

**AFN C-19 National Task Force  
Daily Update for: May 12, 2020**

**Health Sector**

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html#a1>

**Areas in Canada with cases of COVID-19, as of 2020-05-12 11:00AM EDT**

Province	Confirmed Cases	Hospitalization (ICU)*	Deaths	Recovered
BC	2,353	66 (18)	130	1,719
AB	6,300	73 (12)	117	4,659
SK	568	11 (3)	6	363
MB	289	4 (1)	7	247
ON	20,907	1,027 (194)	1,725	15,391
QC	38,469	1,838 (193)	3,013	9,703
Newfoundland/Lab	261	4 (2)	3	244
NB	120	0 (0)	-	118
NS	1,019	9 (4)	48	864
PEI	27		-	27
Yukon	11		-	11
NWT	5		-	5
Nunavut	0			
Repatriated Travelers	13			
<b>Total</b>	<b>70,342</b>	<b>3,032 (427)</b>	<b>5,049</b>	<b>33,254</b>
<b>Active Cases= 32,039</b>				

\*These are numbers of *current* hospitalizations and ICU admissions. Some sources report the total *cumulative* number of hospitalizations and ICU admissions. Also, hospitalization data are amalgamated as they are reported by various hospitals; they are therefore updated sporadically, intermittently, and are likely to be less accurate and current than other data points.

	Cases	Deaths	Recovered
<b>Globally</b>	4,215,514	287,809	1,470,598

- Data is as of May 12 at 10:32am from Johns Hopkins University:  
<https://coronavirus.jhu.edu/map.html>

**Epidemic Summary**

As of **May 8, 2020** **81%** of COVID-19 cases were related to community transmission, while **19%** were either exposed while travelling or exposed to a traveler coming to Canada.

As of **May 11**, 2020, Canada has an overall case fatality rate of **7.0%**.

As of **May 11**, 2020, **47%** of all Canadian COVID-19 cases are reported to have recovered.

### Risk to Canadians

COVID-19 is a serious health threat, and the situation is evolving daily. The risk will vary between and within communities, but given the increasing number of cases in Canada, the risk to Canadians is considered **high**.

There is an increased risk of more severe outcomes for Canadians:

- Aged 65 and over
- With compromised immune systems
- With underlying medical conditions

### As provided by Pamela Wolfe-Roberge, CDCD, FNIHB/ISC

Please see below a summary of COVID-19 test positive cases, associated with First Nations communities in Canada, reported through communities, FNIHB Regional Medical Officers, and media as of **May 11, 2020**

Jurisdiction	BC	AB	SK	MB	ON	QC	ATL	NR
# test positive COVID-19 Cases	39	29	43	0	41	31	0	16*

### Data Sources:

British Columbia:

<https://experience.arcgis.com/experience/a6f23959a8b14bfa989e3cda29297ded>

Alberta: <https://covid19stats.alberta.ca/#cases>

Saskatchewan: <https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/cases-and-risk-of-covid-19-in-saskatchewan>

Manitoba: <https://www.gov.mb.ca/covid19/updates/index.html#cases>

Ontario: <https://www.ontario.ca/page/2019-novel-coronavirus#section-0>

Quebec: <https://www.inspq.qc.ca/covid-19/donnees>

New Brunswick:

[https://www2.gnb.ca/content/gnb/en/departments/ocmoh/cdc/content/respiratory\\_diseases/coronavirus/case-map.html](https://www2.gnb.ca/content/gnb/en/departments/ocmoh/cdc/content/respiratory_diseases/coronavirus/case-map.html)

Nova Scotia: <https://novascotia.ca/coronavirus/data/>

Prince Edward Island: <https://www.princeedwardisland.ca/en/information/health-and-wellness/pei-covid-19-testing-data>

Newfoundland and Labrador: <https://covid-19-newfoundland-and-labrador-gnl.hub.arcgis.com/>

Yukon: <https://yukon.ca/covid-19>

Northwest Territories: <https://www.hss.gov.nt.ca/en/services/coronavirus-disease-covid-19>

Additional source (national): <https://www.ctvnews.ca/health/coronavirus/tracking-every-case-of-covid-19-in-canada-1.4852102#alberta>

## **Housing, Infrastructure, Water & Emergency Management Sector**

### **Local States of Emergencies:**

**First Nations Local States of Emergencies:** As per ISC report – 11 May 2020

<b>First Nation States of Emergency- As per ISC report May 11,2020</b>									
<b>Region</b>	<b>BC</b>	<b>AB</b>	<b>SK</b>	<b>MB</b>	<b>ON</b>	<b>QC</b>	<b>ATL</b>	<b>Territories</b>	<b>Total</b>
<b>Confirmed</b>	57	33	4	20	68	4	7	2	195

**2020 Flood Season General Assessments:** As Per ISC EMD 2020 FN Flood / Wildland Fire Situation Report as of May 11, 2020 - **Updates in Bold**

**\*\*Please note that given the decrease in significant incidents, this report will now be issued on a bi-weekly basis\*\***

**FLOODING** – New Information in **bold**

**2020 Flood Season General Risk Assessments:**

● **BC: FLOOD RISK FORECAST – DECREASING**

**11MAY2020:** Flood watch for the Cariboo and tributaries near and east of Williams Lake and Quesnel downgraded to a High Streamflow Advisory and this will be the final notification for the following First Nations unless significant changes occur:

- **Nazko First Nation (720) (Chief Stuart Alec) Population 130 - 11MAY2020**
- **Canim Lake First Nation (713) (Chief Helen Henderson) Population 408 - 11MAY2020**
- **Osoyoos (596) (Chief Clarence Louie) Population: 322, Located within 50 Km of the nearest service centre to which it has year-round road access - 11MAY2020**

● **AB: FLOOD RISK FORECAST – MODERATE TO HIGH; This will be the final notification for the following First Nations unless significant changes occur;**

- **Louis Bull First Nation (439) (Chief Irving Bull) Population 1,898**
- **O'Chiese First Nation (431) (Chief Ray Douglas Beaverbone) Population 995, Within 350 km of a significant town - 11MAY2020**
- **Ermineskin Tribe First Nation (443) (Chief Craig Mackinaw) Population: 3,756, Within 50 km of a significant town**
- **Dene Tha' First Nation (448) (Chief James Ahnassay) Within 350 km of a significant town Population 2,171,**
- **Horse Lake First Nation (449) (Chief Ramona Horseman) Population: 515, Within 350 km of a significant town**
- **Sturgeon Lake Cree Nation (455) (Chief Clyde Goodswimmer) Population 1,555, Within 50 km of a significant town**
- **Swan River First Nation (457) (Chief Gerald Giroux) Population: 430, Within 350 km of a significant town**
- **Loon River Cree (476) (Chief Ivan Sawan) Population: 523, Within 350 km of a significant town**
- **Alexander First Nation (438) (Chief Kurt Burnstick)**
- **Whitefish Lake (459) (Chief Albert Thunder) Population: 1,302, Within 350 km of a significant town**

● **SK: FLOOD RISK FORECAST – MODERATE**

- **Red Earth First Nation (356) (Chief Fabian Head) On-Reserve Population 1,642 - 11MAY2020: This will be the final notification unless significant changes occur;**
- **Cumberland House Cree Nation (350) (Chief Rene Chaboyer) On-Reserve Population 921 - 11MAY2020: This will be the final notification unless significant changes occur.**

● **MB: FLOOD RISK FORECAST – LOWERED IN SOUTHERN MANITOBA**

● **ON: FLOOD RISK FORECAST – HIGH IN GREAT LAKES AREA DUE TO ELEVATED WATER LEVELS**

- **Kashechewan (243) – Chief Leo Friday (sub-community of Albany) Population 1,800, No year-round road access - 11MAY2020: Water levels are down. Flood coordinator is closely monitoring the river. Camper’s repatriation scheduled to start on May 13, 2020. Full re-entry estimated to take two weeks.**

- **QC: FLOOD RISK FORECAST – MODERATE**

- **ATL: FLOOD RISK FORECAST – MODERATE TO LOW**

- **11MAY2020: Predicted flooding has not occurred. Flood risk of the following FNs has been downgraded to LOW -**
  - **Indian Island First Nation** – Chief Kenneth Barlow
  - **Elsipogtog First Nation** – Chief Arren Sock
  - **Esgenoopetitj First Nation** – Chief Alvery Paul
  - **Eel Ground First Nation** – Chief George Ginnish
  - **Metepenagiag Mi’kmaq Nation** – Chief William Ward
  - **Pabineau** – Chief Terry Richardson
  - **Eel River Bar First Nation** – Chief Sacha Labillois

- **YT: FLOOD RISK FORECAST – LOW RISK**

- **NWT: FLOOD RISK FORECAST – HIGH RISK**

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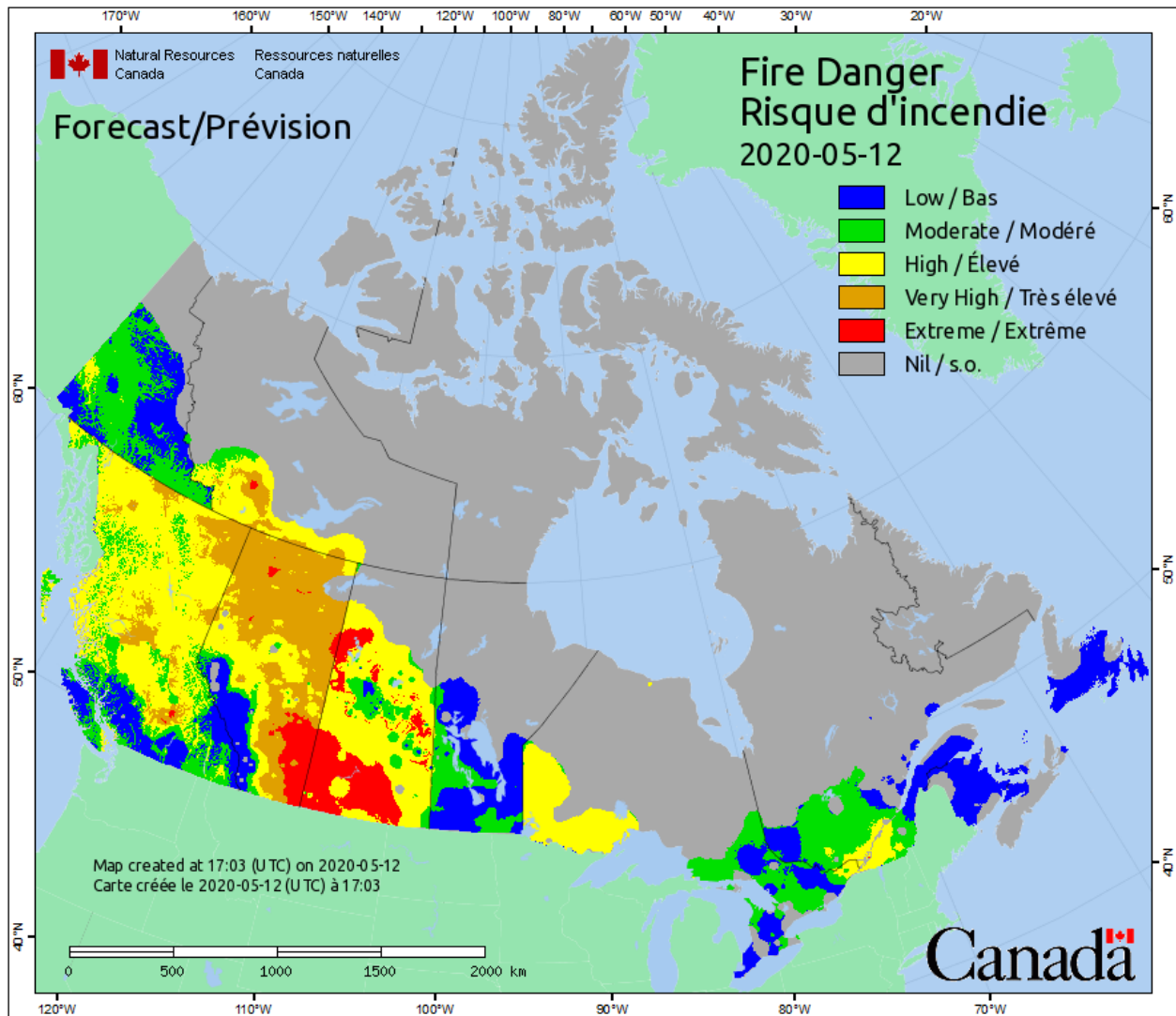
**Wildfire:**

1. **British Columbia** – No wildfires of note;

2. **Alberta:**

- a) **Calgary Area** - The wildfire danger rating for the Calgary Forest Area is LOW. There are currently no wildfires currently burning in the area;
- b) **Edson Area** - The wildfire danger in the Edson Forest Area is MODERATE. There are currently no active wildfires;
- c) **Fort McMurray Area** - The wildfire danger rating in the Fort McMurray Forest Area is MODERATE south of Fort Chipewyan and is LOW to the north of Lake Athabasca;
- d) **Grand Prairie Area** - The wildfire danger rating for the Grande Prairie Forest Area is Moderate. There are currently no wildfires burning in the area;
- e) **High River Area** - The fire danger is High for the High Level Forest Area. Due to the warmer temperatures, wind and no significant rain in the forecast;
- f) **Lac La Biche Area** - The wildfire danger for the Lac La Biche Forest Area is **HIGH**. The Fire Ban remains in effect;
- g) **Peace River Area** - Due to cooler temperatures over the weekend, the wildfire danger in the Peace River Forest Area is expected to remain MODERATE;
- h) **Rocky Mountain House** - The wildfire danger rating for the Rocky Mountain House Forest Area is LOW. There are currently no wildfires burning in the area;
- i) **Slave Lake Area** - The wildfire danger is HIGH in the Slave Lake Forest Area;
- j) **Whitecourt Area** - The wildfire danger rating for the Whitecourt Forest Area is MODERATE;

3. **Saskatchewan** – There are no new wildfires and one (1) wildfire being contained with suppression action taking place; the fire is not expected to grow in size;
4. **Manitoba** - The 2020 Wildfire season is now in cycle. The Wildfire danger across Southern Manitoba remains low to moderate, while conditions in the north remain low with some snow still on the ground;
5. **Ontario Wildfire Update** –
  - a) There were no new fires discovered by mid-afternoon on May 11, 2020;
  - b) There are no active fires in the Northeast;
  - c) There are no active fires in the Northwest Region
6. **Quebec Wildfire Update** - There are two wildfires in Quebec, one (1) in the Gatineau area and one (1) in the Antoine Labelle area; both are under control;
7. **New Brunswick Wildfire Update** – There are no new wildfires in all areas of the province;
8. **Nova Scotia Wildfire Update** - No new wildfires - all areas Not Applicable, Low or Moderate;
9. **Prince Edward Island** - No fires reported to date;
10. **Newfoundland/Labrador** - No fires reported to date;
11. **Yukon Territories Wildfire Update** – There was one (1) wildfire in Duke River which has been extinguished;
12. **Northwest Territories Wildfire Update** – There are currently no territorial fires.



## Communications Sector

**Northern Saskatchewan leaders want coronavirus checkpoint confusion sorted out**

**CANADIAN PRESS - May 11, 2020**

<https://globalnews.ca/news/6930320/northern-saskatchewan-leaders-want-coronavirus-checkpoint-confusion-sorted-out/>

**Trudeau: More COVID-19 Testing Needed Across Canada As Provinces, Territories Ease Restrictions**

**HuffPost Canada - May 11, 2020**

<https://ca.news.yahoo.com/covid-19-testing-canada-202102195.html>

**B.C. moves to 'safe supply' as overdose deaths spike during COVID-19 pandemic**

**CBC News - May 12, 2020**

<https://www.cbc.ca/news/indigenous/bc-safe-supply-opioid-pandemic-1.5565081>

**Lessons from H1N1 flu in 2009 helped Quebec Cree communities prepare for COVID-19**  
**Region the only one in Quebec still without community transmission: Cree officials**  
**CBC News - May 12, 2020**

<https://www.cbc.ca/news/canada/north/cree-h1n1-covid-19-1.5565313>

## **Numbers**

<https://www.sac-isc.gc.ca/eng/1581964230816/1581964277298#chap5>

### **Confirmed cases of COVID-19**

On First Nations reserves in provinces, as of May 11, ISC is aware of:

- 183 confirmed positive COVID-19
- 18 hospitalizations
- 2 deaths

Case numbers per region:

- British Columbia: 39
- Alberta: 29
- Saskatchewan: 43
- Ontario: 41
- Quebec: 31

## **Full Stories**

**Northern Saskatchewan leaders want coronavirus checkpoint confusion sorted out**  
**CANADIAN PRESS - May 11, 2020**

<https://globalnews.ca/news/6930320/northern-saskatchewan-leaders-want-coronavirus-checkpoint-confusion-sorted-out/>

Leaders in northwestern Saskatchewan are asking the province to clear up confusion about checkpoints that are restricting travel in the region during the coronavirus pandemic.

Premier Scott Moe announced last month that non-essential movement into the area and between its communities would be limited to help contain the novel coronavirus.

The virus was brought in via travel from an oilsands work camp in northern Alberta.

A letter from northern leaders to the province's chief medical health officer outlines their concerns over a lack of consultation about the travel restrictions and confusion over how to interpret them.

It says there are no Indigenous language speakers at the checkpoints and staff are not honouring notes from chiefs and councils that authorize certain people to travel.



The letter, posted online, says the province hasn't addressed food security or how the lockdown means people can't make a trip south for groceries.

Leaders say what's missing is a discussion about how the public health order on travel is being carried out.

"We can understand the temptation to blame us for complex issues in the northwest," reads the letter.

"Many people in the province are expressing this attitude, and this is not only deeply painful to us, but also dangerously divisive to the social fabric of our province."

Of Saskatchewan's 564 reported COVID-19 cases, 193 of them are in the far north.

A community-run Facebook page says the Dene village of La Loche, 600 kilometres northwest of Saskatoon, is where most of the cases are concentrated and had a total of 143 infections as of the weekend.

### **Trudeau: More COVID-19 Testing Needed Across Canada As Provinces, Territories Ease Restrictions**

**[HuffPost Canada](#) - May 11, 2020**

<https://ca.news.yahoo.com/covid-19-testing-canada-202102195.html>

OTTAWA — More Canadians should be tested for COVID-19, Prime Minister [Justin Trudeau](#) said Monday, though he wouldn't say whether anyone who wants to be tested should be.

As the provinces and territories begin to ease restrictions, Trudeau called testing an "essential" part of the road towards reopening the economy.

"We need to do more testing right across the country," the prime minister said in response to a question by HuffPost Canada.

While more than one million Canadians have been tested — [1,119,026 according to latest figures Monday morning](#) — Trudeau said the numbers need to increase.

"We've managed to support the provinces on obtaining reagents, on obtaining equipment for [testing]. We need to see more lab capacity opening up — which many provinces have already done in turning to universities and private labs," the prime minister said. "There is lots more to do on testing. We need to make sure we are working on that all together."

Several provinces have fallen short of their own testing goals and far short of the national public testing capacity of 60,000 daily tests.

Canada's Chief Public Health Officer Dr. [Theresa Tam](#) told HuffPost on Saturday that there were "diverse" reasons some provinces and territories were not yet reaching their targets. Some jurisdictions "might actually have human-resource issues" that are impeding their ability to conduct more tests, she said.

"You need, actually, people to go out to test cases. So making sure you have the necessary trained people who can do the testing is one [reason]," Tam said.

Another reason, she suggested, was "accessibility ... testing clinics closer to where people are."

Dr. Howard Njoo, the deputy chief public health officer, noted how Montreal had made greater strides in testing by using mobile sites in hot spots to make it easier for people to get tested.

Trudeau won't weigh in on Quebec reopening schools, daycares

Federal officials have gone to great lengths not to point the finger at provinces that might be lagging. Last month, Trudeau noted that provinces have the authority to determine what is in their best interest.

"It's not up to the federal government to check or oversee the provinces," Trudeau said on April 27. "Every province is in [a] different situation. Regions within the province are in different situations, and I have full confidence in the premiers of the provinces and territories to move forward in a way that is right for them."

On Monday, for example, Trudeau declined to comment on whether he felt Quebec Premier François Legault was moving too quickly with that day's [reopening of elementary schools and daycares](#) outside Montreal.

But he said the sacrifices Canadians had made over the past two months, of staying home, of self-isolating, of not seeing their parents and grandparents could "all go up in smoke" if a jurisdiction "makes the wrong decisions."

"All orders of government ... will be held to account if reopening happens too quickly and Canadians have to lock down once again in a few weeks because people were over-eager to get the economy going," Trudeau said, when asked if he was prepared to put pressure on provincial premiers to move more slowly with their reopening plans.

Ottawa has worked cooperatively with the provinces to establish guidelines to inform local decision-making on the proper level of testing and contact tracing, and officials say they've worked to ensure the provinces and territories have enough medical capacity to handle a potential surge.

On Friday, Tam said she was unaware of any shortages of tests to explain why the provinces were not meeting their targets. "Right now, I'm not hearing anything specific about swabs or about [chemical] reagents. But I'm not saying that, next week or the week after, something suddenly wouldn't happen," she said.

Testing remains key to identifying new surges or clusters of infection, and it will take on an increased importance as more Canadians leave their homes, start shopping outdoors, and return to their physical workspaces.

### **B.C. moves to 'safe supply' as overdose deaths spike during COVID-19 pandemic CBC News - May 12, 2020**

<https://www.cbc.ca/news/indigenous/bc-safe-supply-opioid-pandemic-1.5565081>

Melissa Steinhauer remembers the first time she overdosed, waking up surrounded by paramedics and not wanting to be taken to hospital.

"It was a huge scare for me when I woke up after getting naloxoned," she said, referring to the medication naloxone used to reverse opioid overdoses.

"It's almost surreal and it's like a really bad dream."

Her overdose happened shortly after her older brother died from an overdose in the bathroom of a single room occupancy hotel in the Downtown Eastside of Vancouver.

"It was fentanyl," she said.

"It was that one piece that he got that was tainted, which is why we lost him."

The loss of her brother and her own overdose experiences led her to reflect on her work with the Western Aboriginal Harm Reduction Society (WAHRS), where she is board secretary, and what it means to apply those principles to her own substance use.

Just a few weeks ago her options expanded and she was able to get on the new "safe supply" program introduced in response to the COVID-19 pandemic. She now has access to a

wider range of prescription opioids in her treatment plan instead of buying them off the street where "you don't know what's in there."

"Safe supply — I know what's in it. I know that it's safe and there's nothing in there that's going to hurt me or that's harmful to me."

Now people like Steinhauer are hoping the program isn't just a temporary measure.

The new guidelines were announced in late March in response to the COVID-19 pandemic — concerns about the drug supply becoming even further adulterated because of disrupted global supply chains and about people being able to access their treatment while in self-isolation.

"It will ensure that less people turn to the poisoned drug supply and it will ensure that less people have to venture out to pharmacies regularly and still put themselves at risk and put the community at risk," said B.C.'s Minister of Mental Health and Addictions Judy Darcy in late March.

Timing of safe supply 'bittersweet,' says advocate

B.C. declared a public health emergency in response to the overdose crisis four years ago. In the past four years, more than 5,000 people have died from an illicit drug overdose in B.C.

Data from the B.C. Coroners Service shows that in March the province had its highest number of overdose deaths in a year: 113 people died from suspected illicit drug toxicity.

But it took a second public health emergency — the COVID-19 pandemic — for the guidance on safe supply to be announced. Between March and May 11, 130 people died from COVID-19.

Tracey Draper, program co-ordinator with WAHRS, said it's "bittersweet" to have safe supply come online during the pandemic and she can't help but wonder "why it took COVID-19 to get safe supply."

"It took two crises — two health crises — to get this to happen."

Provincial data not yet available to show uptake

The province wasn't able to provide data on how many people are benefiting from the new safe supply guidelines to date, but limited data from the Vancouver Coastal Health Region shows at least 300 people are now getting prescriptions that range from opiate therapies to pharmaceutical stimulant replacements.

The new guidelines also capture people being treated for dependence on tobacco, benzodiazepines and alcohol.

Dr. Nel Wieman, acting deputy chief medical officer with the First Nations Health Authority, said it will be important to monitor how successful patients are at getting access to safe supply across all health regions.

"People typically have in their head this is the Downtown Eastside/urban issue," she said.

"The people living in rural and remote [communities] that have substance use disorders need access to safe supply as well."

The increase in telehealth services during COVID-19 gives Wieman hope that people in rural and remote areas are getting access to a wider range of providers and possibly providers who are comfortable with prescribing a safe supply.

The safe supply eligibility criteria include:

People at risk of COVID-19 infection or who are suspected of being infected.

People with a history of ongoing active substance use.

People at high risk of withdrawal, overdose, craving or other harms related to drug use.

Youth under the age of 19 who provide informed consent and receive additional education.

Opioid substitution therapies and other safe supply prescriptions aren't necessarily new in Canada, or B.C., but some of the prescriptions captured in the new guidelines have been difficult to access.

That's because only a handful of physicians have been doing this kind of prescribing, according to Cheyenne Johnson, the co-interim director of the B.C. Centre for Substance Use.

She said the COVID-19 pandemic created a new kind of political will regarding the overdose crisis.

"There was nothing that was legally prohibiting physicians from doing this before the guidance," she said.

The new guidelines are helpful, she said, with increasing the number of health care providers who are comfortable with this kind of off-label prescribing of controlled drugs. It also ensures they know "how to do this, what to dose, what to consider, what to document, how to have that conversation with your patient."

Since the new guidelines were announced, the centre has been holding webinars for prescribers and pharmacies across the province. She said her team is engaged with stakeholders about the future of the guidelines, but there's no guarantee they're here to stay.

Safe supply can be a pathway to recovery

Johnson said research shows these programs can be effective at stabilizing people over time, reducing their exposure to street drugs and the activities many people rely on to pay for those substances like sex work and property crime.

"And then as people become stable they become motivated... It can be a pathway into addiction treatment and recovery."

Melissa Steinhauer said knowing that she has access to a daily dose of oral morphine and hydromorphone gives her a new sense of stability and means not having to worry every day where she's going to get her supply.

"It makes a huge difference," she said.

She's been on oral morphine and suboxone in the past but the change to the safe supply guidelines mean she's been able to get a prescription for hydromorphone for the first time.

That prescription also allows her to have "carries," meaning the pharmacy will give her a supply to take home and "carry" her through the day.

She said this has eliminated her reliance on street drugs.

"I don't have that worry that I have to go run out and buy off somebody off the street."

**Lessons from H1N1 flu in 2009 helped Quebec Cree communities prepare for COVID-19  
Region the only one in Quebec still without community transmission: Cree officials  
CBC News - May 12, 2020**

<https://www.cbc.ca/news/canada/north/cree-h1n1-covid-19-1.5565313>

Dr. Darlene Kitty knows a thing or two about facing a pandemic and says lessons learned during the last one are helping Cree communities in northern Quebec face COVID-19.

In 2009, the H1N1 flu virus hit Kitty's home community of Chisasibi hard — hospitalizing people at a rate 33 times higher than in the rest of Quebec.

Kitty was working as a young family doctor at that time at the local Chisasibi hospital, about 1,400 kilometres north of Montreal, having graduated from medical school just three years earlier.

"I was well trained ... but when you're actually living it, it's quite different," said Kitty, adding the H1N1 virus spread very quickly when it first appeared.

"We were seeing about three times more patients on a typical day," said Kitty. "It started quite quickly from a contact from Montreal and then quickly spread."

The high rate of hospitalization was, in part, due to high rates of chronic diseases such as diabetes and heart disease among the Cree population, according to Kitty, but also because doctors sent more people to hospital during the first wave of the outbreak as a precaution.

Public health campaign key

The Cree health board and staff like Kitty also quickly mounted a public health campaign that was boiled down to simple and consistent advice about how to recognize the symptoms of H1N1 and how to reduce the spread of the virus.

"The impact [of H1N1] was felt, but it was also helped by what we were doing through public education," said Kitty, who ended up getting the virus herself, but continued taking "village calls" from her couch to support other Cree communities without a doctor.

And despite the high rate of hospitalization, only one Cree patient died after contracting H1N1, according to the Cree Board of Health and Social Services of James Bay (CBHSSJB).

"I learned a lot from [the whole] experience," Kitty said.

So did the entire Cree board of the health.

Helping in the COVID-19 fight

Many of those lessons and best practices have been dusted off to help the Cree communities face COVID-19, according to Faisca Richer, the director of public health for the CBHSSJB.

She said the board's data about H1N1 was the first place she went to look when news of the novel coronavirus outbreak in China first started circulating in December.

Staff soon started to be trained on how to use personal protective equipment, and public health messages were put together and circulated to the communities.

In early March, the health board launched a [COVID-19 specific website](#) and opened a special phone line to help get public health information out to the population. The chairperson of the health board, Bella M. Petawabano, is on local radio several times a week, updating the population and repeating public health messages.

The health board also regularly organizes live-streams where the population can ask questions. Faisca Richer, the director of Cree public health, said one of the main lessons from the Cree H1N1 experience was the importance of galvanizing the tremendous ability of the population to get behind the public health messages.

"The capacity of the communities to react well under pressure ... is just tremendous," she said, adding it was a large part of the reason that so few died as a result of the H1N1 outbreak.

After the first wave of H1N1, a vaccine was developed to protect people from a second wave.

The Cree Board of Health and Social Services had the highest rates of vaccination in the province.

In the Cree territory, 84 per cent of the population over six months of age received the vaccine, compared to a provincial average of 57.3 per cent. For Chisasibi, vaccination rates were even higher.

"This is what I'm observing this time ... that the capacity of people to mobilize in terms of an impending crisis is tremendous," said Richer.

It's not yet clear how the COVID-19 pandemic will play out in the Cree communities. But so far they, along with non-indigenous towns nearby, make up the only region of Quebec without community transmission, according to the Cree Nation government. What's more, the caseload in the region is among the lowest in Quebec — with only ten cases in the Cree communities and eight in the rest of the region.