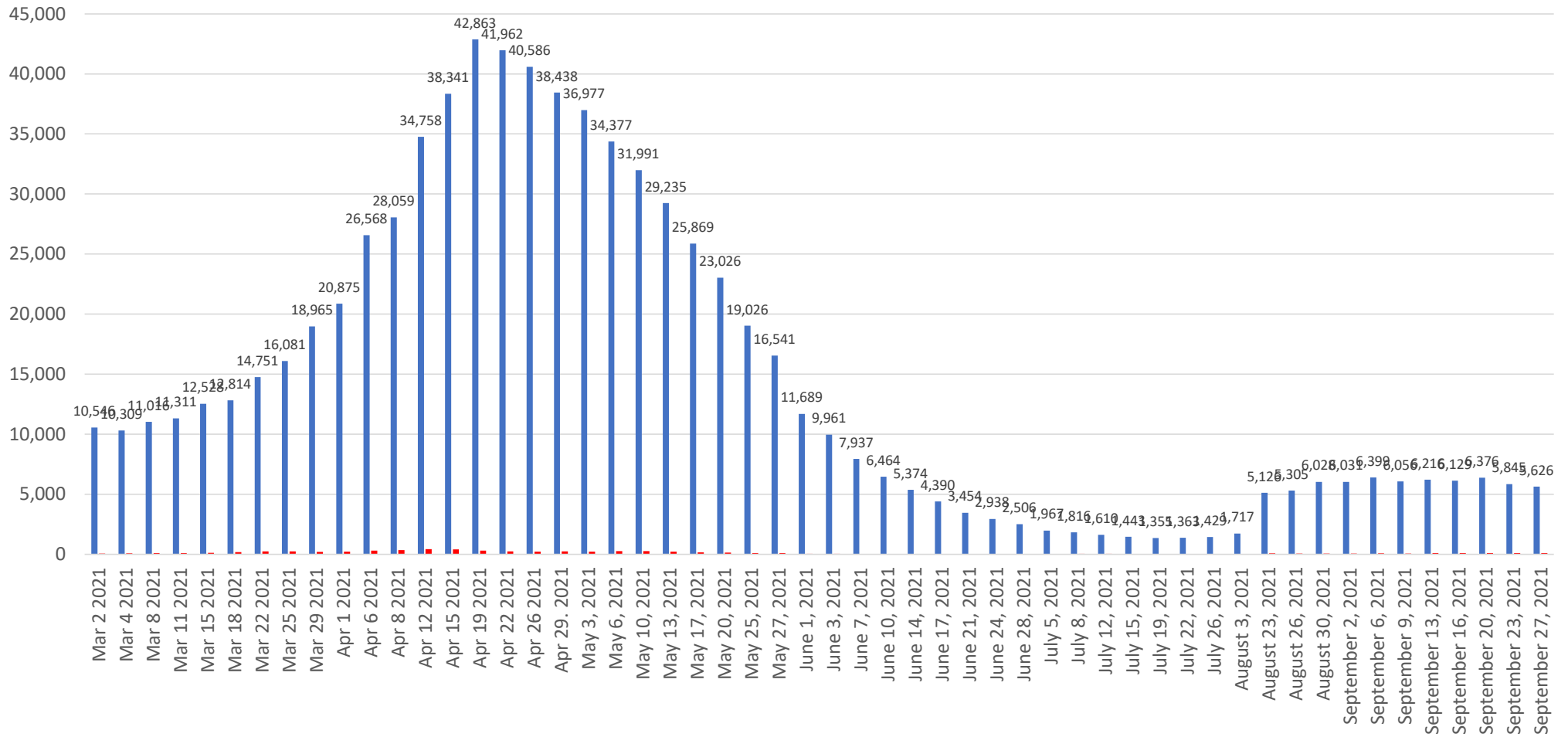


Ontario COVID-19 Science Advisory Table – Current Status in Ontario

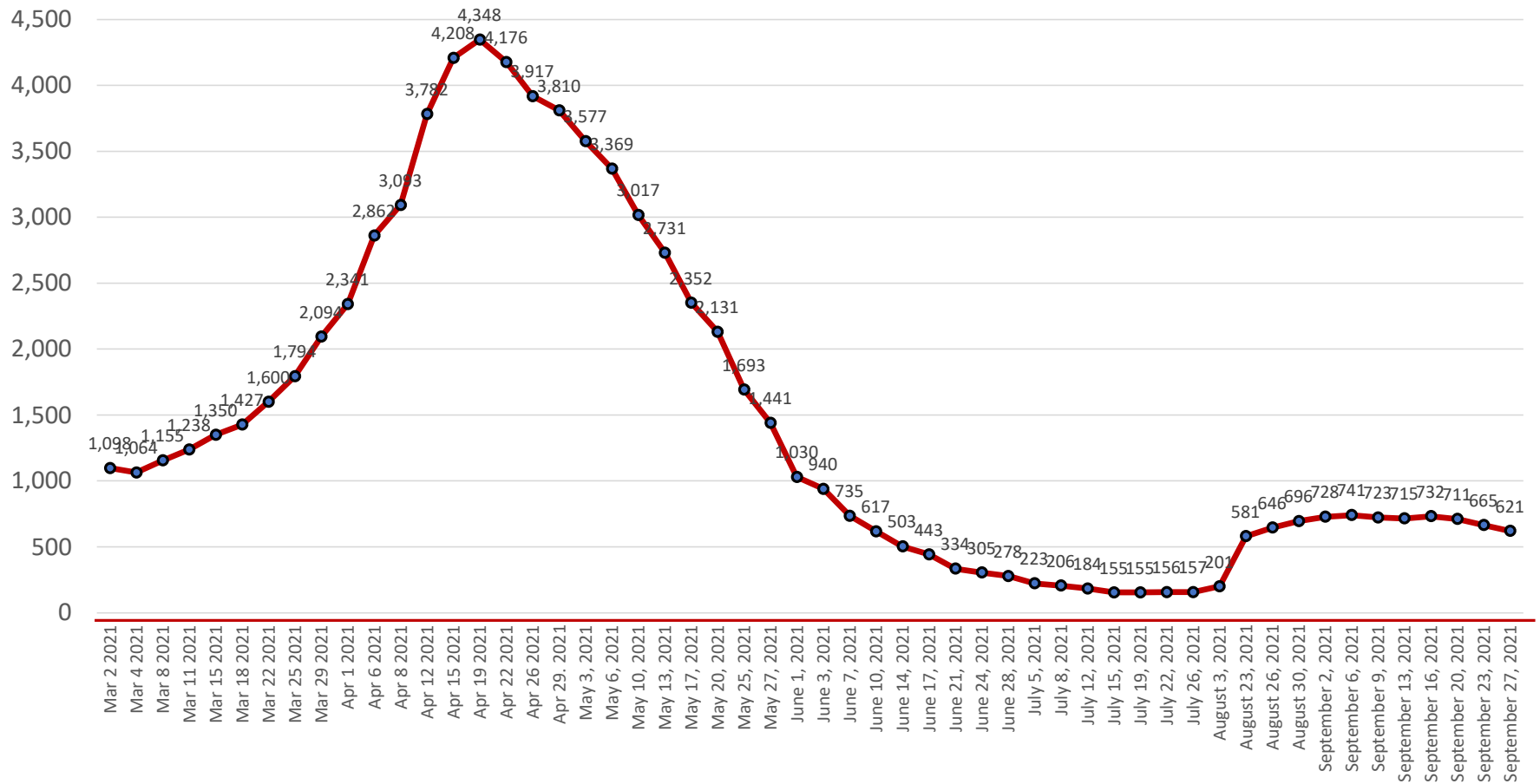
<i>Key Indicators</i>	
Effective Reproduction Number $R(t)$, on 23-Sep-2021	0.87
Estimated Number of COVID-19 Cases per Day, on 26-Sep-2021	602
Change per week	-89
Estimated Percentage Caused by Delta	99.8%
COVID-19 Hospital Occupancy, on 26-Sep-2021	224
Change per week	-42
COVID-19 ICU Occupancy, on 26-Sep-2021	177
Change per week	-5
COVID-19 Deaths per Day, on 23-Sep-2021	7
Change per week	+1
COVID-19 Cases per 1 Million per Day, on 26-Sep-2021	40.9
Among Unvaccinated	136.5
Among Fully Vaccinated	18.0
Reduction Associated with Full Vaccination	-86.8%
COVID-19 Hospital Occupancy per 1 Million, on 26-Sep-2021	15.2
Among Unvaccinated	80.3
Among Fully Vaccinated	3.5
Reduction Associated with Full Vaccination	-95.7%
COVID-19 ICU Occupancy per 1 Million, on 26-Sep-2021	12.0
Among Unvaccinated	76.2
Among Fully Vaccinated	1.0
Reduction Associated with Full Vaccination	-98.7%
<i>COVID-19 Vaccination, on 25-Sep-2021</i>	
Number of People With at Least 1 Dose	11'190'066
Change per week	+101'861
Percent of Population Aged 12+ Vaccinated With at Least 1 Dose	85.8%
Change per week	+0.8%
Number of Fully Vaccinated People	10'461'784
Change per week	+162'339
Percent of Population Aged 12+ Fully Vaccinated	80.3%
Change per week	+1.2%

Source: <https://covid19-sciencetable.ca/ontario-dashboard/>

Ontario Active Cases



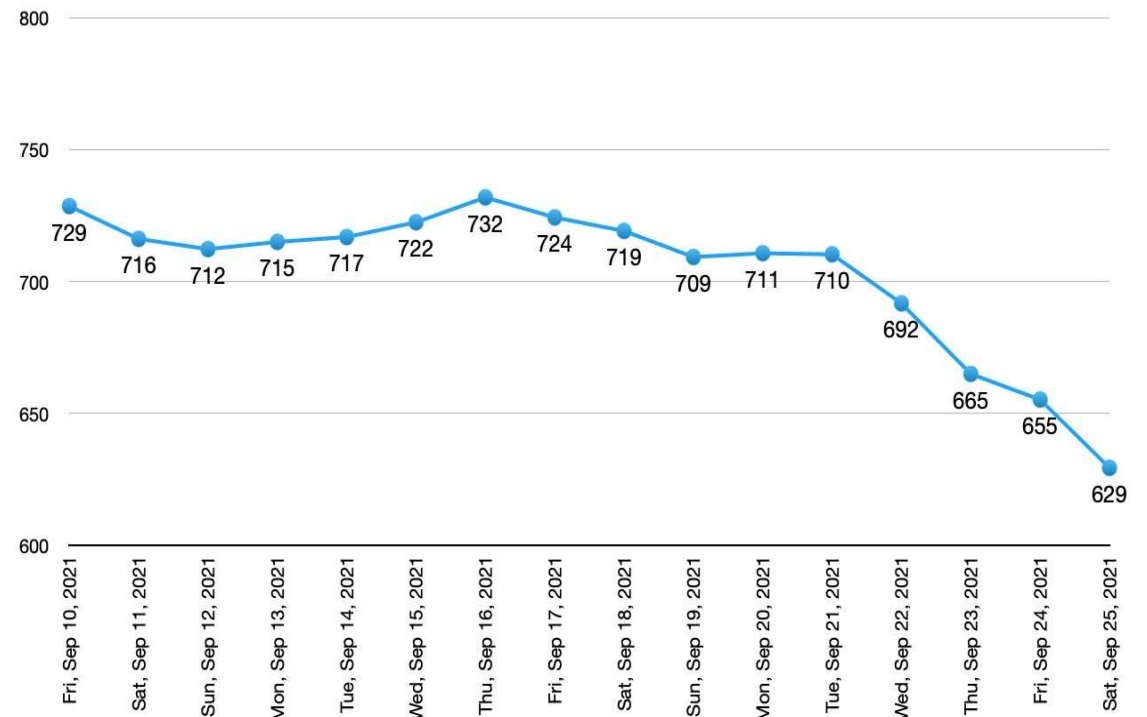
Ontario 7-Day Rolling Average New Cases/Day



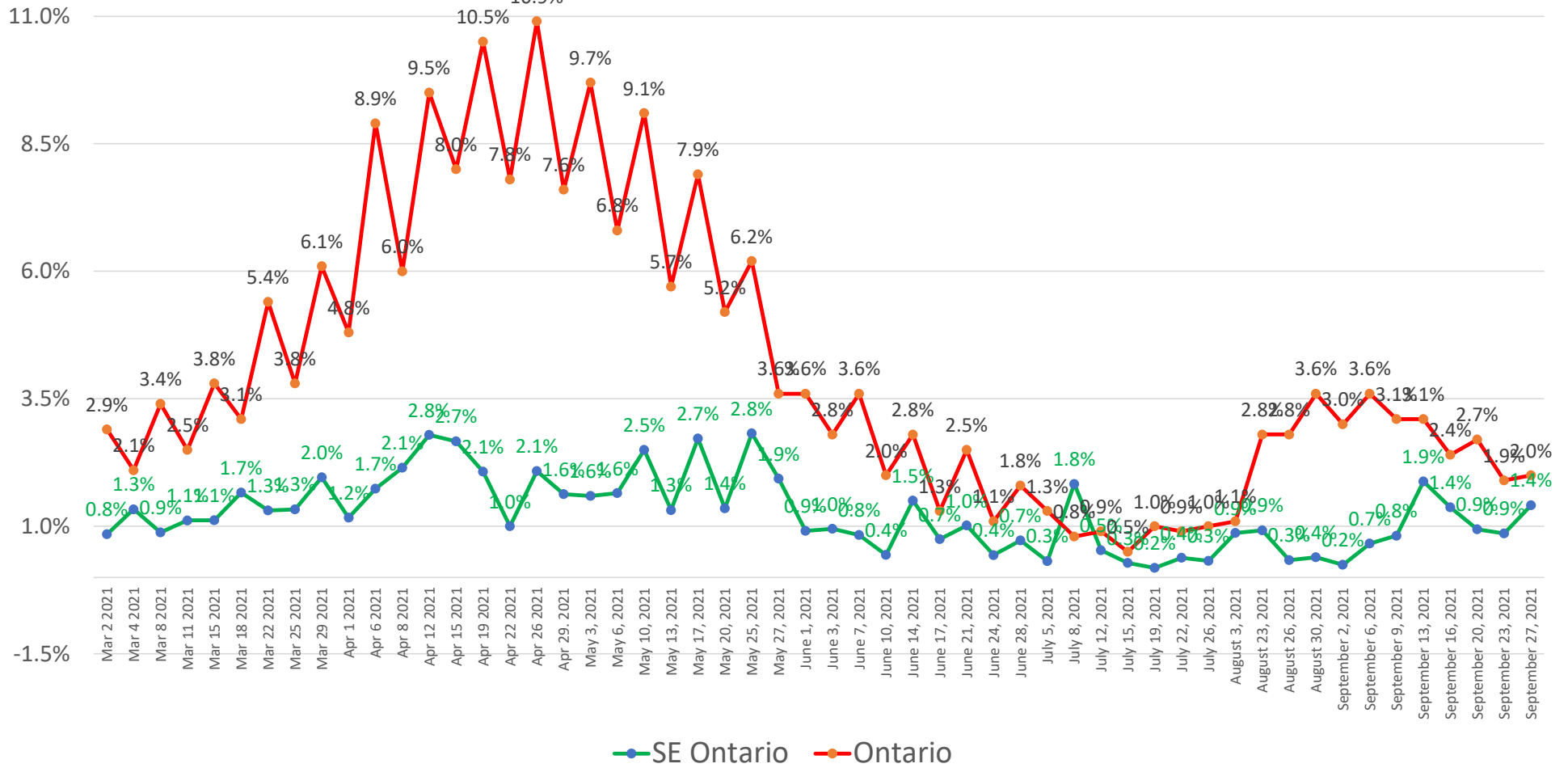
Ontario Daily New Cases (current day is preliminary)

Date	New Cases	Last week	7 day avg	% chg vs last wk
Fri, Sep 10, 2021	848	807	729	
Sat, Sep 11, 2021	857	944	716	
Sun, Sep 12, 2021	784	811	712	
Mon, Sep 13, 2021	600	581	715	
Tue, Sep 14, 2021	577	564	717	
Wed, Sep 15, 2021	593	554	722	
Thu, Sep 16, 2021	864	798	732	1.3%
Fri, Sep 17, 2021	795	848	724	-0.6%
Sat, Sep 18, 2021	821	857	719	0.4%
Sun, Sep 19, 2021	715	784	709	-0.4%
Mon, Sep 20, 2021	610	600	711	-0.6%
Tue, Sep 21, 2021	574	577	710	-0.9%
Wed, Sep 22, 2021	463	593	692	-4.3%
Thu, Sep 23, 2021	677	864	665	-9.1%
Fri, Sep 24, 2021	727	795	655	-9.5%
Sat, Sep 25, 2021	640	821	629	-12.5%

Ontario recent 7 day moving average of new cases

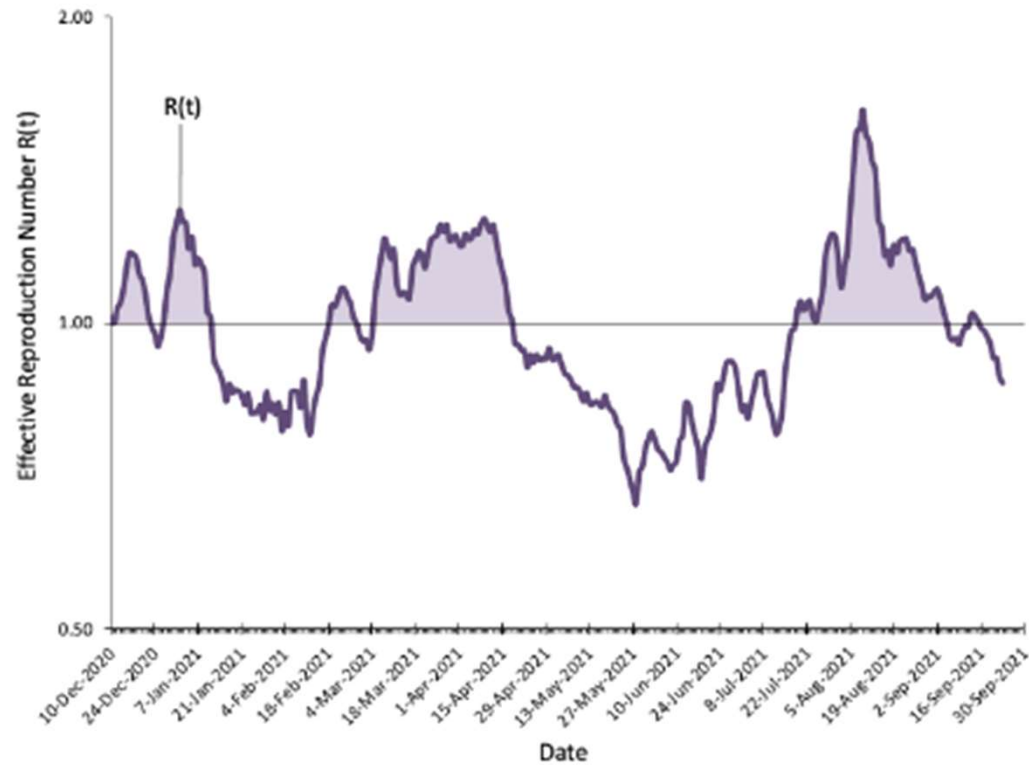


Test Positivity



Effective Reproduction Number $R(t)$ in Ontario

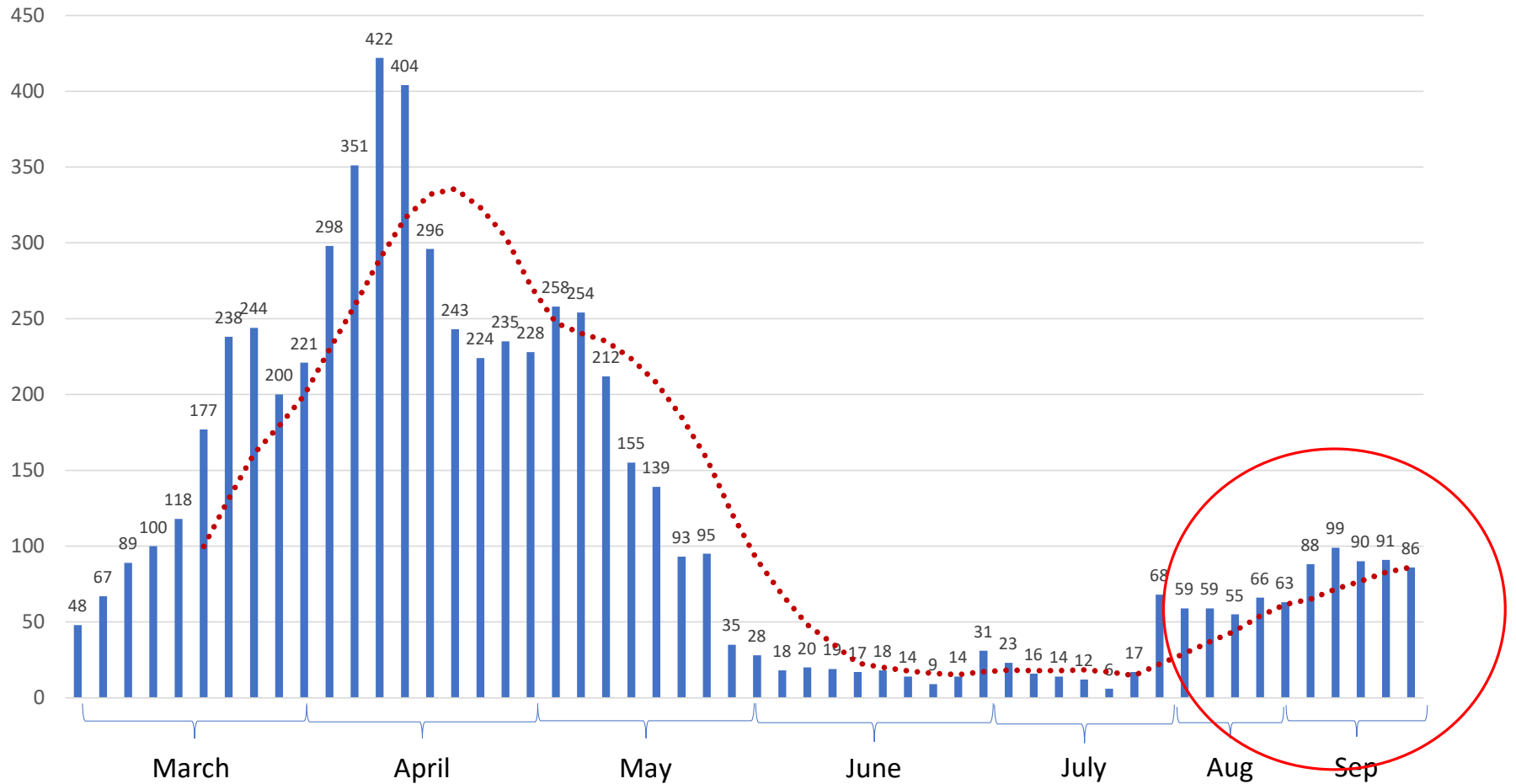
All Variants Combined



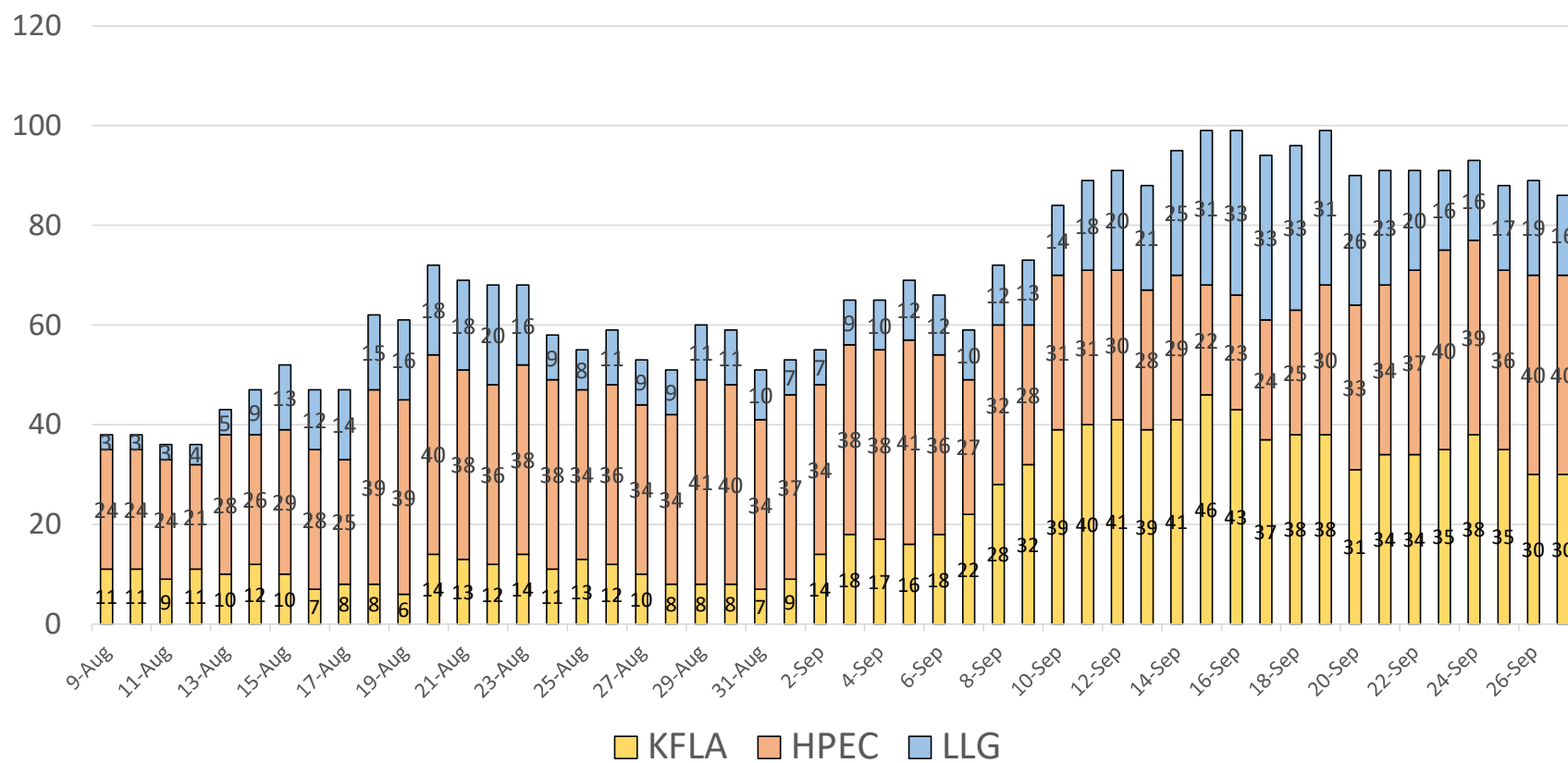
Source: <https://covid19-sciencetable.ca/ontario-dashboard/>

A bar chart illustrating the daily new COVID-19 cases in the United States from March to September 2020. The y-axis represents the number of cases, ranging from 0 to 450 in increments of 50. The x-axis shows the months from March to September. Blue bars represent daily case counts, with the highest peak of 422 cases occurring in early April. A red dotted trend line shows the overall pattern, peaking in April and then declining. A red circle highlights the period from late July through September, where cases show a slight upward trend after a period of low activity in June and July.

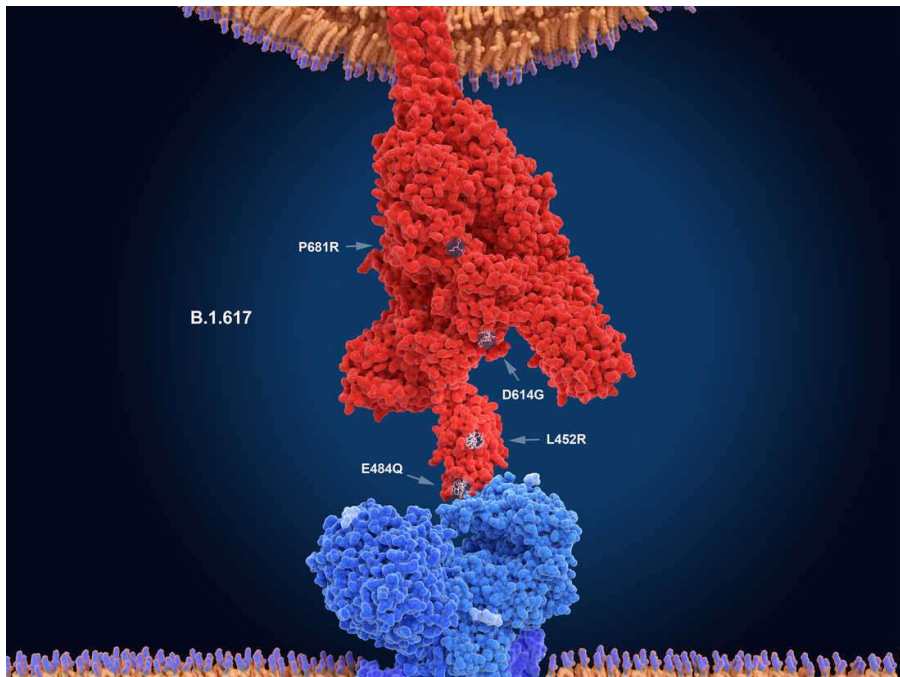
Month	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21	Day 22	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28	Day 29	Day 30	Day 31	
March	48	67	89	100	118	177	238	244	200	221	298	351	422	404	296	243	224	235	228	258	254	212	155	139	93	95	35	28	18	20	19	
April	100	118	177	238	244	200	221	298	351	422	404	296	243	224	235	228	258	254	212	155	139	93	95	35	28	18	20	19	17	18	14	9
May	118	177	238	244	200	221	298	351	422	404	296	243	224	235	228	258	254	212	155	139	93	95	35	28	18	20	19	17	18	14	9	14
June	177	238	244	200	221	298	351	422	404	296	243	224	235	228	258	254	212	155	139	93	95	35	28	18	20	19	17	18	14	9	14	31
July	238	244	200	221	298	351	422	404	296	243	224	235	228	258	254	212	155	139	93	95	35	28	18	20	19	17	18	14	9	14	23	16
August	244	200	221	298	351	422	404	296	243	224	235	228	258	254	212	155	139	93	95	35	28	18	20	19	17	18	14	9	14	12	6	17
September	200	221	298	351	422	404	296	243	224	235	228	258	254	212	155	139	93	95	35	28	18	20	19	17	18	14	9	14	12	6	17	68



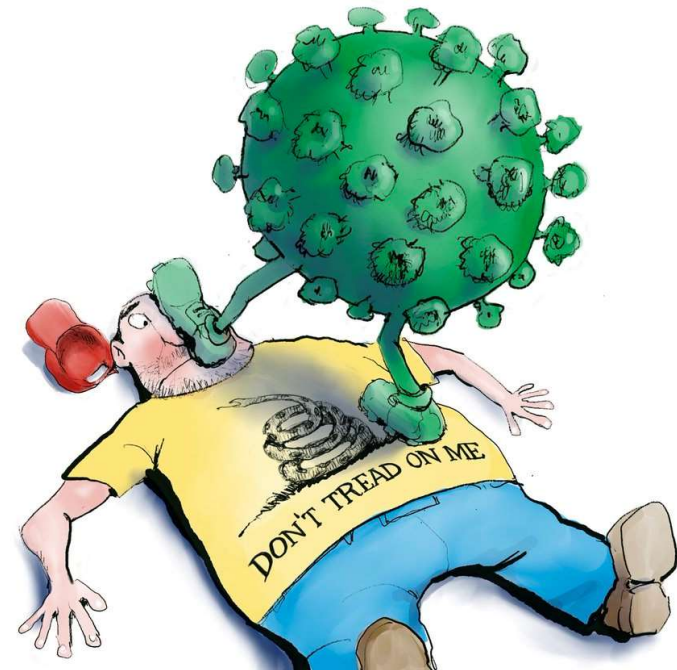
SE Ontario Active Cases



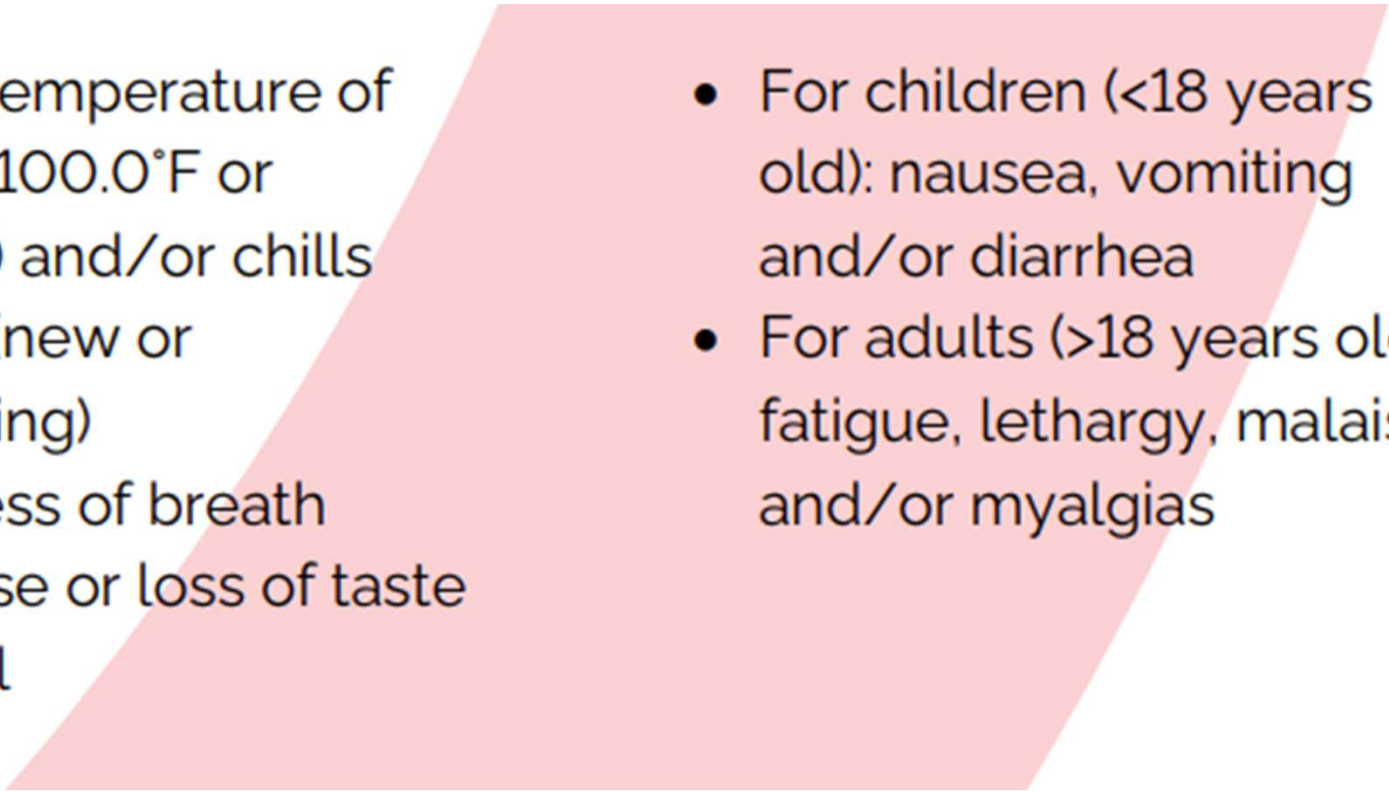
The Delta Variant



Branthall
NYDN



Symptoms of Delta Variant Infection are Not Different from Previous Variants

- 
- Fever (temperature of 37.8°C/100.0°F or greater) and/or chills
 - Cough (new or worsening)
 - Shortness of breath
 - Decrease or loss of taste or smell
- For children (<18 years old): nausea, vomiting and/or diarrhea
 - For adults (>18 years old): fatigue, lethargy, malaise and/or myalgias

Characteristics of Delta Variant

23 July 2021 Risk assessment for SARS-CoV-2 variant:

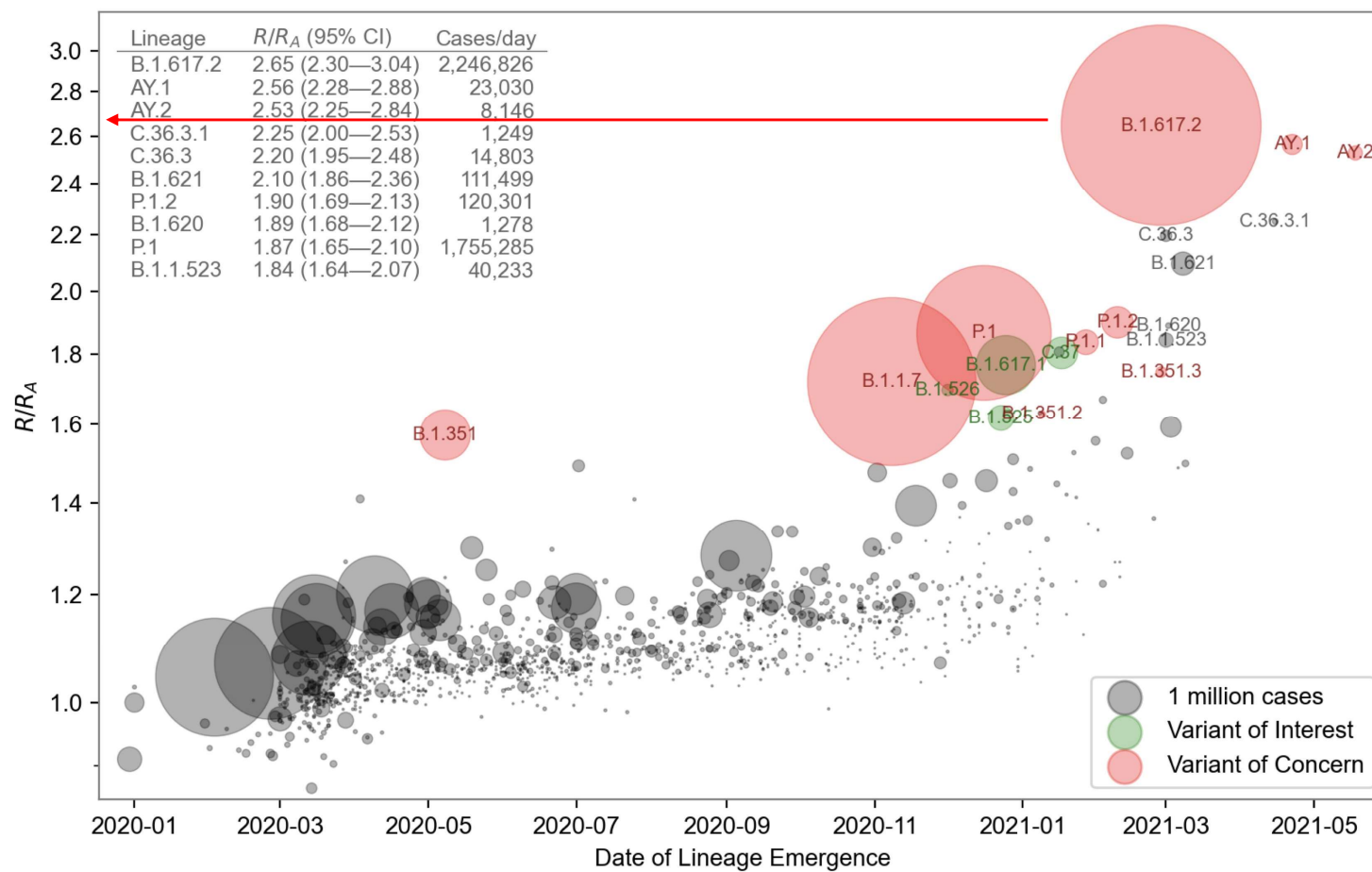
Delta

Public Health England

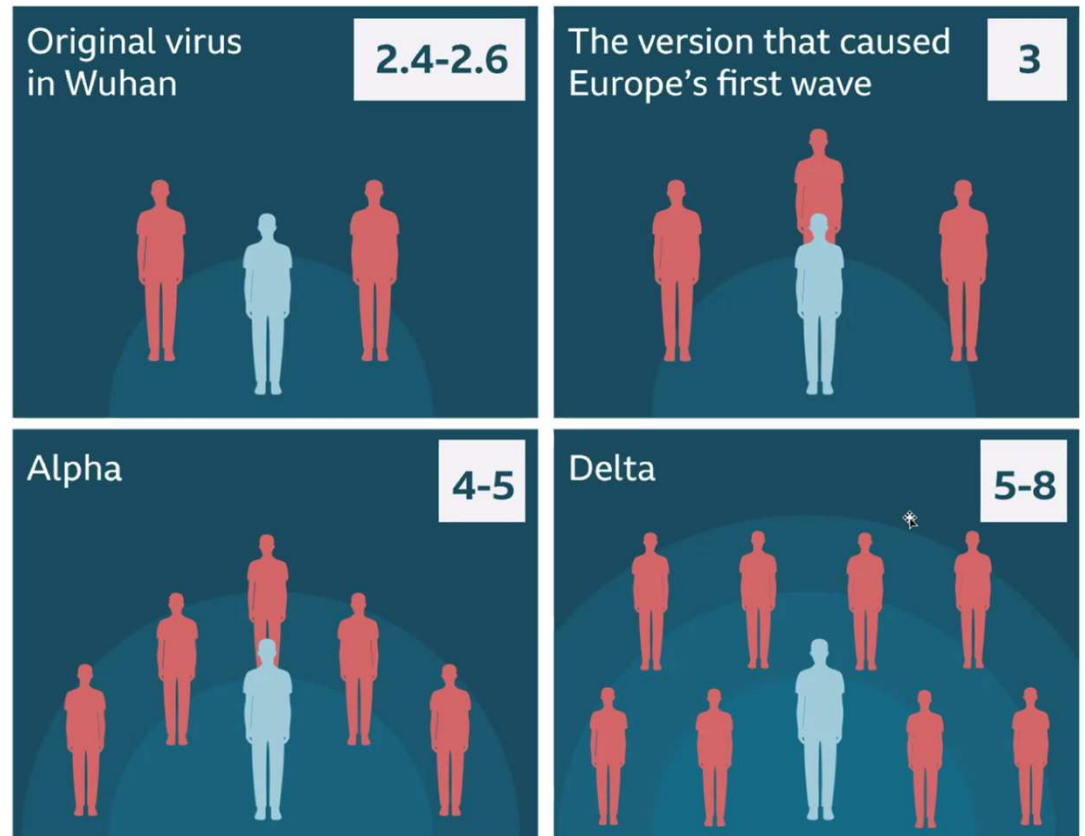
Indicator	RAG*	Confidence	Assessment and rationale
Transmissibility between humans		HIGH	Transmissibility appears greater than wild type (first wave) virus. All analyses support increased transmissibility for Delta compared to both wild type virus and Alpha. There is in vitro evidence suggestive of increased replication in biological systems that model human airway, and evidence of optimised furin cleavage. There is epidemiological evidence from secondary attack rates, household transmission studies, and growth rate modelling. The finding of lower CT values in routine testing data, compared to Alpha, may be relevant to the mechanism of increased transmissibility, however there may be multiple contributors.
Infection severity		LOW	Increased severity (hospitalisation risk) when compared to Alpha. There is an apparent increased risk of hospitalisation compared to contemporaneous Alpha cases. Analysis of deaths in England is limited by low numbers but suggests that Delta has at least an equivalent case fatality rate to Alpha (LOW confidence). Further analysis is required of both national surveillance and CO-CIN data to understand the severity and characteristics of disease in hospital.
Immunity after natural infection		LOW	Evidence of increased reinfections Pseudovirus and live virus neutralisation using convalescent sera from first wave and Alpha infections shows a reduction in neutralisation. National surveillance analysis, adjusted for different variables including age and vaccination, shows a preliminary signal of increased risk of reinfection with Delta compared to Alpha. Further investigations are being undertaken
Vaccines		HIGH	Epidemiological and laboratory evidence of reduced vaccine effectiveness There are analyses from England and Scotland supporting a reduction in vaccine effectiveness for Delta compared to Alpha against symptomatic infection. This is more pronounced after 1 dose. Iterated analysis continues to show vaccine effectiveness against Delta is high after 2 doses. Current evidence suggests that VE against hospitalisation is maintained. Although this is observational data subject to some biases, it holds true across several analytic approaches and the same effect is seen in both English and Scottish data. It is strongly supported by pseudovirus and live virus neutralisation data from multiple laboratories. There are no data on whether vaccine effectiveness against transmission is affected.
Overall assessment			Delta remains predominant in the UK and the rapid global spread continues. Distinct clades within Delta are beginning to be identified, predominantly distinguished by changes outside spike of uncertain biological significance. Laboratory investigations have been triggered. The changes in this update concern severity and reinfection risk. Both hospitalisation and deaths analyses now point towards severity that is at least as great as that of Alpha, although there is a high level of uncertainty in these findings. Whilst laboratory data and anecdotal reports have long raised the possibility of an increased risk of reinfection, there is now a signal in the national surveillance data. The priority investigations are to improve understanding of asymptomatic transmission in the vaccinated, to further investigate the developing diversity within Delta, and continued investigation of the clinical course of disease.

The therapeutics risk assessment is under review for all variants and is not included.

*refer to scale and confidence grading slide

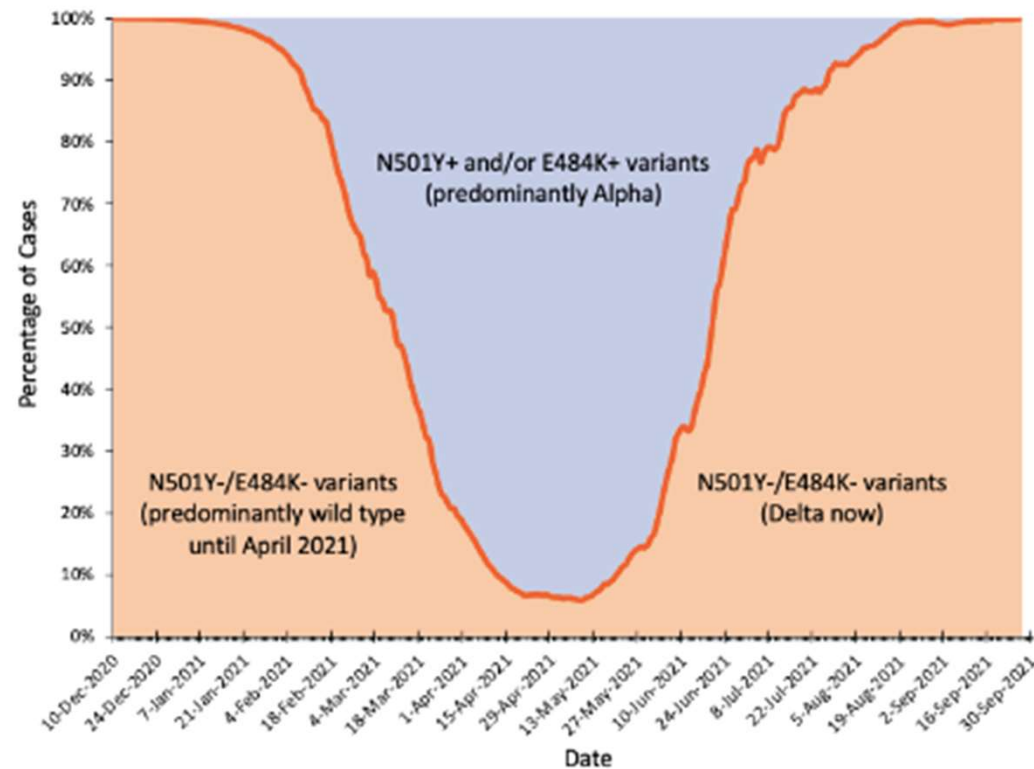


Effective Reproductive Number of Variants of Concern



<https://www.bbc.com/news/health-57431420>

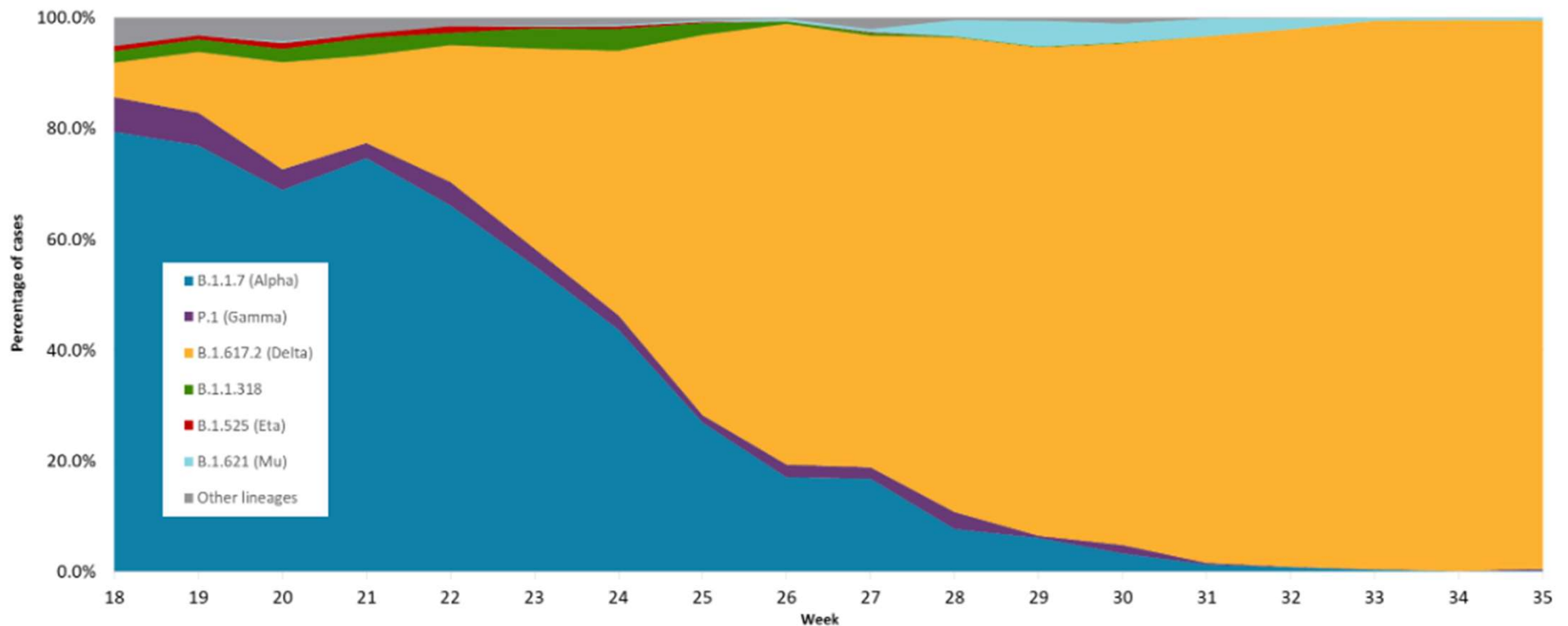
Percentage of Cases Caused by Different Variants in Ontario



Source: <https://covid19-sciencetable.ca/ontario-dashboard/>

Ontario WGS Data as of September 21, 2021

Figure 1. Percentage of COVID-19 cases by top 6 most prevalent VOC/VOI lineages and week, representative surveillance, Ontario, May 2 to September 4, 2021



Alpha vs Delta UK Hospitalizations

	Alpha variant (B.1.1.7)	Delta variant (B.1.617.2)	HR (95% CI), delta variant vs alpha variant	
			Unadjusted	Adjusted*
Hospital admission within 14 days after specimen	764/34 656 (2.2%)	196/8682 (2.3%)	1.03 (0.88–1.21)	2.26 (1.32–3.89)
Hospital admission or emergency care attendance within 14 days after specimen	1448/34 656 (4.2%)	498/8682 (5.7%)	1.39 (1.25–1.53)	1.45 (1.08–1.95)

Data are n/N (%) except where otherwise stated. HR=hazard ratio. *Stratification for age group, ethnicity, lower-tier local authority, calendar week of specimen, vaccination status; regression adjustment for age (linear), date (linear), sex, index of multiple deprivation, and international traveller status.

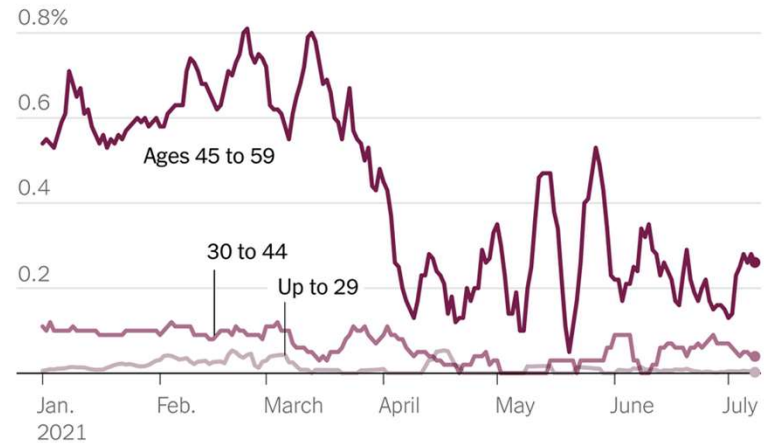
Table 2: Hospitalisation outcomes for patients with the delta variant compared with patients with the alpha variant

Source: KA Twohig et al *Lancet Infect Dis* 2021 August 27, 2021 [https://doi.org/10.1016/S1473-3099\(21\)00475-8](https://doi.org/10.1016/S1473-3099(21)00475-8)

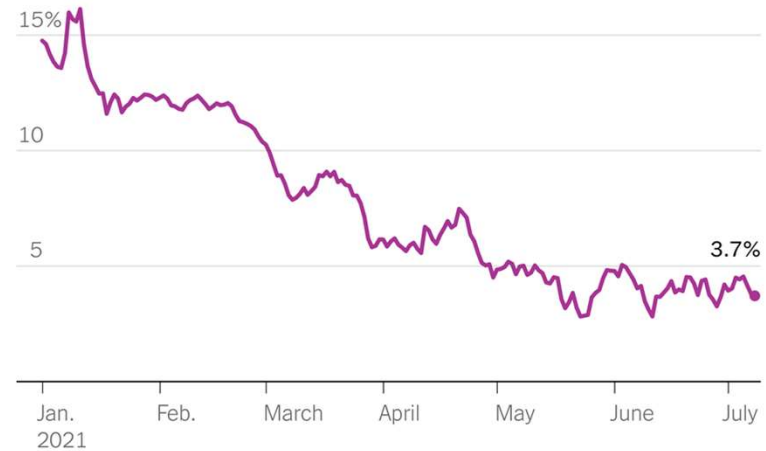
Delta and Fatalities – UK

Share of U.K. Covid Cases That Are Fatal, By Age

YOUNGER THAN 60



60 AND OLDER



Weekly averages as of July 8. Death rates are calculated using cases from two weeks prior.



COVID-19 Vaccines & Delta

Vaccines have made Covid-19 far less lethal. A fully-vaccinated 80-year-old now has the same mortality risk as an unvaccinated 50-year-old

Risk of catching and dying from Covid* (log scale), by age group, before and after full vaccination

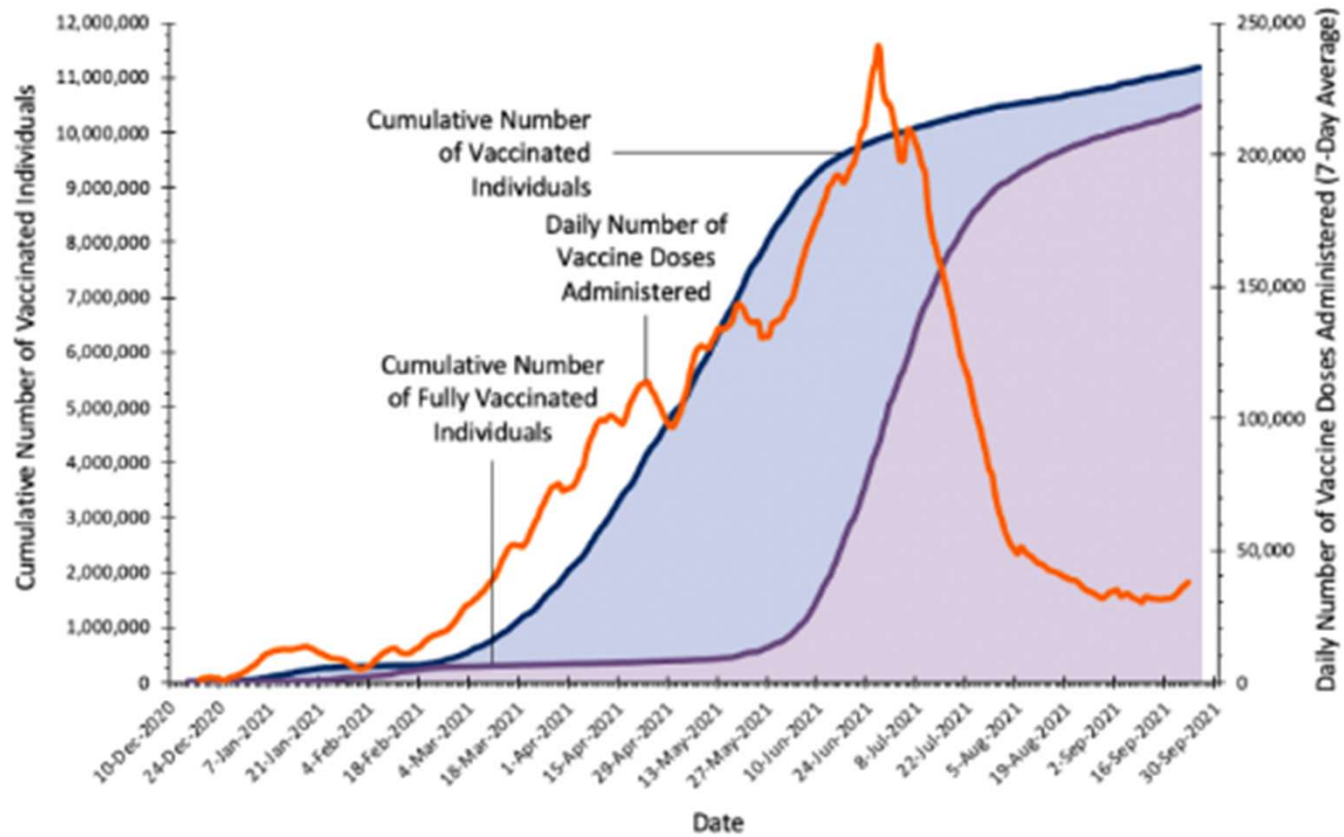


*Risk is the population fatality rate, e.g before vaccines roughly 1% of all 80-year-olds in England had died from Covid

Source: FT analysis of data from Public Health England

© FT

COVID-19 Vaccination in Ontario

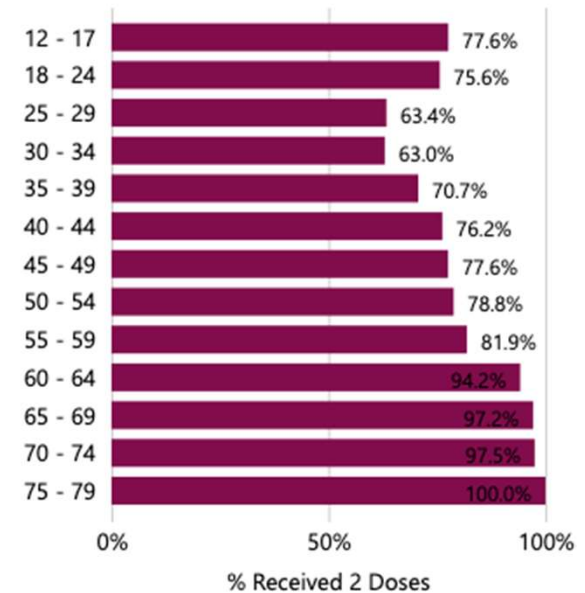
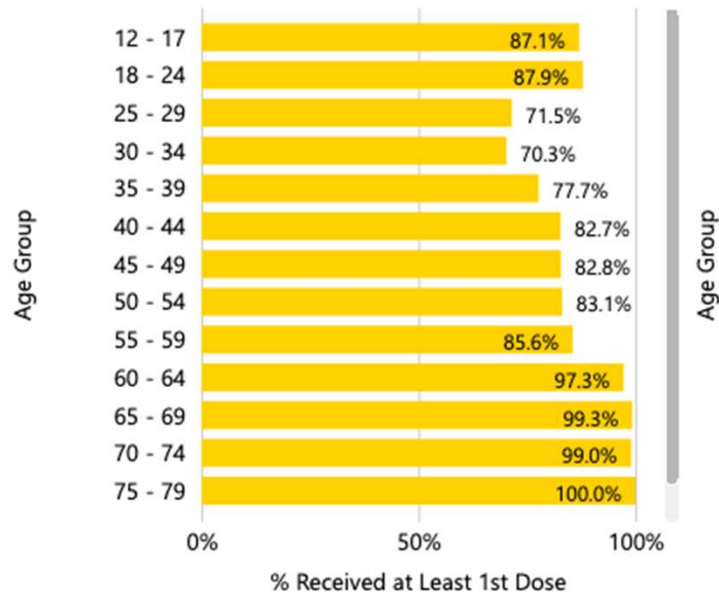


Source: <https://covid19-sciencetable.ca/ontario-dashboard/>

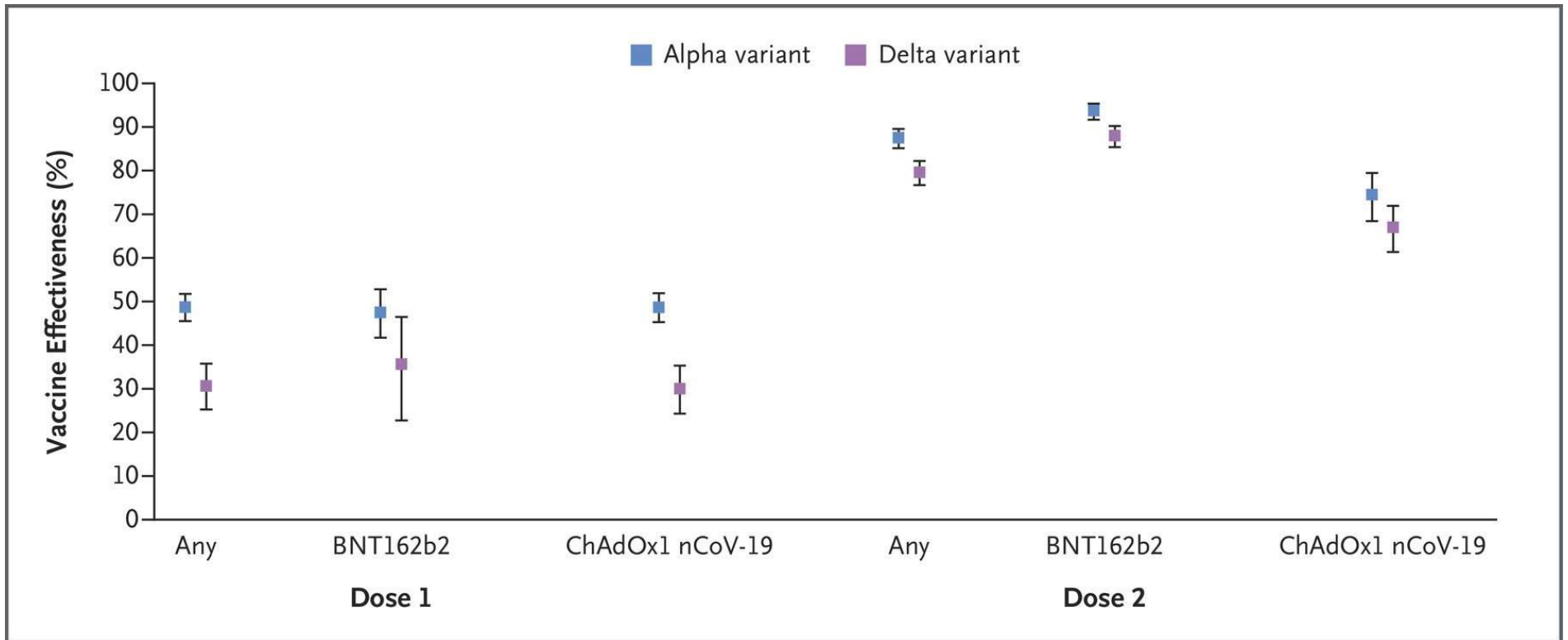
% KFLA Population
Age > 12 years
One Dose = 86.8%
Two Doses = 81.2%

September 24, 2021

KFL&A Resident Vaccination Coverage by Age



Vaccine Effectiveness Alpha vs. Delta



Source: JL Bernal et al NEJM 2021 DOI: 10.1056/NEJMoA2108891

VE - Severe disease vs. Any infection

- Review of reports of VE (with a 95% in observational or randomised studies that gave results both for severe disease and for any infection)
- VE against any infection (50% to <80%, 80% to <90%, and $\geq 90\%$)
 - By viral variant
 - By type of vaccine (AdV, inactivated virus, adjuvanted protein subunit or mRNA)
 - Studies reporting vaccine efficacy early relative to vaccination) or later relative to vaccination during the follow-up of the same observational study

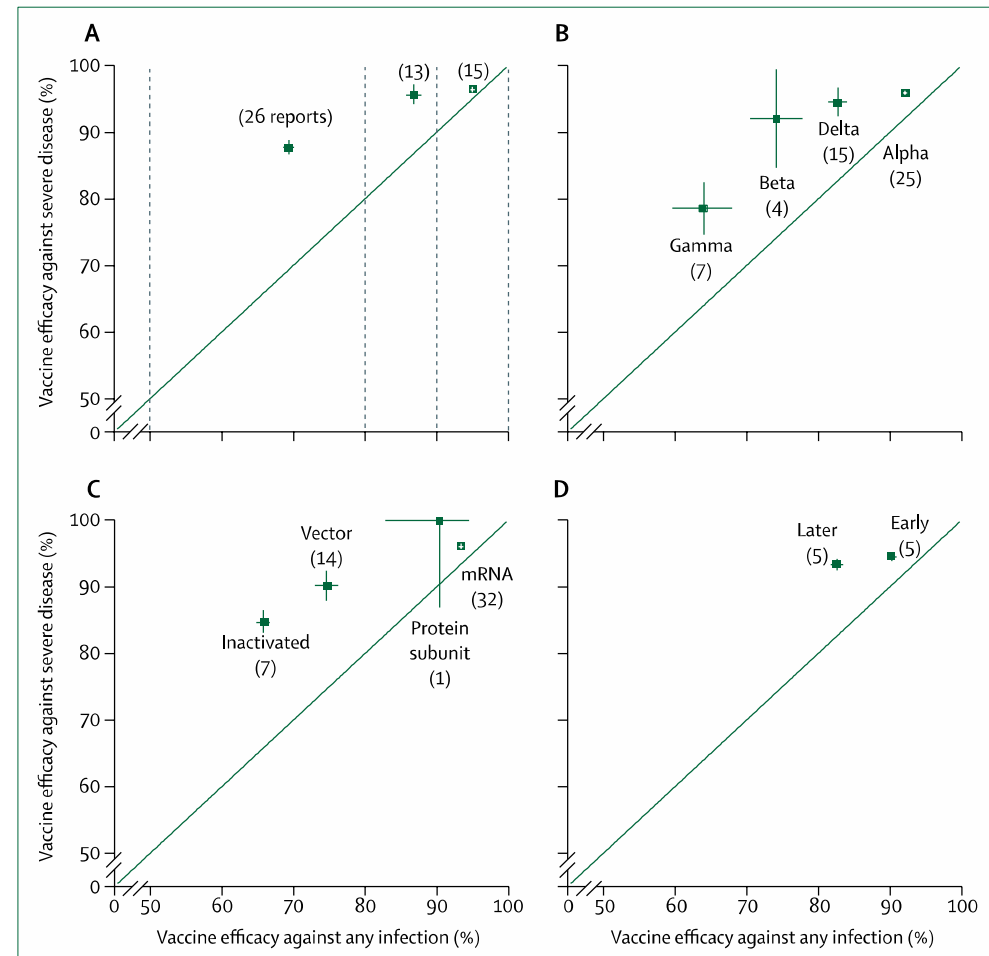
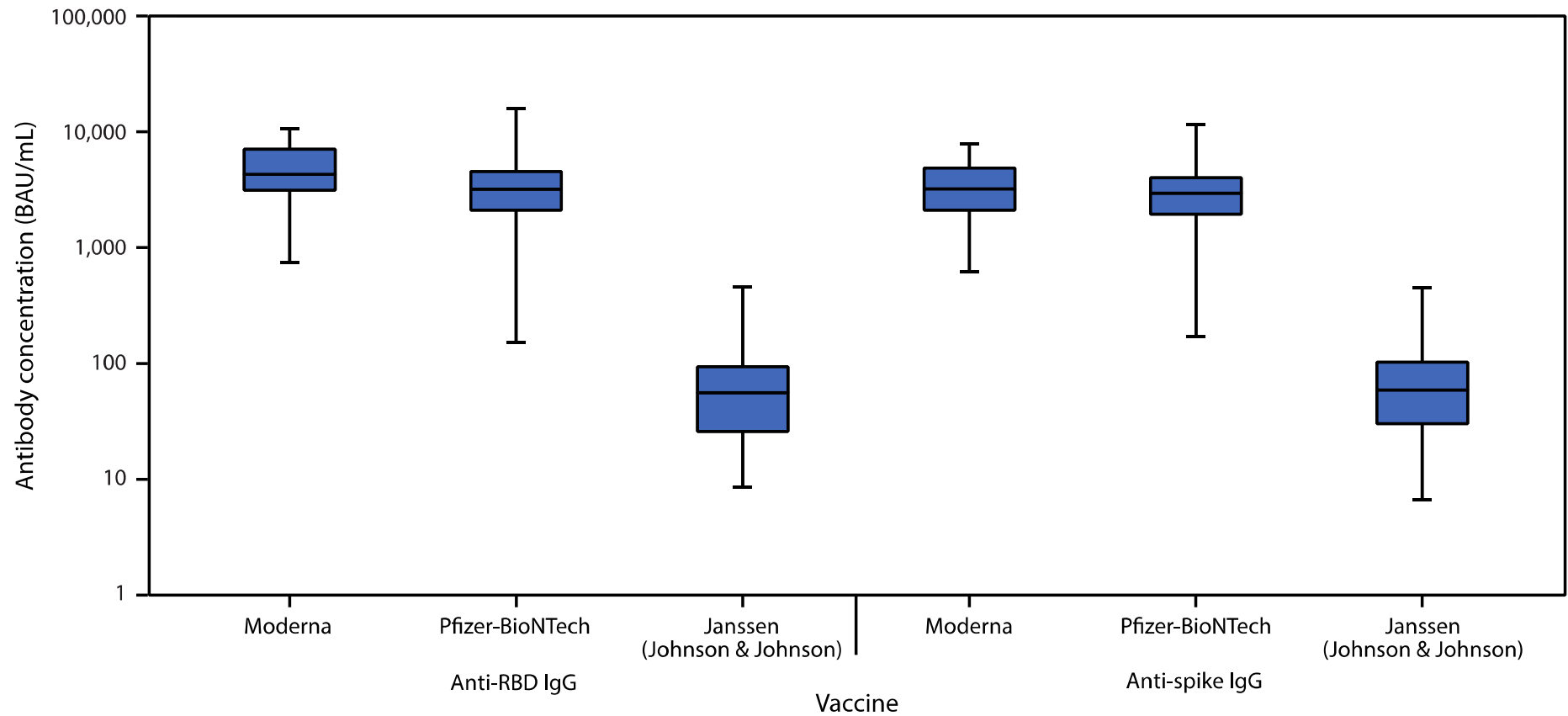


Figure: Vaccine efficacy against severe disease versus vaccine efficacy against any infection

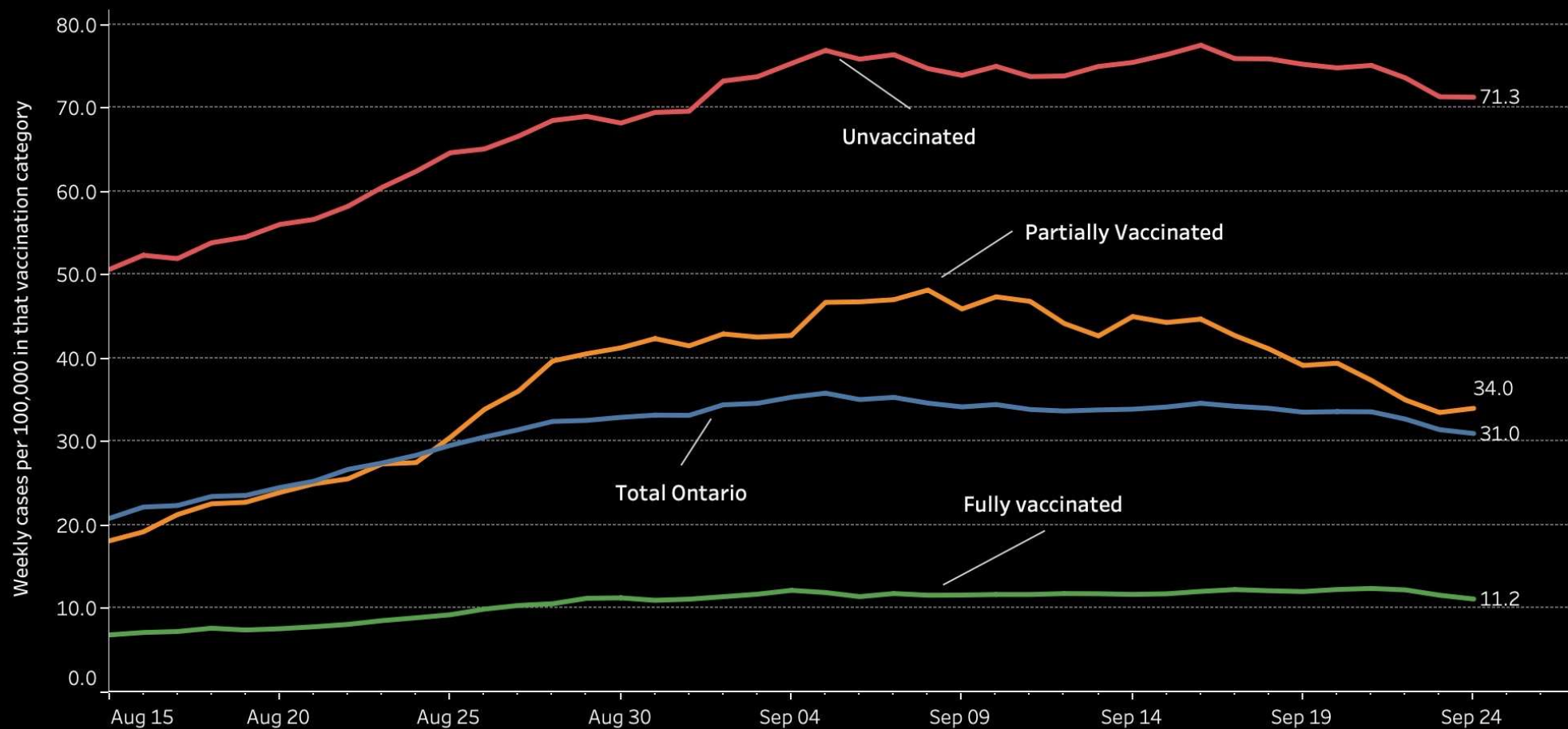
FIGURE. Serum anti-receptor binding domain and anti-spike immunoglobulin G levels 2–6 weeks after full vaccination among healthy adult volunteers — three hospitals in three U.S. states,^{*,†} April–June 2021



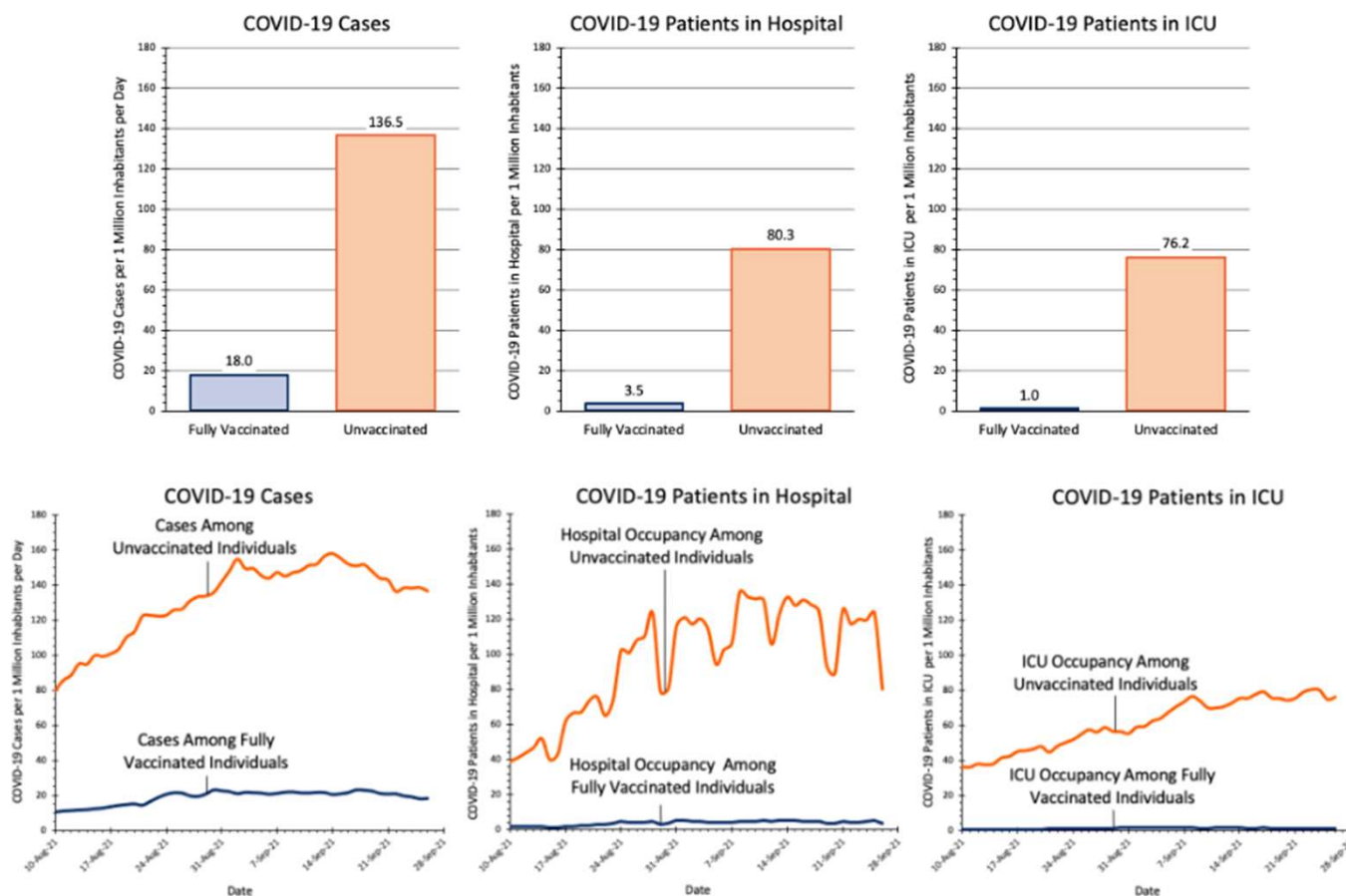
Source: WH Self et al MMWR 2021;70:1-7

Ontario estimated weekly cases per 100,000 by vaccination status

PHO vaccination status definitions. Not adjusted for age. Bill Comeau @Billius27



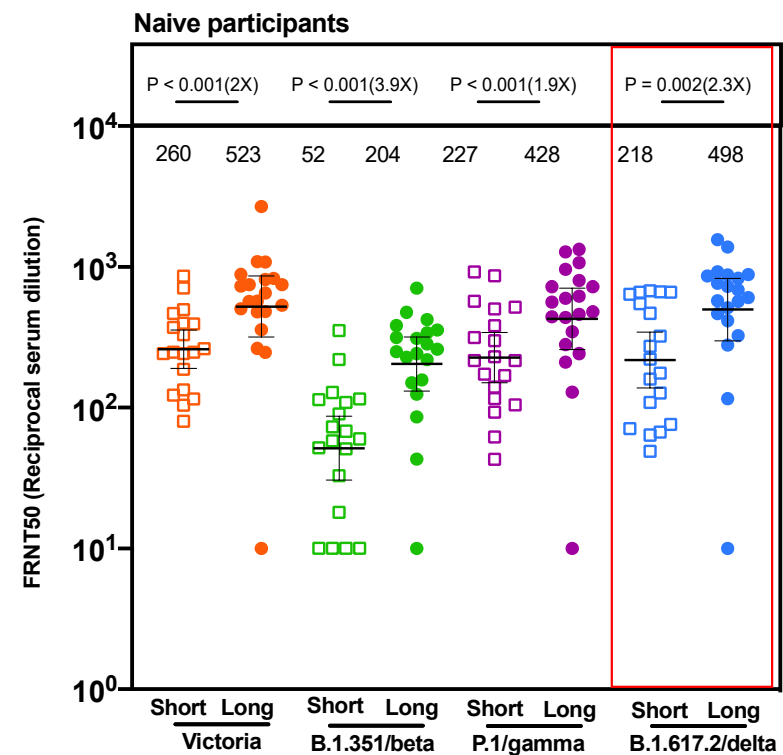
Current COVID-19 Risk in Ontario by Vaccination Status



Source: <https://covid19-sciencetable.ca/ontario-dashboard/>

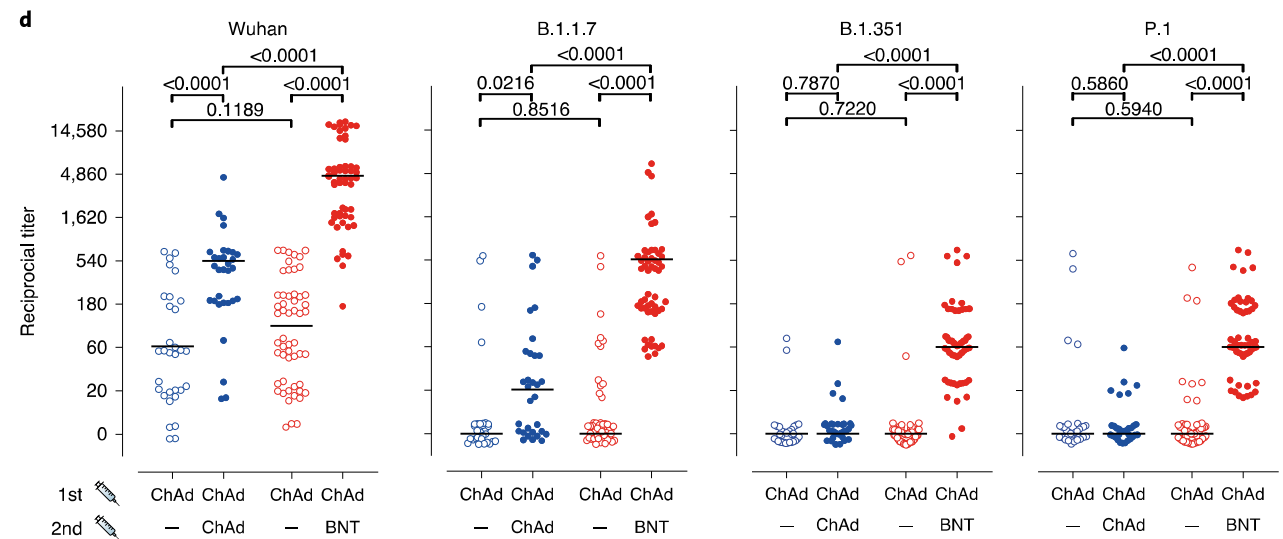
PITCH Study of Longer Interval for Pfizer-BioNTech Vaccine

- Extension of the interval between vaccine doses for the BNT162b2 mRNA vaccine was examined in a study of 503 HCWs
- Neutralizing Ab levels were higher after the extended dosing interval (6-14 weeks) compared to the conventional 3-4 week regimen, accompanied by an enrichment of CD4+ T cells
-



Heterologous Vaccination – U.K.

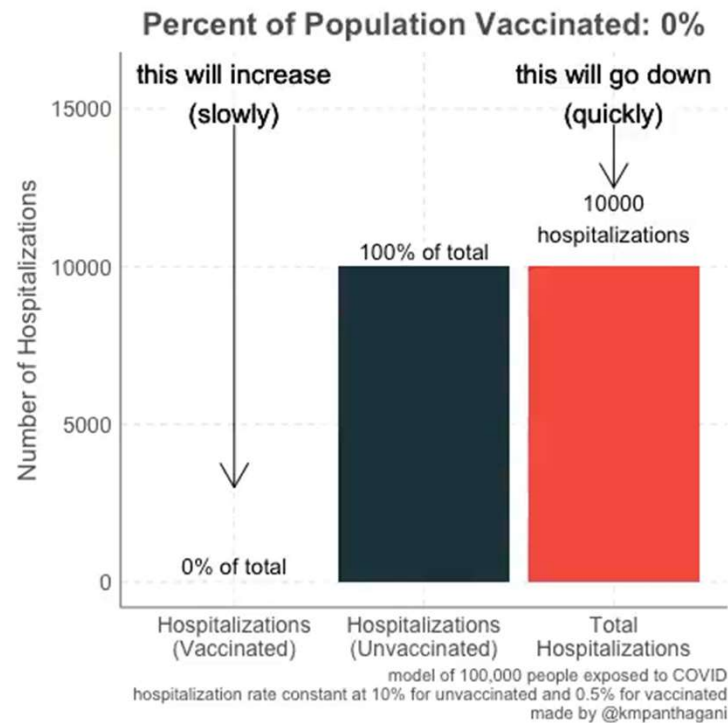
- Stronger antibody immune responses were seen against SARS-CoV-2 variants after heterologous ChAd/BNT versus homologous ChAd/ChAd vaccination



“Breakthrough” Infections & Transmission Immunity



How Percentage of Fully Vaccinated Cases Changes based on % of Population Vaccinated



Shorter Period of Transmissibility in Vaccinees

- Vaccinated patients had a faster rate of viral load decline compared with unvaccinated and likely shorter duration of viral shedding and infectivity
- If this is a valid observation, then it is likely that vaccination reduces secondary transmission

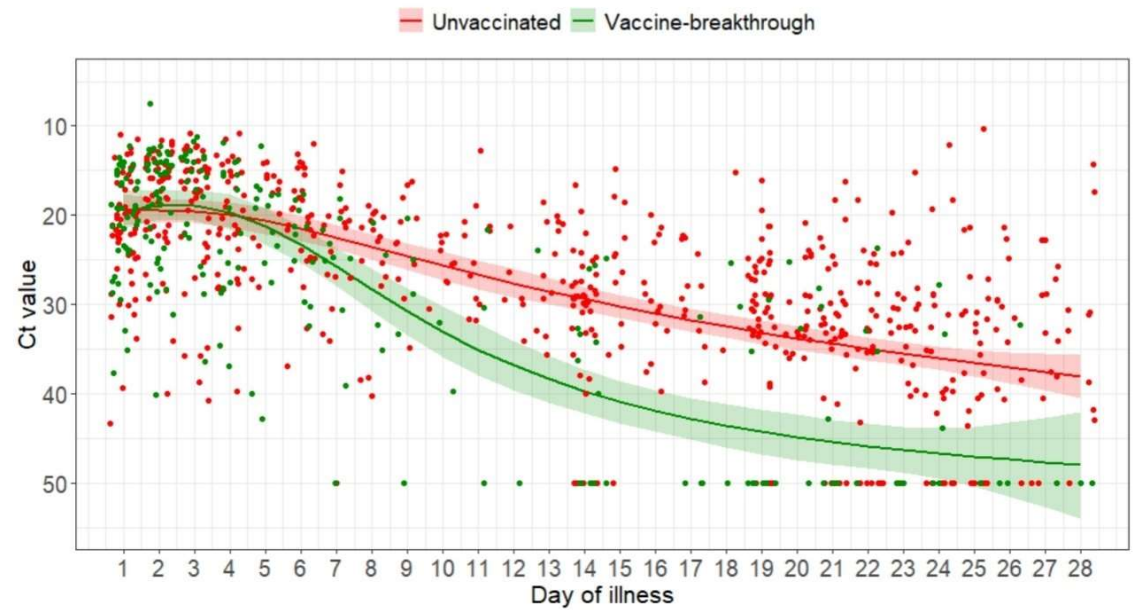


Figure 1: Scatterplot of Ct values and marginal effect of day of illness of COVID-19 B1.617.2 infected patients with 95% confidence intervals from generalized additive mixed model with interaction term between vaccination status and day of illness

SARS-CoV-2 Virus is Less Infectious in Vaccine Recipients

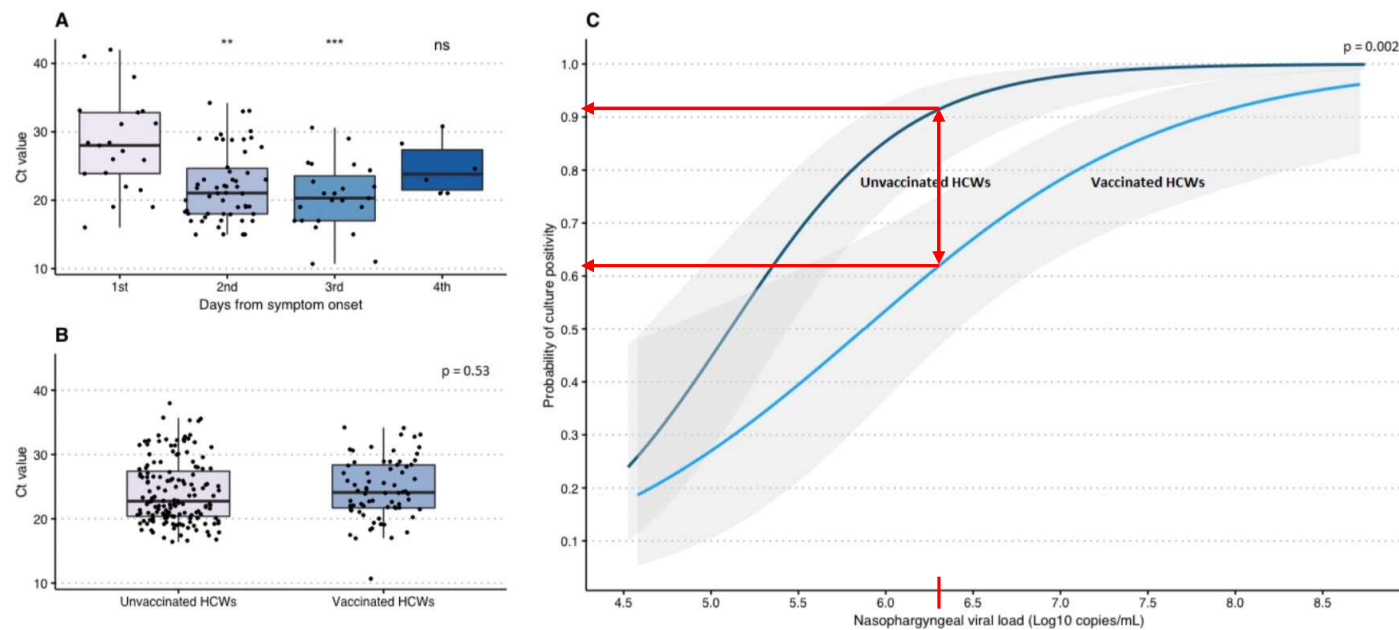
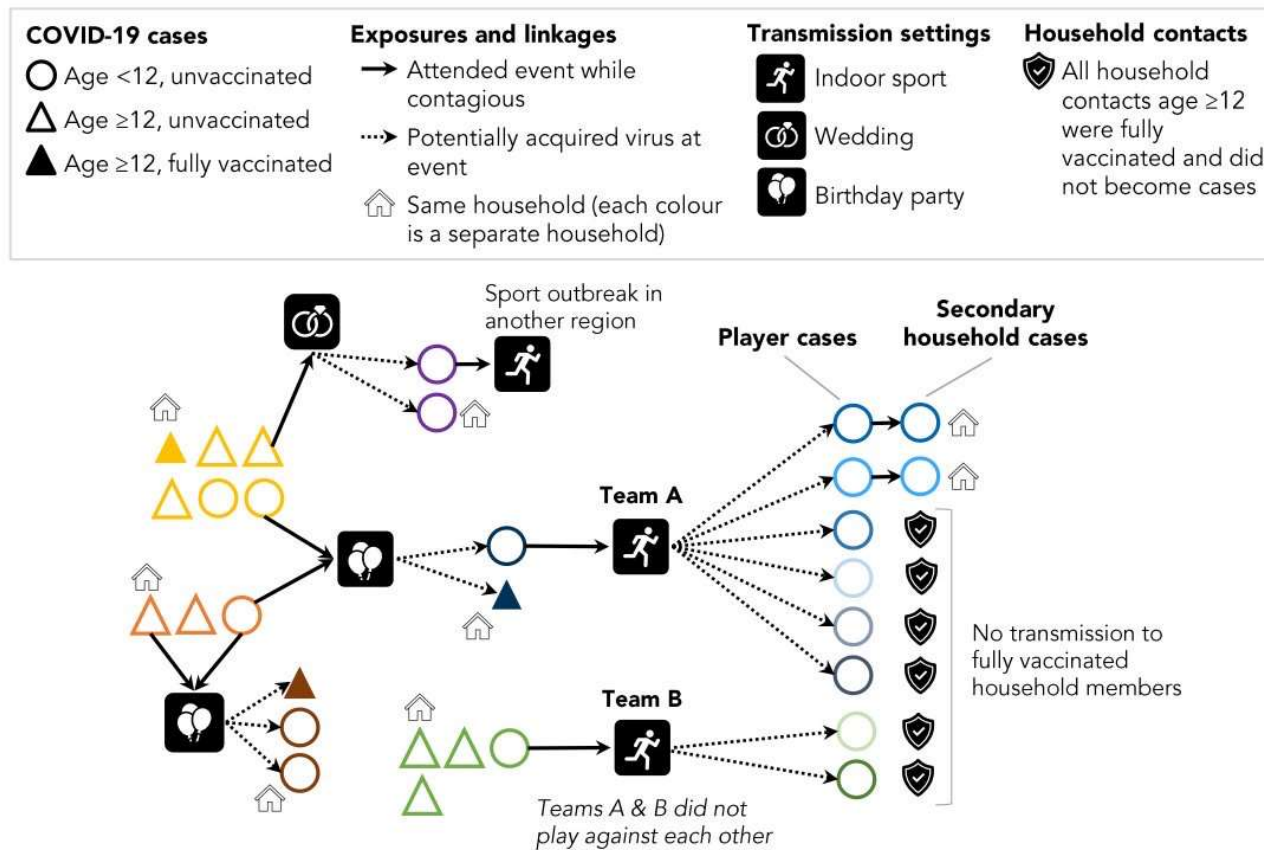


Figure 1. SARS-CoV-2 culture positivity and Ct-values in nasopharyngeal samples of health care workers with SARS-CoV-2 breakthrough infections. (A) Ct-values by day from symptom onset (B) Ct-values of HCWs with vaccine breakthrough infections (primarily Delta) compared to Ct-values of HCWs with primary infections (primarily D614G) (C) Probability of culture positivity by nasopharyngeal viral load (Probit Analysis), comparing HCWs with vaccine breakthrough infections (primarily Delta) to HCWs with primary infections (primarily D614G)

Figure 7. A children's indoor sport COVID-19 outbreak in Peel, August 2021



Source: Ontario Ministry of Health, Public Health Case and Contact Management Solution (CCM), extracted by Peel Public Health [13/Sep/2021]

What will the Fall of 2021 look like?



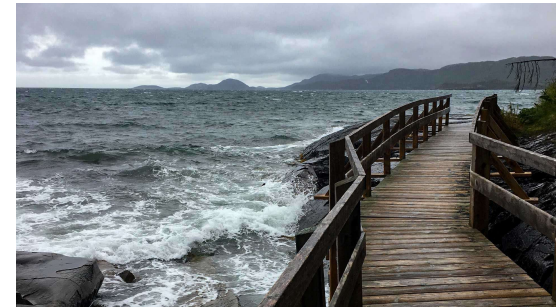
Tsunami

or



Rogue Wave

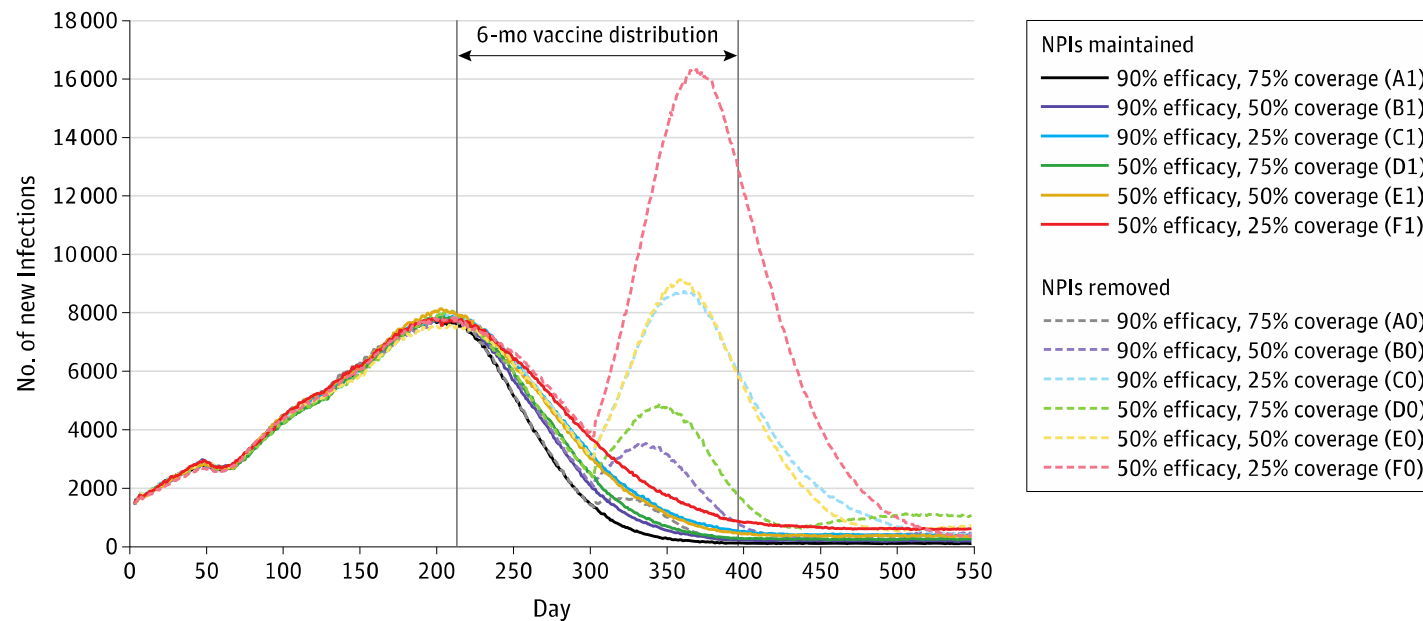
or



High Tide?

Modeling Vaccine Rollout & PH Restrictions

Figure 2. Daily New Infections by Vaccination and Nonpharmaceutical Intervention (NPI) Scenarios During the 18-Month Simulation

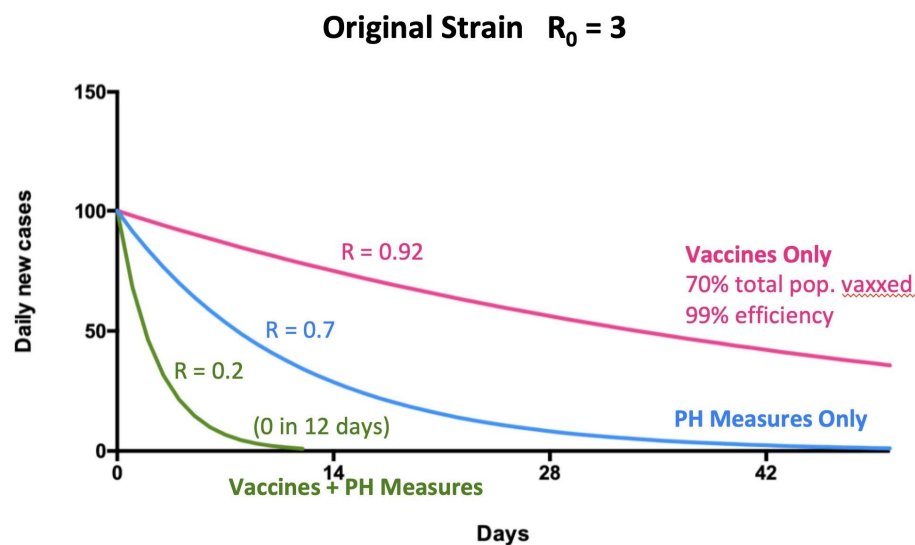


Modeled new infections by day are shown across varying vaccine efficacy and coverage with NPIs maintained and removed.

Source: MD Patel et al *JAMA Network Open*. 2021;4(6):e2110782. doi:10.1001/jamanetworkopen.2021.10782

Delta – Impact of Vaccination & PH Measures

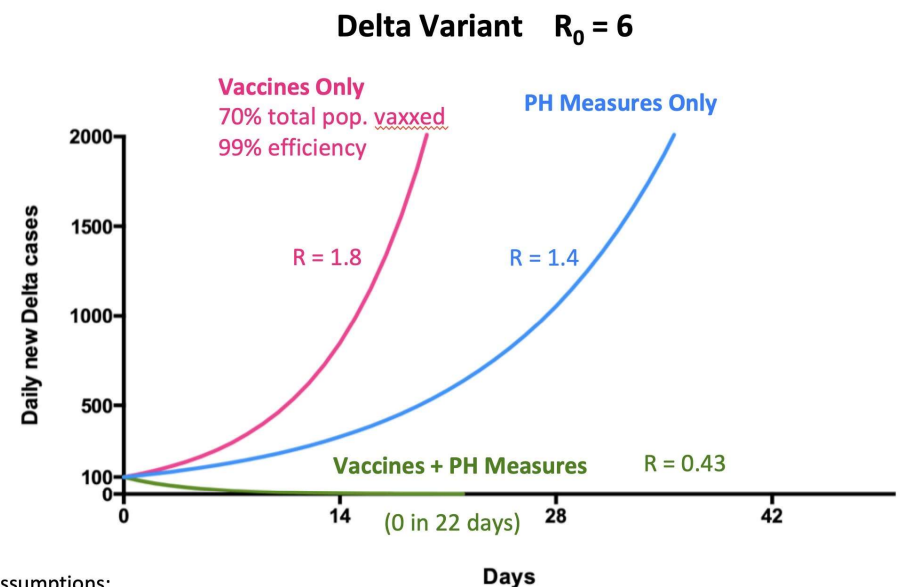
A) Effects of Vaccines and Public Health (PH) Measures on Virus Spread



Assumptions:
 Vaccine efficiency against transmission: 99%
 % population fully vaxxed: 70% total (82% eligible)
 PH measures: Alberta Spring 2020 shut-down (which resulted in $R=0.7$)

Chart and analysis: [@GosiaGasperoPhD](#)

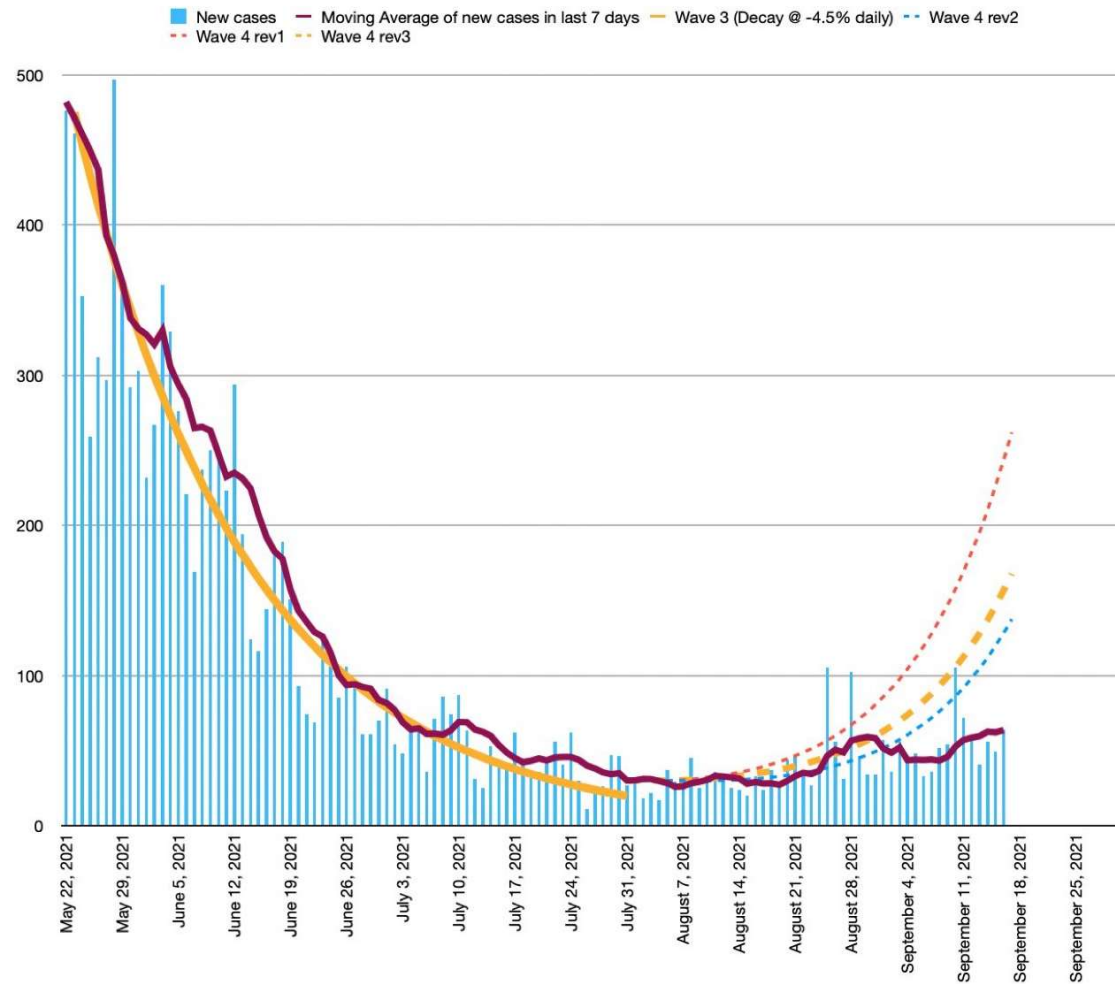
B) Effects of Vaccines and Public Health (PH) Measures on Virus Spread



Assumptions:
 Vaccine efficiency against transmission: 99%
 % population fully vaxxed: 70% total (82% eligible)
 PH measures: Alberta Spring 2020 shut-down (which resulted in $R=0.7$)

Chart and analysis: [@GosiaGasperoPhD](#)

When a jurisdiction acts quickly to Delta – Manitoba

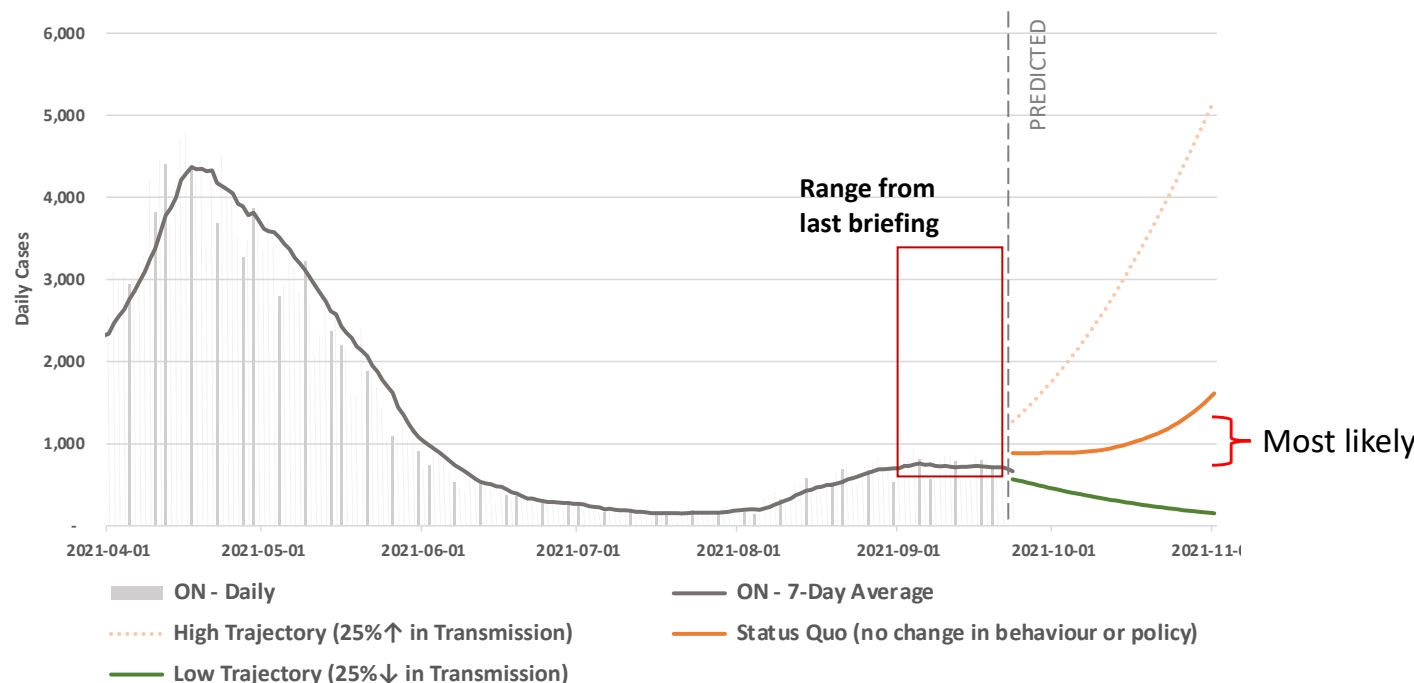


There is a wide range for case projections, reflecting the fragile situation and high degree of instability as colder weather approaches.

Figure shows predictions based on a consensus across models from 5 scientific teams.

High uncertainty in estimates because:

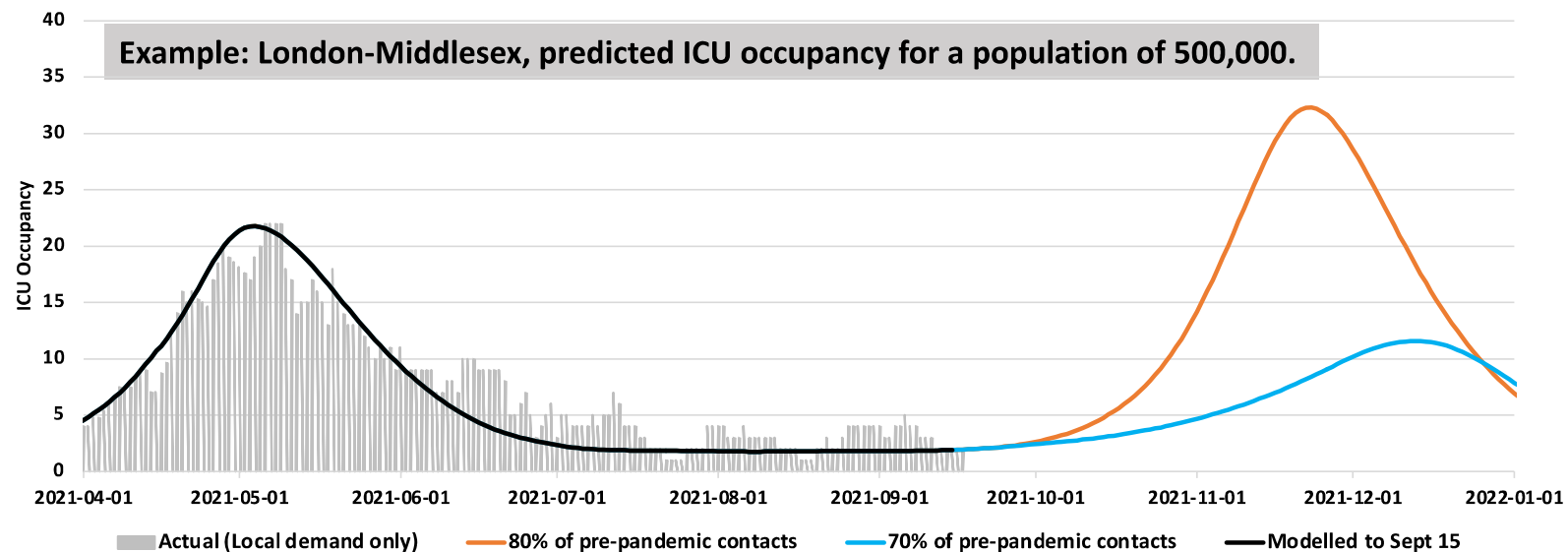
- Uncertainty in vaccine effectiveness against infection
- Too early to see impact of increased contacts with return to school and workplaces
- Seasonality and time spent indoors vs. outdoors



Predictions informed by modeling from Fields Institute, McMasterU, PHO, WesternU, YorkU
Data (Observed Cases): covid-19.ontario.ca

Long-term predictions:

High risk of rapid increase in ICU occupancy can be reduced with a cautious approach and early contact reductions.



- Scenarios shown assume that as ICU occupancy and deaths increase, contacts will decrease due to behaviour change and implementation of public health measures
- Summer (Step 3) contacts approx. 82.5% compared to pre-pandemic contacts
- If scaling up to Ontario population, ICU occupancy predictions for Ontario would be expected to be higher and the peak to occur earlier, especially in large urban areas.

Predictions: WesternU

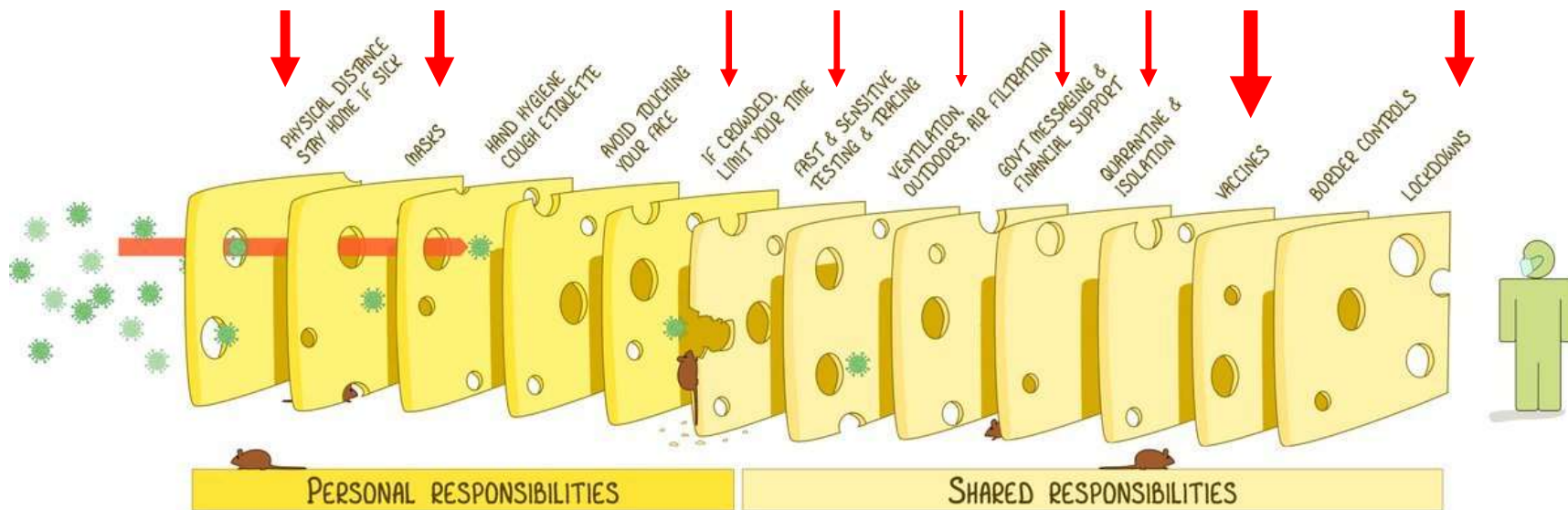
Why COVID-19 Waves from Other Countries are Less Applicable to Canada

Country	Vaccination Rate Compared to CA	Public Health Measures Compared to CA
United States	↓↓	↓↓↓
United Kingdom	↓	↓
Australia	↓↓↓	↑↑↑
Israel	Same, but shorter interval between doses	↓↓

COVID-19 Transmission Reduction Tools

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.

Summing up

- **Where are we & where are we going?**
 - We're now in a muted 4th Wave due to:
 - Delta variant
 - Reduced PH measures
 - The 1 in 5 of us who are unvaccinated
- **Variants**
 - New variants of interest are NOT able to compete with Delta
- **Vaccines**
 - Are effective against all variants and our best chance to flatten the 4th wave along with maintenance of PH measures
 - **Please get vaccinated!**

