Outbreaks of COVID-19 in Congregate Settings

Table of contents

Introduction

Congregate living settings refer to a range of facilities where people (most or all of whom are not related) live or stay overnight and use shared spaces (e.g., common sleeping areas, bathrooms, kitchens). Examples include group homes, shelters (family and adult community shelters), supported independent living facilities (rooming houses and supportive living) and correctional facilities. In total, there are approximately 320 congregate living residences in Ottawa.

Residents of congregate living settings are at a higher risk of exposure to COVID-19 due to the use of shared spaces, overpopulation, and exposure to staff with asymptomatic or pre-symptomatic COVID-19 infection (1-3). The prevalence of underlying medical conditions increases the vulnerability of this population (4) and given how difficult it is to control the spread of COVID-19 once it has entered these settings, emphasis needs to be placed on preventing initial exposure.

The pandemic has further exposed health inequities faced by the congregate living sector. This was highlighted by the disproportionate rates of COVID-19 in these vulnerable populations, underlining an urgent need to enhance Ottawa Public Health's response in support of this population. Applying a health equity approach was integral in addressing gaps and will be imperative in supporting congregate settings and the high-risk populations they serve moving forward. To do so, Ottawa Public Health (OPH) must continue to maintain staff capacity to support all congregate settings within Ottawa, while ensuring ongoing work is done in partnership with key internal stakeholders, namely the City's Community and Social Services Department, Ottawa Inner City Health, Ministry of Children, Community and Social Services, and the regional infection prevention and control team. Ongoing engagement and collaboration with these stakeholders will be instrumental in re-imaging how we do business and will be important for future state planning to further address the health needs of this high-risk, and often isolated sector.

OPH engages with community partners to prevent, identify, and manage outbreaks. Prevention activities include pre-emptive site visits and infection prevention and control (IPAC) education. OPH aids facilities in determining when an outbreak is declared and assists in the identification of potential exposures within the facility. Outbreak management support includes site visits, daily communication, and help in identifying gaps in control measures or other issues that may impact COVID-19 transmission.

The COVID-19 outbreak definition for congregate settings varies by facility type. Generally, a confirmed outbreak in a congregate setting is defined as two or more laboratory-confirmed cases of COVID-19 with evidence of transmission within the facility. A suspect outbreak is declared when there is at least one confirmed case in a facility with possible acquisition within the facility. This report will focus on confirmed outbreaks.

Executive Summary

- From March 2020 through to July 15, 2021, OPH investigated **104 confirmed COVID-19 outbreaks** in congregate settings with **872 people who tested positive** for COVID-19 (Table 1, Figure 1), including:
    - 57 outbreaks in group homes with a total of 235 people who tested positive (99 residents and 136 staff)
    - 27 outbreaks in shelters with a total of 436 people who tested positive (303 residents and 133 staff)
    - 16 outbreaks in supported independent living facilities with a total of 155 people who tested positive (99 residents and 56 staff)
    - 4 outbreaks in correctional facilities with a total of 46 people who tested positive (39 residents and 7 staff).
- **Repeat outbreaks were common**. Sixteen (16) facilities experienced more than one outbreak of COVID-19, including 5 group homes, 6 shelters, 4 supported independent living facilities, and 1 correctional facility.
- Many (59) outbreaks were effectively contained to **three or fewer residents** who tested positive for COVID-19, including:
    - 34 outbreaks in group homes (including 27 with no resident cases)
    - 13 outbreaks in shelters (including 3 with no resident cases)
    - 12 outbreaks in supported independent living facilities (including 8 with no resident cases).
- Sixteen (16) outbreaks had **ten or more residents** who tested positive for COVID-19 including 6 in group homes, 6 in shelters, 3 in supported independent living facilities, and 1 in a correctional facility.
- There were **32 hospitalizations, 8 intensive care unit (ICU) admissions and 9 deaths** associated with COVID-19 outbreaks in congregate care settings, including:
    - 18 hospitalizations, 2 ICU admissions in shelter residents/staff.
    - 15 hospitalizations, 2 ICU admissions in supported independent living residents/staff
    - 9 hospitalizations, 4 ICU admissions in group home residents/staff.
    - 3 deaths occurred in shelter residents and 6 deaths occurred in residents of supported independent living.
- On **average outbreaks lasted 21 days**, however outbreak duration ranged widely from 6 to 35 days for group homes, 10 to 67 days in shelters, 9 to 42 days in supported independent living facilities, and 14 to 30 days in correctional facilities.
- The **transient nature** of residence in correctional facilities and shelters facilitated the introduction and spread of COVID-19, despite test-on-admission programs (which are consistently performed at correctional facilities, but not shelters). Contact networks show sustained introduction and circulation of COVID-19 between Ottawa-Carleton Detention Centre (OCDC), and shelters with direct links to health care facilities, and indirect links

through contacts and household exposures into retirement homes and long-term care facilities.

- **Diversity demands a tailored approach:** Challenges in outbreak management were evident, particularly in adult shelter settings with transient populations, frequent underlying mental health and substance use issues, difficulty isolating cases, staff capacity concerns, and difficulties identifying symptom onset. These factors inherently lead to a greater outbreak complexity identifying a need for setting specific IPAC strategies including creative cohorting strategies, flexible or targeted testing recommendations and an overall need for a greater level of outbreak support. It is also important to be aware that the congregate setting population may also be employed or otherwise linked to many high-risk health care jobs or similar occupations.
- **Partnerships were essential** to outbreak prevention and management: Ongoing communication and collaboration partners facilitated a flexible and agile response that was necessary to mobilize appropriate resources, especially in the large adult shelters. New partnerships with smaller congregate setting directors and staff, the Ministry of Children Community and Social Services (MCCSS), and the Ministry of Homes for Special Care (MHSC) should be nurtured to continue to ensure facilities, staff and clients are provided with effective support post-pandemic.
- **Incentivized vaccination** was key to driving uptake, particularly amongst the adult emergency shelter population. Furthermore**,** on site vaccination, and strategies for recall for second doses were important to increase uptake and need to be further improved as third doses become available. Congregate residents were prioritized for vaccination, although unfortunately the roll-out was too late for many people who tested positive.
- **Rapid declaration of facility-wide outbreaks**, even in the absence of evidence of epidemiological links between cases, could help reduce spread of infectious diseases within facilities by mobilizing resources sooner.
- **Testing:** OPH in collaboration with testing partners (Ottawa Inner City Health, CHEO, Montfort Hospital, Ottawa Inner City Health, Ottawa Paramedic Service, The Ottawa Hospital, and South East Ottawa CHC) have facilitated surveillance and outbreak testing within congregate settings. Mobile testing provided by these partners has reduced barrier to testing for congregate settings and allowed for the rapid assessment and implementations of appropriate outbreak measures. Testing at congregate living sites requires more flexibility than required at other institution types. The transient nature of the population and potential feelings of mistrust require a flexible approach to surveillance testing. Expectations for achieving testing thresholds, time required to undertake testing activities, surveillance testing windows, etc., need to be aligned with the capacity of these sites and the willingness of their clients to undergo surveillance testing. Leveraging preexisting relationship between clients and testing partners resulted in greater trust and client testing uptake. Additionally, expectations for reporting must also take into account the challenges of reconciling personal health information of clients who may have no fixed address, no health card number and who may be hesitant to share any personal information with staff performing testing.

- **Physical Distancing and Isolation Centres** were key interventions: Isolation centres were instrumental to supporting isolation of positive cases, and symptomatic clients. Isolating in place, particularly in community shelter's is incredibly challenging due to physical layout, and nature of clientele. Temporary community shelters and respite centre services were instrumental to providing space for clients to physically distance and access basic services while reducing the risk of acquiring or spreading COVID-19.

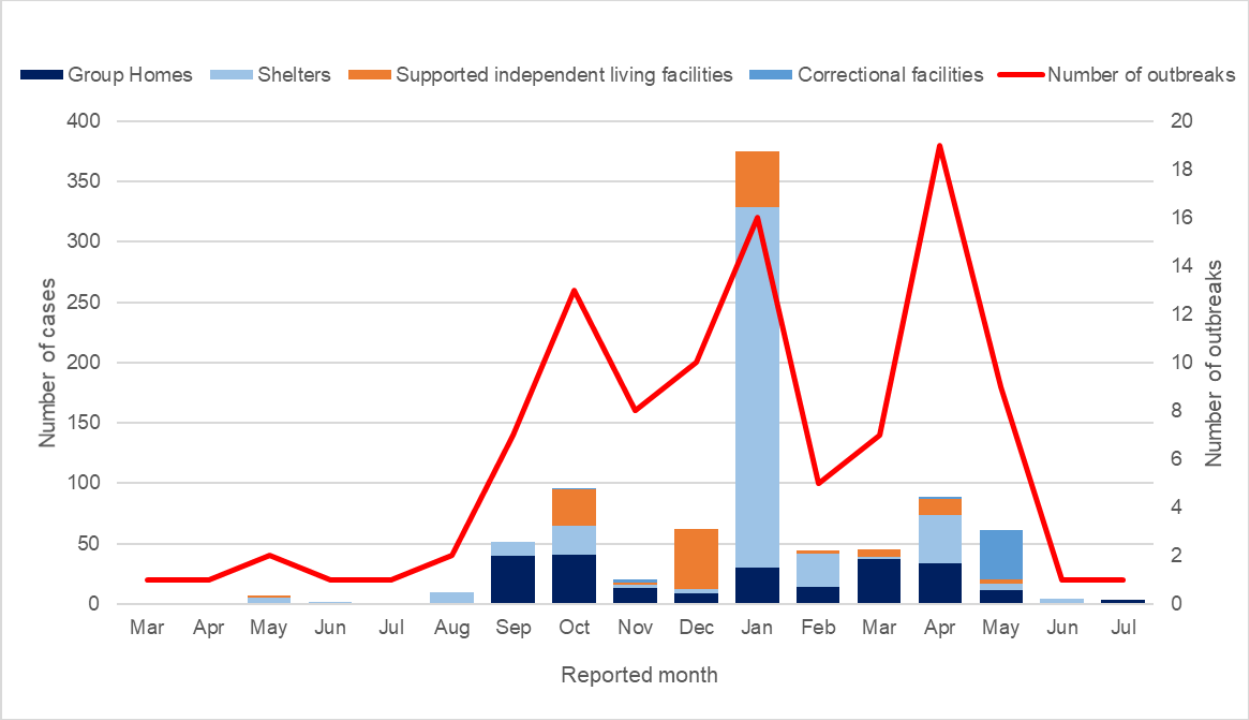
Table 1. Summary of congregate setting COVID-19 outbreak indicators, April 2020 through July 2021, Ottawa

Indicator	Group home	Shelter	Supported independent living	Correctional facility
Number of outbreaks	57	27	16	4
Mean duration (days)	15	27	20	20
Total number of cases	235	436	155	46
Number of resident cases	99	303	99	39
Number of staff cases	136	133	56	7
Overall outbreak attack rate of COVID-19	7% (range, 1% - 56%)	24% (range, 3% - 100%)	17% (range, 4% -81%)	10% (range, 3% - 11%)
Number of resident deaths	0	3	6	0
Number of staff deaths	0	0	0	0
Number of hospitalizations	9	18	15	0
Number of ICU admission	2	4	2	0

Notes:

1. Data on cases are from CCM as of 3:00 p.m. on July 15, 2021
2. The number of outbreaks that were still open at the time of data extraction included one in a group home and one in a shelter. All outbreaks were closed in supported independent living and correctional facilities.
3. Outbreak duration is calculated from outbreak declared date to the closed date.
4. Attack rates are based on facility bed capacity, which may not reflect accurate number at risk due to turnover.

Figure 1. Summary of COVID-19 outbreaks and associated cases in Ottawa congregate settings by outbreak reported month, April 2020 through July 2021



Notes:

1. Data on cases and outbreaks are from CCM as of 3:00 p.m. on July 15, 2021

1. Group Homes

A confirmed COVID-19 outbreak in a group home occurs when there is evidence of transmission or more than one laboratory confirmed case reported within a 14-day period. A suspect COVID-19 outbreak in a group home is declared when active transmission is not suspected, no high-risk contacts (HRCs) have been identified, and acquisition is deemed to be from outside the home.

From April 2020 through July 15, 2021, OPH investigated 57 confirmed outbreaks in group homes (Table 2).

- There was a total of 235 associated cases (99 residents and 136 staff).
- The largest number of cases occurred in fall 2020, followed by early spring 2021.
- Six (11%) group homes experienced two outbreaks of COVID-19.
- Most outbreaks (n=34, 60%) had 3 or fewer cases among residents.
- Of the 27 outbreaks involving only staff, most were associated with 1 case (81%).
- Six (11%) outbreaks had ten or more residents or staff who tested positive for COVID-19, with the largest number of cases associated with an outbreak being 17.
- A small proportion of cases were hospitalized (4%) and/or admitted to the ICU (1%).
- There were no deaths associated with the outbreaks in group homes.
- Outbreak duration ranged from 6 to 35 days (one outbreak was still open at time of extraction).
- There were 7 (12%) outbreaks that lasted 28 days or more.

Table 2. Summary of group home COVID-19 outbreak indicators, April 2020 through July 2021, Ottawa

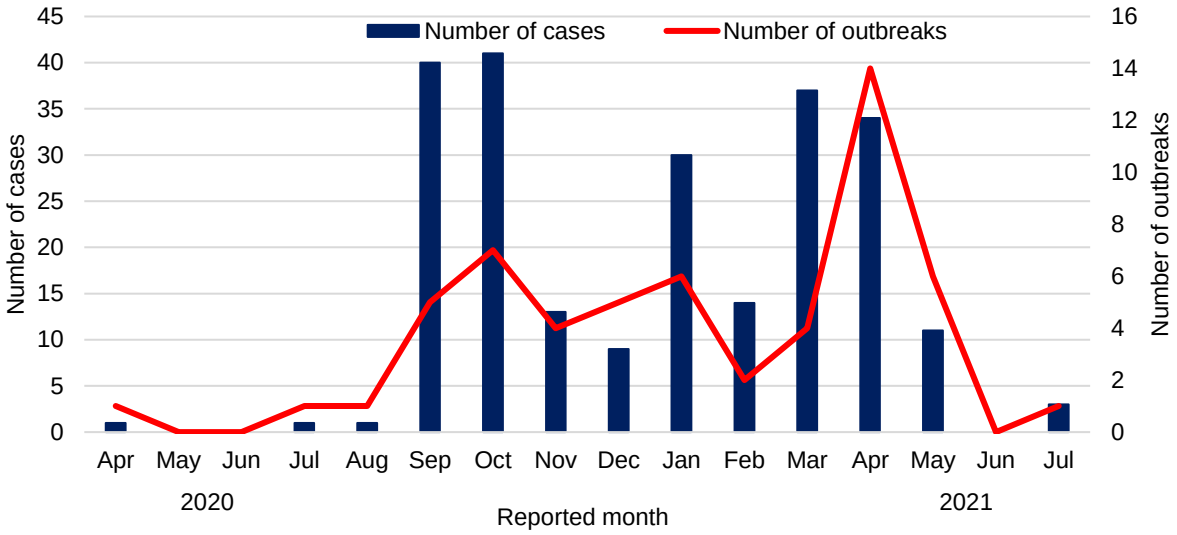
Indicator	Total	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
Number of outbreaks	57	1	7	16	12	20	1
Mean duration (days)	15	11	23	18	21	15	-[2]
Number of resident cases	99	0	12	30	34	20	3
Number of staff cases	136	1	30	33	47	25	0
Outbreak attack rate of COVID infections	7% (range, 1% - 56%)	0%	2%	3%	3%	2%	0%
Number of resident deaths	0	0	0	0	0	0	0
Number of staff deaths	0	0	0	0	0	0	0

Notes:

1. Data on cases are from CCM as of 3:00 p.m. on July 15, 2021
2. One outbreak in a group home was still open at the time of data extraction.

A total of 235 cases were identified in group home residents and staff during April 2020 to July 2021 (Figure 2). The biggest burden of cases was experienced in outbreaks reported in fall 2020 (particularly in September and October) followed by early spring 2021 (particularly in March and April). The number of outbreaks during fall 2020 was lower, despite a high number of cases. The highest number of outbreaks was observed in April 2021.

Figure 2. Number of confirmed cases of COVID-19 associated with confirmed outbreaks in Ottawa group homes by outbreak reported month



Notes:

1. Data on cases are from CCM as of 3:00 p.m. on July 15, 2021.
2. One outbreak in a group home was still open at the time of data extraction.
3. Confirmed cases are those with a confirmed COVID-19 laboratory result as per the Ministry of Health's "Public health management of cases and contacts of COVID-19 in Ontario" June 23, 2020 version 8.0

2. Shelters

A confirmed COVID-19 outbreak in a community shelter is declared when transmission has occurred or is suspected in more than 1 case within a 14-day period. A suspect COVID-19 outbreak in a shelter occurs when 1 case has been reported with no evidence of transmission.

From April 2020 through July 15, 2021, OPH investigated 27 confirmed outbreaks in shelters (Table 3).

- There was a total of 426 associated cases (303 residents and 133 staff).
- The majority (70%) of outbreak associated cases occurred in January 2021 (n=299).
- Six (22%) shelters experienced more than one outbreak of COVID-19.
- Thirteen (48%) outbreaks had 3 or fewer cases among residents.
- Three (11%) outbreaks were among only staff.
- Six (22%) outbreaks had ten or more residents or staff who tested positive for COVID-19, with the largest number of cases associated with an outbreak being 131.
- A small proportion of cases were hospitalized (4%) and/or admitted to ICU (1%).
- There were three deaths associated with the outbreaks in shelters.
- Outbreak duration ranged from 10 to 67 days (one outbreak was still open at time of extraction).
- There were 7 (26%) outbreaks that lasted 28 days or more.

Table 3. Summary of shelter COVID-19 outbreak indicators, April 2020 through July 2021, Ottawa

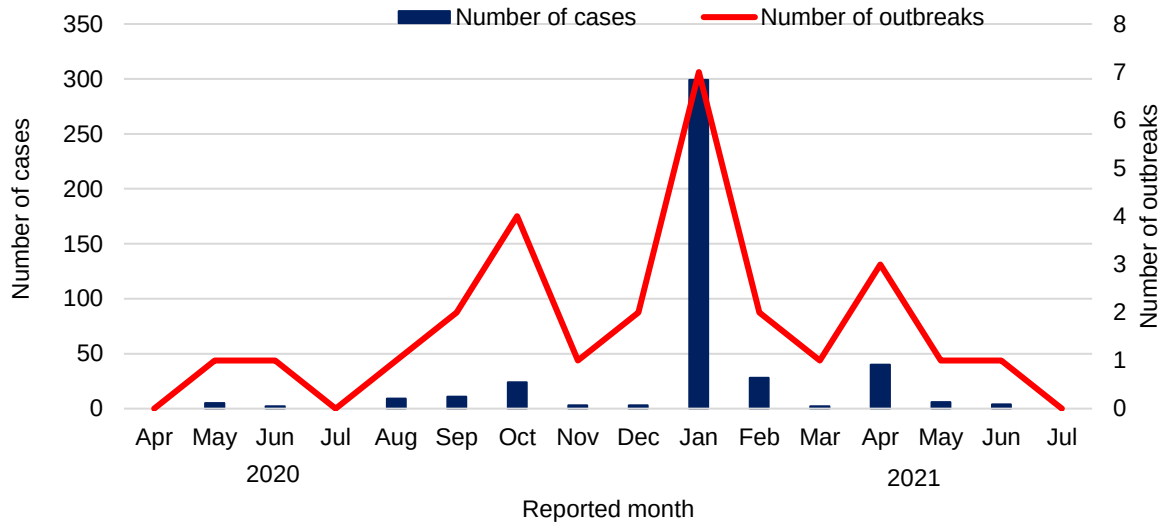
Indicator	Total	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
Number of outbreaks	27	2	3	7	10	5	0
Mean duration (days)	27	16	29	20	28	29	0
Number of resident cases	303	5	15	15	235	33	0
Number of staff cases	133	2	5	15	94	17	0
Outbreak attack rate of COVID infections	23% (range, 3% -100%)	0%	1%	2%	18%	3%	0%
Number of resident deaths	3	0	0	1	2	0	0
Number of staff deaths	0	0	0	0	0	0	0

Notes:

1. Data on cases are from CCM as of 3:00 p.m. on July 15, 2021
2. One outbreak in a shelter was still open at the time of data extraction.

Overall, the number of cases of COVID-19 associated with shelter outbreaks were below 50 each month (Figure 3). However, there was a surge in the number of outbreaks and number of associated cases in January 2021.

Figure 3. Number of confirmed cases of COVID-19 associated with outbreaks in Ottawa shelters by outbreak reported month



Notes:

1. Data on cases are from CCM as of 3:00 p.m. on July 15, 2021.
2. One outbreak in shelter was still open at the time of data extraction.
3. Confirmed cases are those with a confirmed COVID-19 laboratory result as per the Ministry of Health's "Public health management of cases and contacts of COVID-19 in Ontario" June 23, 2020 version 8.0

3. Supported Independent Living Facilities

A confirmed COVID-19 outbreak in a supported independent living facility occurs when there is evidence of transmission of more than 1 case reported within a 14-day period. A suspect COVID-19 outbreak can be declared without evidence of transmission, and acquisition is deemed from outside the home and no HRCs have been identified.

From March 2020 through July 15, 2021, OPH investigated 16 confirmed outbreaks in supported independent living facilities (Table 4).

- There was a total of 155 associated cases (99 residents and 56 staff).
- Three (19%) independent living facilities experienced more than one outbreak.
- The majority (75%) of outbreaks had 3 or fewer cases among residents.
- There were 8 (50%) outbreaks among only staff.
- Three (19%) outbreaks had ten or more residents or staff who tested positive for COVID-19, with the largest number of cases associated with an outbreak being 44.
- A small proportion of cases were hospitalized (10%) and/or admitted to ICU (1%).
- There were six resident deaths associated with outbreaks in independent living facilities.
- Outbreak durations ranged from 9 to 42 days (all outbreaks were closed at time of extraction).
- There were 3 (19%) outbreaks that lasted 28 days or longer.

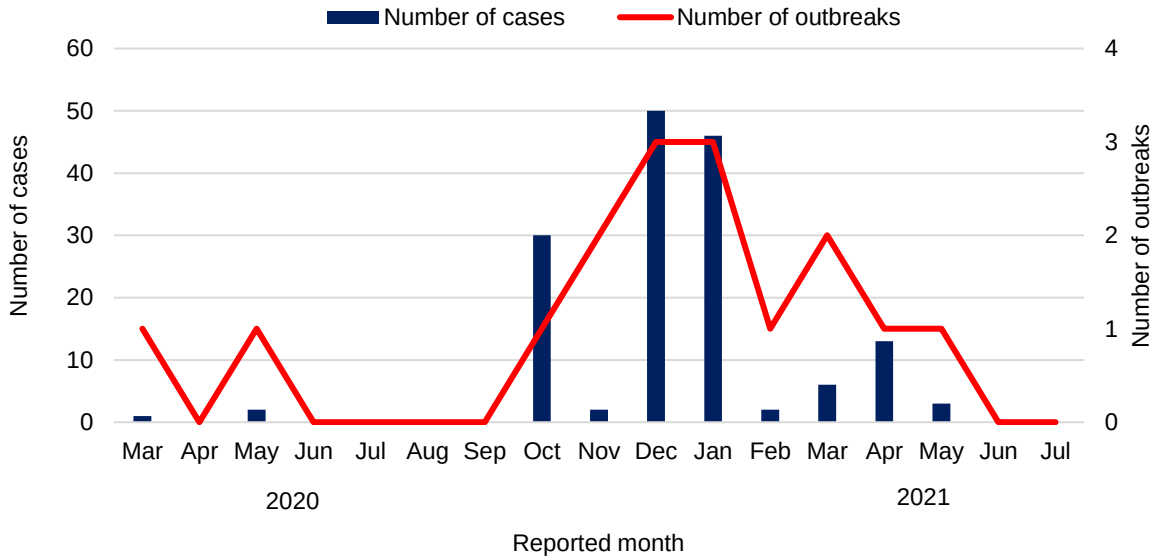
Table 4. Summary of supported independent living facility COVID-19 outbreak indicators, March 2020 through July 2021, Ottawa

Indicator	Total	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
Number of outbreaks	16	1	1	0	6	6	2	0
Mean duration (days)	20	9	13	0	26	17	22	0
Number of resident cases	99	0	1	0	49	42	7	0
Number of staff cases	56	1	1	0	33	12	9	0
Outbreak attack rate of COVID infections	17% (range, 4% -81%)	0%	0%	0%	9%	6%	2%	0%
Number of resident deaths	6	0	0	0	5	1	0	0
Number of staff deaths	0	0	0	0	0	0	0	0

Note: Data on cases are from CCM as of 3:00 p.m. on July 15, 2021

The largest number of cases of COVID-19 associated with supported independent living facility outbreaks occurred in December 2020 and January 2021 (Figure 4).

Figure 4. Number of confirmed cases of COVID-19 associated with outbreaks in Ottawa supported independent living facility by outbreak reported month



Notes:

1. Data on cases are from CCM as of 3:00 p.m. on July 15, 2021.
2. Confirmed cases are those with a confirmed COVID-19 laboratory result as per the Ministry of Health's "Public health management of cases and contacts of COVID-19 in Ontario" June 23, 2020 version 8.0

4. Correctional Facilities

A confirmed COVID-19 outbreak in a correctional facility can be declared in the event that there is more than 1 COVID-19 case and with evidence of transmission from within the detention centre. A suspect COVID-19 outbreak in a correctional facility can be declared if there is either 1 case within the general population or 1 staff who worked during their period of communicability and no other transmission has occurred.

From the beginning of the pandemic through July 15, 2021, OPH investigated 4 confirmed outbreaks in Ottawa correctional facilities (Table 5).

- The first outbreak in a correctional facility was declared in October 2020.
- The largest number of outbreaks associated cases (n=41) occurred in May 2021.
- There was a total of 46 associated cases (39 residents and 7 staff).
- One correctional facility experienced 3 outbreaks of COVID-19. This facility is where 96% of the correctional facility outbreak associated cases occurred.
- Three (75%) outbreaks had one case among residents.
- One (25%) outbreak had more than ten residents or staff (41 cases) who tested positive for COVID-19.
- There were no hospitalizations or ICU admissions associated with the outbreaks.
- There were no deaths associated with the outbreaks in Ottawa correctional facilities.
- Outbreak duration ranged from 14 to 30 days, with all outbreaks being closed at the time the extract was pulled.

Table 5. Summary of correctional facility COVID-19 outbreak indicators, March 2020 through July 2021, Ottawa

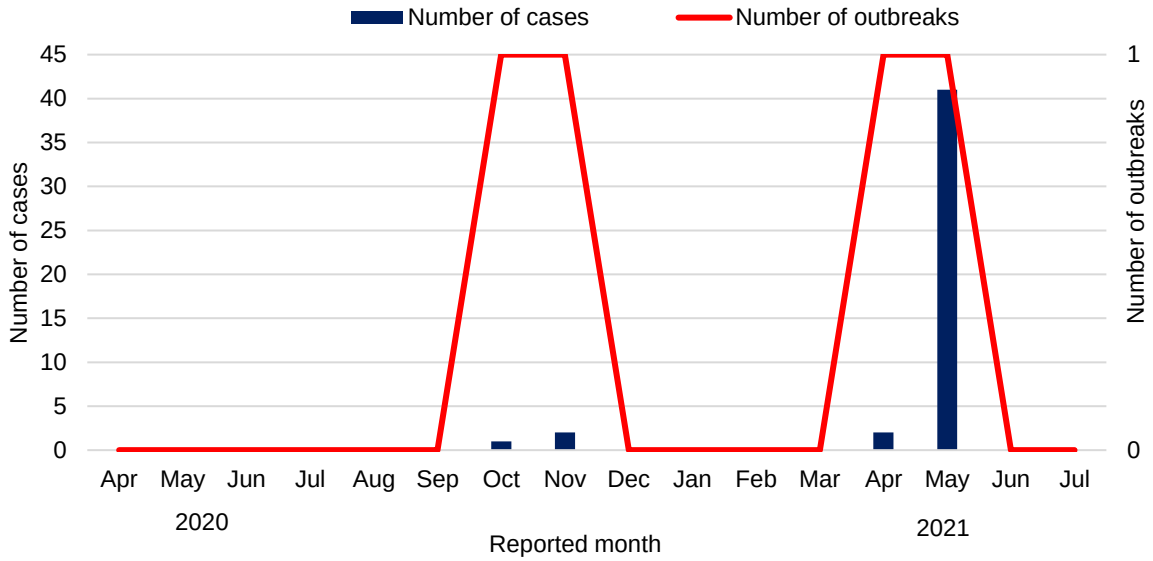
Indicator	Total	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
Number of outbreaks	4	0	0	2	0	2	0
Mean duration (days)	20	0	0	14	0	25	0
Number of resident cases	39	0	0	2	0	37	0
Number of staff cases	7	0	0	1	0	6	0
Outbreak attack rate of COVID infections	10% (range, 3% -11%)	0%	0%	1%	0%	9%	0%
Number of resident deaths	0	0	0	0	0	0	0
Number of staff deaths	0	0	0	0	0	0	0

Notes:

1. Data on cases are from CCM as of 3:00 p.m. on July 15, 2021

There was a surge in the number of cases of COVID-19 cases associated with correctional facility outbreaks in May 2021, with 41 cases in total (Figure 5). Previous outbreaks (n=3) had less than 3 cases of COVID-19.

Figure 5. Number of confirmed cases of COVID-19 associated with outbreaks in Ottawa correctional facilities by outbreak reported month



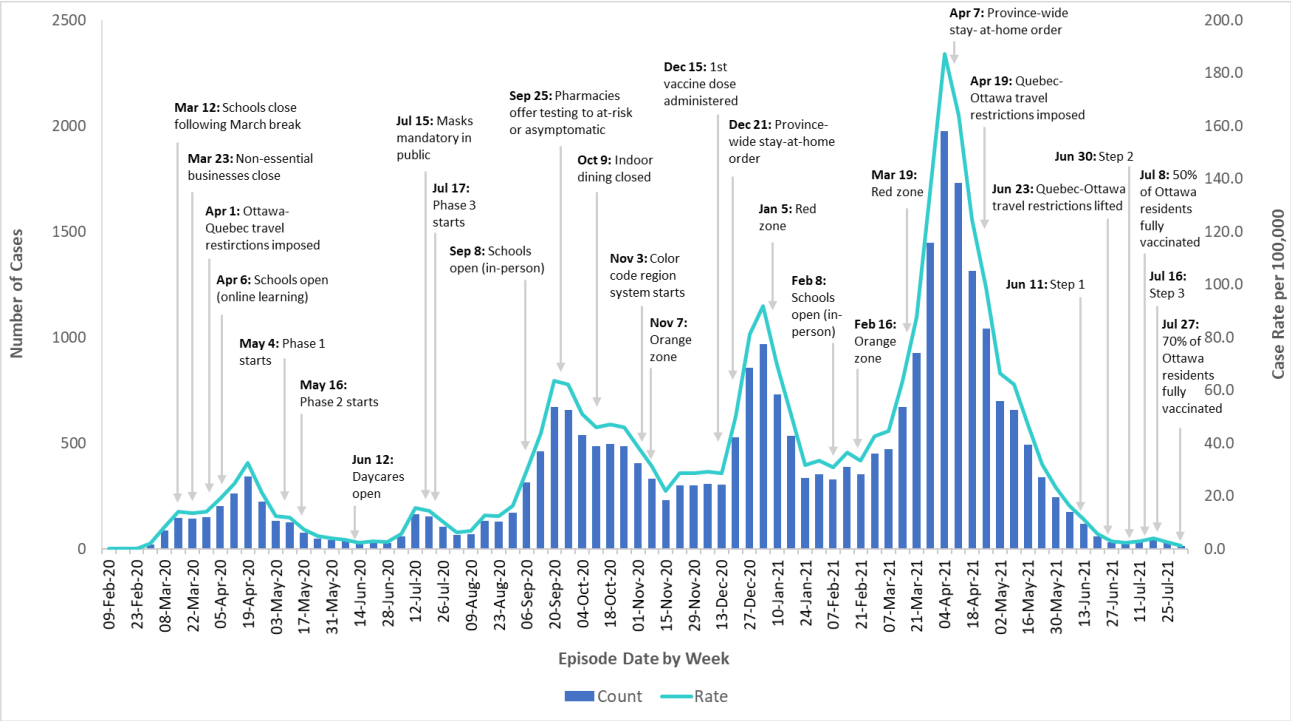
Notes:

1. Data on cases are from CCM as of 3:00 p.m. on July 15, 2021.
2. Confirmed cases are those with a confirmed COVID-19 laboratory result as per the Ministry of Health's "Public health management of cases and contacts of COVID-19 in Ontario" June 23, 2020 version 8.0

5. COVID-19 activity in the community

A time trend of COVID-19 cases in the general community is displayed in Figure 6 to demonstrate the relationship between outbreaks in congregate settings and infection rates in the general community. The peaks in community rates seen in fall 2020 and winter and spring 2021 mirror the increase in congregate care outbreaks confirmed in the same periods. The highest number of cases of confirmed COVID-19 infection among Ottawa residents occurred during the week of April 4-10, 2021 (1751 cases), followed by the week of April 11-17, 2021 (1698 cases). However, the peak in cases in congregate care settings occurred in January 2021, owing to the introduction of COVID-19 into the large adult community shelters that month. The weekly reported cases of COVID-19 infection among Ottawa residents decreased progressively and substantially to fewer than 50 cases from the week of June 27-July 3, 2021 onwards. Cases in congregate care also diminished over this time.

Figure 6. Weekly cases of confirmed COVID-19 among Ottawa residents



6. Lessons Learned

a. Summary

Congregate living settings are high-risk environments for the transmission of infectious diseases and pose significant challenges to managing outbreaks. In addition, each congregate setting is unique and presents its own requirements and challenges. While typical infection prevention and control (IPAC) measures (i.e., cohorting, maintaining physical distancing, use of PPE) were important for prevention of COVID-19 outbreaks in all settings, due to the nature of the population and complexities associated these settings (i.e., space and staffing capacity, etc.), it was facility specific guidance and staff-focused training and education that were the most effective.

Please see below for setting-specific breakthroughs, challenges, and recommendations. Where possible, future efforts should be focused on increasing uptake of vaccination. An environmental scan performed by Public Health Ontario has identified communication strategies to aid in education and uptake of vaccination in community congregate living settings (5). See Appendix 8 for a summary.

Throughout the pandemic, OPH has partnered with community partners that were essential in balancing ongoing mental health and addiction services while preventing and managing outbreaks in congregate living settings. These included the settings themselves, community health centres, Ottawa Inner-City Health, the City's Community and Social Services department and Human Needs Task Force, and regional IPAC partners. Further, OPH engaged both the Ministry of Children Community Social Services and Ministry of Health, where appropriate, to further support congregate settings.

Pre-pandemic, the congregate sector did not frequently engage directly with public health, and outbreaks were largely under reported. However, as a result of the pandemic, OPH and the IPAC team have significantly expanded their reach, partnerships and response(s) to the sector including outbreak response, IPAC education as well as immunization. The pandemic has positioned OPH (and the IPAC team) to support over 300 sites, has introduced new partnerships and opportunities for collaboration and identified an urgent need for enhanced support to this sector, particularly with enhanced services with a healthy equity lens.
To continue to prevent and reduce transmission of infectious diseases in these settings throughout the COVID-19 pandemic and post-pandemic, OPH must maintain operational capacity to provide facility specific support while ensuring ongoing collaboration with stakeholders.

b. Group Homes

Primary clients of group homes are children, and youth or adults with a physical disability or complex medical need, and therefore are highly vulnerable and cannot be expected to abide by typical IPAC measures. Additional challenges owing to the sharing of staff between group homes as well as other congregate settings perpetuated outbreaks between group homes. To mitigate exposure of clients to infection, robust staff screening became the focus. Future considerations could be given to having a single site staffing for these settings. However, this may lead to staffing challenges across the sector and thus may be a barrier.

c. Shelters

The prevalence of underlying medical conditions means that the population in adult community shelters may be at increased risk for severe illness. Owing to underlying mental health and substance use; distrust of the health care system, high rates of turn-over, and need for shelter, self-reported screening of clients per ministry guidance was difficult. Unlike other congregate settings like long term care where residents are generally amenable to testing and IPAC measures (e.g., distancing, mask use, etc.) the population accessing shelters requires more of a flexible strategy that maximizes engagement. For example, rapid testing which has been successful in other settings was not a strategy used in Ottawa's community shelters as the clients would not consent to ongoing testing.

Thus, staff-focused education regarding hand hygiene, social distancing, masking, and screening was important and improvements in these measures were observed throughout the pandemic. Community engagement with partners was also important for prevention and management of outbreaks. Future efforts need to be focused on increasing the rates of vaccination in this population. Multiple studies have demonstrated the effectiveness of incentivizing vaccinations to increase vaccination rates for people experiencing homelessness and these should be considered (6-7). Incentives are distinct from interventions that facilitate ease of vaccination and may either be in the form of monetary or non-monetary gifts, and are typically small (i.e., food vouchers, gift cars, small prizes). It may also be beneficial to consider strategies for second-dose reminders such as prepaid phone cards, cell phones or programed reminders.

In family shelters, a large proportion of resident's work in high-risk areas which led to high rates of infection. Fear of isolation and scheduling conflicts resulted in issues with testing uptake. Partnerships with city hotels decreased the number of occupants in family shelters which decreased transmission rates. However, those displaced to hotels were hard to identify and had decreased support. Improvements are needed internally to ensure identification of persons living in a congregate setting.

d. Independent Living

Rooming houses offer affordable living and are often composed of multiple rooms that share a common living space. Residents of rooming houses are not linked to a community health centre and thus may be at the greatest risk. The public health sector needs to look proactively for support services for these residents in general and for future pandemic planning.

Supportive living offers support and living for seniors or adults with physical or mental health disabilities, or those living with terminal or chronic illnesses. Strict policies regarding visitors and outings, frequent inspection by the city, support from community agencies and little interaction between residents contributed to infrequent outbreaks in supportive living settings.

e. Correctional Facilities

Correctional facilities face challenges in controlling the spread of COVID-19 due to over-crowding, shared spaces and high rates of turnover. Outbreaks in correctional facilities were managed by the regional IPAC team in consultation with OPH, where final say rested with the regional IPAC team. OPH also conducted site visits and provided recommendations where possible.

f. Immunization

IPAC measures in congregate living settings are difficult to enforce and thus residents are at a greater risk of infection. It is thus important to prioritize immunization of these sectors to prevent COVID-19 from entering these facilities. A targeted plan to support ongoing immunization in the sectors, particularly those without support from Inner City Health, should be established. This is becoming more important as some populations are beginning to receive third doses, and others at higher risk of exposure remain unimmunized.

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