



Eastern Ontario and Leeds, Grenville & Lanark District Health Units Chief Medical Officers Update

Director of Education, John Cameron, welcomed Dr. Paul Roumeliotis, Medical Officer of Health with the Eastern Ontario Health Unit, and Dr. Paula Stewart, Medical Officer of Health with the Leeds, Grenville and Lanark District Health Unit, to present an update to the Board regarding the current status of COVID-19 in Eastern Ontario and school reopening. Both Medical Officers of Health have been instrumental in guiding the Board through the creation of the re-entry plan, as well as in providing regular consultation on the return to school.

Dr. Stewart and Dr. Roumeliotis began by providing an overview of the local COVID-19 case data for their respective areas.

"This is a good time for us to be speaking with the board, because much has changed, and we are treating Omicron differently. We peaked in December, and we stopped our testing and the strategy changed. While we had many cases back in December and we are currently in a downward trend, we are still seeing a tremendous number of cases," began Dr. Roumeliotis.

"We had a huge surge of new infections over the Christmas period, and that was the trigger across the province that changed how we are doing things," continued Dr. Stewart.

"Before, public health was following up every single case, and helping people to identify who their high-risk contacts were, and we could not do that anymore given the volume of cases. The province then changed the approach to allow the public to self-manage their respiratory infections as they would with other minor infections and go for medical help when needed. So that is the approach now, that everyone should be assessing for symptoms every single day. If they have one of the more common symptoms, or two or more of the other symptoms, then that is a really good sign you have COVID and should proceed with self-isolation."

The expectation is that children under age 12, and those aged 12 and older who are fully vaccinated should isolate for five days and have symptoms improving for 24 to 48 hours. For the next five days a fitted mask should be worn, two metre distances maintained, and avoid seniors and the immune compromised. Those aged 12 and older who are not fully vaccinated or immune compromised, should isolate for ten days and have symptoms improving for 24 to 48 hours. There is no need to report cases to public health. If someone has COVID-19 symptoms, and/or a positive rapid antigen or PCR test, household members must also stay home and isolate for the same length of time as the person with symptoms.

"Persons with COVID-19 symptoms or a positive test also need to think about who they may have been in contact with just before or as they were developing symptoms, as you can be infectious a few days beforehand," noted Dr. Stewart. "High-risk contacts will have to follow the isolation protocols as well, based on their age and vaccination status."



Students in schools will be receiving a rapid antigen test kit for symptomatic use. Two tests should be taken 24 to 48 hours apart for the symptomatic individual. If both tests are negative, then it is unlikely that the individual has COVID-19, however isolation is still needed until symptoms improve for 24 to 48 hours. If one of the tests is positive, then assume that it is COVID-19 and follow the isolation protocols. A single rapid antigen test that is negative does not rule out COVID-19, and Dr. Roumeliotis stressed that two tests must be taken.

"A lot of the management that we are doing now is layered based on risk," noted Dr. Roumeliotis. "Our whole approach now is to mitigate risk, and our first goal is to protect the most vulnerable in our society. Our second goal is to protect our health care system, and our third goal is to protect our critical services including first responders, fire, and police. If a lot of people get infected at once, that is going to compromise the system."

Dr. Roumeliotis also added that long-term care is a primary concern currently, with over half of long-term care homes in the province currently experiencing a COVID-19 outbreak.

"Multiple layers of protection are very important for the return to school in Ontario," continued Dr. Roumeliotis. "Well fitted masks are very important, along with the enhanced cohorting measures, daily screening, improved ventilation, and of course, we need to continue to promote vaccination. We do know that with Omicron you are certainly well protected against being admitted to hospital with vaccination, versus those who are unvaccinated. Two doses will prevent severe disease, although it will not prevent infection, and a third booster dose will increase both protection against contracting the virus as well as severe disease."

Dr. Roumeliotis noted that at this time, Ontario is seeing a plateau in hospitalizations, and expects that this will be followed by a downward trend in the coming weeks.

Additional data was presented from the Ontario COVID-19 Science Advisory Table on findings related to the effects of school closures on children and youth mental health. The evidence shows that school closures are associated with substantial mental health and educational attainment harms. These risks are cumulative and are disproportionately experienced among families from marginalized groups. Emerging evidence also suggests that Ontarians aged 5-19 years appear to be at low risk for hospitalization and severe disease from Omicron, compared to other age groups. Additionally, school closures are associated with educational and social challenges for children and families. International data has demonstrated declines in student achievement associated with pandemic related school closures and online learning. The increase in social isolation is a major contributor to the worsening of children's mental health in Ontario.

"A study of Ontario children aged 6 to 18 with no pre-existing psychiatric diagnosis demonstrated increased clinically significant symptoms of depression and/or anxiety. The proportion of children with clinically significant symptoms of depression and/or anxiety nearly



tripled during the COVID-19 pandemic to 1 in 4 for depression and 1 in 5 for anxiety," concluded Dr. Roumeliotis.

"Thank you for your time today, Dr. Roumeliotis and Dr. Stewart. We appreciate all of your knowledge and guidance over these last two years as we navigate the pandemic," concluded Vice-Chair Wilson.

School Board Progress Report and Graduation Rates

The Ministry of Education has recently released the 2019-2020 provincial graduation rates. The data collected by the Ministry is based on the cohort of students who began grade 9 four years prior, in 2015-16. Annually, the Ministry of Education provides the Board with graduation rates based on a four and five-year formula.

CDSBEO Student Success initiatives have a significant impact on graduation rates. Superintendent of School Effectiveness, Natalie Cameron, presented information on some of the successful practices which are helping CDSBEO students achieve a successful graduation outcome. This includes programs which meet the diverse needs of students such as OYAP, Virtual Reality career opportunities and myBlueprint. These programs provide both the organization and the window for students to reach their full potential and to dream big for the future.

"Despite the pandemic and the difficulties experienced by our students, our student achievement levels continue to thrive. Each year, the ministry reports on school board progress across ten key indicators. The indicators are found through EQAO testing results, grade 10 literacy test results, as well as through credit accumulation data for secondary students and four and five-year graduation rates," began Superintendent Cameron.

The CDSBEO currently sits above provincial averages in five of six key indicators, with an 86.8 per cent four-year graduation rate (provincial 82.2%), and an 89.7 per cent five-year graduation rate (province 88.1%).

"The board works very hard to track and support students who are struggling with their academic success. We offer activities, experiential learning opportunities, creative learning strategies, and specialized programs."

"The board has also run a very successful virtual reality program for several years. Every secondary school has been provided with a virtual reality kit which allows students to learn and experience various tasks such as heavy equipment operation, welding, science, and robotics through simulation. The tool allows students the opportunity to have immersive, hands-on career learning opportunities."



Superintendent Cameron highlighted the use of the myBlueprint tool to help students understand their goals, understand their interests and learning styles, and plot possible career paths beyond secondary school. Additionally, student learning and career development is enhanced through Specialist High Skills Major, OYAP and cooperative education programs, as well as through the community partners who support these programs through hands-on learning experiences and job placements. All of these programs contribute to supporting a successful graduation outcome for CDSBEO learners.

"A few other program highlights include some of our Continuing Education students. It is worth noting that the CDSBEO has granted 75 secondary school diplomas, 786 eLearning credits, and 366 Personal Support Worker certifications over the past four years," explained Superintendent Cameron.

"This information has reinforced that education has changed on so many fronts. There are so many advantages to these excellent programs that offer learning opportunities for all types of students and support their success. I think that it is so amazing to be able to offer these options to students who learn through more hands-on experiences," concluded Trustee Eamer.

"These learning tools definitely ensure that our students will succeed. We are truly blessed to see the variety of programs, and how well, despite the pandemic, the students are still achieving their goals. Thank you very much for this informative presentation," concluded Vice-Chair Wilson.