We previously described Canada’s experience and response to the first 3 waves of COVID-19 from January 25, 2020, up to August 2021.1,2 In this Viewpoint, we describe the pandemic-related events that occurred over the following year.

COVID-19 infection rates fell dramatically in the summer of 2021.3 As a result, the provinces eased public health restrictions such as capacity limits and mask-wearing at different rates, with very few measures remaining in Alberta and Saskatchewan beginning in July, but a slower off-ramp in other provinces. At the same time, both public and private enterprises, led by hospitals, introduced vaccine mandates for employees. Many businesses like restaurants, sports venues, and theaters began asking for proof of vaccination for customer entry, and ultimately provincial governments mandated such proof for entry to nonessential services in the fall of 2021. The federal government mandated vaccination for travel by air and train.4 Preuniversity schools did not require vaccination proof, but many extracurricular activities required it.

The fall of 2021 saw the further spread of the fourth wave, driven by the Delta variant.3 The provinces that had mostly removed public health measures in the early summer (Alberta, Saskatchewan, and to a lesser extent British Columbia) were hit most severely by this wave beginning in late August, with intensive care units (ICUs) and other acute care units being overrun once again. Atlantic provinces had only modest pressures on their health care systems. Ontario and Quebec both had much smaller fall Delta waves. Cases fell in November, and the mood was rather optimistic for Christmas. Provinces lifted many public health measures allowing for full capacity at sports arenas and theaters and indoor dining at restaurants; however, mask mandates remained across much of the country. While there was some opposition to vaccine mandates, roughly 80% of eligible Canadians received 2 doses by December 2021. Third doses were rolled out slowly in the fall, starting with older individuals and coinciding with the time that children between 5 and 12 years old became eligible for vaccination. This concurrence, along with the fall influenza vaccine campaign created enormous pressures on vaccine infrastructure, much of which had been dismantled in the summer. By the time the fifth wave began in December driven by the Omicron variant,3 there was a rush to vaccinate all adults once it was clear that a third dose offered more protection against infection and severe disease.

The last week of December 2021 saw the Omicron variant start to sweep across the country, leading to the rapid reimposition of restrictions on gatherings (eg, in some jurisdictions, theaters and sports arenas were limited to 50% occupancy, restaurants were not allowed indoor dining, and schools delayed opening in some provinces in early January). The fifth wave, driven by a very transmissible BA.1 variant, saw the largest surge in cases at acute care hospitals since the start of the pandemic. But the combination of high vaccine uptake and effectiveness, plus a less virulent variant reduced the health effects of the wave overall. Provinces stopped offering widespread polymerase chain reaction (PCR) testing in January 2022, encouraging people instead to use rapid antigen tests (made available at pharmacies and workplaces). With the substantial scaling back of community-based PCR testing, the overall disease burden was estimated by evaluating wastewater surveillance, limited PCR testing focused at health care settings, and hospitalization metrics. This was a major shift in information provided to the public as they were no longer able to follow new daily case counts as many had done for the first 15 months of the pandemic. The fifth wave gradually receded in late February,3 after infecting more Canadians than any prior wave.
February 2022 opened a new chapter in Canada’s experience with COVID-19; disruptive protests on the streets of Canada’s capital city, Ottawa, and at some crucial border crossings (including the Ambassador Bridge connecting Detroit, Michigan, to Windsor, Ontario, the most significant overland trade route between Canada and the US) occurred. What began as opposition to public health measures affecting cross-border trucking expanded to include demands for the removal of all COVID-19 mandates and restrictions and even a dismantling of the elected Parliament. Most protests were not violent, but the people of Ottawa were greatly affected by the noise of horns blasting, the smell of diesel fuel, and the restriction of movement caused by street blockages. Cross-border trade was also blocked by protests which, because of the interdependency of Canadian-US manufacturing, had a ripple effect on the economy of both countries. Local governments and police were initially unable to remove the protestors, and the Prime Minister enacted the Emergency Measures Act for the first time in Canadian history. The protests ended 4 weeks after their start; many Canadians were shaken by these events. Prior to the protests, plans were already underway in most provinces to lift most public health measures such as proof of vaccination requirements and mask mandates. Additionally, the federal government dropped COVID-19 testing requirements for entry to Canada in April.

Cases fell dramatically by the end of February 2022, and there was a lull through March, but in early April the BA.2 sublineage of Omicron drove a sixth wave that resulted in half of the hospitalizations caused by the winter BA.1 wave. This wave receded in May with very few public health measures still in place (eg, capacity limits, mask mandates). The introduction of nirmatrelvir/ritonavir (Paxlovid) around this time helped support people at risk of severe infection. The large winter BA.1 wave and smaller BA.2 wave put tremendous pressures on health care systems, first from demand-driven overstretching caused by rates and severity of disease and subsequently from supply-driven shortages caused by health care worker absences when infected (mostly in their communities) and permanent exit of health care workers. In the summer of 2022, Canada experienced a seventh wave (something that did not happen in the 2 previous summers) driven by the BA.5 sublineage of Omicron. Fourth doses of vaccines were available since the spring to vulnerable populations and more recently to the general population. A large fall vaccine program is currently underway with updated vaccines tailored to the Omicron variants that were authorized by Health Canada on September 1, 2022, and October 6, 2022.

While international comparisons are fraught with potential confounders, Canada has fared better than many other Group of Seven (G7) nations and other similar countries; the comparison with the US is the starkest. Nevertheless, the country experienced a turbulent year, which included events not witnessed by most Canadians in their lifetimes: vaccine mandates and certificates, substantially disruptive protests, and the enactment of the Emergency Measures Act. Most Canadians have tried to put COVID-19 behind them and once again lead normal lives (only hospitals and other health care facilities require masks), but then a year ago most Canadians hoped for the same. Perhaps, the perception that everyone will get it eventually has reduced Canadians’ willingness to protect vulnerable people in their midst. Last year we identified a lack of ICU surge capacity as a potential vulnerability. This year we might point to the relatively low rate of people who have received the third (56% of eligible people) and fourth (54% of those more than 70 years old) COVID-19 vaccine doses as a potential issue, coupled with limited health care staffing for the almost certain fall wave to come. But even so, the one thing we have learned in the past 3 years is that predictions, both overly optimistic and pessimistic, are often incorrect. Only time will tell how Canada will be affected by COVID-19 in the next year.
ARTICLE INFORMATION
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REFERENCES