

December 6, 2021

Chad Anderson, Chair of the Board of Education
School District 59
Trustee, Electoral Area IV
canderson@sd59.bc.ca

Dear Mr. Anderson,

Re: Letter of response to COVID-19 notification and process

Thank you for your letter highlighting your concerns around COVID-19 notification and process in Northern Health. We have heard similar feedback and are in the process of updating our website to include definitions and information to clarify most of the concerns you highlighted in your letter. Thank you for bringing forth additional concerns, we are working to add them to the website as well. In the meantime, please see below for further clarification.

Concerns on the level of transparency from Northern Health (NH) in regards to COVID-19 notifications:

- The [NH Public exposures and outbreaks](#) public webpage outlines the **COVID-19 school notification process** under the *COVID-19 school exposures* collapsible grouping:
 - Health authorities will be closely monitoring transmission in school settings, informing those who may have been exposed, and actively contact tracing exposures in the school as a priority.
 - Northern Health will post notifications after contact tracing is complete for a case in a school setting, where an exposure letter has been circulated to one or more contacts within the school. **Please note:** Information will be posted to or updated on this page, after notification letters have been distributed to the intended recipients.
- Please know that we send letters for a variety of reasons and not just when there is evidence of transmission in a classroom. Some examples of when we would send a COVID-19 notification letter include:
 - When contact tracing for a confirmed case cannot be effectively completed.
 - When there is a risk of significant exposure beyond the identified close contacts.
- It is important to note that not every lab-confirmed case of COVID-19 identified in someone who belongs to a school community, generates or requires a broader notification letter.
- The majority of the time we are able to complete contact tracing appropriately and therefore a letter is not needed for most cases of COVID-19 who belong to a school community.

Definition of “cluster” and “outbreak” will be provided on the NH website as follows:

- A **cluster** is when there are two or more confirmed cases of COVID-19 that occurs among students/staff with a 2-week period and isolated transmission is suspected or confirmed to have occurred within the school setting. (i.e. Public Health determines people may have been infected at school).

- An **outbreak** is only when there is wide spread sustained transmission happening in the school, beyond more than just one classroom. Although there may be members of the school community attending school while infectious, this does not mean that transmission is happening in the school. The majority of transmission continues to happen outside of the school setting. The Medical Health Officer makes the decision to declare an outbreak and determines that extraordinary public health measures are necessary to stop further transmission in the school or school community. These measures will be determined by the Medical Health Officer in collaboration with the appropriate school partners.
- For more cluster and outbreak information, visit the [BCCDC Public Health Communicable Disease Guidance for K-12 Schools](#).

We are unable to comment on other health authority processes that we are not involved in, however, hope that the definitions above will provide you with more clarity.

We will also be adding more information on our case and contact management process on the website

- Northern Health Public Health staff follow up with lab confirmed COVID-19 cases. Public Health (PH) performs contact tracing, which includes gathering of information about who the case was in close contact with while infectious.
- Close contacts are identified based on public health criteria, such as distance (proximity to case), duration of time, bodily fluid contact and use of personal protective equipment (PPE) (i.e. face coverings).
- Public Health may contact a school principal about a case who attended school while infectious, for contact tracing purposes. This is only done when consent is obtained from a parent/guardian, or in the case of older students, when mature minor consent is obtained.
- If the case is a student and Public Health is able to collect adequate information from the student or parent/guardian about their close contacts, school principals will not receive a call for contact tracing purposes.
- Public Health will inform close contacts themselves and give directions on what actions they should take (i.e., monitor for symptoms, seek testing, self-isolate etc.).
- Staff and students who are not identified as close contacts by Public Health will not be contacted.
- If a close contact does not receive a phone call or letter from Public Health they can continue going to school.
- Schools are not required or responsible to inform close contacts or determine themselves who is a close contact, as Public Health will follow-up directly. Schools are not required to do anything further unless directed by the Medical Health Officer.
- There may be times where a school is aware of a child that is or may be a close contact, however, the school should not direct cases or contacts on what to do in terms of isolation (i.e. schools should not be sending students home).
- There may be families that choose to disregard Public Health advice, however the school is not required to do anything.

Concerns regarding turnaround times for testing, results and notifications

- We understand that turnaround times can be longer in some communities, depending on testing capacity, the time of day or week the testing takes place, where the community is

located with regards to transport of the tests, etc. There are various factors that play into turnaround times for testing.

- We are working with the local teams to understand the extent of this issue and continue to improve as we can.
- Most communities should be assured that turnaround time is low (approximately 1-3 days) and there is easy access to testing.
- General exposure notifications may be issued several days later than the actual exposure *date*. This is because a number of things need to happen leading up to a notification – including a member of the school community developing symptoms and then choosing to get tested; receiving test results and a follow up from Public Health, and providing details on when they may have been in the school environment while infectious.
- We continue to encourage families to complete the [K-12 Daily Health Check](#) and seek testing immediately, if required, rather than waiting for a few days as this contributes to delays in notification.

We appreciate your concerns and hope that they have been addressed in this letter. Please be welcome to contact myself or Dr. Rakel Kling, Medical Health Officer lead for schools if you have any further questions.

Sincerely,



Dr. Jong Kim, MD, MSc, FRCPC
Chief Medical Health Officer
Northern Health