# HANSARD

## NOVA SCOTIA HOUSE OF ASSEMBLY

## STANDING COMMITTEE

## ON

## HEALTH

**Tuesday, August 30, 2022**

**LEGISLATIVE CHAMBER**

**Vaccine Booster Shots**

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**HEALTH COMMITTEE**

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In Attendance:

Judy Kavanagh
Legislative Committee Clerk

Gordon Hebb
Legislative Counsel

**WITNESSES**

Department of Health and Wellness

Jeannine Lagassé
Deputy Minister

Kathleen Trott
Associate Deputy Minister

Dr. Robert Strang
Chief Medical Officer of Health

**HALIFAX, TUESDAY, AUGUST 30, 2022**

**STANDING COMMITTEE ON HEALTH**

**1:00 P.M.**

CHAIR
Trevor Boudreau

VICE CHAIR
Kent Smith

THE CHAIR: I'll call this meeting to order. This is the Standing Committee on Health. My name is Trevor Boudreau. I am the MLA for Richmond and the Chair of the committee.

Before we begin today, I just want to recognize that we have a new member with us on the committee - MLA Burrill is a full-time member with us. We have a couple of fill-ins today, but we'll introduce our new members next time they're here.

Today we'll be hearing from the Department of Health and Wellness regarding vaccine booster shots. I'd ask everybody to make sure your phones are on silent. Before we get going with the witness questioning, I'll ask committee members to introduce themselves for the record by stating their name and their constituency, starting with MLA Burrill.

[The committee members introduced themselves.]

THE CHAIR: For the purpose of Hansard, I'll also recognize the presence of Chief Legislative Counsel Gordon Hebb, and Legislative Committee Clerk Judy Kavanagh.

As I said in my opening remarks, today's topic is vaccine booster shots, and I'd like to welcome the witnesses here today. I'm going to ask you to introduce yourselves first, and then once you've introduced yourselves, we'll go into the opening statements. We'll start with Dr. Strang.

[The witnesses introduced themselves.]

THE CHAIR: With that being said, I'll ask for opening remarks from the witnesses, and I believe Deputy Minister Lagassé will be going first.

JEANNINE LAGASSÉ: Thank you, Mr. Chair. Good afternoon, everyone. We thank you for the opportunity to join you today to answer your questions about COVID-19 vaccination efforts in Nova Scotia.

As we've already said, joining me today are Dr. Robert Strang, Chief Medical Officer of Health; and Kathleen Trott, Associate Deputy Minister of Health and Wellness and the administrative co-lead with Dr. Strang for Public Health in the department.

To begin, I would like to acknowledge the work of our health care workers and all public servants throughout the COVID-19 pandemic. Workers in our health authorities, system partners, the Department of Health and Wellness, and many other departments have worked countless hours, forfeited vacation, and sacrificed time with their families to ensure the safety and wellbeing of all Nova Scotians. For that, I thank them and their families.

Everyone in the health care system and the department has taken COVID-19 very seriously because we know the severe outcomes this disease can have. For all those who have experienced the loss of a loved one from COVID-19, I'd like to extend my sincere and deepest condolences.

The pandemic has been less than predictable. Each wave has had its own characteristics and challenges. We continue to learn, adapting our response accordingly. We work alongside our medical advisors to ensure that we have the latest evidence. Dr. Strang and the team of Public Health professionals, epidemiologists, infectious disease experts, and others closely monitor the situation. They work to limit the spread of the virus while also considering the impact Public Health restrictions may have on individuals, our society, and the economy.

At the end of 2020, we received our first allotment of COVID-19 vaccine - a milestone day that brought hope toward managing our response in a new manner. This brings us to the reason we are here today. Nova Scotia has rolled out one of the strongest vaccination programs in Canada. Mass immunization clinics were created, and online booking systems were developed. Teams of nurses, doctors, pharmacists, and many others came together to vaccinate Nova Scotians across our province. Our approach was

measured and based on ensuring those at highest risk were vaccinated as quickly as possible. We continue in this manner today.

Nova Scotians are known for their kindness, their willingness to rise to the occasion, to help one another, and to do the right thing. I was not at all surprised to see how eager Nova Scotians were to get vaccinated. Since that first dose was administered at the end of 2020, more than 2.3 million doses have been given to Nova Scotians. Since the beginning of our vaccination program, uptake has been high, and Nova Scotia has been a leader - 64 per cent of Nova Scotians have had three or more doses. That puts us well above the national average of 49.5 per cent.

I would now like to hand over to Dr. Strang to say a few words about where we are today in our program and our plan forward as we head into the Fall. I look forward to answering your questions.

THE CHAIR: Thank you. Dr. Strang.

DR. ROBERT STRANG: Thank you, Deputy Lagassé, and thank you to the committee for having us here today. Before we turn things over for questions, I'd like to provide a brief update on where we stand today with the pandemic and our plan forward.

Like the rest of Canada, Nova Scotia has been going through a seventh - or BA.4 and BA.5 variant - wave. Our data indicates that we have already reached the peak of the wave as cases are starting to decline, but with that being said, there is still a significant amount of COVID-19 around us. As we enter September and all that this brings, we need to remember the importance of the tools and resources we have used over the course of the pandemic.

While we are not where we were earlier in the pandemic, or even since the Omicron wave began, the fact is that COVID-19 can still have significant impacts and we all need to use the protective measures to help keep each other safe. We know that many Nova Scotians sought comfort in checking daily case numbers, or weekly even, so we continue to make those numbers available on our weekly COVID-19 dashboard.

I often hear people say they don't have enough information in front of them to make the right decisions. I want to remind people that case counts alone shouldn't be determining someone's personal responsibility to COVID-19. COVID-19 is here for some time to come, along with other respiratory viruses, and we need to continue to practise the personal measures with that understanding. It is here and will be here for a significant time.

The pandemic has taught Nova Scotians the significance that public health measures can have on reducing transmissions of respiratory illnesses. Just because those measures are no longer mandatory does not mean that we don't need to continue to use them.

Public Health continues to recommend that all Nova Scotians make the personal choice to wear masks when in indoor crowded places, to be careful about how they gather, to take extra steps to protect those who are at higher risk of severe disease due to age or medical conditions, and to stay home if people are feeling unwell and get tested as directed by online or 1-800 resources, and to report any positive tests through our Report and Support resource, which is also both our 1-800 number or online.

I want to thank all of you sitting here today and your MLA colleagues for being partners in helping provide access to rapid tests to Nova Scotians from one end of the province to another.

In addition to layered Public Health measures, the first and key step to keeping each of us and our loved ones safe is to keep up to date with COVID-19 vaccinations. The deputy minister highlighted some of the significant vaccination accomplishments we have achieved to date. I want Nova Scotians to feel inspired to continue to do the right thing, to not be complacent, and stay up to date with their recommended doses of vaccine. Our vaccine uptake is something we should be proud of, but it doesn't mean we should stop trying to get more people vaccinated.

The National Advisory Committee on Immunization has just put forward their recommendations to offer a first booster dose to children ages 5 to 11. Appointments will start to become available the week of September 6th. We'll actually be opening up the online booking so that people can make those appointments later this week. We'll be doing a press release on that. People need to remember that many children won't be eligible for that booster, because they haven't yet received their second dose in their primary series.

As parents and guardians are getting back into regular routines in preparation for going back to school, I'd like to remind them that if their child has not had all of their available doses of COVID-19 vaccine, to do so as soon as possible. That goes for children six months to four years of age too. A few weeks ago, we opened up vaccine appointments for this age group for their primary series once it was licensed by Health Canada. There are plenty of appointments available for the younger children to book their first dose in their primary series.

I know some families may need support in making the decision or preparing their child for what to expect. I encourage them to talk to their primary care provider or a local pharmacist or to visit the IWK's website, which has a lot of vaccine resources for children, youth, and families.

We will be offering a dose of COVID-19 vaccine to people 12 years of age and older later this Fall. Appointments will start to become available as early as September 19th. People 12 years of age and up who have had two, three, or even four doses of COVID-19 vaccine at this time should wait until they are eligible for their Fall dose and not get a booster right now. However, if someone has only had one dose, or none, of

COVID-19 vaccine, they shouldn't wait. They should book appointments for their primary series of COVID-19 vaccine as soon as possible.

We've always looked to NACI for their recommendations on vaccine use and the best time to get them. They've updated the guidance a few times based on new evidence available to them.

People should wait 168 days from either their last dose of COVID-19 vaccine or from when they were diagnosed with a COVID-19 infection before they get another dose of COVID-19 vaccine.

There are some people - those who are 70 and over or are moderately to severely immunocompromised - who that interval between either their last dose or infection is 120 days, not 168 days. Waiting the recommended interval between doses and post-infection offers the optimal protection for the longest period of time.

We still have a big task ahead of us. I have no doubt that Nova Scotians will once again do the right thing and get vaccinated. Thanks to the committee, and I'll turn it back to the Chair so we can begin to answer questions.

THE CHAIR: Now that the opening remarks have concluded, we'll go into the questioning period for members. The way we do it here in the Health Committee is each caucus is given 20 minutes - Liberal caucus, NDP caucus, PC caucus. Then we try to wrap up questioning with 15 minutes left in the meeting, at 2:45 p.m., so that we can do committee business. I'll adjust that second round of questioning based on the amount of time left. I'll work back and forth, so once the question is asked, I'll recognize you, your light will come on, and you'll be able to speak.

With that being said, we'll get going. The Liberal caucus will start. I see MLA Churchill has his hand up, so we will begin. It's 1:12 p.m. MLA Churchill.

HON. ZACH CHURCHILL: Dr. Strang, Deputy Minister Lagassé, and Associate Deputy Minister Trott, thanks so much for being here and joining us today. It's great to see you all. I first want to commend you on the incredible and critical work that I know you've all done over the last number of years, not just on COVID-19 and protection during the pandemic, but also on the broader issues affecting our health care system.

I know that we have been and continue to be in good hands with you folks leading the public service on these policy and program fronts. I have no problem saying in this committee or on the record the confidence that I have in you all and your ability to continue to guide our elected government, and provide the best advice possible as we deal with these issues.

We all know how critical vaccines are for protection. We're all aware of the link between the pandemic, its impacts on life, health and safety, to our health care system, its ability to deliver its life-saving surgeries, biopsies, CAT scans, emergency response, ambulatory response, and all these things. It's all deeply connected, as we've seen over the last number of years.

We are seeing some challenging trends in participation in our vaccine programs. We know how critical booster doses are. We know how important - particularly as we head back to school - vaccines are for our young people to protect our school communities and of course our parents, grandparents and others who our students might come in contact with.

I think we have seen a decrease in terms of the communication, whether it's direct marketing or emphasis on getting vaccines. I know that all three of you here in this room, every time you have a chance to communicate, I know you communicate very succinctly and clearly on the need for vaccines, but we have seen a shift in the overall government communication strategy around vaccines. I'm just wondering if you think that might be part of the challenge that we're having in getting these vaccine rates up in our province, particularly with our young people who are participating at a lesser rate than the folks who are older.

ROBERT STRANG: Our communication around vaccines remains a priority, as we've added different - whether it's under-five-year-olds, now the five-to-11-year-old boosters. Starting with press releases, we continue to use our social media channels, working with other partners. There's a lot of information, both on the IWK Health Centre and the Nova Scotia Health Authority websites, and on our website.

I think we still maintain our priority and have robust communication as we work out the details of our Fall vaccine program, and there are a lot more details, still, to be worked out. We will be having a robust communication around that. Recognize that this can be somewhat complicated. We make a priority of trying to make sure that the information we have is as understandable as possible without losing important information that people need to use to make their decisions.

We will continue to work with partners. I'll just use one example. I've worked throughout the Summer with the CONSUP - Council of Nova Scotia University Presidents. AUS is leading an immunization campaign - get up to date with vaccine before you return to school across Atlantic Canada. That's an example of how we continue to work with other partners around getting appropriate and timely information out around the importance of being up to date with vaccines.

It's a complex world. We know that multiple doses with any vaccine - even your regular childhood doses - the further out the number of doses you have, you always see some drop-off in vaccine coverage. We're well aware of that. I think what's going to be

most important is we re-engage Nova Scotians. We started that with my media yesterday around the coming Fall vaccine program and the importance that we have high levels of uptake with adult Nova Scotians leading into the Fall with that program.

[1:15 p.m.]

ZACH CHURCHILL: I know the critical mass of vaccinations that we need to get for really good protection is around 80 per cent. Just wondering what your thoughts are on whether that's achievable for the younger age demographic, or if additional strategies need to be employed to achieve that really critical threshold, and questions around the availability of vaccine in schools.

I know that this isn't something that we pursued when we were in government - vaccines in schools. There was no approval for many of these vaccines for younger ages at that time, but we do know that Public Health does have a really long and successful track record of providing vaccination opportunities in our schools. Just wondering if having that immediate access point where all of our students are is something that's worth considering from your perspective?

ROBERT STRANG: Yes, I remain concerned that if you look at our coverage rate for the second dose of vaccine, 5-to-11-year-olds is still only 52 per cent. We have work to do there to make sure parents are aware and come forward. We have a lot of access to vaccine, and appointments for vaccination is not an issue. We have a lot of capacity through our pharmacy-based program, as well as all our outreach work that we do with our First Nations and African Nova Scotian communities around making sure that as we're doing both testing and vaccination opportunities.

Certainly, with the under five-year-olds, I think the IWK is looking at re-establishing their clinic. If I can call it the brand name or the IWK with children's health, it's important to help make sure we get good coverage rates with the young infants. It is an issue. It's across the country. We're less uptake, so we still have work to do, and we'll continue to do that.

On the school-based vaccine, for the fundamental reason, that would actually not work for this program because we have to space the vaccines out. If we go to a school in Yarmouth, we'll be able to go there one day. Because many children have had a COVID-19 infection through the Summer, they have to wait their 168 days. If we went there to the school in Yarmouth for one day, we'd miss a lot of those kids. For many parents - especially with younger kids - getting their child there or being with their child while their child is getting vaccinated may not be feasible.

We've looked at it, and it really makes a lot more sense that we continue to use our primary access point, which is through pharmacies. We have 250, I believe, in the range of that - two thirds of pharmacies across the province are delivering vaccines. They have

appointments seven days a week. People can use the online booking tool to make an appointment that both fits when their child is eligible for vaccination - whether it's after their previous dose or a recent infection - as well as an appointment that fits in with the needs of their family.

They may be able to take their preschool child along with their elementary-age child and get them vaccinated at the same time - let alone what it would take to have school-based clinics and what we would have to do to pull resources away from the rest of the system.

We're comfortable that we have the best approach to continuing to offer vaccines for young people is primarily through our pharmacy-based program, and then using our Public Health-targeted approach with our mobile units in communities or locations that need additional supports.

ZACH CHURCHILL: We appreciate the logistical challenges around that. In terms of utilizing our education system where all of our young people are, are there any plans that Public Health is working on with the Department of Education and Early Childhood Development to really get into our schools from a communications standpoint, to educate our students on the importance of vaccines? Are there any plans to really utilize the concentration of people that we have in a learning environment to teach them about the importance of these things and communicate to them how easy it is to book appointments?

Are there any plans in place right now to get into our schools and utilize the important connection between Public Health, the Department of Health and Wellness, and the Department of Education and Early Childhood Development?

JEANNINE LAGASSÉ: We don't have any specific program for going into the schools for the Fall, but we do have ongoing Public Health presence in the schools. Through our Youth Health Centres and programs such as that, there is Public Health presence in the schools. We have ongoing dialogue with them about what's being offered there, what services are there.

Nothing specific, but we had discussion just last week with the Department of Education and Early Childhood Development on a number of different things related to public health, so anything public health related would include information about vaccination.

ROBERT STRANG: I'll add, we have what's called a learning continuity table, which had been established early in the pandemic. That's led by the Department of Education and Early Childhood Development, but we have one of the medical officers of health and one of the health protection specialists from my team on that, and we continue to develop resources.

One of the points of conversation that I've given some direction to just in the last couple weeks - I've had conversations with senior colleagues at the Department of Education and Early Childhood Development as they're developing back-to-school communications. Whether it's before or shortly after kids are back in school, we need to have messages in there exactly as you're indicating about the importance of getting up-to-date vaccines around school time and how they can access them - pointing them to resources about how to book an appointment, et cetera.

ZACH CHURCHILL: The vaccine is particularly important as we look at the bivalent vaccine options that might be coming available too. I read an article recently that talked about public fatigue with vaccine messaging, so that obviously does create a communication challenge.

In the article, they suggested that the provinces are really going to have to step up their messaging, communication strategy, and tactics to ensure that people are listening when we're talking about a new opportunity for vaccinations that are more effective against Omicron and the Omicron variants, based on my understanding.

Is there specifically a bivalent communication strategy that Public Health or the Department of Health and Wellness might be developing right now to ensure the public is aware of these opportunities and that people have the correct information on risk and on effectiveness? We know how quickly the incorrect information spreads, so this is another area where I think we have to be very proactive. I'm just wondering if there's been any thought put into a strategy as a new vaccine option comes online for people.

ROBERT STRANG: We're developing our Fall vaccine program - waiting for more information to come. The bivalent vaccines have not even been approved by Health Canada. We expect that relatively soon. Then we've got the NACI recommendations. Then we have to have discussions with the federal government around exactly the supply of the bivalent vaccine and how much of that will be coming to Nova Scotia.

All of that is important for us to make decisions around where and when people are going to be able to access the bivalent vaccines. There's a lot we have to work out once we get the detailed information from our federal partners. But absolutely, we've identified that for our Fall program. I do want to emphasize that program is going to be a three-month program - it's not just a couple of weeks. We will certainly be monitoring vaccine uptake as we roll out that program, and adjusting and adapting any communication throughout that three-month period.

Certainly, we'll have to be very clear on which vaccine. As I said, I think of it as three main streams of people. We have the under-five-year-olds who are going to still need their primary series with the current vaccine. Then we have the five- to 11-year-olds, many of whom need to finish off their second dose and then get their true booster - again, with the current vaccine.

Finally, we have 12 and above who we all want to get their Fall dose of vaccine. Some of them will be eligible for a bivalent vaccine, but in all likelihood, some will not be eligible for a bivalent vaccine, based on supply. We will be asking them to get the regular vaccine.

How we communicate all of that, and which vaccines people are eligible for and the benefits of a bivalent vaccine versus the regular vaccine - we are well aware of those issues. It will be part of our communication work that we do over the next few weeks, once we get the information from Health Canada, from PHAC, and from NACI. We've got a lot of work to do in a few weeks to roll out all of that information.

ZACH CHURCHILL: Thank you. We'll be watching out and trying to support the communication efforts as best we can on the importance of these vaccines.

Dr. Strang, I believe you mentioned last week about the changing public mood around COVID-19. We are seeing a high level of complacency, which undoubtedly is impacting people's willingness to get booster doses or their primary series to begin with, which is also impacting people's caution when it comes to how they're acting and what events they're participating in or hosting.

I certainly won't ask any of you to comment on this, but I do believe that we are seeing some complacency in the public. I believe part of that is because of what seems to be complacency with the elected leadership of the Province. I first noticed that when we saw the Let's Get Back Out There marketing campaign to tell people to get back out there and start shopping and doing these things again when we were at what we determined was the early stages of the Omicron variant.

I think I've seen that with less emphasis being put on getting eyes on the dashboard and keeping people up to speed on hospitalizations, deaths and epidemiology. It is something that concerns me, particularly because of the link of Public Health with health care outcomes and health care delivery, particularly in urgent situations.

What can we all do to ensure that our peers, our fellow Nova Scotians, our family members are being less complacent about this? Are there strategies we can employ to help people understand the continued urgency of the situation?

ROBERT STRANG: Thanks for the question. I think it's a good one - what can we all do? It's a collective responsibility. There are two ways: how are we talking about COVID-19 to those around us, and then what model are we showing in the actions that we take. I think all of those are important - the examples that we set and how we point people in for valid information, how we have conversations with people.

It's not the main reason, but it's one of the reasons I have continued to wear a mask when I go to a grocery store, even if there's a handful of people there. I think it's important that people see me wear a mask.

[1:30 p.m.]

What are all of us doing to model the right things to do? It's about keeping each other safe. It's about showing that commitment to our collective well-being. Each of us can play a role in that.

THE CHAIR: MLA Clark, you have two minutes and 15 seconds.

BRAEDON CLARK: Dr. Strang, last week the Minister of Health and Wellness was asked around the issue of mask mandates for schools. She said that she wasn't involved in that decision-making process, necessarily. That does seem a bit strange from a layperson's perspective. Perhaps you could shed some light on how you interface with the Department of Health and Wellness, the Department of Education and Early Childhood Development, and others on decisions like that.

ROBERT STRANG: As I said, the starting point is we have the learning continuity table. In the last few weeks, they've been discussing all the return-to-school plans. There are Public Health folks there to provide a perspective. I'm regularly updated on the conversations that are happening at that table, and I give direction. Ultimately, it's my responsibility to give direction, to say what the Public Health perspective is that is taken to that table.

I also have had direct conversations - and this is not new - throughout the pandemic with senior folks in the department, as well as the deputy minister of the Department of Education and Early Childhood Development. Maybe I'll let Deputy Minister Lagassé talk to you about what communication she may have with her deputy colleagues.

JEANNINE LAGASSÉ: As Dr. Strang has said, we all have ongoing discussions between the departments. They'd invite Public Health. Currently, there are no restrictions out there. So really it was education in their sector, looking at what was best for them and making the decision for what they were going to do in the education system based on advice and information that they had from the various tables that Dr. Strang refers to.

BRAEDON CLARK: Just quickly, Dr. Strang, I'm not sure what the appropriate time frame would be - maybe a month or two - overall vaccination rates, whether it's primary series, booster, whatever the case might be, is that trend line steady, going up, or going down?

ROBERT STRANG: We've made great progress on our vaccine in the Summer. I think it's fair to say that more recently as we've introduced the under-five vaccination,

there's been a slow uptake there, but it's Summertime - a lot of things. We're redoubling our efforts, partnership with the IWK . . .

THE CHAIR: Order. The time for Liberal caucus questioning is over. We'll move to the NDP caucus. MLA Lachance, it's 1:33 p.m.

LISA LACHANCE: Thanks so much for joining us today. I think that through the discussion thus far we've really highlighted a lot of what has worked well in Nova Scotia in responding to the COVID-19 crisis - the extraordinary efforts of health care workers and the whole health care system, our strong vaccination uptake, our collective care for one another, and strong Public Health guidance.

One of the things that I've been concerned about this Summer is taking forward those lessons as we address monkeypox as a serious health issue. At this point, it is unlikely to be a pandemic of the type that we've just been through, but at the same time, there's been very little said by the government in terms of what's happening around monkeypox. I'm hoping that we can have a conversation about that as well because I think we need to be looking forward in terms of new public health threats.

One of the challenges has been that there's been a limited federal supply, and thus a limited supply for provinces. I believe the latest number I have in my head is that we have 160 doses in Nova Scotia. Since the beginning of August, I've asked the Minister of Health and Wellness what the plan is to advocate for additional doses. I'm wondering if someone could provide an update in terms of discussions with the federal government, and if increased numbers of vaccines have been accessed.

ROBERT STRANG: I can speak to that. You're absolutely right. We actually have 80 doses. I think it's important to make it clear that it's smallpox vaccine that people are using for monkeypox, given there's a small amount of evidence that it might be effective. It is actually not a monkeypox vaccine. That's an important point.

We have 80 doses reserved for if we have cases in the province and there are people who have already been exposed, and they're judged to be at high risk, and they need to get a vaccine. It's what we call post-exposure prophylaxis. We've used two of those doses, so 78 doses left - another 80 doses in the national stockpile that we can get.

I made a very clear decision that we are not going to use that for what we call pre-exposure prophylaxis, simply because that's not a large amount of vaccine and if we use it all up for people before they might be exposed - even though they're at high risk - we put ourselves in a very vulnerable position if all of a sudden we have cases here.

We were waiting to get clarity from the federal government around additional supply of the smallpox vaccine. We got that just over two and a half weeks ago. I sit at the

Council of Chief Medical Officers of Health, and it was at the meeting two and a half weeks ago that the federal government confirmed that they had additional vaccine.

We've engaged appropriate community groups from the very beginning. That was a priority that I identified from Day 1 of monkeypox. We've continued to have conversations with groups like the AIDS Coalition of Nova Scotia. We're working with them around our public messaging - getting direction from them on our messaging.

As well, we are in the process of finalizing a plan - which we should be able to talk about more publicly in the next few days - around having a very targeted pre-exposure prophylaxis program. We couldn't do that work to plan until we got certainty of vaccine supply from the federal government. We have that now, so we're finishing off the details of a targeted program. It will be very targeted to people who are at specific increased risk of being exposed to monkeypox.

I think it's important that Nova Scotians understand that this is not a virus that they're at any increased risk of in the general public. There are very defined groups based on what we know about the epidemiology of monkeypox around the world, and we'll be targeting vaccine to those specific groups. Those groups are taking a strong leadership in helping us develop the vaccine program so that it is accessible in a way that works for them.

As I said, they've also been working with us very closely on the messaging we've used. The messages we've used publicly over the last couple of weeks have been the messages that those groups have asked us to use.

LISA LACHANCE: Could you confirm how many additional doses of vaccine Nova Scotia has access to?

ROBERT STRANG: We are still working on that. There's an initial amount of vaccine we're going to get. Then depending on the uptake, we'll have the opportunity to get more vaccine.

What I can say today is that when we look at estimates based on surveys and other things, the likely number of people in Nova Scotia who would be in our risk groups, we will certainly have adequate vaccine supply from the federal government to meet the likely demand in this targeted program.

LISA LACHANCE: You've spoken about the input of community groups. Certainly, I've been hearing a lot from constituents and from folks across Nova Scotia concern about being able to access the vaccine. They know folks in other jurisdictions have had access for some time at this point in that sort of pre-exposure approach.

You've been working with community groups, but at the same time there was an open letter to the Province about the need for better support issued by some of the very groups that you've just named. I'm just wondering what you heard in that letter calling for additional support and how you've been able to respond.

ROBERT STRANG: I'll make two comments. Basically, pre-exposure prophylactic use of vaccine has been really focused mostly in Montreal and Toronto from the beginning. That's where they had actual cases and outbreaks. The rest of the country is in basically the same place as us - waiting for the federal government.

The federal government came to the table two and a half weeks ago saying that we need to expand the use of pre-exposure prophylactic vaccine in all provinces. It started out in a couple of large urban centres for very specific and necessary reasons, but it's not like Nova Scotia has been lagging behind most of the rest of the country in terms of rolling out a pre-exposure vaccination program.

Certainly, the letter - I can't explain their rationale because the leaders from those organizations have been engaged for a number of weeks. What they asked for in the letter was really around two things I took away: communication and messaging. As I've said, the messaging we have developed and are using - what I use and what we're using on our websites and social media - is specific messaging that the leaders from those communities have asked us to use. It's straightforward, factual information that people can arm themselves with to know if they're at risk or not and how to reduce that risk. They were also certainly asking about a pre-exposure prophylaxis vaccine program.

It may be that that letter was written before we had anything we were able to share with them. But believe me, as soon as we had information - the first thing I did after that teleconference two and a half weeks ago was to send an email out to my medical officer of health colleagues, and in particular the one who is leading the vaccination efforts around monkeypox. He went forward and started to have conversations about involving community groups, about how we need their input to actually develop and roll out an appropriate targeted program. They have been engaged as soon as we had information that we could share with them.

LISA LACHANCE: I understand that another portion of the letter talked about financial support for folks who have to miss work due to being sick. As you know, we don't have guaranteed sick leave in the province. Again, this was one of those tools that we had during a lot of the COVID-19 periods and no longer have access to, but it was certainly one way that we could encourage people to stay safe because they could stay home if they were ill. I'm wondering if there's been any discussion about paid sick leave for folks who are diagnosed with monkeypox.

JEANNINE LAGASSÉ: That's not a program from our department. It's run through the Department of Labour, Skills and Immigration, so they would be responsible

for operating that. I have not had a specific discussion with the department in regard to a program related to monkeypox.

LISA LACHANCE: I know different departments have different responsibilities, but I just think it's been part of Public Health's toolkit, it would seem, or the whole government approach to COVID-19. I think it's also important to consider going forward when we face other types of infectious disease outbreaks.

I also wanted to touch on - again drawing on our lessons from COVID-19, and also adding in lessons from our Public Health response to HIV/AIDS over the past few decades - the real need to focus on activities and not people. I'm surprised to hear that community groups signed off on the news release that went out around the first case of monkeypox in the province because it referred to - without the language that PHAC and the WHO used - men who had sex with men without any sort of mitigating description that, of course, everyone is at risk.

If you look at the information that is publicly available from the Public Health Agency of Canada - the City of Hamilton is a fantastic example - the focus is really on activities and, in fact, not naming specific groups of people.

So I was very disappointed. I certainly saw a lot and heard a lot from people in the community who were disappointed with that. I would invite you to comment on why that language was used.

ROBERT STRANG: Once again, those were the messages - we had been asked clearly by those community groups to use that particular clear, direct language around who is at risk, because they said that to not use it is a form of stigmatization itself. I clearly remember - you were referring to my quote. The first part of my quote was factual in terms of how the transmission, and it didn't refer to any group. It just said what is involved - close, intimate contact - and that could apply to anybody.

The second part of my quote was - and again, this is what came directly requested by those community groups - to be clear and factual about what the epidemiology is showing us and who is actually at increased risk. That's important for those groups. As I said, we were responding to their request, but it's also important for the rest of Nova Scotians to understand that monkeypox is not COVID-19. The general public is not at risk from monkeypox. Again, you'll have to talk with those community groups. Their leaders - we were responding to their specific request to use a specific type of language, and we did so.

LISA LACHANCE: I do think, just based on what I saw on the PHAC main web page, for instance, it refers to that - the international trends - but it also mitigates that language by really being clear before and after that it doesn't discriminate based on gender,

biological sex, sexual identity or that sort of thing. That's from my perspective, from the folks I heard from, and what I saw - some nuances.

[1:45 p.m.]

I guess just one final question around monkeypox. Certainly, the international trends were pointing toward higher rates, but I understand that the Canadian trends are not showing that. I'm just wondering if you have any up-to-date information about who's actually contracting monkeypox in Canada, and what the Canadian epidemiological trends are.

ROBERT STRANG: There are two trends. Canada and globally, we're seeing a downward overall trend in the number of cases. Again, Canada is following the same pattern as globally where the vast majority of cases are in gay, bisexual men who have sex with men, who have been involved in close, intimate contact, often multiple partners, anonymous sexual encounters. That is the epidemiology that's driving the transmission of monkeypox. It doesn't mean that's the only group we need to focus on. We need to be very thoughtful about the potential spread beyond that group, but that's also the group that we need to work with.

We will continue to work with leaders from the GBMSM here as we have been for a number of weeks. We'll continue to work with them around our vaccine program and continue to work with them to evolve our messaging. I feel we have been very responsive to deliver the messaging they've been asking us to deliver. We'll continue to work with them to evolve that messaging based on their ongoing assessment and feedback on messaging.

THE CHAIR: MLA Burrill.

GARY BURRILL: I just want to go back for a few minutes to the general subject of sick leave that my colleague was raising earlier. As we come into the Fall with school, there's the heightened concern around COVID-19 in general. I - and I'm sure nearly everyone else in Nova Scotia - have absorbed, Dr. Strang, your so often reported point, a layered approach. Key to the layered approach: stay home when you're sick.

Yet we know, and I've heard you acknowledge, this can be highly problematic for parents with children who are showing symptoms and what they are going to do about child care. Highly problematic financially when a parent needs to weigh the impact on their family of the price of a missed shift because they stayed home because they felt not 100 per cent.

It is true in Nova Scotia that we were mitigating this. We had three months in 2021 with a sick leave program to address the stay-home-when-you're-sick point. This year in 2022, we had five months when we were really putting public policy behind that point with

our paid sick leave program. As we now come into the Fall, at this two-and-a-half-year mark, in your judgement, would it not serve our purposes well if we were to now bring in a third paid sick-leave program?

ROBERT STRANG: Like many things with COVID-19 and others, there are cross-governmental issues that need to be looked at. Ultimately, that's a policy decision by government. What I would say is that we need to continue to work at assessing a number of ways. There are multiple barriers around people being able to stay home or being willing to stay home when they're sick. We need to look at all those different barriers and be working across government to find ways to reduce those barriers.

GARY BURRILL: Another way of coming at the same issue is to say that we were having some significant cards in our hand on this up until May when that program was discontinued. Just from a Public Health point of view - not a broader social policy point of view - in your judgement, was the discontinuation of that program helpful for our public health purposes or not helpful?

ROBERT STRANG: If you look at the epidemic curves and when that was removed, we were on the downward slope of the sixth wave at that time. I wasn't involved in those decisions. There were a lot of federal economic aids that were removed at the same time. Again, I come back to: we need to look at all the different types of barriers that may be there, and have collective conversations, including those policy conversations about how we reduce those multiple types of barriers.

GARY BURRILL: Just with a couple minutes remaining, could you go back to the question about the possibility of vaccine programs in schools? I understood your answer about the logistical immensity, that COVID-19 involves other things we vaccinate for don't involve. What I don't understand is - is this then, primarily from your point of view, a question of resources - that the resources are not adequate? It does seem that the pharmacy-based program has not got us where we want to go. Do we then need more resources to do it in school?

ROBERT STRANG: No. Let's take a classroom of 30 kids. They all have to wait 168 days from their last dose of vaccine or their last infection. This is all just a theoretical example. If I take those 30 kids, they're probably all going to have a range of September and October, maybe into November before they're eligible for their Fall vaccine. So to go into the school at one or maybe two times in that period, we're going to miss most of those kids. That's not an efficient use of resources, let alone the reasons that parents may have - that with younger kids, they want to be with their child when their child is getting immunized.

It's a much more efficient use of resources and much more efficient for families to be able to say . . .

THE CHAIR: Order. The time has expired for the NDP caucus. We will now move on to the PC caucus. You have 20 minutes. I see MLA White's hand up. It's 1:53 p.m.

JOHN WHITE: Before I begin, on behalf of the PC caucus, I'd like to thank you for coming in today and for all of your guidance and wisdom over the last number of years especially. I mentioned to you before we started that I think you're all amazing people for what you've done for us in helping Nova Scotians.

Dr. Strang, as we continue to live with COVID-19 - and it looks like that's what we're going to have to do now - can you take a moment to just give us clarity as to how important it is for Nova Scotians to continue getting vaccinated?

ROBERT STRANG: I hope I've answered that already today, but I will say that getting vaccinated and being up to date with your vaccine - getting the latest vaccine that you're eligible for - is foundational to protecting people, especially protecting against severe disease.

We know that with the Omicron strains that they have been much less effective against preventing infection, but a 55-year-old who's otherwise healthy, has had the primary series and one dose of vaccine, today remains very well protected against severe disease. The 70-year-old who's got two primary series plus two boosters is very well protected against severe disease. No vaccine is 100 per cent.

We really want to focus on minimizing severe disease and protecting our health care system. I emphasize this when I talk to the public. All of us may need the health care system today, tomorrow, next week. It's not just about who's going to end up in hospital with COVID-19. If our health care system gets pressured with COVID-19, there are other types of care that are potentially delayed. I think it's in all of our best interests to get vaccinated to protect ourselves, but also to be part of protecting our health care system for all the many other reasons that access to health care are necessary.

It's not just vaccination, but being up to date with your vaccine is a fundamentally important foundational step to that.

JOHN WHITE: I believe that's a very impactful statement that you're making, and I wanted to give you the opportunity to say it again, because I think your message is very clear as to how COVID-19 is impacting everything else. That is the connection that people need to understand. The best we can do is our vaccines, for sure.

I believe you touched on this as well already, but I'm going to give you another opportunity to clarify it again. If someone hasn't had any boosters at all yet, can they still get vaccinated this Fall? I know you've touched on it a little bit, but I want to give you a chance to say it again.

ROBERT STRANG: Absolutely. People who had no COVID-19 vaccine, or maybe just their first dose or even their first two doses - let's talk about 12 and above. We're at a point now where in the near future they're going to be able to get their Fall dose of vaccine. They should now wait, but absolutely, they should come forward when they're eligible and get their Fall dose of COVID-19 vaccine.

JOHN WHITE: With the Omicron variant, many Nova Scotians have had COVID-19, just recently even. How is this going to impact getting vaccinated over the Fall? I think you touched on the time frame.

ROBERT STRANG: It's 168 days for most people that they should wait. For 70 and above, if they meet the criteria for moderate to severe immunocompromised, then that time period of delay shortens to 120 days.

We will be making sure that we have a lot of information on this as part of our campaign. It's already there when people go to book a vaccine - there's a series of questions that you run through. You can't book a vaccine before your 168 days, we say, but at the very least you should be waiting three months. All of those intervals are built automatically into our online vaccine appointment tool.

JOHN WHITE: Thank you, Dr. Strang - excellent information to pass along. I'm going to pass it down to my colleague, MLA Smith.

THE CHAIR: MLA Smith.

KENT SMITH: I'll take a second to echo some comments that were already said in expressing our unified thanks to you, Dr. Strang, and the team at Nova Scotia Health Authority for everything that was done to keep Nova Scotians safe, promote the vaccines, and get folks out there getting their shots.

I'm going to give you a break on questioning and speaking before the red light comes on, Dr. Strang. I'm going to go over to ADM Trott and ask a quick question about the NSHA Public Health Mobile Units.

I'm wondering if you can share with the group what the purpose of those is, how it's decided where they go in the province, and what benefits we are seeing from that.

THE CHAIR: Associate Deputy Minister Trott.

KATHLEEN TROTT: When you look at things and bringing things forward that worked out of COVID-19, I think this is a great example of something we'd like to hold on to.

The Public Health Mobile Unit program didn't exist prior to COVID-19. It was developed in Fall 2020. It was really developed to bring COVID-19 services to communities across the province - and in many cases, to rural communities or underserved communities. It really quickly became an important part of our overall response, allowing us to be targeted and get out right at the community level.

[2:00 p.m.]

As to what they're used for, there's quite a little list here around testing and vaccines. You can do PCR testing with booked and drop-in appointments. They'll distribute rapid tests in communities; obviously answer COVID-19 questions; provide navigation to folks to 211 or 811, depending on what their needs are; and helping clients to fill out the Report and Support form if they've tested positive on a rapid test. That really helps us understand if folks need and have the opportunity to get the medication to support their recovery. Also, support for booking COVID-19 vaccine appointments and for administering vaccines as well.

When they're out there, they'll be dedicated either to having a testing day or a vaccination day, with both booked and drop-in appointments. Since April 1st of this year, we've had 328 testing events around the province: 226 were community clinics open to the general public, 70 clinics were in response to outbreaks in congregate living facilities like long-term care or shelters, 25 clinics were providing support to First Nations, and seven were in-home tests.

Then on the vaccine side, up to the end of June we've had 2,900 clinics in 450 different clinic locations and over 77,000 doses have been administered. We're very excited about the potential of this going forward. Obviously, it still plays a big role in our Fall booster program, so they'll be busy on the immunization and testing side, but we're excited for what these can bring in the future.

Then, how we decide where they go - it's really based on a number of factors, including geographic areas where it may be challenging to get to a testing centre or an immunization site. Just in a rural community, for example, we can tell if vaccine coverage is low in a community, so we can do extra targeting at that level using epidemiology, community interest. We have ongoing conversations with underserved communities to see what makes sense for them. We've been out to different events and gatherings in communities with the units as well through the Summer to make ourselves available in community.

KENT SMITH: That's an extensive answer. Sounds like it's been a huge success so far by all accounts and everything you've just said. Are there any other initiatives that we've implemented to try to make it easier for Nova Scotians to receive their booster doses?

KATHLEEN TROTT: Yes. We've really tried through our whole program, and how we've built the program is to remove barriers and make it easier for folks to get their boosters. I think early on we saw the success of the ability to do online booking. It was definitely making it a little more accessible, making it targeted for folks. But if you're not tech savvy or struggling with that, you could also call in. In calling in, there are actually some translation services available and interpretation, so making sure folks have options to be communicating in their own language.

Even just the approach with pharmacies - that has really been the shift toward pharmacies as the primary delivery model because it really does provide that access in communities around the province. I think Dr. Strang mentioned over 200 pharmacies are taking part, which is wonderful and gives us really good coverage.

In addition to some targeted primary care clinics and the units that I just talked about as well, we also have stood up community mass clinics when needed and where necessary. We think that going into the Fall, we're hoping to not necessarily have to do that, but we'll be keeping an eye on it to make sure that folks are getting access, and really, ongoing conversations with communities - finding out what they need, what the barriers are for particular communities and wanting to get vaccinated, and then shaping some communications around that.

We've been working closely with underserved communities around communications all throughout to try to make sure that we're delivering the messages in a way that will connect with communities so that they know the information and can make that decision. I mean, really communication is overall as well - very widespread. We use social media, community leaders, videos - a lot of different avenues and tools to try to get the message out as much as possible. We'll be looking to do that again coming in the Fall. Yes, it's really trying to talk to communities, understanding the barriers, and trying to come up with solutions to help close those, and make it easier overall for Nova Scotians.

KENT SMITH: Thank you for those answers. That's really informative. I think it's important to have that information out there and on the record, especially with the mobile clinics and the impact that they've made in the rural communities. Being an MLA who represents HRM but a chunk of rural HRM, I certainly appreciate it, and my constituents appreciate it as well.

Those are the questions that I have. I'm going to pass it on to my colleague, MLA Barkhouse. Thank you again.

THE CHAIR: MLA Barkhouse, you have about seven and a half minutes.

DANIELLE BARKHOUSE: Dr. Strang, my question is directed to you, so your vacation is over.

There was a news release on July 28th. Part of that release was: individuals who have not received a COVID-19 vaccination while pregnant are encouraged to get vaccinated. Could you tell us more about this decision and what the benefits of vaccinations are to this group?

ROBERT STRANG: As we've learned over the last two and a half years, and not surprisingly, pregnant women who get infected with COVID-19 are at increased risk for complications in their pregnancy, including premature birth. That then presents risks to the newborn as well. Certainly, NACI has been advising that pregnant women get their COVID-19 immunization.

Our press release was based on working with the IWK and learning that there was really quite low uptake of COVID-19 vaccination in pregnancy, so we wanted to really remind pregnant women. We continue to work with the Reproductive Care Program of Nova Scotia and primary care providers, so they are armed with that information as well when they're providing care for pregnant women.

Again, it's important both for the mother and the baby that the mother has the protection of vaccination. If the mother has immunity antibodies while she's pregnant, those are passed along. We call it passive immunity. The baby will be born with some passive immunity that protects the baby in the first few weeks or months of life as well.

DANIELLE BARKHOUSE: I know you've touched on this a few times in your answers to other questions, but what advice would you give families trying to decide if their children should be vaccinated? Do you have any advice on timing?

ROBERT STRANG: My advice would be to get your child vaccinated. If they're eligible to be vaccinated, get them vaccinated. We have very clear data submitted by companies that led to licensure of these vaccines, and now as we're using them, we have even more data that they're both safe and effective - especially protecting against severe disease.

It's most important if you have a child who has a significant chronic health condition - maybe immunocompromised some way - that makes it even more important that your child get vaccinated, along with other people in the family getting vaccinated. There are very few and rare contraindications in children to receiving the COVID-19 vaccine. Unless you have one of those contraindications, the advice from Public Health and my pediatrician colleagues at the IWK would be get your child vaccinated.

In terms of timing, if your child has not yet started their primary series - and I'm talking about the 5-to-11-year-olds and the under-5-year-olds - get your first dose as soon as you can. Then the interval between first and second dose is eight weeks. Then after that for the booster dose, for most people it's that 168 days. For some, if they have health issues, it may be 120 days.

DANIELLE BARKHOUSE: What options are available for receiving vaccinations for young children? For example, I noticed a pharmacist on Facebook just the other day answering questions about children six months to four years getting the COVID-19 vaccination at an actual Pharmasave. What other options are available?

ROBERT STRANG: I want to thank the pharmacists. We've had many pharmacists who have recently taken the training so they can actually immunize children as young now as six months. Previously, they weren't able to do children under two years of age. Certainly, the pharmacy option is available for very young children, and the pharmacists have taken that additional training.

We do have some primary care clinics, as I said - collaborative family practice clinics - that are also doing some COVID-19 immunization. We're working with the IWK around them restarting their own clinic as well. We're not there yet, but that's coming to add to our capacity for COVID-19 immunization for young children.

DANIELLE BARKHOUSE: I read somewhere that there is a form individuals can fill out to report that they have a COVID-19 infection. Can you tell us more about this self-referral program and how it can help people or inform public health efforts?

ROBERT STRANG: That's important that people understand. It's called our Report and Support screening form. It can be completed via a 1-800 line, or on Nova Scotia Health Authority's website. It's important for two reasons. If people have a PCR test, the lab will report that, but people also should go and report it because the lab doesn't have all the information that's necessary. If people test at home with a rapid test and they're positive, it's also important that they go on and report that. The lab won't have any of that. They're the only people who know they're positive.

It's important for two reasons. It's important that people report their positives because we have an early therapeutics program that people who are at increased risk of severe disease may be eligible for. Paxlovid is one of these early therapies which is shown to be effective against reducing the risk of being hospitalized, but it has to be administered within five days. That's why we emphasize to people, if you're sick with new cold and flu symptoms, test right away.

We have very good access to PCR tests. We're urging people to get rapid test kits and have some at home if they do become ill. If you're positive, report that as soon as you can because then there's a whole process. We have clinical pharmacists who go through and look at your information. If you're eligible, meet the criteria - if you'd benefit from early treatment - you're then contacted, and arrangements are made through a network of pharmacies across the province so you can get that early treatment.

It's also important - from a surveillance perspective - that we at Public Health get the PCRs automatically reported to us. Those are the numbers that we report. I've met as

recently as earlier this week with my epidemiologist team, and they're looking at initiatives about how we can use the reported rapid positive results to be another line of information or data, if you will . . .

THE CHAIR: Order. The time has expired for the PC line of questioning. I apologize for interrupting you. Good answer, but this is how this committee works.

We do have time for 10 minutes for each caucus for questioning, starting with the Liberal caucus. MLA Churchill, I see your hand up. You have 10 minutes.

ZACH CHURCHILL: Thanks so much for the information that's being provided today.

Dr. Strang, you'd mentioned earlier in your presentation that we believe we've peaked in terms of this wave of COVID-19 this Summer. Just want to clarify if that's the case and if the epidemiology suggests that we're going to see a decreased rate of spread as we head back into school. That does seem a bit counterintuitive as we head back to classes without masks, with lower vaccination rates, that we won't be seeing an uptick in cases. What is the science saying? What is the opinion of Public Health on the risks as we head back to school, of seeing increased cases?

ROBERT STRANG: You're right. Everything we look at, whether it's our wastewater surveillance, our PCR tests, hospitalization rates, ICU admissions, all of those have peaked and they're starting to come down. We anticipate those to continue to fall.

What we'll see in September when classes come back in, whether it's public school or university, that depends on a number of factors. It depends on vaccine uptake. Although I acknowledge that vaccines aren't as effective against preventing any transmission, they have some impact. It depends on people's choices to use those other protective measures.

There have been a significant number of people - whether it's in the Spring in the sixth wave or in the Summer in the seventh wave - who have recently been infected, so they're not likely to be at risk of becoming ill again, or they're less likely to be at risk. We have large percentages of the population who, based on vaccination and recent infection, are right now well protected against infection.

There are a number of factors that I'm not going to speculate on. There certainly is the possibility as we bring people back together of having more transmission, but we don't know what's going to happen for sure, and we'll watch that very carefully.

ZACH CHURCHILL: In terms of even the conversation around restrictions, the public mood on that situation obviously has changed quite a bit. Overarching government policy has shifted on that. Do you anticipate that we may be looking at a restrictive

environment again, or do you think the days of those public health measures are behind us at this point, in terms of advice that would be coming from Public Health to government?

[2:15 p.m.]

ROBERT STRANG: I think those are part of what I call our Public Health toolbox that we used necessarily and appropriately in the first two years. They're still part of our toolbox. I would never say that we would never use or bring forward recommendations on their use, but in my mind - in the context of COVID-19 - it would require a significant change in the negative from the situation we're at today. Essentially, in my mind, it would have to be a new variant that vaccines can provide little to no protection from, which would almost put us back to where we were at the beginning of the pandemic.

I think we've learned a lot about how to use those measures, and even our use of them between Waves 1, 2 and 3. We became much more refined and targeted about where we actually placed restrictions, but we also learned a lot about the significant negative impacts of those restrictions on isolation, mental health, economic and financial impact, on businesses, families, and individuals. There would have to be, as I said, a very strong, significant change of events that would ultimately allow me to be able to say the use of those very tight restrictions, with what we know about their negative impacts, would be justified.

I'll never say never. They're still part of our toolbox, but they're sitting there reserved away for very extraordinary times.

ZACH CHURCHILL: Dr. Strang, we have over the last year gone from being the safest place to be in the country to a COVID-19 hot spot, where we have moved from being a place of relative low death rate to, I think, leading the country in death. Based on your professional opinion, what are the factors that contributed to that shift and the more severe presence of COVID-19 here?

ROBERT STRANG: I think there are a couple of things. Yes, we did have some in the last couple of months, and it's unfortunate that we had a higher rate of death than other parts of the country. But if you actually look at our cumulative death rate, when you track that from the beginning of the pandemic until now, our cumulative mortality rate has been substantially lower than the national average.

The factors that led to our challenges in the last few months are twofold, I think. We had an Omicron variant that had significant escape from the vaccine, so there was only modest impact of the vaccine in terms of limiting transmission. Then because of the success of what we'd done for the first two years, we had a greater proportion of the population that was at risk of getting infected.

It's not to diminish. I talk about three phases. The first year was the year that we didn't know very much, so there was a lot we had to learn, and we had to use very tight measures. The second year was the year of building our vaccine coverage rate. Both of those, learning more about the virus and then building vaccine coverage, puts us into the current phase.

We were very successful in those first two years, but one of the unfortunate outcomes of that is we had more people vulnerable when we entered the Omicron phase where the vaccines weren't as successful. If you look at overall mortality rates, we protected people for the first two years, and we could rely on that protection against severe disease, including death, much more in the third year.

It's an unfortunate fact of COVID-19 that people who are elderly, often with multiple comorbidities, are at extreme risk. COVID-19 is not the only virus. I acknowledge that. We have worked hard to minimize the number of deaths, but our overall goal in our pandemic response is finding a balance between COVID-19 and limiting the impacts of COVID-19. Again, knowing that what we learned in the first two years had its own set of significant impacts, our overall goal has been to reduce overall severe outcomes, not just outcomes from COVID-19 - finding a balanced approach.

ZACH CHURCHILL: One other thing we did see was a government communication shift from cautionary messaging to pretty aggressive social media - the Let's Get Back Out There marketing campaign during the Omicron wave. Was that campaign something that Public Health would have been consulted on?

ROBERT STRANG: That campaign actually came to us three times. The first two times we said it's too early, and we were listened to, and the campaign didn't go ahead. The third time we were in a place where we could have a more balanced approach where we can open up. People need to be out and about, but we still need to do that carefully.

ZACH CHURCHILL: I'll pass it off to my colleague here. Thank you for your thoughtful and compassionate answers as always, and for the work that you're doing for us all.

THE CHAIR: MLA Clark, you have about a minute and 20 seconds.

BRAEDON CLARK: I just want to touch again, Dr. Strang, on the notion of complacency that you talked about last week, which I think was an excellent point and very well taken. We've heard a lot today. As you said, there are 168 days, there's primary series, there are bivalent vaccines, there are different age groups. It's very complicated, as you said. Outside of a new variant or some kind of massive surge, which none of us want to see of course, what do you think could shatter that sense of complacency, or at least start moving things back in a direction where you would perhaps feel a bit more comfortable?

ROBERT STRANG: I wish I had a really clear understanding of how to re-engage Nova Scotians, but I will do everything I can. Our communications team, that's our key communication goal - to re-engage Nova Scotians to again take that balanced approach personally. You have to respect COVID-19, realize it's here, but you don't have to be paralyzed by fear, and you need to find that middle ground. We're going to continue to engage Nova Scotians in that. You're absolutely right, a key part of that is our Fall vaccination campaign.

THE CHAIR: Order. The 10-minute time for the Liberal caucus has expired. I see MLA Lachance has her hand up to go. You may begin.

LISA LACHANCE: I'll try and speed up so that my colleague also has some time for some questions.

Just simply, as we know, the impacts of COVID-19 include impacts on other parts of the health care system and people's access to diagnostics, to surgeries and so on. In the past, Nova Scotians were often given estimates about how long they might have to wait, and of course during COVID-19, that became a futile exercise. I'm wondering when Nova Scotians can expect to have that surgical wait time information, the diagnostic wait time, that sort of thing, available to them on a consistent basis.

THE CHAIR: Deputy Minister Lagassé.

JEANNINE LAGASSÉ: We are posting some information on the current dashboard related to action for health. I can tell you that services are up completely in both of our health authorities at the current time, and in particular on surgical wait times, because you've raised that one in particular. We're using 2019 as our baseline year, so pre-COVID-19 is what we go back to to look at that.

In the month of June, Nova Scotia Health Authority were year-to-date at about 97 per cent of their baseline operating room hours. They're almost exactly where they were at pre-COVID-19. We're very happy about that. That's actually a very good news story. At the IWK Health Centre, in 2022, they're at about 93 per cent so far. Both of them - full services running, surgical going well. That doesn't mean that we don't have wait lists or that everybody is getting in as quickly as we would like them to.

We continue working on our surgical wait times strategy. We're hoping that in the Fall, that we've kind of come also through the Summer period, where there had to be a balance between wanting to continue really pushing so that we could get people their surgeries as quickly as possible. But it was also a vacation time, and it was really the first time in two years where we had an opportunity to be able to give people some time off. So there was a bit of a lull into the Summer, but in September we're going to pick right back up again.

As I've said, year to date on surgical, we're where we should be, and then we're pushing our additional surgery initiatives as well.

LISA LACHANCE: Just to clarify, in terms of being able to communicate that to folks who are waiting - is the system now at a point where you're able to see the path forward, and if you're waiting for a certain operation, you know that it'll be approximately five months or what have you? Is that where we're at at this point, and is that being communicated to people?

JEANNINE LAGASSÉ: Thank you for raising that - about the communication piece on how long. It can be difficult to be able to say for a particular type of surgery, as well, what it's going to be. But I expect that as we move into the early Fall and we announce some of our additional wait-time measures, we will have more definite communication. I will definitely take that back to say that's something we should be doing.

THE CHAIR: MLA Burrill.

GARY BURRILL: Just coming to the close of our meeting, I'd like to ask a more broad-ranging question of our health situation to Deputy Minister Lagassé and ADM Trott, if I could.

I'm thinking about that statement issued yesterday by the Premier that under the current administration, the people of Nova Scotia will not need anything more than their MSI card in order to access health care in our province. It was a startling statement because it flies in the face of so much concrete experience.

I think we all have conversations with people who have had that experience of the $50 fee around Maple. In my own family, we seem to spend a lot of time in ophthalmologists' waiting rooms. We have a lot of conversations with people whose eye doctors have suggested to them private cataract services because of the wait times. We know about privately paid-for MRIs, subscribed private clinics and so on. All of this are normal parts of our experience.

Is it not fair to say that this is an incompletely accurate thing to say, that people are not going to have to access more than their MSI card, now and in the foreseeable future? That, in fact, they do have to access their credit cards, and are going to have to, in order to access health care in Nova Scotia?

Secondary to that, could you speak to what the Province is doing as a whole in order to ameliorate, mitigate and improve that situation - to get us to a place where that is less true than it's true at the present? That's really two questions in one.

JEANNINE LAGASSÉ: There are a couple of things that you have raised. When we talk about insured services, that's what we're talking about. That's when you use your MSI card - if it's an insured service.

[2:30 p.m.]

So when you look at virtual care, as an example - the Virtual Care NS program - that is run through the Nova Scotia Health Authority and is available to people who are currently on the Need a Family Practice registry. By the end of the month, all people who are on the registry will have received an invitation to participate in that virtual care service. There is no charge for that.

Maple, as a platform, does also operate privately. If people choose, then yes, you're correct, there is a fee for that. But any public service that you would access, there is no requirement to pay for that.

GARY BURRILL: Yet the question with Maple - the invitation - is crucial. Could you speak to the percentage of those who are not able to access primary care at the moment - who have, in fact, at this point received those invitations, so that they are not having to deal with that $50 fee?

JEANNINE LAGASSÉ: The last information that I had is it was by the end of this month. So in the next day or two, all the individuals who are registered on the Need a Family Practice registry will have received an invitation to participate in Virtual Care NS.

GARY BURRILL: Thanks, but I just want to be clear that I've understood what you've said about insured services. I think about the person who needs a prescription refill - is unable to do it through an ER, walk-in, whatever - who is accessing Maple, has not received the invitation, and pays that $50. Is that not an insured service for which a person is having to access their own cash resources - or anything parallel?

JEANNINE LAGASSÉ: We only have purview over Virtual Care Nova Scotia. The Virtual Care Nova Scotia portion of virtual care within the province and with Maple is the only part that we deal with. That's not the only place that people can access, right? There are a number of different places. There are primary care clinics throughout the province that NSHA run for people who may not be attached to a family practice. There are urgent treatment centres where they can attend, and the youth help centres provide primary care. There are a number of different primary care points where people can get services if they aren't permanently attached to a family practice.

GARY BURRILL: Yes, I understand that, thanks. But are you, in fact, saying that there are no insured services in the virtual care sector for which people in Nova Scotia today are paying out of pocket?

JEANNINE LAGASSÉ: People who have not been invited yet may be choosing to do that.

GARY BURRILL: Does that not bring us close to the conclusion of our time?

THE CHAIR: You've got a minute and 10 seconds.

GARY BURRILL: Let me just ask a short question then, going back to the question of going back to school. There have been a lot of questions about air quality. We know about the HEPA filters that have been brought in. I'd like to ask Dr. Strang, are there other things that we're doing from a public health point of view to ensure the adequacy of air quality in public schools?

ROBERT STRANG: The air quality and the HVAC systems would be the responsibility of the Department of Education and Early Childhood Development. My understanding is that they will continue their focus in ensuring that the HVAC systems in schools are running at optimal performance. They've been doing that always, but they've made an increased emphasis on it for COVID-19.

GARY BURRILL: Thank you very much for all of these answers this afternoon.

THE CHAIR: We'll now move on to the PC caucus. I see MLA White has his hand up, so you have 10 minutes.

JOHN WHITE: Dr. Strang, this question is kind of using your own opinion, I guess. I want to ask this since I know everybody over here is getting this question constantly, whether it's in grocery store or in the office. Are we going to need to get the COVID-19 vaccine for the foreseeable future? We're asked this as MLAs, and I have no backing for that answer.

ROBERT STRANG: The answer is - where the science is, we really don't know. Not likely.

What it's likely to turn to - and this Fall may be the first kind of glimpse of that - is that for some people at higher risk age and medical condition, they'd need to get an annual shot very similar like we do with flu vaccine. Like others, my crystal ball is kind of fuzzy so I can't guarantee that, but that's what the experts say - we're likely to be in that space. Would it necessarily be annual or every two years? We don't know that for sure.

JOHN WHITE: I appreciate you trying to answer that, because I know that question is just not possible. I know there's a lot in that, so you can imagine how we try to answer that without your background.

What about the approach to testing this Fall, and why has the testing strategy changed over the course of the pandemic? I know it changes periodically with different things, so I'm just wondering if you can take a minute to explain that to us a little bit.

ROBERT STRANG: We shifted our testing strategy. It was May-June when we really said we're going to de-emphasize asymptomatic testing. That's really because with the Omicron strains, the results that we were seeing of the rapid tests weren't as accurate or as reliable. Also, we were seeing this behaviour that people would say, I'm going to use a rapid test kit when they had no symptoms, to replace their use of all the other preventive measures. It was like, a test - I'm negative, I'm fine, I don't have to worry about anything. Especially when you line that up with a less accurate result from the rapid test kits.

We've really de-emphasized asymptomatic testing at this point in the pandemic. There's no other infectious disease that we have everybody testing themselves every time they go out and about. I recognize that we're still in a pandemic, but we have to evolve our response. Our focus for testing through the Fall in all likelihood - again, unless there's a major change - will remain what it's been for the last few months. We have two types of tests available to people if they develop new flu- and cold-like symptoms. For people based on age and underlying health conditions, they're prioritized, and they should get a PCR test, because it's more important for them to get the most accurate test.

For other folks, we want them to have access and, ideally, every household would have a rapid test kit or a handful of rapid test kits, so if somebody does become sick, they can test themselves right away. That's why we've made the rapid test kits available through your offices, thank you, through libraries, other community centres, the mobile units. One of the things they do is they distribute rapid test kits. We're looking at potentially making at least some schools and some universities part of our network of community access points for rapid test kits.

Our strategy, at a high level, will remain the same: PCR and rapid test kits for people who have newly developed symptoms, and really de-emphasizing the asymptomatic testing piece. Again, I have to use the opportunity of your question to say, if you test positive, regardless of the test type, for the reasons I've outlined previously, it's really important for Nova Scotians to then do the Report and Support form.

JOHN WHITE: Just for my understanding, I recall back early on you were telling people where COVID-19 was in the community and province, and then when we stopped doing that, I remember a lot of people were up in arms over it. Basically, the message was that you should assume that COVID-19 is everywhere. Would you say that's a fair assumption to go by still - just assume that it's everywhere?

ROBERT STRANG: Even though we're coming out of the latest wave, I think there's still COVID-19 around. I think it's a very fair, reasonable and the safest assumption. Just assume that there is COVID-19 around - there's the potential for

COVID-19 to be around you no matter what you're doing - and follow all the preventive measures that we've been talking about. Choose to do them because in all likelihood, there is a good possibility that you might be exposed to COVID-19 when you're out and about in your community.

JOHN WHITE: I want to go back to a question that MLA Barkhouse was talking about - the pregnant women, and you were saying that they should get vaccinated. I just want to be clear on that. If a woman is pregnant and has already been vaccinated, and is not doing what - the booster, is that what you're talking about? To get the booster, or are you talking about getting another booster? Just clarify for me.

ROBERT STRANG: We wanted to make sure that pregnant women were aware. They're one of the groups that they have a shorter time interval of the 120 days versus the 168 days. It was especially important that we had a message targeted specifically to pregnant women - that it's important they be up to date with their COVID-19 vaccination, and again, that their interval between recent infection or last dose is 120 days, not 168 days. The reason for that is the importance of their having very strong immunity at the time of delivery, so their infant will have a good dose of passive immunity when they're born.

JOHN WHITE: One more question for you, Dr. Strang. On July 28th, we announced vaccines for children aged from six months to under five years were available. Can you tell us more about the decision and what the benefits of vaccination are to this group?

ROBERT STRANG: That decision was based on the decision by the licensing of that vaccine for that age group because to get licensed, there has to be data brought forward by the vaccine manufacturer on both the safety and effectiveness of vaccination. So when that was done, then the National Advisory Committee on Immunization reviewed that information and also made their recommendations. We acted as quickly as that vaccine became licensed, and with the NACI recommendations for that specific age group.

Simply as I've outlined earlier, even though they're at lower risk than adults based on age, it doesn't mean they're at zero risk of severe disease. Also, again, even though the vaccine - the current vaccines - aren't highly effective against preventing transmission, they do have some impact. The ability of vaccines, along with other preventive measures to help decrease the spread of virus in younger children is also important.

JOHN WHITE: Thank you, Dr. Strang. I think MLA Smith wants to ask the last question.

THE CHAIR: MLA Smith, you have just under two minutes.

KENT SMITH: More than enough time. Dr. Strang, I just want to ask a quick question about reporting in the dashboard. The website is extensive. It gives all kinds of

great information. Did your folks and your team do a jurisdictional scan? Are other jurisdictions reporting the same things that we're reporting, the same types of data that we're reporting?

ROBERT STRANG: We've looked at that, and it doesn't look exactly the same, but we're reporting similar data elements, and so it's quite consistent across the country. Also, I'll take the opportunity of your question - because we've been asked as well in terms of frequency of briefings and things like that. All across the country, the frequency of briefings has been much less, and all provinces are relying more on periodic media availability as the situation requires it.

KENT SMITH: You stole my thunder with my last question. That's what it was going to be, but thank you for the answer. That concludes the questions from the PC caucus. I would like to take the opportunity on behalf of our team on this side to say thank you for everything that you folks have done to help us and keep us safe. Certainly, we can't go on without condolences for those Nova Scotians who lost their lives from COVID-19. Thank you very much for being here today, I appreciate it.

THE CHAIR: At this time, we've concluded the question and answer period for the Health Committee meeting, but before we get into the committee business, I'll ask the witnesses if they have any closing remarks. Deputy Minister Lagassé.

JEANNINE LAGASSÉ: I just wanted to thank the members for their questions. I know there are a few things that we want to take away from today that we heard, that came up through your questions that we can improve upon. As we move forward through our COVID-19 response, and other health system response and transformation, we will take those along with us. Thank you very much for your time here today.

THE CHAIR: On behalf of the committee, I'd like to thank the witnesses for participating today. You will be excused, and we'll take a three-minute recess to allow that, and any restroom breaks to happen. We'll reconvene in three minutes.

[2:43 p.m. The committee recessed.]

[2:49 p.m. The committee reconvened.]

THE CHAIR: We're now onto committee business. We have a number of items under committee business. The first was correspondence from Dr. Gail Tomblin Murphy, Nova Scotia Health Authority, in response to a request for information made at the July 12th meeting. This was forwarded to members on July 19th and again yesterday. Is there any discussion? I don't see any discussion for that item.

We'll move on to the second item, which was correspondence from Ms. Gannon regarding COVID-19 vaccination booster availability. This was forwarded to members on

August 23rd and again yesterday. Is there any discussion on this item? No discussion. MLA Smith says he has a motion.

KENT SMITH: I move to refer the correspondence from Sabrina Gannon regarding vaccine booster availability to the Department of Health and Wellness for a response.

THE CHAIR: There's been a motion to send that correspondence to the Department of Health and Wellness for a response on the question that she had. Any discussion?

All those in favour? Contrary minded? Thank you.

The motion is carried.

Item number three: our September meeting. One witness was unable to attend the scheduled meeting for September 20th. The clerk worked to figure out if there was a schedule that could work. There are a couple of layers to September 29th that I'm going to go through with everybody.

September 29th could work for all witnesses. I think it's a Liberal topic. It was a Public Health discussion. If we're willing to move the meeting to Thursday, September 29th from 12:00 p.m. to 2:00 p.m. - it's the only time in September that all the witnesses could be available. Does that sound reasonable for everybody? It's a Thursday, which is different, but I think that's fair.

With that being said, one or both of the witnesses from Dalhousie University would have to take part virtually, and Dr. Fierlbeck would have to leave at 1:30 p.m. So Dr. Fierlbeck would be available from 12:00 p.m. to 1:30 p.m., but not 2:00 p.m. As long as everybody is okay to those conditions, we can have the meeting on September 29th. Does that sound reasonable to everybody? I asked a lot there. I don't know if it was clear as mud.

Is it agreed?

It is agreed.

We'll move the meeting to September 29th from 12:00 p.m. to 2:00 p.m., as that's when everybody could be there. Is there any other business?

Hearing none, the next meeting is Thursday, September 29 from 12:00 p.m. to 2:00 p.m. The meeting will be with Dr. Robert Strang, Associate Deputy Minister Kathleen Trott, and Dr. Sara Kirk and Dr. Katherine Fierlbeck of Dalhousie University, on funding for Public Health in Nova Scotia.

With that being said, the meeting is adjourned.

[The meeting adjourned at 2:52 p.m.]