

COVID-19 – SARS CoV-2

Special Precautions/Considerations

Precautions: Contact/Droplet

Notifiable: Yes

Infectious Agent	Coronavirus is a large family of viruses, of which 7 strains infect humans. COVID-19 is an infection from a novel coronavirus (SARS CoV-2) first detected in Wuhan, China in late 2019. ¹
Clinical	
Clinical Presentation	<p>PHAC has indicated that the following symptoms may be present in individuals with COVID-19.²</p> <p>Common symptoms include:²</p> <ul style="list-style-type: none"> • Runny nose • Sneezing • Sore throat • Headache • Fever and chills <p>Less frequent: ²</p> <ul style="list-style-type: none"> • Persistent cough • Joint pain • Dizziness • Muscle pain • Gastrointestinal symptoms (nausea, diarrhea, abdominal pain) • Hoarse voice • New loss of or altered sense of smell <p>Rare:²</p> <ul style="list-style-type: none"> • Swollen glands • Chest pain • Irregular heartbeat • Shortness of breath • Skin changes • Delirium • Confusion/brain fog <p>Both asymptomatic and pre-symptomatic individuals can transmit the virus to others.</p> <p>Severe disease occurs more often in those who are unvaccinated, with increasing age (>55 years), who are immunocompromised and/or have underlying medical conditions such as hypertension, hyperlipidemia, diabetes, chronic pulmonary disease and obesity, with the risk increasing with the number of conditions.²</p> <p>Patients with mild disease should be advised to seek medical attention should their symptoms worsen, particularly if they experience any of the following:</p> <ul style="list-style-type: none"> • Trouble breathing or severe shortness of breath • Persistent pressure or pain in the chest • New confusion or altered level of consciousness

	<ul style="list-style-type: none"> Inability to wake or stay awake <p>Pale, gray, or blue-colored skin, lips, or nail beds²</p>
Diagnostics	<p>The optimal method of specimen collection for COVID-19 is the nasopharyngeal (NP) swab taken for PCR testing within the first three days of illness onset, although this is generally reserved for those presenting with more severe symptoms and are being considered for medevac and/or hospitalization. A point of care test (POCT) should be considered when COVID-19 is suspected, to ensure a timely diagnosis and potential initiation of treatment, particularly for higher risk individuals. Territorial testing guidelines have been developed to support testing for clinical purposes.</p> <p>Please refer to:</p> <ul style="list-style-type: none"> Community Health Nursing Manual policy #09-022-00 <i>COVID-19 Treatment: Screening and Confirmatory Testing</i> POCT operational procedures are located on MS Teams GN-HEA-CNO- Nunavut Nursing Education - Point of Care Testing - Files <p>Regardless of level of COVID-19 activity in a community, surveillance testing should be conducted weekly to assess for both new introductions of COVID-19 and to monitor levels of respiratory illness in communities with suspected or confirmed ongoing transmission.</p> <p>Please see <u>Reporting Requirements and Forms</u> section of this protocol for further guidance on surveillance testing.</p>
Treatment	<p>Early treatment can reduce the risk of hospitalization and other severe outcomes by as much as 90%.</p> <p>Guidelines have been developed for the use of treatments in Nunavut and have been shared with health centres. Please refer to the CHN Manual:</p> <ul style="list-style-type: none"> <i>COVID-19 Treatment: Screening and Confirmatory Testing (policy #09-022-00)</i> <i>Establishing the Plan of Care for High Risk COVID-19 Clients (policy #07-042-00)</i> <p>Available here: <u>section 9 pharmacy edited 25.2.22.pdf (gov.nu.ca)</u> and <u>section 7 nursing practice edited 30.03.22.pdf (gov.nu.ca)</u></p> <p>In cases where individuals are not eligible for prescribed treatment, management of COVID-19 is supportive and focuses on symptom management.²</p>
Pathogen	
Occurrence	<p>The World Health Organization (WHO) officially declared COVID-19 to have reached pandemic status on March 11, 2020¹. Although WHO removed the “Global Health Emergency” label on May 5, 2023, the pandemic remains ongoing as new variants of the virus continue to arise periodically. There have been several outbreaks of this virus identified in Nunavut over the past 3 years and more can be expected in the future, with varying degree of severity.</p>

	<p>For current rates of COVID-19 cases in Canada see: https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html</p>
Reservoir	<p>Human. Several animal species have also tested positive for the virus that causes COVID-19. This has mostly happened after close contact with people infected with the virus.⁴</p>
Variants	<p>The emergence of new variants of SARS CoV-2 is an ongoing active process as outbreaks occur around the world. It is expected that new Variants of Concern (VOC) or Variants of Interest (VOI) will continue to be detected in Canada over the coming years.</p> <p>A SARS-CoV-2 variant is a variant of concern if, through a comparative assessment, it has been demonstrated to be associated with one or more of the following:</p> <ul style="list-style-type: none"> • increased transmissibility or detrimental change in COVID-19 epidemiology; • increased virulence or change in clinical disease presentation; • decreased effectiveness of available diagnostics, vaccines, therapeutics, or public health measures; or • is otherwise assessed to be a VOC by WHO; or • is otherwise assessed to be a VOC by CSVSG <p>A SARS-CoV-2 variant is a VOI if it:</p> <ul style="list-style-type: none"> • has a genome with mutations associated with changes in epidemiology, antigenicity, or virulence, or changes that potentially have a negative impact on available diagnostics, vaccines, therapeutics, or public health measures; and • is known to cause community transmission/multiple COVID-19 cases/clusters in Canada or has been detected in multiple countries; or • is otherwise assessed to be a VOI by WHO; or • is otherwise assessed to be a VOI by the CSVSG.³
Transmission (human to human)	<p>The virus spreads from a person who is infected to others through droplets or aerosols created when a person who is infected breathes, talks, sings, shouts, coughs, sneezes.² Infectious droplets or aerosols may come into direct contact with the mucous membranes of another person's nose, mouth or eyes, or they may be inhaled into their nose, mouth, airways and lungs.² Most cases of transmission occur in crowded places, close contact settings and/or poorly ventilated spaces.</p>

	<p>While not a main mechanism for spread, it is possible that droplets may also be deposited on objects and spread infection to those touching the surfaces and bringing the virus to their mucous membranes. The amount of time the virus can survive on a surface (fomite) is unknown.²</p> <p>To reduce transmission in health care settings, review infection prevention and control (IPAC) guidance for droplet and contact precautions in the <i>Infection Prevention and Control Manual</i> available at: https://www.gov.nu.ca/health/information/manuals-guidelines</p> <p>For aerosol generating procedures (e.g., intubation, bag-mask ventilation, nebulizer treatment), healthcare providers (HCP) should follow airborne precautions as per current guidance – see Policy # 10-003-06 Aerosol Generating Medical Procedures in Patients with Known or Suspected COVID-19 and Policy # 07-037-00 Community Health Centre Protected Code Blue During the COVID-19 Pandemic in the CHN Manual.</p>
Incubation Period	<p>The incubation period of SARS CoV-2 has been estimated to range from 2 to 14 days. However, with Omicron variants, the median incubation appears to be much shorter than earlier variants, averaging 4.4 – 4.6 days.</p>
Communicability	<p>The period in which an individual with COVID-19 is infectious remains uncertain. A person may be infectious for up to 3 days before showing symptoms (pre-symptomatic infectiousness). However, most studies have found that the length of the period of communicability for Omicron BA.1 ranged from 3 to 5 days PSO, much shorter than earlier strains.</p> <p>Please refer to: Appendix B – <i>Level of Immune Compromise</i></p>
Susceptibility and Resistance	<p>The impact of the pandemic depends on the population immunity level, strain virulence, extent of viral antigenic variation and number of previous infections. Given that it is a novel virus, most of the population is considered susceptible to COVID-19 infection prior to vaccination.¹</p> <p>Duration of protection following complete vaccination series is not known. There is evidence that individuals can become re-infected with SARS-CoV-2. The dynamics, duration, and nature of immunity produced during infection with SARS-CoV-2 are still unclear, but there is good evidence of immunity for at least several months in most individuals previously infected.²</p> <p>It is important to note that PCR positivity may persist or fluctuate for weeks or in some cases months, and positive results, particularly within 3 months of a previous infection, may not represent a true reinfection. This means individuals who have been confirmed to have COVID-19, regardless of vaccination status, should not be re-tested in the first 3 months after their positive test collection date.</p>
Public Health Management	
Case Management	<p>A case report form is required for cases confirmed (via PCR or POCT) in individuals living, working or receiving education in congregate settings. This includes the following:</p>

	<ul style="list-style-type: none"> • Schools • Daycares • Mines • Long-term care facilities • Elders home/care facilities • Group homes • Correctional facilities • Shelters <p>Case report forms are also required for individuals receiving treatment with Paxlovid. Please see Appendix D - <i>SARS CoV-2 (COVID-19) Case Report Form</i>.</p> <p>Any individual who suspects they may have COVID-19 or has tested positive on a Rapid Antigen Test (RAT) may be assessed for potential treatment on first point of contact with a healthcare provider.</p> <p>Testing will be considered when required for diagnosis and treatment of individuals, as part of clinical investigation, or for other primary care interventions. Please refer to COVID-19 Treatment: Screening and Confirmatory Testing Policy #09-022-00 in the Community Health Nursing Manual: section 9 pharmacy edited 25.2.22.pdf (gov.nu.ca)</p> <p>Testing of symptomatic individuals for surveillance purposes is also required as part of Nunavut's ongoing public health response to COVID-19. Please see Reporting Requirements and Forms section of this protocol.</p> <p>Individuals who have tested positive (regardless of method of diagnosis), or who suspect they have COVID-19 are advised to stay away from common settings like work while ill (particularly if febrile) and to limit exposure to others, (especially those at high risk for complications) until they are feeling well and afebrile for 24 hours. It is also advisable to avoid travel while experiencing acute symptoms.</p>
Contacts	Contact management of COVID-19 cases is not required, other than when directed by the Chief Public Health Officer (CPHO).
Outbreaks	Contact the Regional Communicable Disease Coordinator (RCDC) if an increase in COVID-19 or viral respiratory illness activity is suspected in a community.
Prevention Messaging	<p>The best prevention measures include up to date COVID-19 immunizations. Publicly funded COVID-19 vaccines are available to all Nunavut residents according to their eligibility within Health Canada regulations and following NACI guidance.</p> <p>Refer to the relevant COVID-19 immunization protocol section of the Nunavut Immunization Manual for details.</p> <p>Public health measures are important to help reduce the spread of COVID-19 and other respiratory illnesses.</p>

	<p>Community members should be advised to:²</p> <ul style="list-style-type: none"> • Practice good hygiene (hand hygiene [i.e., washing or sanitizing], avoid touching face, respiratory etiquette [e.g., coughing into elbow]) • Stay at home and away from others if symptomatic/feeling ill – not going to school/work and following public health advice • Clean and disinfect high touch areas in the home
Health Settings Management	
Infection Control Measures in Health Care Settings	<p>Use routine practices and droplet/contact/airborne precautions consistent with national and territorial guidance. <u>Follow all additional operational guidance as provided.</u></p> <p>The following infection prevention and control measures are required in all Nunavut health care facilities:</p> <p>Community Health Centres, Public Health Units and Home Care</p> <ul style="list-style-type: none"> • For the care of clients with confirmed/suspected COVID-19, droplet and contact precautions are required. In addition, practice diligent hand hygiene using either liquid soap and water or 60-90% alcohol-based sanitizer, before and after patient contact/ assessment and after contact with contaminated equipment. • Isolation of symptomatic and/or suspected case of COVID-19 presenting to the health centre. • Visitors/clients are to continue to call in and make appointments whenever possible. • Scheduled environmental cleaning of high touch surfaces, minimum twice per shift. Environmental cleaning products registered in Canada with a Drug Identification Number (DIN) and labelled as a broad-spectrum virucide are sufficient. <p>Continuing Care Centers (CCC)</p> <ul style="list-style-type: none"> • For the care of clients with confirmed/suspected COVID-19, droplet and contact precautions are required • Scheduled environmental cleaning of high touch surface, minimum twice per shift. • Active screening of all staff/visitors/clients entering health facilities; hand hygiene upon arrival. • Where possible, cohort staff for care of confirmed cases. • Family and/or visitors may assist a resident with meals in common dining area if they maintain masking; not permitted to eat with the resident in a common dining

	<p>area.</p> <ul style="list-style-type: none"> • Family and/or visitors are not required to physically distance themselves from residents they are visiting. • Family and/or visitors may join group activities with residents as space permits; physical distancing rules apply. • Indoor visits: up to four (4) family/visitors at a time and visitors must wear mask. • Outdoor visits: no restrictions; visitors encouraged to wear mask. • LTC facilities should comply with Public Health established requirements for surveillance testing. • If an outbreak is declared in a CCC, additional measures will be implemented at the direction of the CPHO <p>Please refer to www.ams-nime.org (must have log-in credentials) and follow: <i>My Courses – 2022 COVID-19 GN Training – Personal Protective Equipment for GN Health Care Providers (PPT)</i></p> <p>See also the <i>Nunavut Housekeeping Procedures Manual</i> for more detailed information on terminal cleaning recommendations: https://www.gov.nu.ca/health/information/housekeeping-procedures-manual</p>
Surveillance	
Case Definition	<p>Epidemiological support and public health data information systems are crucial to managing COVID-19 in Nunavut. Nunavut typically uses national case definitions. More information is available here: National case definition: Coronavirus disease (COVID-19) - Canada.ca</p> <p>A confirmed COVID-19 cases is: A person with confirmation of infection with SARS-CoV-2 documented by:</p> <ul style="list-style-type: none"> • The detection of at least one specific gene target by a validated laboratory-based nucleic acid amplification test (NAAT) assay (e.g. real- time PCR or nucleic acid sequencing) performed at a community, hospital, or reference laboratory (the National Microbiology Laboratory or a provincial public health laboratory) <p>OR</p> <ul style="list-style-type: none"> • The detection of at least one specific gene target by a validated point-of- care (POC) nucleic acid amplification test (NAAT) that has been deemed acceptable to provide a final result (i.e. does not require confirmatory testing) * <p>This means that while a case may be detected by RAT, only PCR (e.g., BioFire) and POCT (e.g. IDNow) tests are considered as confirmation of a confirmed COVID-19 case. Management of a COVID-19 case does not require lab- confirmation in every situation – Please see Case Management section of this protocol for more information.</p> <p>When an outbreak is suspected, the PHO on-call should be notified for consultation. Any declared outbreak must be confirmed and announced by the CPHO. In Nunavut, a COVID-19 community outbreak may be</p>

	considered when there are above-expected levels of ILI in the communities, via Viral Respiratory Illness Surveillance (see <u>Reporting Requirements and Forms</u> section).
Reporting Requirements and Forms	<p>SARS CoV-2 (COVID-19) is a reportable infection. A case report form is required for confirmed COVID-19 cases in the instances and settings set out in the Case Management section of this protocol.</p> <p>All unexplained deaths in Nunavut should be tested for COVID-19 infection in consultation with the coroner and PHO on-call.</p> <p>Report respiratory illness outbreaks, or any incident of viral respiratory illness causing death to RCDC immediately who will report these to the office of the CPHO.</p> <p>Regular (weekly) testing of symptomatic individuals for surveillance purposes is required as part of Nunavut's ongoing public health response to COVID-19. A minimum of 2 PCR (BioFire) tests per week from symptomatic individuals from different households and ideally different age groups should be collected.</p> <p>When VRI activity in the community appears to be escalating after a period of minimal activity, take an NP swab for a minimum of 5 patients that present with symptoms of respiratory illness in a variety of age groups, from different households over a 72-hour period.</p> <p>Viral Respiratory Illness Surveillance is conducted in the communities (e.g. Community Health Centres, Public Health Units, and Qikiqtani General Hospital) each week. The usual VRI reporting requirements have been revised to include COVID-19 surveillance. This provides information that can detect early outbreaks of respiratory illness and can be used to guide prevention and control activities.</p> <p>A reminder will be sent from the RCDC each Monday that contains questions related to suspect viral respiratory illness activity in the community for the past week (Sunday to Saturday).</p> <p>All questions should be answered and sent back to the RCDC every Tuesday.</p> <ul style="list-style-type: none"> • RCDCs will collate the information for their region and forward to the office of the CPHO every Thursday by noon. <p>Please refer to Appendix D - <i>Viral Respiratory Illness Weekly Reporting Form</i></p>
Tools	
Guidelines	<p>Refer to the following online Government of Nunavut manuals available online at: https://www.gov.nu.ca/health/information/manuals-guidelines</p> <ul style="list-style-type: none"> • Infection Prevention and Control Manual • Housekeeping Procedures Manual

	<ul style="list-style-type: none"> • Community Health Nursing Manual • Communicable Disease Manual • Immunization Manual
Appendices	Appendix A – Risk Factors for Severe Disease Appendix B – Level of Immune Compromise Appendix C – SARS CoV-2 (COVID-19) Case Report Form Appendix D – Viral Respiratory Illness Weekly Reporting Form
Materials & Resources	Additional resources can be found on the GN-HEA-CNO Nunavut Nurses Education channel; at www.ams-nime.org ; and in the links provided throughout this document.
References	
<ol style="list-style-type: none"> 1. <i>Q&A on coronaviruses (COVID-19)</i>. World Health Organization: 2021 Available online at: Coronavirus disease (COVID-19) (who.int) 2. <i>Coronavirus Disease (COVID-19): Guidance documents</i>. Government of Canada: 2022. Available online at: https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents.html 3. <i>SARS-CoV-2 variants: National definitions, classifications and public health actions</i>. Government of Canada: 2022. Available online at: SARS-CoV-2 variants: National definitions, classifications and public health actions - Canada.ca 4. <i>Risk of COVID-19 spreading between people and animals</i>. Government of Canada: 2022. Available online at: Animals and COVID-19 - Canada.ca 	
Approved by Andre Corriveau, Medical Officer of Health on October 13, 2023.	

Appendix A

Risk factors for severe COVID-19 disease²

There is a spectrum of COVID-19 disease severity, ranging from asymptomatic to mild, to moderate, severe and critical disease. Severe disease more often occurs in those with increasing age and those with underlying medical conditions, with the risk increasing with the number of underlying conditions.

Two large cohort studies in the USA and the UK found the most common comorbidities were hypertension (46.7%), hyperlipidemia (28.9%), diabetes (27.9%), and chronic pulmonary disease (16.1%). High risk for mortality was associated with increasing number of comorbid conditions. A comprehensive CDC scientific evidence review process and a Canadian rapid review have recently been published to update the list of underlying medical conditions associated with more severe COVID-19 disease. The conditions identified in these reviews are listed below:

Underlying medical conditions associated with more severe COVID-19 disease:

- asthma (moderate to severe)
- cancer
- chronic kidney and end-stage disease
- chronic lung diseases
- cystic fibrosis
- dementia or other neurological conditions
- diabetes (type 1 or type 2)
- Down syndrome
- epilepsy
- heart conditions
 - such as heart failure, coronary artery disease, cardiomyopathies or hypertension
- HIV infection
- immunocompromised state
- interstitial lung disease
- liver disease
- motor neuron diseases
- overweight and obesity*
- pregnancy
- pulmonary hypertension
- sickle cell disease or thalassemia
- smoking, current or former
- solid organ or blood stem cell transplant
- stroke or cerebrovascular disease
- substance use disorders

*Overweight = body mass index (BMI) > 25 kg/m² but < 30 kg/m², obesity (BMI ≥30 kg/m² but < 40 kg/m²), or severe obesity (BMI of ≥40 kg/m²)

Patients with certain medical and/or social vulnerabilities, including people experiencing intellectual and developmental disabilities, persons who use substances regularly, people experience cognitive disabilities, mental health conditions or experiencing homelessness or are unhoused, may make it more difficult for the patient to recognize, clearly communicate, or act on symptom progression. These patients need closer attention and monitoring.

This Appendix is a direct quote from the PHAC list available at:

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/signs-symptoms-severity.html>

Appendix B

Level of immune compromise

This Appendix is a direct quote from the interim BC Centres of Disease Control guidance on COVID-19 and is available at: <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/public-health-management>

Mildly immune compromised: Those with mild immune compromising conditions, such as diabetes, advanced age, and end-stage renal disease are treated the same as those without immune compromising conditions.

Moderately immune compromised: Individuals with one or more of the following:

- Persons on chemotherapy for solid organ cancer (as determined by the most responsible physician [MRP])
- Human Immunodeficiency Virus (HIV) with a CD4 count of 50 - ≤ 200 cells/mm³ (inclusive)
- Any person taking a biologic/immunomodulatory therapy, prednisone >20 mg/day (or equivalent dose) for ≥ 14 days, tacrolimus, sirolimus, mycophenylate, methotrexate, or azathioprine

Based on their clinical judgement, MRPs may determine that there are other diagnoses and/or medications not listed above that support considering patients as moderately immune compromised. Consult an infectious disease specialist as needed.

Severely immune compromised: Individuals with one or more of the following (in consultation with the most appropriate care provider if needed):

- Bone marrow transplant
- Chronic lymphocytic leukemia
- Lymphoma
- Hypogammaglobulinemia
- Human Immunodeficiency Virus (HIV) with a CD4 count of < 50 or AIDS
- Chimeric antigen receptor T-cell therapy
- Use of rituximab

There may be other diagnoses or a combination of diagnoses and/or medications that support considering patients as severely immune compromised. Current evidence may not have demonstrated prolonged live viral shedding with such diagnoses and/or medications yet. Thus, clinical judgement remains important to determine if these patients should be considered as severely immune compromised to determine their communicability period.



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Department of Health
Munaqhiliqiyitkut
Ministère de la Santé

SARS CoV-2 (COVID-19) Case Report Form

***Case report form is ONLY required for cases confirmed
via POCT or PCR test OR those receiving treatment***

Fill in OR affix addressograph here

Last Name: _____

First Name: _____

Sex: ☐ Male ☐ Female ☐ Other

Date of Birth: ____ (DD) ____ (month) ____ (YYYY)

Chart#: _____

Health Card #: _____

Community of Residence: _____

Address: _____

Ph: _____

1. Was case tested via Point of Care Test (POCT) or PCR? ☐ Yes ☐ No

If yes, date of collection (dd/mm/yyyy): _____

Result: ☐ Positive ☐ Negative

2. Is case receiving COVID-19 treatment (Paxlovid etc.) ☐ Yes ☐ No

3. Symptomatic: ☐ Yes ☐ No

If yes, date of symptom onset: ____ (dd) ____ (month) ____ (yyyy)

4. Immunization status:

- ☐ Unvaccinated (<2 doses)
☐ Vaccinated (primary series)
☐ Vaccinated (primary series + booster(s))

5. International travel in the last 14 days: ☐ Yes ☐ No

If yes, where: _____

Dates: _____

6. Pregnant: ☐ Yes ☐ No

7. Risk factors for severe COVID-19 disease? (see COVID-19 protocol v9, Appendix A): ☐ Yes ☐ No

If yes, describe: _____

8. Work with or member of congregate living setting? ☐ Yes ☐ No

(Includes: Homeless shelters, group homes, healing facilities, correctional facilities, long-term and continuing care centres)

If yes, where: _____

Date last in contact (if employee): _____

9. Healthcare worker: ☐ Yes ☐ No

If yes, which location: _____



If yes, date: _____(dd)_____ (month)_____ (yyyy) Medevac destination: _____

If yes, date: _____(dd)_____(month)_____(yyyy)

Additional notes/comments: (for healthcare worker use)

[illegible]

Reporter Name: _____ **Reporting Community:** _____

Contact Information:_____ **Report Date (dd/month/yyyy) :** _____

Fax or scan completed form to the Regional Communicable Disease Coordinator (RCDC)		
Kitikmeot Region	Kivalliq Region	Qikiqtaaluk Region
FDigout@gov.nu.ca Fax: (867) 983-4088	Kivalliq_RCDC@gov.nu.ca Fax: (867) 645-2409	Qikiqtaaluk_RCDC@gov.nu.ca Fax (867) 975-4833

Health Facility Name: _____

Date (dd-mm-yyyy): _____

COVID and other Viral Respiratory Illness weekly reporting - Health Centres

Please complete the table for your community for **Last Week** (Sunday to Saturday).

Community (choose from dropdown)		---	Reporting for week:
Reporting for COVID-19			
# of medevacs due to COVID	# of hospital admissions due to COVID	Were any of the following seen due to COVID in your community? (Y or N or U for each)	Comments
		School absenteeism Cancelled community events Increased visits or calls to Health Centre Other	
Reporting for other viral respiratory illness (e.g. influenza or RSV)			
# of medevacs due to other VRI	# of hospital admissions due to other VRI	Were any of the following seen due to other VRI in your community? (Y or N or U for each)	Comments
		School absenteeism Cancelled community events Increased visits or calls to Health Centre Other	

- Use the dropdown to add the **community name**.
- Complete the **Reporting Week date** using the format 05-09-2021 to 11-09-2021 (Sunday to Saturday of the previous week).
- Add the numbers to the box below each heading
- Comments are optional, but can be added to help the RCDC and the office of the CPHO understand the burden of VRI in your Health Centre and community.
- **After completing the table, save the page and email it to the RCDC for your region:**

Qikiqtaaluk_RCDC@gov.nu.ca

Kivalliq_RCDC@gov.nu.ca

FDigout@gov.nu.ca