Nunavut's Path: *Living with COVID-19*

Where are we now:

Through 2020, the Government of Nunavut (GN) acted to respond to the threat of the COVID-19 pandemic. Since then, we have navigated uncharted terrain, mapping our way as new evidence emerged on an almost daily basis. *Nunavut's Path* was designed to allow us to address the challenges of the pandemic with a thoughtful and cautious approach. Our strategy gave us the flexibility to alter course as the risks changed, and to move forward when we gained a greater understanding of the virus and of the tools that best protect us from outbreaks.

Today, we know a lot more about COVID-19 than we did in March 2020. While the road ahead still holds a level of uncertainty, the lessons learned, increased capacity in testing and response, and the availability of safe and effective vaccines have greatly reduced the risks the virus poses to Nunavummiut.

These factors position us well to work toward living with COVID-19. The virus is now a vaccine preventable disease that no longer requires immediate community shutdowns, drastic public health measures, or a complete change to our way of life. Ultimately, the goal is to reach the end of Nunavut's Public Health Emergency (PHE).

Nunavummiut's continued commitment in following public health measures and vaccine uptake will remain the cornerstones of our efforts to bring us out of the pandemic.

As always on *Nunavut's Path*, we will be decisive in our approach but cautious in our choices, gradually working towards reducing, and eventually eliminating, public health measures.

Our Map

Nunavut's Path: Living with COVID-19 highlights the GN's approach and criteria for the gradual elimination or gradual increase of public health measures based on knowledge of the virus, our tools to combat COVID-19 and the latest public health evidence.

This approach is guided and defined by:

- **The percentage of vaccinated people in a community**: vaccines are our most valuable benchmark and the most effective way to mitigate risk in our response moving forward.
- **The status of COVID-19 in Nunavut**: active cases in a community or region will identify the risk of COVID-19 spreading in the territory.
- **The status of vaccination rates and of COVID-19 cases in neighbouring jurisdictions:** increased numbers of COVID-19 cases will increase the risk of introduction of COVID-19 in the territory. The opportunity to become fully vaccinated will be available to our neighbouring jurisdictions and the rest of Canada over the summer. Both factors are an integral part of our risk assessment and must be taken into account as we move forward.
- **Testing and response capacity**: continued access to reliable and rapid testing in all communities, and our capacity to adequately test, trace and isolate, as well as respond to potential outbreaks will be determining factors in our ongoing pandemic response efforts.
- **The emergence of variants of concern**: variants of concern that spread fast and/or reduce the effectiveness of the vaccine will increase the risk and potentially result in increased restrictions. For this reason, variants of concern will represent the most significant risk factor as we consider the future landscape of public health measures.

Our Tools

We have come a long way since the time when our primary tools for preventing and fighting COVID-19 where public health measures. We now have a variety of ways to mitigate the risks of introduction, acquisition and spread of COVID-19 in Nunavut. While the development and effectiveness of vaccines makes a considerable difference, it is the combination of our various tools working together that define the success of *Nunavut's Path* and the end of the PHE.

Testing capacity

Over the past 12 months, we have increased our testing capacity as well as our turnaround time for test results. Confirmatory testing can be done in both Rankin Inlet and Iqaluit. Through the combination of scheduled and charter flights to transport swabs to the lab, we consistently get test results in 72 hours or less. The Department of Health has also invested in point of care testing for surveillance and outbreak situations that allows for same-day presumptive test results.

Vaccines

The vaccines' effectiveness in minimising acquisition, transmission, and the development of serious and life-threatening health conditions due to COVID-19 cannot be overstated. The higher the vaccine uptake in a community, the lower the risk of serious health conditions developing due to COVID-19.

Vaccines are our best protection and the best tool we have to transition from a highly contagious and potentially lethal virus, to a vaccine-preventable disease. Currently, the vaccine is not available to youth younger than 12. Until such time as all Nunavummiut are eligible to receive a COVID-19 vaccine, Nunavut's ability to prevent introduction of the virus into the territory and contain its spread must include additional precautions.

Public health measures

Future public health measures will be determined by both vaccine uptake and the effectiveness of the vaccine. Vaccine effectiveness may be affected by variants of concern and the vaccines' duration of protection.

As vaccine uptake in the territory rises, our reliance on public health measures will decrease. It is important to note that a baseline of measures will need to remain in order to further decrease risk and mitigate introductions of the virus in our communities until such time as a vaccine is developed and made available to Nunavummiut of all ages and until the PHE is declared over.

The Terrain

As always, it is important that public health restrictions balance the risks of introduction and spread of the virus.

At this juncture, our accumulated knowledge allows us to:

- identify the lowest level of restrictions (baseline measures) still needed in the territory to reduce the risk of introduction of the virus;
- change our assessment of what constitutes an outbreak and when an outbreak is declared;
- identify the highest level of restrictions needed to stop the spread of the virus in an outbreak situation;
- when cases are confirmed in a community, determine our initial response and applicable public health measures according to vaccination rates.

Baseline public health measures in Nunavut (least restrictive)

These measures will act as a safety net, to ensure a minimum level of protection against the introduction and transmission of COVID-19, and will take effect once Nunavummiut aged 12-17 have had the opportunity to be fully vaccinated. The baseline measures will take effect at the end of July 2021 and will be assessed every two to four weeks.

Across the territory the following will apply:

- Masks in public places strongly recommended.
- Mandatory distancing in public places including grocery stores.
- Indoor gatherings capacity in private and public spaces:
  - 15 people plus household residents in dwellings
  - 15 people in non-dwellings.
  - 20 people in group counselling and support groups.
  - 25 people for swimming groups
  - 75 per cent capacity or 100 people, whichever is less in halls and conference spaces.
  - Theatres and places of worship capacity at 75 per cent or 100 people whichever is less.
  - Restaurants' capacity at 75 per cent with two metres between tables and people in line.

- Arenas, libraries, museums and galleries capacity at 50 per cent or 50 people whichever is less.
- Arenas may have a maximum of 50 spectators.
- Long-term care facilities, continuing care centres, boarding homes may have a maximum of two visitors per resident; masks mandatory for all visitors over age four; only immediate family.

- Taxis may accept multiple fares with masks mandatory.
- No limit on outdoor gatherings, parks and playgrounds are open.
- Essential and non-essential services are open.
- In-territory travel allowed.
- Schools, Nunavut Arctic College and daycares are open.

The baseline measures may be increased if:

- The risk of introduction increases because our neighbouring jurisdictions see significant outbreaks of COVID-19.
- A new COVID-19 variant impacts the effectiveness of the COVID-19 vaccines.
- Our testing and response capacity is significantly reduced.
- There is new and emerging public health evidence about overall vaccine effectiveness.
- The risk of introduction increases due to COVID-19 being present in neighbouring communities.

Initial response to introductions of COVID-19

While the PHE remains in place, confirmed cases of COVID-19 will not trigger an automatic lock down and the implementation of the strictest public health measures.

The initial public health response to an introduction of COVID-19 in a community and the level of restrictions will be set according to three vaccine uptake thresholds:

1. 75 per cent or greater of the eligible population is vaccinated.
2. 50 to 74 per cent of the eligible population is vaccinated.
3. 49 per cent or less of the eligible population is vaccinated.

The level of risk will be further assessed based on the COVID-19 variants' impact on vaccine effectiveness, new and emerging public health evidence, and COVID-19 status in the territory.

Introducing restrictions may not automatically mean suspension (i.e. closing restaurants) but a gradual restriction in gathering limits, introduction of mandatory masks and mandatory physical distancing, reduction of services, or switching to virtual services.

Communities with 75 per cent and greater vaccination rates may see:

- Restrictions on gathering sizes, indoors and outdoors, in any space public or private;
- Restrictions on gathering sizes in private dwellings;
- Introduction of mandatory masks in public spaces, and/or
- Reduction in guests in restaurants, drinking establishments, bars and pubs.

Communities with 50 to 74 per cent vaccination rates may see:

- Higher restrictions on gathering sizes, indoors and outdoors, in any space public or private;
- Higher restrictions on gathering sizes in private dwellings;
- Introduction of mandatory masks in public spaces, and/or
- Increased reduction in guests in restaurants, drinking establishments, bars and pubs.

Communities with 49 per cent or less vaccination rates may see:

- Higher restrictions on gathering sizes, indoors and outdoors, in any space public or private;
- Higher restrictions on gathering sizes in private dwellings;
- Introduction of mandatory masks in public spaces;
- Further reduction of guests in restaurants, drinking establishments, bars and pubs;
- Restrictions on personal services, in-person health services and work places;
- Introduction of staggered schedules for schools, and/or
- Limitations on travel from the community.

Vaccination levels will also guide the Department of Education's school reopening plan in communities with COVID-19 cases. Schools may not always need to close when COVID-19 is introduced to a community. Experience has shown that in communities where most adults are vaccinated, closing schools is not always necessary to control

outbreaks. The benefits of vaccines and the lessons learned since the start of the pandemic show that our goal should be to keep schools open. Students will be kept safe through aggressive contact tracing, use of masks and minimized contact through cohort and reduced extra-curricular activities. School closures will only happen when there is uncontrolled community spread of COVID-19.

Declaring an outbreak and application of the most restrictive public health measures

The threshold for declaring a COVID-19 outbreak will depend on the following public health criteria:

- A situation where the percentage of positive cases is more than five per cent of all samples, indicating a greater chance of hidden transmission in the community.
- Community transmission - the greater the number of community transmission events, the more likely it is that there is widespread transmission.
- Length of time after introduction before outbreak has occurred. Experience has demonstrated that early recognition of an introduction event allows for earlier and easier control. If there are indications that there has been a significant delay in identification of the outbreak, there may be more strict public health measures.
- If a COVID-19 variant is present in the community, region or territory and has been shown to decrease the effectiveness of the vaccine (i.e. the vaccine is less than 75 per cent effective).

Once this threshold is met, the below public health measures will apply:

- Masks in public places are mandatory.
- Mandatory distancing in public places including grocery stores.
- Indoor gatherings capacity in private and public spaces:
  - No visitors, five people allowed for emergencies only in addition to household residents in dwellings and non-dwellings.
  - No gatherings allowed.
- Long-term care facility, continuing care centres, boarding homes closed to visitors; residents restricted to facilities and grounds; includes health centres.
- Taxis may have on fare per trip with masks mandatory.
- Outdoor gatherings limited to five people, parks and playgrounds are closed.
- Essential services are open, masks mandatory.
- Non-essential businesses, recreational facilities and personal services closed.

- Nunavut Arctic College – remote learning only.
- All schools combine classroom and remote learning or may close.
- Daycares may open for essential workers only.
- Travel restricted.

The Path Ahead

The GN must plan for a future without a PHE, where COVID-19 is treated the same way as any other vaccine-preventable disease. The end goal of *Nunavut's Path* is to lift the PHE.

The GN will use science-based evidence and observations from other jurisdictions to evaluate risk and proceed with changes in a gradual way. The status of COVID-19 in the territory and in Southern Canada, response capacity and our other guiding factors, will guide how and when these gradual changes will occur.

As vaccinations roll-out across the territory and vaccine eligibility is expanded to all Nunavummiut, we will work to ease and eventually eliminate public health measures, adjust and eventually eliminate isolation requirements and finally, move from a public health response to COVID-19, to incorporating treatment in regular health centre operations.

Over the next couple of weeks and months, if the situation is stable and our guiding factors allow, the following gradual changes will be introduced:

Public health measures and PHE

Existing public health measures → Move to baseline public health measures.

Once all age groups are eligible for the vaccine and vaccines become available → Development and application of new baseline measures → No public health measures → Lift of PHE.

Travel and isolation measures

Out-of-territory isolation for non-vaccinated individuals → Ability to isolate in or out of territory for non-vaccinated Nunavummiut → Move to in-territory isolation for all non-vaccinated individuals → No in-territory isolation required.

Public health response to COVID-19 in-territory

Rapid Response Team deployment → Virtual support → Remote monitoring → COVID-19 treatment integrated in regular health centre operations.

Remaining vigilant and prepared

Nunavummiut's role in our path forward will continue to be vital. Staying vigilant will be essential to reduce the risks of COVID-19:

- Stay informed and follow public health advice.
- Get the vaccine. Vaccination is the most effective tool to prevent COVID-19.
- Practise good hygiene, even after the PHE is over. We have seen how simple things can reduce the risk for respiratory diseases. This means:
    - hand hygiene,
    - wear a mask when appropriate,
    - avoid touching your face,
    - stay home when sick, and
    - practise respiratory etiquette.

Conclusion

As Nunavut transitions away from a PHE managed by public health restrictions, the choices and actions of all Nunavummiut will decide the territory's future in the context of COVID-19. During the pandemic, everyone has had to make sacrifices to help protect loved ones, family and community. That dedication and commitment has been essential to Nunavut's successes. Today, we look forward with optimism to the end of the PHE and to a time when our lives will no longer be impacted by COVID-19.