

Indigenous Services Canada's COVID-19 update on Indigenous peoples and communities

NCCIH Virtual Series on First Nations, Inuit and Metis peoples
and COVID-19

January 27, 2021



The value of public health surveillance data in the context of COVID-19

- Long standing public health gaps and health disparities between First Nations and non-Indigenous Canadians increase the likelihood and potential severity of a COVID-19 outbreak in First Nations communities. These disparities are exacerbated in remote or isolated communities, where access to supplies and healthcare services is limited compared to non-Indigenous communities.
- During H1N1, data for First Nations/Inuit/Métis populations were not captured in a consistent way, or a way that supported communities in their preparedness and response efforts.
- Surveillance activities are critical to informing public health responses to a pandemic. They support the early detection and description of potential health threats present in Canada, including on-reserve First Nations communities. In order to be able to make informed decisions, decision makers and leaders throughout the system need reliable public health data.
- Every community is unique, and public health systems vary across the province and territories. ISC has been working closely with First Nations communities, as well as provincial/territorial and regional/local public health authorities, to support ongoing surveillance of COVID-19 test positive cases for on-reserve communities as ISC provides direct health services on-reserve.

ISC Data Reporting & Case Notification Process



ISC Provides Services on Reserve south of 60°

ISC nurses and other health professionals, conducts the COVID-19 test



On-Reserve Case Confirmation

On-reserve case is confirmed by Provincial/Territorial lab test



Provincial/Territorial Case Notification

The respective Provincial/Territorial body opts to notify an ISC Regional Medical Officer of confirmed cases. This may include confidential information such as name, age, etc.



ISC Regional Medical Officer Case Notification

The ISC Regional Medical Officer shares Provincial or Territorial de-identified/aggregated information with ISC National Office, which is further utilized to prepare daily epistemological updates. Data sharing processes may differ from region to region.



ISC Contact Tracing

The Regional Medical Officer works with the ISC Communicable Disease Team, and respective Provincial/Territorial bodies in some cases, to begin contact tracing



Community Notification

The ISC Regional Medical officer shares de-identified information with community leadership for them to take appropriate public health measures

Case Surveillance as of January 26

Region	Cases		Recovered		Active Cases	Hospitalizations		Deaths	
	NEW	Total	NEW	Total		NEW	Total	NEW	Total
BC	20	1,620	0	1,046	554	0	94	0	20
AB*	47	4,964	6	3,812	1,113	5	260	0	39
SK**	79	4,061	77	2,835	1,198	4	106	0	28
MB***	73	4,240	145	3,713	476	0	217	0	51
ON	5	493	14	398	93	0	28	0	2
QC	5	506	0	435	67	0	13	0	4
AT	0	10	0	3	7	0	0	0	0
Subtotal: FN On Reserve	229	15,894	242	12,242	3,508	9	718	0	144
Yukon	0	70	0	69	0	0	2	0	1
NWT	0	31	1	25	6	0	1	0	0
Nunavut	0	282	0	264	17	0	3	0	1
Nunavik	0	42	0	31	11	0	1	0	0
Nunatsiavut	0	0	0	0	0	0	0	0	0
Subtotal: Northern/Inuit Regions	0	425	1	389	34	0	7	0	2
Total	229	16,319	243	12,631	3,542	9	725	0	146

Summary of Observations

- At the height of the first wave of the COVID-19 pandemic in First Nations communities, 57 new and 99 active cases were reported respectively during the weeks of mid to late April.
- We then started to see these weekly counts drop over the late Spring and Summer from early May until the end of August, to between 4 and 37 for new cases and between 20 and 60 for active cases.
- In the first week of September, the numbers of new and active cases started to increase, with a noticeable acceleration in October, and then again, in early January 2021, until they reached new current peaks of 2,046 new cases during the week of January 10-16 and 5,571 active cases during the week of Jan 17-23 as reported on Jan 19
- These increases in the number of new and active cases in First Nations communities are about 34 and 57 times the corresponding maximums during the first wave of the COVID-19 pandemic. The current increase in cases is driven by increased case reports from the prairie provinces.

Summary of Observations

- Many of these new cases have been linked to large and small gathering events with distancing not maintained and masks not used. While the majority of cases reported in October have exposure information pending or no established epi link (a likely proxy for community transmission), an increasing number of cases has been attributed to community transmission. Secondary transmission within overcrowded households has also been reported.
- Overall number of First Nation communities with reported COVID cases has increased from 354 to 368 this week as compared to the week before or 61% of all FN communities in the provinces.
- There are some preliminary signs of hope this week, where we have started to see the number of reported active cases decrease this week in First Nations communities with 3,508 active cases reported as of January 26, 2021 – versus 5,571 active cases during the week of Jan 17-23. Time will tell if this is an ongoing trend.

What Data is Missing:

- At ISC, the data collected is only for community associated infections on-reserve in the provinces (not territories) as we provide services on-reserve
- Provinces do not provide us with data for First Nations living off-reserve, Métis, or Inuit data.
- Available Inuit data at ISC are limited to Inuit communities in the provinces (i.e., Nunavik in Quebec, Nunatsiavut in Labrador) and ISC does not receive data from Nunavut, Inuvialuit or urban areas

COVID-19 Data Collected by Others & Best Practices

Examples of this data collection include:

- **First Nations Health Authority, BC**
 - First Nations Health Authority (FNHA) – through an agreement with BC Provincial Health Services Authority – accesses the Provincial Health Service Authority’s Public Health Lab data on COVID-19 test positive cases, hospitalizations, deaths and numbers of tests done from BC Centre for Disease Control
- **First Nations Information Governance Centre, AB**
 - First Nations Information Governance Centre-AB produces and posts weekly on their website COVID analyses of cases, hospitalizations and deaths in all First Nations, including those residing on and off reserve. FNIGC-AB accesses data on COVID-19 using Provincial Surveillance Information system (PSI) through an agreement with the provincial government.

COVID-19 Data Collected by Others & Best Practices

- **Assembly of Manitoba Chiefs and Manitoba Health, MB**
 - First-of-its-kind agreement with First Nations leaders to track and share COVID-19 data – agreement between Assembly of Manitoba Chiefs and Manitoba Health.
 - The Assembly of Manitoba Chiefs, MKO - Manitoba Keewatinowi Okimakanak, and First Nations Health and Social Secretariat of Manitoba develop weekly bulletins outlining the age, sex, acquisition, and health authority of positive cases, as well as the numbers of active, hospitalized, and recovered cases and deaths.

- **Chiefs of Ontario and Sioux Lookout First Nations Health Authority, ON**
 - Chiefs of Ontario (COO) Health Research department access data through the Ontario Laboratory Information System (OLIS) through an agreement with the provincial government. The COO reports this data on a weekly basis to provide a regional picture of COVID-19 in First Nations in Ontario

Why is access to data for First Nations, Inuit, and Métis important to support health

- Distinctions-based, Indigenous-led analysis of health data is necessary to advancing culturally appropriate and science-based approaches, for First Nations, Inuit and Métis communities & for achieving improved health outcomes in the longer term.
- In the spirit of reconciliation and to ensure quality, timely data, it is important that data development work be led by or in partnership with Indigenous peoples.
- To that end, ISC is supporting Indigenous-led efforts where possible, and developing options for building data governance capacity for First Nations, Inuit, and Métis.

Ongoing work with Indigenous Partners and Other Government Departments

- ISC will be supporting Métis partners, Assembly of First Nations, Inuit Tapiriit Kanatami, and the First Nations Information Governance Centre to participate in COVID-19 Safe Start Data Pillar III activities, including collaborating with F/P/T organizations and universities to coordinate and establish information sharing agreements, as well as data governance policies, and obtain distinctions based data.
- ISC is supporting the ongoing identification, monitoring of and response to COVID-19 pandemic cases among Indigenous peoples, through a variety of projects. For example, a demonstration project in Toronto to identify and track COVID-19 test positive cases, led by Dr. Janet Smylie and community partners.
- ISC is committed to facilitating partnerships between Indigenous partners and other government departments to support efforts including data capacity building.
- ISC continues to work with the Public Health Agency of Canada in multiple facets of the pandemic response, including data optimization efforts; and with partners in the Assembly of First Nations COVID-19 Data Working Group.

For more information – contact:

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