

# COVID-19: severe resource crisis in hospitals

■ Cite as: *CMAJ* 2022 January 31;194:E131. doi: 10.1503/cmaj.1095984

Posted on cmajnews.com on January 11, 2022

Once again, surges in COVID-19 hospitalizations are close to overwhelming health systems in several parts of Canada, with admissions surpassing record levels in Quebec, Ontario and New Brunswick.

On Jan. 15, New Brunswick reentered lockdown after seeing more than 100 people hospitalized with COVID-19 — the highest number the province had recorded to that point

In Quebec, hospitals are reportedly delaying medical services as the province grapples with record COVID-19 hospitalizations. Up to half of all non-urgent procedures may be delayed in most of the province, and several regions may see some emergency departments close and up to 80% of nonurgent and even semi-urgent surgeries postponed.

Roughly 15% of Quebec's health personnel are off work — about 20 000 are sick with COVID-19 and another 30 000 are on leave due to burnout or other medical conditions.

Meanwhile, Ontario reported a record 3220 hospitalizations as of Jan. 11, surpassing a peak of 2467 the day before.

Ontario Premier Doug Ford announced he would add more beds to hospitals in response to the surge. However, some criticized the announcement as meaningless without additional workers to staff the beds. Some institutions are seeing hundreds of staff calling in sick per week.

Some 8000–10 000 surgeries a week may be impacted and all sectors are likely to see 20%–30% of workers calling in sick in the weeks ahead, according to Ontario's chief medical officer Dr. Kieran Moore.

In the midst of this surge, Ontario's COVID-19 Science Table published a list of drugs and biologics that can be used to treat adult patients with COVID-19 — many of which are in short supply in some hospitals.

Following a separate review of randomized controlled trials, the Science Table recommended baricitinib — an approved treatment for rheumatoid arthritis — for off-label use in COVID-19 patients with moderate or critical illness. Baricitinib blocks signalling proteins involved in the inflammatory response to infections and may inhibit the capacity of SARS-CoV-2 to enter cells.

The Science Table's review suggests that baricitinib can decrease COVID-19 patients' risk of dying or needing mechanical ventilation compared to those who received routine care. However, it is not recommended for patients with mild illness or in combination with interleukin-6 inhibitors (another treatment used to reduce inflammation in patients with COVID-19).

Baricitinib is one of several critical medications used to treat COVID-19 reportedly in short supply in some Ontario hospitals, along with sotrovimab for outpatient treatment, tocilizumab, sarilumab, remdesivir, and dexamethasone. Physicians have also tweeted about shortages of ventilators and delays in access to testing.

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