



COVID-19 EVERGREEN QUESTIONS AND ANSWERS

Questions and Answers

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CANADA'S SITUATION

Q1. What is Canada doing in response to the current pandemic situation?

Our top priority is the health and safety of Canadians. The Public Health Agency of Canada is actively monitoring the situation regarding the novel coronavirus (COVID-19) and continuously assessing the risks to adapt our response, accordingly.

The Government of Canada has created the infrastructure to respond to the public health threats of the virus, and is well prepared to act—in collaboration with provincial and territorial governments and international partners—to minimize the health, economic, and social impacts of this rapidly evolving public health issue.

Canada's response is based on plans and guidance related to pandemic preparedness, with the following guiding principles:

- **Collaboration** - all levels of government and stakeholders need to work in partnership to produce an effective and coordinated response.
- **Evidence-informed decision-making** - decisions should be based on the best available evidence.
- **Proportionality** - the response to a pandemic should be appropriate to the level of the threat.
- **Flexibility** - actions taken should be tailored to the situation and evolve as new information becomes available.
- **A precautionary approach** - timely and reasonable preventive action should be proportional to the threat and informed by evidence to the extent possible.
- **Use of established practices and systems** - well-practised strategies and processes can be rapidly ramped up to manage a pandemic.
- **Ethical decision-making** - ethical principles and societal values should be explicit and embedded in all decision-making.

These principles build on lessons learned from past events, particularly the Severe Acute Respiratory Syndrome (SARS) outbreak in 2003, which led to dedicated legislation, plans, infrastructure, and resources to help ensure that the country would be well prepared to detect and respond to a pandemic outbreak. Some examples include:

- The creation of the [Public Health Agency of Canada](#), which monitors and responds to disease outbreaks that could endanger the health of Canadians.
- The appointment of a [Chief Public Health Officer](#), who advises the Government of Canada and Canadians on the steps they should take to protect their health, working in close collaboration with the chief medical officers of health in provinces and territories.
- The development of the [Canadian Pandemic Influenza Preparedness: Planning Guidance for the Health Sector](#), which sets out guidance to prepare for and respond to a pandemic.
- The enhancement of diagnostic capacity in the [National Microbiology Laboratory](#).
- The strengthening of working relationships with the World Health Organization and other international partners, such as the United States Centers for Disease Control and Prevention.

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While the Government of Canada has been focusing on containing the spread of COVID-19, it has also been undertaking coordinated planning to prepare for possible broader transmission of the virus, and to mitigate the impacts of a potential pandemic.

To support these efforts, the Prime Minister convened an **Incident Response Group on coronavirus**, which has been meeting since the end of January, and, on March 5, he created a **Cabinet Committee on the federal response to the coronavirus disease (COVID-19)**. Chaired by the Deputy Prime Minister and vice-chaired by the President of the Treasury Board, the committee meets regularly to ensure whole-of-government leadership, coordination, and preparedness to limit the health, economic and social impacts of the virus.

Q2. When and how have the provinces and territories been activating and implementing their pandemic plans?

Activation of provincial/territorial emergency plans is at the discretion of the provinces and territories. PHAC has been actively monitoring this issue since late December. It officially activated the Health Portfolio Operations Centre (HPOC) in mid-January to ensure effective planning and coordination of the Agency's response efforts, in collaboration with international and federal, provincial and territorial partners.

The Federal/Provincial/Territorial (F/P/T) Response Plan for Biological Events was activated on January 28, 2020. This was federal, provincial and territorial decision made by the F/P/T Special Advisory Committee. The Committee meets several times a week and as required to discuss the response to COVID-19, including pandemic planning, infection prevention and control guidance, and procurement and distribution of PPE.

Q3. If the Public Health Agency of Canada sets up temporary hospitals, where would they be?

The Public Health Agency of Canada is working with provinces and territories, and other partners to continually assess community needs in response to COVID-19. Provinces and territories are responsible for the health system response in their respective jurisdictions and are taking significant actions to prepare for an increase in cases. The Government of Canada stands ready to assist provinces and territories as they respond to pressures on their health care systems.

INFORMING CANADIANS

Q4. Where can Canadians find the most up-to-date information about this coronavirus?

For the latest and most up-to-date information, visit canada.ca/coronavirus. You can also follow Canada's Chief Public Health Officer, Dr. Theresa Tam, on Twitter at [@CPHO_Canada](https://twitter.com/CPHO_Canada).

A new toll-free phone number (1-833-784-4397) has been established to answer questions from Canadians about the 2019 novel coronavirus. Service is available from 7 a.m. to midnight.

Canadians travelling abroad are encouraged to consult the Travel Health Notice on travel.gc.ca.

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Q5. Why is the Government of Canada running an ad campaign about COVID-19?

The Government of Canada is implementing a comprehensive national public education campaign for COVID-19 that will provide Canadians with credible information on behaviours that will protect individuals and overall public health. The campaign will include advertising, social marketing, the development of information resources, the establishment of partnerships and targeted outreach to at-risk populations. This work will complement current Public Health Agency of Canada outreach and communications activities such as the website for information on COVID-19 with a virtual assistant to help Canadians get to the information they need more efficiently, a toll-free information line, a self-assessment tool, digital advertising, social media posts, and regular updates to media.

The first elements of this campaign have begun to roll out. The pieces include two 30-second national television advertisements, a radio spot and newspaper advertisements.

Public education plays a critical role in our response to COVID-19 as it helps to:

- increase awareness and understanding about symptoms and treatment;
- provide information on preventive measures such as self-isolation; and
- address misinformation and public concerns.

For more information please view the English advertisements at:

<https://www.youtube.com/watch?v=sscyXpYQ6Dk>

<https://www.youtube.com/watch?v=k7ns6t9NzXs>

The French advertisements can be found at:

<https://www.youtube.com/watch?v=TS7UorOEmbW>

https://www.youtube.com/watch?v=Ih3Db_Mb8OI

LAUNCH OF CANADA COVID-19 APP

Q6. How do I access the Canada COVID-19 app?

The app is accessible as a free mobile app for modern Apple iOS and Android smartphones and tablets, but is also available as a web application that can be accessed through any modern laptop or desktop computer browser.

Q7. How does it work?

The app is simple to use and designed to provide users with information and recommendations based on their personal risk. It also provides users with the ability to track their symptoms.

It includes educational information related to COVID-19 on subjects like physical distancing, handwashing, food safety, pets and other common questions, as well as links to reliable and up-to-date public health information sources.

The Canada COVID-19 app will help Canadians access the information they need, whether through email, app or online service. In addition, we are putting in place other tools to further enhance the ability of Canadians to easily receive reliable and up-to-date information on COVID-19.

Q8. How does this app relate to resources already available in some provinces?

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This app builds on what provinces and territories are doing and provides another valuable resource for Canadians. This mobile platform was based on a mobile app launched by BC and developed by Thrive Health.

On the national platform, where a province or territory opts in to this mobile app, users will be directed to a province-specific module that will contain jurisdiction-specific information.

Q9. What have been the results of these types of self-assessment tools?

In the first week that the self-assessment tool was made available on Canada.ca, it had over 3 million visits.

Canadians using the tool are able to get the information and guidance they need, and this is resulting in a reduction calls to 811 and telehealth lines, as well as in-person services such as family doctor visits, walk-in visits, and urgent care centres.

The additional functionality of the new Canada COVID-19 app will further support Canadians to ensure they have evidence based recommendations, up-to-date information and resources.

Q10. Is the government planning to make other COVID-19 digital tools and resources available to Canadians?

The government is working with provinces and territories to make available additional digital platforms that can help governments in their response to COVID-19, including education, information, mental health supports, alerts, and screening tools.

We will continue to work with all of our partners to ensure that Canadians have access to up-to-date information, tools, and resources on COVID-19.

FUNDING

Q11. Can you confirm what the Public Health Agency will do with the \$50 million allocated for COVID-19 public health information work?

The funding will support the development and implementation of a comprehensive national public education campaign for COVID-19 that will provide Canadians with credible information that promotes behaviours that will protect individuals and overall public health. This will include advertising, social marketing, the development of information resources, the establishment of partnerships and targeted outreach to at-risk populations. This work will complement current Public Health Agency of Canada outreach and communications activities such as the website for information on COVID-19, a toll-free information line, digital advertising, and regular updates to media.

Public education plays a critical role in our response to COVID-19 as it helps to:

- increase awareness and understanding about symptoms and treatment;
- provide information on preventive measures such as self-isolation;
- address misinformation and public concerns.

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MENTAL HEALTH SUPPORT FOR CANADIANS

FUNDING TO KIDS HELP PHONE TO MEET INCREASED DEMAND FOR MENTAL HEALTH SERVICES FOR CHILDREN AND YOUTH IN RELATION TO COVID-19

Q12. Why is the Government focused on support for only one of the many crisis service lines in Canada?

The demand for Kids Help Phone services increased overwhelmingly as a result of the COVID-19 pandemic, which has caused closures of schools and community services. For example, there has been a:

- nearly 100% increase in texting conversations since March 15; and a
- nearly 350% increase in phone, text, and chat conversations about COVID-19.

Without this additional support, Kids Help Phone will struggle to meet the demand and COVID-19 will have a disproportionate impact on our vulnerable youth population who have fewer resources to help them deal with the health, social, and economic impacts of the pandemic. The cumulative risks of stress, hardship, and abuse are expected to rise as young people become unable to access the social and community supports that they rely on.

This investment is an important first step in connecting Canadians across the country to the mental health resources they need.

Q13. What is the Government of Canada doing to provide crisis support for other Canadians?

Budget 2019 announced \$25 million over 5 years, and \$5 million per year ongoing, to implement and sustain a fully operational pan-Canadian suicide prevention service. This will provide people across Canada with access to bilingual, 24/7 crisis support from trained responders, using the technology of their choice: voice, text or online chat.

In July 2019, the Public Health Agency of Canada launched a call for applications for funding for organizations interested in leading a pan-Canadian suicide prevention service. This solicitation ended on October 31, 2019. A decision is expected soon.

This funding builds on the current Canada Suicide Prevention Service, which is currently providing phone and text support to people across Canada.

Q14. What other resources are available for Canadians?

The COVID-19 pandemic is new and unexpected. This situation can be unsettling and can cause a sense of loss of control. It is normal for people and communities to feel sad, stressed, confused, scared or worried.

The Government of Canada is working with provinces and territories to spread and scale digital platforms that can help governments in their response to COVID-19, including education, information, mental health supports, alerts, and screening tools.

We will continue to work with all of our partners to ensure that Canadians have access to up-to-date information, tools and resources on COVID-19.

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<p>There are a number of resources for people in crisis, including: Kids Help Phone 1-800-668-6868 or Text CONNECT to 686868</p>	<p>Hope for Wellness Help Line Call the toll-free Help Line at 1-855-242-3310 or connect to the online chat.</p>	<p>Crisis Services Canada 1-833-456-4566</p>
<p>Available to young Canadians between 5-29 years old who are seeking 24-hour confidential and anonymous care with professional counsellors.</p> <p>Download the Always There app for additional support.</p>	<p>Available to all Indigenous peoples across Canada who are seeking immediate crisis intervention. Telephone and online counselling are available in English and French. On request, telephone counselling is also available in Cree, Ojibway and Inuktitut.</p> <p>For more long-term care, contact a First Nations and Inuit Health regional office.</p>	<p>Available to all Canadians seeking support. Visit Crisis Services Canada for the distress centres and crisis organizations nearest you.</p>

LONG TERM CARE FACILITIES

Q15. Why do you recommend that personal support workers and essential visitors and volunteers wear personal protective equipment when there is a shortage?

Personal support workers are an integral and important part of the health care system. Personal support workers provide close, direct care to patients. Every person entering a long-term care home, including essential visitors and volunteers, has a responsibility to prevent infections among residents of these facilities, who are at high risk of severe illness and death from COVID-19.

The Government of Canada is working to ensure health care workers have the personal protective equipment and medical supplies they need. We are doing this through collaborative bulk procurement with the provinces and territories, building domestic production capacity, and identifying potential alternatives and ways to extend product life.

Q16. Why are you telling workers to not to have multiple jobs when they may need to have multiple jobs to survive?

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We know that seniors are more at risk of developing severe complications from COVID-19 because of their underlying medical conditions and age.

For seniors living in long-term care homes or assisted-living facilities, there is an even greater risk of infection and transmission of the virus owing to proximity. The movement of workers from one facility to another increases the risk of spread of infection, which ultimately puts seniors more at risk of contracting the virus. We need to protect seniors in these challenging times.

Therefore, the guidelines recommend identifying staff who work in more than one location and ensuring efforts are made to prevent this where possible.

Q17. How would residents' needs be met if there is a further restriction on the availability of personal support workers?

The administration of long-term care is the responsibility of provincial and territorial governments. They have put in place a number of measures to support continued quality care to residents during this crisis. For example, actions undertaken have included introducing flexibility in staffing policies and approaches, and working with third-party providers to deliver short-term care support.

The Government of Canada is working with provincial and territorial governments to respond to COVID-19. A national recruitment campaign has been developed, seeking volunteers, including individuals with health care experience, to help conduct case tracking functions and support health system surge capacity. An inventory of volunteers is being maintained from which provincial and territorial governments can draw as needed.

More information is available at: <https://emploisfp-psjobs.cfp-psc.gc.ca/psrs-srfp/applicant/page1800?toggleLanguage=en&poster=1437722>

Q18. What is the Government doing to support low wage workers?

The Government of Canada is taking strong and quick action to protect our economy, and the health, safety, and jobs of all Canadians during the global COVID-19 outbreak.

The new Canada Emergency Response Benefit will support Canadian workers, whether employed or self-employed, who have stopped working and lost their income because of COVID-19. It will provide eligible workers \$2,000 a month for up to 4 months to help them pay the bills.

The Government of Canada's priority is to ensure that Canadians receive the money they are entitled to as quickly as possible. We have launched a portal to provide information and to help workers apply for the new benefit.

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Q19. What is the Government of Canada doing to protect seniors' financial security?

The Government of Canada is taking measures to ensure that the Canada Pension Plan and Old Age Security benefits that seniors rely on will continue to be paid without delay, and that new applications for these benefits will be processed in a timely fashion.

The Old Age Security pension is intended to provide a minimum income guarantee to all seniors. Therefore, the Old Age Security pension is based on age and residence and not on employment history or investment income, and it continues to be paid to seniors monthly.

The income-tested Guaranteed Income Supplement is provided to all low-income seniors. Old Age Security pensioners who experience a drop in income as a result of the pandemic may be eligible to receive this additional support.

To further protect seniors' financial security, we are introducing several new measures. For low- and modest-income Canadians, including seniors, starting April 9, 2020, the Government began providing a one-time special payment through the Goods and Services Tax (GST) credit. This will provide close to \$400 to low-income single individuals and close to \$600 to low-income couples.

We are also reducing required minimum withdrawals from Registered Retirement Income Funds (RRIFs) by 25% for 2020. This will provide flexibility to seniors and help preserve RRIF assets during a volatile market.

Further, we are extending the deadline to file your income taxes to June 1, 2020, and allowing any new balances due, or instalments, to be deferred until September 1, 2020, without incurring interest or penalties.

Q20. What is the Government doing to protect seniors' pensions?

Budget 2019 introduced new measures to enhance the security of workplace pensions in the event of corporate insolvency.

Measures to make insolvency proceedings fairer, more transparent and more accessible for pensioners and workers are now in force.

Higher expectations and better oversight have also been set for corporate behaviour:

- federally incorporated businesses are now explicitly permitted to consider pensioner and worker interests when acting in the best interests of the corporation; and
- publicly traded, federally incorporated firms will be required to disclose their policies pertaining to workers and pensioners well-being and executive compensation, or explain why such policies are not in place.

Finally, measures protect Canadians' hard-earned benefits by clarifying in federal pension law that pension plan members are entitled to the same pension benefits when a plan is wound up as when it was ongoing.

Q21. What is the Government doing to protect seniors from elder abuse?

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The Government of Canada is committed to protecting the safety and well-being of seniors in Canada and recognizes the devastating impact of elder abuse on seniors and their families.

We continue to provide information, resources and tools to help seniors, caregivers, service providers and the general public identify elder abuse and respond appropriately.

We will continue to work collaboratively with provinces and territories, as well as community organizations, to implement measures to help improve the lives of seniors and their families.

Q22. What is the Government doing to protect seniors from COVID-19 related fraud and scams?

The Government of Canada is working to implement measures to help improve the lives of seniors and their families and is taking the issue of financial exploitation of seniors very seriously. Indeed, fraud and theft are offences under the *Criminal Code*.

Employment and Social Development Canada has been sharing anti-fraud content from other government departments in real time on its Seniors Facebook page, as well as other departmental channels.

In the longer term, the Government will move forward with a national definition of elder abuse, invest in better data collection and law enforcement, and establish new penalties in the *Criminal Code* relating to elder abuse.

This builds on work underway, such as the National Seniors Council's examination of the issue of financial abuse of seniors and funding under the New Horizons for Seniors Program to community groups to help reduce elder abuse.

ISOLATION, QUARANTINE (SELF-ISOLATION), AND PHYSICAL DISTANCING

Q23. What is the difference for travellers between what they can do at home if symptomatic or if they have no symptoms?

If you are an individual entering Canada and not sick, you must quarantine (self-isolate) for 14 days.

Mandatory quarantine (mandatory self-isolation) means you must:

- Go directly to your place of quarantine, without delay, and stay there for 14 days
- Do not go to school, work, other public areas and community settings
- Monitor your health for symptoms of COVID-19
- Arrange to have someone pick up essentials like groceries or medication for you
- Do not have visitors
- Stay in a private place like your yard or balcony if you go outside for fresh air
- Keep a distance of at least 2 arms lengths (approximately 2 metres) from others

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If you develop symptoms within 14 days:

- isolate yourself from others
- immediately call a health care professional or public health authority and:
 - describe your symptoms and travel history
 - follow their instructions carefully

When you **have COVID-19 or symptoms** of the illness, you must **isolate**. It is mandatory. If required, immediate medical attention will be provided upon arrival in Canada.

Mandatory isolation means you must.

- Go directly to the place where you will isolate, without delay, and stay there for 14 days
 - Go to your place of isolation using private transportation only, such as your personal vehicle
 - Stay **INSIDE** your home
 - Not leave your place of isolation unless it's to seek medical attention
 - Do not go to school, work, other public areas or use public transportation (e.g., buses, taxis)
 - Stay in a separate room and use a separate bathroom from others in your home, if possible
 - Not have visitors and limit contact with others in the place of isolation, including children
 - Not isolate in a place where you will have contact with vulnerable people such as older adults and individuals with underlying medical conditions
- If your symptoms get worse, immediately contact your health care provider or public health authority and follow their instructions.

Q24. I have heard elsewhere that people who are asymptomatic can go outside for walks, for example, as long as they maintain physical distancing, but now you are saying they can't leave their property. Which is correct?

For all Canadians, you can go for a walk if you:

- Have not been diagnosed with COVID-9
- Do not have symptoms of COVID-19
- Have not travelled outside of Canada in the past 14 days.

If you go out for a walk, do not congregate and always practise physical (social) distancing by keeping at least two metres from others at all times.

For travellers entering Canada, during their 14-day period of isolation or quarantine:

- For those in mandatory isolation, stay inside your home.
- For those in quarantine (self-isolation), you may go outside for fresh air in a private place like your yard or on a balcony; however, you must stay on your property and not go into community settings.

Q25. Under what circumstances should Canadians get in their cars? Is it acceptable to go for a drive when not picking up necessities?

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We recognize that isolating at home can be difficult. To limit potential spread of COVID-19, the Public Health Agency of Canada recommends Canadians stay home as much as possible, including for meals and entertainment. Rather than going out, consider other things you can do while staying at home, such as:

- use food delivery services or online shopping;
- exercise at home or outside;
- use technology, such as video calls, to keep in touch with family and friends through online dinners and games;
- conduct virtual meetings;
- host virtual playdates for your kids;
- work from home, if possible; and
- on your own property: go outside on your balcony or deck, walk in your yard or get creative by drawing chalk art or running back yard obstacle courses and games.

If you do go for a drive, exercise caution and maintain appropriate physical distancing (i.e., keeping a distance of at least 2 metres from others). And if you stop for gas, or any reason, ensure you wash your hands as soon as possible.

Q26. A team of Canadian and Chinese researchers analyzed 2000+ COVID cases and found that 1 in 8 people develop symptoms more than 14 days after exposure. The research team recommend that quarantines be extended from 2 weeks to 3 weeks. Is Canada considering an extension to the quarantine period?

To our knowledge, a 14-day post-exposure isolation period has been applied with success. Further exploration on the length of the incubation period is needed to support decisions on changing the isolation recommendations.

One of the findings of the study is that approximately 12% of patients had an incubation period that they self-estimated was longer than 14 days. The incubation period is inferred from the recorded date of onset of symptoms and reported date of contact with another case. There are a number of ways by which these dates may be imprecise, including patients being unable to precisely remember when symptoms began and certainty about when an individual actually acquired infection.

It is possible that more information will be available following the study's peer review. We continue to collect, analyze, and monitor new evidence as it becomes available.

Q27. Is Canada is looking at an “immunity passport like UK is doing”?

Canada is working closely with international partners, to share information on measures and best practices to assess whether and how those who have recovered from illness are safe to go back to work, starting with essential workers.

Right now, we just do not know whether individuals who have recovered from COVID-19 will have immunity, how long that immunity may last, and whether it's possible for individuals to experience less severe or potentially more serious illness if they get COVID-19 a second time.

No decisions have been made yet in Canada on whether we can certify individuals with their immunity status. There is an active international effort to assess whether those who have

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recovered from illness are safe to resume daily activities. Other respiratory viruses generally do not provide an individual with 100% immunity after recovery.

EMERGENCY ORDER – MANDATORY ISOLATION

Q28. What is the new federal Emergency Order made pursuant to the *Quarantine Act* and why has the Government of Canada implemented it?

Effective March 25, 2020, the Government of Canada has implemented a federal Emergency Order under the *Quarantine Act* requiring anyone entering Canada, whether by air, land or sea, to isolate for 14 days if they have symptoms of COVID-19 or to quarantine themselves (self-isolate) if they do not have symptoms for 14 days, in order to limit the introduction and spread of COVID-19.

This applies to all people entering Canada with few exceptions — and captures those who have symptoms of COVID-19 and those who do not have symptoms.

These measures will help protect the health of individuals in question, any individuals with whom they may live and Canadians in general, including older adults and medically vulnerable people who are at greatest risk of severe COVID-19 disease.

Q29. How will travellers be notified of the protocol for this type of situation upon re-entry?

Upon entering Canada, travellers will be asked questions about their health and symptoms, which they are required to report to a screening or Quarantine officer. They will also be asked to acknowledge that they are required, under the *Quarantine Act*, to isolate or quarantine (self-isolate) for a 14-day period that begins on the day on which they enter Canada.

Travellers will be provided with a hand-out that informs them that they are subject to the Order, provides general public health advice, outlines the requirements of the Order, and provides a link to the Canada.ca/coronavirus website where they can obtain further information.

Q30. What happens if someone does not comply with the Order?

Failure to comply with this Order is an offence under the *Quarantine Act*. Maximum penalties include a fine of up to \$750,000 and/or imprisonment for six months.

Further, a person who causes a risk of imminent death or serious bodily harm to another person while willfully or recklessly contravening this Act or the regulations could be liable for a fine of up to \$1,000,000 or imprisonment of up to three years, or to both. Spot checks will be conducted by the Government of Canada to verify compliance.

Q31. Who will verify compliance with the Order (i.e., spot checks)?

The Public Health Agency of Canada will work with federal and provincial partners to verify compliance with the Order.

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Q32. What does the Order made pursuant to the *Quarantine Act* require of persons entering Canada?

Persons who do not have symptoms are subject to the federal Emergency Order and are mandated to **mandatory quarantine (self-isolation)** for 14 days, beginning on the day on which they enter Canada, because they are at risk of developing symptoms and/or infecting others.

Mandatory quarantine (self-isolation) means that they must:

- go directly home to their place of quarantine, without delay, and stay there for 14 days;
- not go into community settings_
- monitor their health for symptoms of COVID-19
- Arrange to have someone pick up essentials like groceries or medication
- Do not have visitors
- Stay in a private place like their yard or balcony if they go outside for fresh air
- Keep a distance of at least 2 arms lengths (approximately 2 metres) from others

Individuals can take public transportation but must not any stops on the way home and practice physical (social) distancing at all times.

If you develop symptoms within 14 days:

- isolate yourself from others
- immediately call a health care professional or public health authority and:
 - describe your symptoms and travel history
 - follow their instructions carefully

Persons who have COVID-19 illness or symptoms of COVID-19 are required to follow **mandatory isolation** for 14 days in accordance with instructions provided when they entered Canada and/or on the www.canada.ca/coronavirus website, and remain in isolation until the expiry of the 14-day period that begins on the day on which they enter Canada.

Persons with symptoms may be directed to a quarantine facility for isolation or allowed to isolate at home. If required, immediate medical attention will be provided upon arrival in Canada.

If they are going home to isolate, mandatory isolation means that they must:

- Go directly to the place where they will isolate, without delay, and stay there for 14 days
- Go to their place of isolation using private transportation only, such as your personal vehicle
- Stay **inside** their home
- Not leave their place of isolation unless it's to seek medical attention
- Not have visitors and limit contact with others in the place of isolation, including children
- Not isolate with in a place where they will have contact with vulnerable people such as older adults and individuals with underlying medical conditions

It is important to underscore that individuals entering Canada may be asymptomatic on entry. There are individuals who may subsequently fall ill. There are unfortunate cases where an

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asymptomatic individual can develop symptoms and deteriorate quite quickly. All, even those exempted from the Order, are reminded to monitor themselves for symptoms for a 14-day period.

Q33. How do I monitor for signs and symptoms of COVID-19?

Symptoms of COVID-19 include cough, difficulty breathing, or fever equal to or greater than 38°C (signs of fever could include shivering, flushed skin, and excessive sweating). Information about COVID-19 is also available at www.canada.ca/coronavirus and by calling 1-833-784-4397.

Visit the provincial or territorial health authority website where you are located for more information, including when to contact the public health authority.

Q34. Why can some people with symptoms isolate at home and others must go to a quarantine facility or hospital?

People entering Canada who have reported having symptoms or who a Quarantine officer observes with symptoms will be instructed to go directly home, without delay, to isolate for 14 days or will be sent to a quarantine facility or transported to hospital, at the discretion of the Quarantine officer.

Considerations include the severity of symptoms or illness, whether they have a place in which to isolate, and if they have private transportation to get to their home or place of isolation.

For example, if they have onward connections, or the distance to get home is too far for PHAC-arranged medical transportation, or if they live with one or more vulnerable persons, travellers will be required to complete their 14-day isolation in a quarantine facility established by the Government of Canada.

Q35. Why did it take the government so long to implement this order?

Earlier this month, the Government of Canada began asking all international travellers entering Canada to isolate for 14 days. This voluntary measure was put in place to contain the spread of COVID-19.

There have been reports of travellers returning from abroad who do not understand that 14 days of isolation or self-isolation is essential to help slow the spread of COVID-19 in communities and protect their health and that of all Canadians.

That is why the Government of Canada has implemented this mandatory Order — to provide clarity around the need for people entering Canada to isolate or quarantine (self-isolate) when they enter Canada. These additional measures will contribute to containing the outbreak and preventing further spread of COVID-19 in Canada.

Q36. When does the 14-day period start? Is it from the day of entry into Canada or the day the traveller arrives at the place where they will isolate?

The 14-day period begins on the day the person enters Canada.

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TRAVELLERS WITH NO SYMPTOMS

Q37. Why do travellers with no symptoms have to quarantine (self-isolate) themselves? Is it mandatory?

Yes, the Order to quarantine (self-isolate) is mandatory for travellers without symptoms. Given the rapid spread of COVID-19 around the world, with widespread transmission in an increasing number of countries, people who travelled outside of Canada are considered to be at risk of exposure to COVID-19. The Government of Canada has implemented an Order requiring anyone entering Canada, whether by air, land or sea, to quarantine for 14 days in order to limit the introduction and spread of COVID-19.

There are numerous examples of asymptomatic individuals arriving in Canada and falling ill. In fact, sometimes the health of individuals can deteriorate quite quickly. It is extremely important for their own health and that of others for persons entering Canada to quarantine (self-isolate) and monitor their symptoms.

Q38. Can travellers with no symptoms take public transportation (including taxi) or rent a car (from the airport) to get home?

Yes. Persons not exhibiting symptoms may take public transportation and/or rent a car to get to a place to isolate. However, they must go directly to their home, without delay, or the place where they will isolate without delay.

While in transit, people need to follow the instructions of quarantine officer and screening officers to avoid spreading infection to others. For example, this means avoiding contact with others as much as possible and maintaining a 2-metre distance from others, and practising hand hygiene and cough etiquette.

Under the terms of the Order, public transportation includes an aircraft, bus, train, taxi, subway or ride-sharing service.

Q39. Can travellers with no symptoms be allowed to take connecting flights?

Yes. Persons not exhibiting symptoms may take connecting flights to their final destination to quarantine (self-isolate). Under the terms of the Order, public transportation includes an aircraft, bus, train, taxi, subway or ride-sharing service.

Travellers will be instructed by quarantine officers or screening officers to follow precautions to avoid spreading infection to others. For example, practice physical distancing — maintain a 2-metre distance — hand hygiene and cough etiquette.

Q40. What happens if a Canadian traveller, not exhibiting symptoms, misses their connecting flight and has to stay overnight in a city, before getting on their connecting flight the next day? Can they stay at a hotel or with friends or family?

People entering Canada not exhibiting symptoms may be permitted by the instructions of a quarantine officer or screening officer to stay at a hotel for an overnight layover before making

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their connecting flight the next day. They should go directly to their hotel without any unnecessary stops along the way.

While staying at a hotel, travellers should stay in their room to avoid contact with others, practise physical distancing (maintain a 2-metre distance) and practise good hand hygiene and cough etiquette at all times. To get a meal, use a drive-thru or room service as long as your meal is delivered and left outside the door of your hotel room.

It is not recommended to stay with friends or family where it could be harder to avoid contact with people compared to a hotel room.

Q41. What about people entering Canada by land – can they stay overnight in a hotel during their drive home?

Asymptomatic individuals may be permitted by the instructions of a quarantine or screening officer to stay in a hotel overnight if necessary, but should go directly to their hotel without any unnecessary stops along the way.

While staying at a hotel, travellers should stay in their room to avoid contact with others, practise physical distancing (maintain a 2-metre distance) and practise good hand hygiene and cough etiquette at all times. To get a meal, use a drive-thru or room service as long as your meal is delivered outside the door of your hotel room.

It is important that travellers avoid any unnecessary stops on their way home and contact with others.

Q42. There are reports of RVs being spotted in store parking lots near the border. Are they allowed to stop there to shop on their return home?

Asymptomatic people travelling in an RV will generally receive instructions that it is permissible for them to stay in their RV overnight. Their RV is, essentially, their first place of self-isolation. They must avoid going into stores to make purchases.

Q43. Can people stop to get gas, use a washroom or acquire essential items on their way home to isolate?

It is important for asymptomatic travellers entering Canada to avoid contact with others. As per the instructions provided upon entry into Canada, go to the place where you will isolate without delay.

If you must stop, follow precautions to avoid spreading infection to others. Avoid contact with others (maintain a 2-metre distance), and practice hand hygiene and cough etiquette at all times.

If getting gas, pay at the pump. Use a drive-thru to get a meal. If you need to stop to rest, use rest areas or other places where you can park and rest in your vehicle.

Once home, use food delivery services or online shopping to purchase essential items, and ask family, a neighbor or friend to help with essential errands, if possible.

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TRAVELLERS WITH SYMPTOMS

Q44. How is symptomatic being defined?

Persons entering Canada who have a fever and cough, or a fever and difficulty breathing, or where there are reasonable grounds for them to believe they have these symptoms, are considered to be symptomatic and will not be able to continue onward travel using public transportation.

Q45. I am symptomatic and was told I cannot isolate at home because I live with a vulnerable person(s). Who is considered vulnerable?

Persons aged 65 and over, and those of all ages with compromised immune systems or underlying medical conditions, are at an increased risk of more severe illness.

Q46. If I am symptomatic, can I stop at a hotel while I'm driving home?

No. It is important that you avoid contact with others. Go to the place where you will mandatorily isolate without delay. This means you must:

- Go directly to the place where you will isolate, without delay, and stay there for 14 days
- Go to your place of isolation using private transportation only, such as your personal vehicle
- Stay **inside** your home
- Not leave your place of isolation unless it's to seek medical attention
- Not have visitors and limit contact with others in the place of isolation, including children
- Not isolate with in a place where you will have contact with vulnerable people such as older adults and individuals with underlying medical conditions

If you must stop, follow precautions to avoid spreading infection to others. Wear the mask given to you at the border and avoid contact with others (maintain a 2-metre distance) and practise good hand hygiene and cough etiquette.

If getting gas, pay at the pump. Use a drive-thru to get a meal. If you need to stop to rest, use rest areas or other places where you can park and rest in your vehicle.

Once home use food delivery services or online shopping to purchase essential items, and ask family, a neighbour or friend to help with essential errands, if possible.

Q47. Can I stop at the store to acquire essential items on my way to isolate?

No. It is important that you follow the instructions of a quarantine officer or screening officer and avoid contact with others.

Once home use food delivery services or online shopping to purchase essential items, and ask family, a neighbour or friend to help with essential errands, if possible.

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Q48. What happens if a traveller with symptoms is unable to get to a place to isolate?

If private transportation is unavailable, PHAC-arranged medical transportation, up to a distance of 12 hours, may be provided to get the traveller to their home or place of isolation.

If the traveller has onward connections, the distance to get home is too far for the PHAC-arranged medical transportation, or if they live with one or more vulnerable persons, travellers will be required to complete their 14-day isolation in a quarantine facility designated by the Chief Public Health Officer of Canada.

Transportation from the point of entry into Canada to the quarantine facility will be arranged by the Government of Canada. Quarantine facilities, for example, hotels designated by the Government of Canada, will be used to lodge symptomatic persons unable to isolate because they do not have private transportation or if they live with a vulnerable person(s).

QUARANTINE FACILITIES

Q49. What is a quarantine facility?

The Government of Canada has established quarantine facilities, for example hotels, to prevent the potential spread of COVID-19. Quarantine facilities will be used to lodge symptomatic persons who are unable to isolate because they do not have private transportation or live with a vulnerable person(s). Transportation from the point of entry to the quarantine facility will be provided by the Government of Canada.

These measures will help protect older adults and medically vulnerable people, who are at the greatest risk of severe COVID-19 disease.

Q50. How will the Public Health Agency of Canada house and feed people who enter Canada who are not allowed to return to their homes for 14 days?

The Government of Canada has established quarantine facilities, for example hotels, to prevent the potential spread of COVID-19. Quarantine facilities will be used to lodge symptomatic persons who are unable to isolate because they do not have private transportation or live with a vulnerable person(s). PHAC is working with partners to provide the necessary needs, including food and any medical needs, of travelers who will be in isolation at a designated quarantine facility.

Q51. How will my medical needs be tended to if I am required to stay in a quarantine facility?

Persons requiring care for other medical conditions will have access to medical care and emergency medical services at the quarantine facility.

Q52. How many people are in quarantine in federal facilities and how many reports of quarantine-related violations have there been across the country?

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As of 10 p.m. on April 5, 2020, there were 23 Canadians in federally designated quarantine sites and federally supported self-quarantine lodgings. There have been no charges laid for violations against the *Quarantine Act* as of April 6, 2020.

Q53. Where are the federally designated quarantine sites?

Information on location of those sites is not shared as to protect the privacy of quarantined Canadians. Yes, the Public Health Agency has set up those sites and is working with partners to assure their safety and the safety of all Canadians.

MODELLING AND SURVEILLANCE

Q54. What is predictive modelling?

Predictive modelling uses mathematical equations to estimate how many cases of a disease may occur in the coming weeks or months. There are many variables included in the calculation that are based on what we know about the affected population, the disease, the virus and how it spreads.

We can then change the calculations in ways that reflect how public health measures would decrease transmission and assess how well these measures may control the epidemic.

Q55. What are the objectives of modelling? What are your projections for COVID-19 cases in Canada?

The objectives are to:

- predict the possible number of cases of COVID-19 that may occur in the coming weeks or months; and
- assess the best methods to control the epidemic in Canada.

The various projections help us to decide what public health measures we need to use, and how to prepare the health care system for the anticipated number of patients affected by COVID-19.

Using these methods, and based on how the epidemic has developed so far, we estimate that the number of cases will reach 22,580 to 31,850 by April 16.

Q56. What considerations or factors are the modelling data based on? What information are you using to make predictions?

There are two general types of model:

- Forecasting models use our knowledge of how the epidemic has evolved in Canada and in other parts of the world in recent days and weeks to forecast how many new cases we may expect to see in the coming week or so. These models assume that the number of cases will continue to grow as they have in previous days or weeks.
- Dynamical or mathematical models use our knowledge of the virus causing COVID-19 (the SARS-CoV-2 virus) and how it spreads based on studies from around the world. This knowledge is used to produce a mathematical representation (i.e., a model) of how COVID-19 may spread in the Canadian population under different public health measures to control the disease. We develop these models to help us with planning. The

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models are to be adjusted as we get better data on the actual epidemic situation, and the resulting predictions will change over time.

Q57. What are the different public health measures that are being used by communities and are modelled to anticipate their potential impacts on the epidemic?

The main public health measures are:

- Social or physical distancing—which includes measures such as closing schools, universities, meetings and meeting places, and teleworking, with the aim of reducing the possibility that an infected person will transmit the virus to another person.
- Case detection and isolation—which is finding infected people through testing and public health surveillance and isolating them (at home or in hospital) so they cannot transmit the infection to someone else.
- Contact tracing and quarantine—which is finding people who have had contact with a COVID-19 case and making sure they remain in quarantine for 14 days (or longer if they themselves start to show symptoms) so they cannot transmit infection.

All of these public health measures aim to break chains of transmission in the community.

Q58. How reliable is the data?

Our knowledge of COVID-19 continues to evolve internationally. The epidemic in Canada also continues to evolve, and new data for cases become available every day. Model-based predictions will be updated and adjusted as the science evolves and as new data on the cases occurring in Canada become available. The models will also be updated to reflect any changes in the public health measures being used to control the epidemic.

This iterative approach to our modelling will help us to assess the possible impact of changes in public health measures over time. It will also help us prepare the health care system for the anticipated number of COVID-19 cases requiring hospital care.

The actions Canadians take every day will continue to influence the predictions and the actual numbers.

Q59. Why are you providing two different models? Isn't one enough? What's the difference in the two models and what are their limitations?

The **forecasts** are based on data from the epidemic as it is actually evolving in Canada and allow us to understand what is happening in the short term based on our experience so far in Canada and the experience of other affected countries.

The **dynamical models** provide a long-term view of possible ways the epidemic may evolve and help us evaluate which public health measures will minimize the impact on Canadians.

Q60. Do we have different projections from provinces and territories that have released modelling data? If so, why?

We are using similar methods for forecasting cases in the coming weeks, and modelling impacts of different public health measures. However, we are forecasting and modelling what is

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happening in Canada as a whole, while individual provinces have a local focus. The provincial models are based on data from their provincial cases, so their predictions will be different and specific to their evolving situation.

Q61. What external experts are advising on this work?

The Public Health Agency of Canada established an external advisory group to support our efforts to model and make predictions on the COVID-19 epidemic. This advisory group comprises 37 experts on infectious disease modelling and epidemiology from provincial and territorial public health organizations and from universities across Canada. The group meets twice a week.

The Agency participates in the World Health Organization modelling group to learn from studies conducted around the world and to benchmark our studies against them.

Q62. Will these models show us whether we are achieving our objectives?

Models suggest what will happen with different types of public health measures. How effective these are will be reflected in surveillance data. We are continually evaluating the impact of our public health measures on the number of cases reported in surveillance, and we are adjusting them as needed in collaboration with our provincial and territorial partners. It is important to remember that it takes about two weeks before we can see the impact of public health measures in our surveillance data. This is because of the time lapse between when a case is infected and when they are reported to the Public Health Agency of Canada as a confirmed case.

Q63. Does the federal modelling take into account specific demographics?

We are using a range of modelling methods to assess and predict how COVID-19 may spread in Canada in the coming weeks and months. We know that based on the data provinces and territories have provided about their cases that there are different patterns of spread and different populations affected in each jurisdiction. While we undertake model-based predictions for the country as a whole, we are also developing models that consider the spectrum of differences amongst provinces and territories, municipalities, and vulnerable populations.

GPHIN'S ROLE IN SURVEILLANCE

Q64. During virus outbreaks, what data does GPHIN collect and use for alerts and in what languages is the data disseminated?

The Public Health Agency of Canada's Global Public Health Intelligence Network (GPHIN) is an early-warning and situational awareness system for potential chemical, biological, radiological and nuclear public health threats worldwide—including outbreaks of infectious disease.

GPHIN users include non-governmental agencies and organizations, as well as government authorities who conduct public health surveillance. GPHIN is a significant contributor to the World Health Organization's Epidemic Intelligence from Open Sources.

Every given day, about 7,000 articles are captured in the GPHIN system. The web-based application in the GPHIN system continuously scans and acquires news sources of information

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worldwide in nine languages (Arabic, Farsi, English, French, Portuguese, Russian, Spanish, and simplified and traditional Chinese).

GPHIN's main data provider is Factiva, a global news database and research platform that contains nearly 33,000 sources, including newswires, newspapers, and trade publications. GPHIN also mines specific RSS feeds from relevant publications and twitter accounts.

In addition, GPHIN analysts have programmed specific Google Alerts and monitor other news aggregators applications, such as ProMED and HealthMap, to further increase the variety of what is included in GPHIN.

GPHIN analysts have extensive lists of websites and social media accounts from official governmental sources, medical expert forums and other relevant sources that they monitor on a daily basis. Once the data are in the GPHIN system, they are processed, validated, and assessed.

Q65. When was data first collected on the coronavirus outbreak and from what source?

On December 31, 2019, at 05:16 AM EST, an article called "[China probes mystery pneumonia outbreak amid SARS fears](#)" was published by Agence France Presse and uploaded in the GPHIN system at 05:42 AM EST.

Q66. When did GPHIN first send out an alert about the coronavirus outbreak and to whom?

The GPHIN analysts conducting their daily review recognized the potential importance of this issue and highlighted it in the Daily GPHIN report, which was distributed at 07:50 EST that day to Canadian public health practitioners at the federal, provincial and territorial levels. The report included the following summary:

International Events of Interest

China - China probes mystery pneumonia outbreak amid SARS fears (Media)

Authorities are investigating an outbreak of viral pneumonia in central China amid online speculation that it might be linked to SARS, the flu-like virus that killed hundreds of people a decade ago. There were 27 cases of "viral pneumonia of unknown origin" reported in Wuhan, in central Hubei province, the city's health commission said in a statement. Seven patients were in a critical condition.

Q67. How does GPHIN's selection of data, or analysis of data, differ from approaches taken by ProMED, HealthMap and commercial providers such as Blue Dot?

GPHIN consists of two critical components:

- A professional multidisciplinary team of life science analysts, reviewing information in nine languages and conducting rapid risk assessments to detect public health threats; and

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- An Information Management Tool that uses machine learning and natural language processing to facilitate the work of the analysts.

GPHIN requires a free subscription from eligible users, which include non-governmental agencies and organizations, as well as government authorities who conduct public health surveillance.

ProMED uses information coming from volunteer “rapporteurs”, as well as information from subscribers and from staff-conducted searches of the Internet, media, and various official and unofficial websites. Moderators assess these reports for plausibility, edit them as necessary, and often add comments or context before posting. ProMED is one of the many data sources of GPHIN.

HealthMap's content is aggregated from freely available information (including ProMED) and automatically processed by machine learning algorithms. Unlike GPHIN, there is no human assessment of the information published, which could influence the system performance.

BlueDot is a private company for which you need to pay a subscription to access the data. It gathers information from official and mass media sources including the WHO and ProMED-mail.

Much of this work is complementary, and organizations rely on a broad range of inputs to help identify potential threats and provide early warning.

Q68. Is the Government of Canada using BlueDot’s AI to trace COVID-19 contacts?

Both the Public Health Agency of Canada and Health Canada have contracts with BlueDot. Neither contract involves the use of AI to trace contacts.

NML’S RESPONSE TO OUTBREAK

Q69. What is the Public Health Agency of Canada (PHAC) National Microbiology Laboratory’s (NML) response to the current COVID-19 outbreak? Were additional resources required to manage extra workload?

The Public Health Agency of Canada (PHAC) National Microbiology Laboratory’s (NML) response to the current COVID-19 outbreak is a whole-of-community effort, with more than 75 staff directly contributing at this time. Almost all NML staff have training in emergency response, and all have something to contribute from their various areas of expertise.

The Influenza and Respiratory Viruses section is leading the laboratory diagnostic efforts, including the design and implementation of testing approaches. This team is directly supported by Science Technology Cores and Services (leading on genetic sequencing) and the Canadian Public Health Laboratory Network Secretariat (leading on collaboration with provinces and territories). NML scientists with broad scientific expertise in virology and response to emerging pathogens are now developing research plans to characterize the virus, to develop animal models, and to pursue collaborative studies on vaccine research and development. Scientists are also contributing expertise in knowledge synthesis and disease modelling.

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The NML's Emergency Operations Centre has also been activated, drawing upon experts across all disciplines and from all areas of the NML, including administration, logistics, communications, informatics, emergency response, and our business office.

Scientists from the NML are also onsite at Canadian Forces Base Trenton to test any symptomatic individuals from the charter plane from Wuhan, China.

The NML is exceptionally proud of its contribution in response to this outbreak.

VIRUS TRANSMISSION

Q70. Can COVID-19 be transmitted when a person is not showing symptoms?

Now that more countries have had large numbers of cases and have analysed transmission patterns, recent studies provide evidence that transmission of the virus can happen from infected people—before they develop symptoms. We refer to this as *pre-symptomatic transmission*.

There is also evidence that some infected people who never develop symptoms are also able to transmit the virus. This is called *asymptomatic transmission*. We do not know how much of a role pre-symptomatic and asymptomatic transmission play in driving this epidemic at this time—but we know that it is occurring among those with close contact or in close physical settings.

While the primary driver of the global pandemic of COVID-19 has been individuals with visible symptoms (coughing and respiratory droplets are key ways the virus is spread), evidence of asymptomatic or pre-symptomatic transmission points to the importance of everyone, even those who feel fine, following the proven methods of preventing transmission.

To prevent transmission of COVID-19 here is what we know is proven:

- Staying home as much as possible
- Physical distancing
- Washing your hands
- Protecting the most vulnerable from infection and exposure to others
- Covering your cough with tissues or your sleeve

Q71. What should you do if you have been exposed to an individual who has a confirmed case of COVID-19?

If you **do not have symptoms**, but believe you were exposed to a source of COVID-19, the Public Health Agency of Canada asks that you, for the next 14 days:

- monitor your health for **fever, cough and difficulty breathing**; and,
- avoid places where you cannot easily separate yourself from others if you become ill.

To further protect those around you, wash your hands often and cover your mouth and nose with your arm when coughing or sneezing.

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If you **develop symptoms of COVID-19**, isolate yourself from others as quickly as possible. Immediately call a health care professional or the public health authority in the **province or territory where you are located**. Describe your symptoms and travel history. They will provide advice on what you should do.

Q72. Are Canadians at risk for contracting COVID-19 if they touch a surface that could potentially be contaminated?

It is not yet known how long the virus causing COVID-19 lives on surfaces, however, early evidence suggests it can live on objects and surfaces from a few hours to days.

Surfaces frequently touched with hands are most likely to be contaminated. These include doorknobs, handrails, elevator buttons, light switches, cabinet handles, faucet handles, tables, countertops and electronics.

The best way to prevent COVID-19 and other respiratory illnesses is to:

- avoid touching the eyes, nose and mouth;
- consistently use good hand hygiene measures, which includes frequent handwashing with soap under warm running water for at least 20 seconds, or using an alcohol-based hand sanitizer if soap and water are not available;
- maintain good respiratory etiquette, such as covering your mouth and nose with your arm or sleeve when coughing and sneezing, disposing of any used tissues as soon as possible, and following with handwashing or use of alcohol-based hand sanitizers where soap and water are not available;
- regularly clean and disinfect surfaces that people touch frequently such as toilets, bedside tables, doorknobs, phones and television remotes with a product that cleans and disinfects.

Q73. Are Canadians at risk for contracting COVID-19 from products shipped within or from outside of Canada?

It is not yet known how long the virus causing COVID-19 lives on surfaces, however, early evidence suggests it can live on objects and surfaces from a few hours to days.

The risk of spread from products shipped over a period of days or weeks at room temperature is very low.

Products shipped within or from outside of Canada could be contaminated. However, because parcels generally take days or weeks to be delivered, and are shipped at room temperature, the risk of spread is **low**. There is no known risk of coronaviruses entering Canada on parcels or packages.

To protect yourself from COVID-19, make sure to do the following when handling products shipped within or outside of Canada:

- use good hygiene measures
- regularly clean and disinfect surfaces
- do not touch your eyes, nose and mouth

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Q74. Can COVID-19 be transmitted through food or food products?

There is currently no evidence that food is a likely source or route of transmission of the virus. Scientists and food safety authorities across the world are closely monitoring the spread of COVID-19.

Coronaviruses generally do not survive on surfaces after being contaminated. The risk of spread from products shipped over a period of days or weeks at room temperature is very low.

If the CFIA becomes aware of a potential food safety risk, appropriate actions will be taken to ensure the safety of Canada's food supply.

Q75. What is the latest information about the possibility of transmission of COVID-19 through food or water?

At present, there is no evidence to suggest that COVID-19 spreads through food or water.

Current evidence suggests that COVID-19 is most commonly spread from an infected person through:

- respiratory droplets generated when they cough or sneeze,
- close personal contact, such as touching or shaking hands, or
- touching something with the virus on it, then touching your mouth, nose or eyes before washing your hands.

In general, coronaviruses are a large family of viruses, some that causes illness in people and others that circulate among animals, including camels, cats and bats.

COVID-19 not been identified as a foodborne pathogen.

TESTING AND CONFIRMING CASES

Q76. How is Canada currently testing patients for COVID-19?

Canadians can be confident in the methods and laboratory capabilities of Canada's NML.

The NML is internationally recognized for its scientific excellence.

Multiple provincial public health laboratories can now test for COVID-19 with a very high degree of accuracy.

BC, AB, SK, ON, and QC are able to confirm laboratory diagnostics for the virus that causes COVID-19. For all other provinces, their results undergo additional testing at NML because this is a previously unknown virus and it is good practice to use additional tests to provide further confirmation of initial laboratory findings.

There are multiple testing approaches that will be used by the laboratory to confirm cases. Follow-up results from the NML are expected to be available within 24 hours after receipt at the NML.

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The NML is providing all provinces and territories with laboratory reference services. These testing services provide a variety of support to provincial and territorial laboratories across Canada including confirmatory testing, quality assurance, and in-depth analysis of difficult to diagnose specimens.

Q77. Are we testing enough people to prevent community spread?

The Public Health Agency of Canada is working with provincial and territorial colleagues to monitor the situation and plan for all possible scenarios based on evidence. We want to have the most accurate picture of what is happening in our communities. While testing in Canada is focused on people who present with symptoms consistent with COVID-19, Canada's testing strategies continue to evolve as the outbreak of COVID-19 spreads.

Frontline health providers and laboratories have been vigilantly triaging and testing possible cases. Public health authorities have carried out detailed investigations and contact tracing on all confirmed cases to identify possible community spread.

Public health laboratories across Canada are also working together to report COVID-19 test results. These reports will allow us to monitor where COVID-19 is occurring, which can provide us with an early signal of potential clusters that can indicate community spread.

We continue to work with our provincial and territorial partners on a national testing strategy that will help us maximize the impact of our testing resources and delay the spread of COVID-19 in high-risk settings, such as hospitals and long-term care facilities.

At the same time, Health Canada has been working with manufacturers to enable market access for commercial diagnostic devices in order to increase Canada's COVID-19 diagnostic capacity.

The Minister of Health has signed an Interim Order, as an emergency public health measure, to allow expedited access to COVID-19-related medical devices.

With the Interim Order, two new diagnostic tests are made readily accessible in Canada:

- the Roche Molecular Systems Inc. cobas SARS-CoV-2 diagnostic device; and
- the ThermoFisher Scientific TaqPath™ COVID-19 Combo Kit.

This will help improve access to medical devices that could permit faster and more convenient testing of patients in Canada.

Q78. Why is it taking so long to get test results back?

All levels of government are working together to advance testing technologies, secure access to more test kits and accelerate test results.

Provincial public health laboratories can test for COVID-19 with a very high degree of accuracy and the vast majority are able to confirm laboratory diagnostics for the virus that causes COVID-19.

For Prince Edward Island, Manitoba, and parts of Northwest Territories and Nunavut, their results undergo additional testing at the National Microbiology Laboratory (NML).

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The results from these jurisdictions are shipped to the NML for confirmatory testing. This adds additional time to receive results.

The NML strives to have follow-up results within 24 hours of receipt; however, because of increased volume, some results may take 48-72 hours. The NML is working around the clock to process results as quickly as possible.

For questions about provincial and territorial testing turnarounds, please contact the appropriate public health authority in that jurisdiction.

Q79. Do we have enough tests? What are you doing to get more?

We anticipate that there will be adequate supply of diagnostic tests.

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With the Interim Order, two new diagnostic tests are made readily accessible in Canada:

- the Roche Molecular Systems Inc. cobas SARS-CoV-2 diagnostic device; and
- the ThermoFisher Scientific TaqPath™ COVID-19 Combo Kit.

This will help improve access to medical devices that could permit faster and more convenient testing of patients in Canada.

Point-of-care diagnostic tests are in development and may become available through this Interim Order, which would also permit quicker and more convenient testing of patients.

Q80. Is Health Canada looking to the cannabis sector for additional COVID-19 testing?

A number of options are being assessed to increase testing capacity to support provincial and territorial public health authorities. As part of this, Health Canada is working to identify lab capacity that might be available across the country in various sectors, including at licensed cannabis production sites, to assist with supporting COVID-19 testing. On March 26, Health Canada sent an email to all licence holders, asking those with lab capacity that are interested in assisting to notify the Department by email. Several labs have responded indicating their willingness to assist. The department is currently confirming next steps, including confirming whether they have the appropriate equipment, certifications and protocols to assist.

DRUG, HEALTH PRODUCTS AND MEDICAL SUPPLIES

Q81. Is Health Canada aware of the advertising or sale of misleading or false COVID-19 products?

As of March 31, Health Canada has received over 60 complaints from consumers and industry about health products that make false or misleading claims related to COVID-19.

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The Department is addressing these cases and has directed companies to remove these claims from their websites and advertising materials. The Department will continue to monitor websites and work with online retailers to verify that products making false and misleading claims about the diagnosis and treatments of COVID-19 are removed. Selling or advertising health products making false or misleading claims is illegal since this is in contravention of Sections 9(1) and 20(1) of the *Food and Drugs Act*. The Department takes this issue seriously and will use all tools at its disposal to stop these activities.

On March 27, Health Canada issued a public communication to warn Canadians about the risks posed by health products making false and misleading claims related to COVID-19:
<https://healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2020/72659a-eng.php>.

The Department encourages anyone who has information regarding the potential non-compliant sale or advertising of any health product claiming to treat, prevent or cure COVID-19 to report it using the [online complaint form](#).

Q82. Has Health Canada been made aware of any misinformation or false claims about alcohol-based hand sanitizers?

In Canada, alcohol-based hand sanitizers are considered natural health products. Alcohol-based hand sanitizers that have been authorized for sale by Health Canada will have an eight-digit Natural Product Number (NPN) on the product label.

Health Canada has received complaints about health products that make false or misleading claims related to COVID-19. The Department is currently addressing these cases and has directed companies to remove these claims from their websites and advertising materials. Health Canada continues to monitor websites for these claims and is working with online retailers to ensure that products making these claims are removed. Selling or advertising health products making false or misleading claims is illegal. The Department takes this issue seriously and will not hesitate to use all mechanisms and tools at its disposal to stop these activities.

On March 18, 2020, in light of the unprecedented demand and urgent need for products that can help limit the spread of COVID-19, Health Canada issued an [advisory](#) announcing that the Department is facilitating access to products that may not fully meet current regulatory requirements, as an interim measure. This includes hand sanitizers, disinfectants and personal protective equipment (e.g., masks and gowns), as well as swabs. While these products are typically subject to regulatory requirements, such as licensing and bilingual labelling, the Department is allowing certain products to be sold in Canada that may not fully meet all requirements under this interim measure. Health Canada is maintaining an updated [list of products](#) sold in Canada through this measure on its website for consumers to consult.

In addition, Health Canada is expediting approvals of products, as well as establishment and site licences related to these types of products. A list of more than 550 authorized hand sanitizer products has been published on Health Canada's [website](#). The list is updated daily and includes information on alcohol-based hand sanitizers. If consumers see a disinfectant or hand sanitizer for sale that is making false or misleading claims, they are encouraged to report it to Health Canada using its [online complaint form](#).

More information to help inform Canadians on buying and using drug and health products safely is available [here](#).

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Q83. Are there any drug shortages due to COVID-19, and what is being done to monitor supply?

Health Canada is actively monitoring the impact of the COVID-19 pandemic on the supply of drugs in Canada. This includes proactively looking at the Canadian supply chain to identify areas where supply may be vulnerable and addressing those vulnerabilities before shortages develop. The Department has also increased surveillance efforts and is regularly engaging provinces and territories, industry, healthcare and patient groups—in some cases on a daily basis. Health Canada is also working with international regulatory partners, including the European Medicines Agency, the United States Food and Drug Administration, the Australian Therapeutic Goods Administration, and the World Health Organization to share information on any signs of global supply disruptions. This engagement has enabled us to better identify early shortage signals and potential mitigation strategies, and to coordinate responses.

Health Canada is aware that an increase in demand is resulting in supply constraints for certain drugs such as sedatives, analgesics, and muscle relaxants. The Department is working with provinces and territories, companies, and other stakeholders to mitigate the impact on patients. The Department is also aware of a shortage in hydroxychloroquine, a drug that is approved for the treatment of lupus, rheumatoid arthritis, and malaria and is being studied as a potential treatment for COVID-19. We are working with industry and health care partners to mitigate the impact of the increase in demand for this drug, including working with companies that can ramp up supply for the Canadian market.

Q84. What is driving the potential for drug shortages?

There are a multiple factors that may impact the availability of a drug and increase the potential for a shortage. These include manufacturing disruptions, availability of ingredients, supply chain disruptions, and increase in demand. Health Canada works with companies and partners to identify the root cause of shortages and mitigate any impact on patients as quickly as possible. Health Canada [recently advised Canadians](#) not to purchase more medication than they need, and health professionals to avoid prescribing or dispensing larger supplies of medication than necessary, to help prevent shortages caused by increased demand.

Q85. The government has given itself powers to pass regulations to prevent shortages. What kind of regulations could prevent that from happening?

As part of the whole-of-government response to the COVID-19 pandemic, the *COVID-19 Emergency Response Act* was passed last week. The amendments to the *Food and Drugs Act* enable Health Canada to put in place more robust tools to support efforts to alleviate shortages that occur and prevent shortages from happening when possible. For example, these amendments would allow for the Government of Canada to put in place a regulatory framework that would help to quickly facilitate access to drugs and medical devices necessary to alleviate an anticipated shortage.

Q86. When you say you're working with drug suppliers, what actions does that involve?

Health Canada is working with industry, provinces and territories, and other healthcare partners to mitigate the impact on Canadians of any shortages related to COVID-19. When an anticipated or actual shortage is reported to Health Canada, the Department works with

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companies from across the supply chain to better understand root causes, plans to resolve the shortage and measures that can be taken to mitigate the impacts on Canadians. In the event of a critical national shortage, Health Canada engages with the company reporting the shortage, as well as other companies that supply the Canadian market, in order to explore all options for meeting Canadian demand. This includes options to facilitate access to alternative supply as needed and working with companies that are able to ramp up supply for Canadians. Health Canada is working with other federal departments, provincial and territorial governments, international partners, and industry so that Canadians have access to the drugs and medical devices they need during the COVID-19 pandemic.

Q87. What is the current supply of the following drugs: Remdesivir; Chloroquine and hydroxychloroquine; Ritonavir/lopinavir; and Ritonavir/lopinavir and interferon-beta?

Health Canada is closely monitoring the supply of any potential treatments for COVID-19 and working with companies to help ensure continued supply in Canada, including working with companies that can ramp up supply for the Canadian market.

Remdesivir is a drug that had not been authorized for sale in Canada, and is manufactured by Gilead Sciences Canada Inc. Due to the high global demand for Remdesivir, Gilead Sciences Canada Inc. notified Health Canada on March 23rd, 2020 that they are transitioning access to Remdesivir from Health Canada's Special Access Program to access through clinical trials, which the company is developing for this drug. During this transition period, Gilead is unable to accept new individual request via the Special Access Program; however, exceptions will be made for pregnant women or children less than 18 years of age with confirmed COVID-19 and severe manifestations of disease ([Special Access to Remdesivir for COVID-19 in Canada](#)).

Hydroxychloroquine is marketed in Canada by four companies: Apotex Inc., JAMP Pharma Corporation, Mint Pharmaceuticals Inc., and Sanofi-Aventis Canada Inc. Apotex Inc. is currently reporting a [shortage](#) due to an increase in demand, with an anticipated end date of April 15, 2020. The other three companies are not reporting shortages. Chloroquine is marketed in Canada by Teva and is reported to be in [shortage](#) with an anticipated end date of December 31, 2022 due to a shortage of an active ingredient.

Ritonavir/lopinavir is marketed in Canada by AbbVie and is currently not reported to be in shortage.

Interferon-beta is marketed by EMD Serono Canada and Biogen Canada Inc in Canada and neither are reporting a shortage.

Health Canada will continue to closely monitor supplies of these drugs in Canada and will take any necessary actions in collaboration with the companies, provinces and territories, and other stakeholders to help ensure continued supply in Canada. Companies are the best source for information regarding the supply of a particular drug and should be contacted for any questions about market status and the availability of a particular drug. Canadians may also wish to visit www.drugshortagescanada.ca for the latest information on any reported drug shortages in Canada.

Q88. Is Immune-Tami going to be licensed for sale in Canada?

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Health Canada has not authorised any product with the brand name 'Immune-Tami' or received any product licence application from Meon Supplements.

Health Canada opened a case after receiving a complaint regarding this product and will take action to address any confirmed non-compliance with the *Food and Drugs Act* and/or its Regulations.

Q89. Is Health Canada aware of any medical device shortages due to COVID-19, and what is being done to monitor supply?

At this time, Health Canada has not received any medical device shortage notifications from manufacturers of medical devices as a result of COVID-19.

The Department has engaged medical device industry stakeholders to seek any early signals of potential supply issues and none have been identified to date. Health Canada continues to monitor the situation and will take appropriate action, as required, to mitigate any impact on Canadians.

Q90. Will 3D printed medical devices be allowed to be used to alleviate supply shortages in Canada during this pandemic?

Health Canada is aware that groups here in Canada and in other countries (e.g. the UK, the U.S., Italy, China) may be using various manufacturing techniques to address some supply issues.

Health Canada, together with other federal organizations and private sector, is facilitating the assessment of existing 3D printing capacity in Canada and will help determine possible next steps to augment capacity where needed.

It is important to note that Health Canada remains the regulatory authority for all medical devices that are intended to be sold or imported and has dedicated processes to quickly assess safety, efficacy, and quality for medical devices manufactured for the COVID-19 response, including those manufactured by 3D printing.

Health Canada has reached out to its trusted 3D printing network in the medical device industry, hospitals, universities, colleges and industrial manufacturing facilities. As of March 20, we have received responses from 34 organizations with 3D printing experience who are willing to help.

Q91. Are there any concerns about these items being produced without the usual quality checks or certification processes?

Medical devices sold, imported or distributed in Canada must meet the safety, effectiveness, and quality regulatory requirements of the *Medical Devices Regulations* or the *Interim Order* in cases of devices involving COVID-19. These regulated devices include medical devices manufactured via 3D printing. Health Canada is the regulatory authority for all medical devices and has dedicated processes to quickly assess safety, efficacy and quality for medical devices manufactured for the COVID-19 response.

There are risks if devices such as personal protective equipment are not of high enough quality to properly protect patients and healthcare workers. We are working with conventional medical device manufacturers and certified 3D printing organizations regarding required device

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specifications and quality so Canadians can have timely access to medical devices that are safe, efficacious and of high quality.

Q92. What is the scope of Canada’s need for reagent chemicals used for testing COVID-19?

Canada’s COVID-19 response depends on laboratory testing to detect infection early and take effective public health measures to reduce spread. Canada’s public health laboratories work together through a network called the Canadian Public Health Laboratories Network to support COVID-19 diagnosis according to validated testing protocols. The global shortage of testing reagents is affecting laboratory capacity. The Public Health Agency of Canada’s National Microbiology Laboratory is supporting provincial requirements for testing reagents by developing in-house reagents as an interim solution and by working with the industry sector to procure supplies in bulk as they become available. Our priorities are accessing testing reagents, evaluating rapid point-of-care tests and accessing authorized test kits so that provinces and territories are equipped to ramp up testing according to their requirements.

Q93. What role do provinces and territories play in being alert to potential shortages in their jurisdictions?

Addressing the complex issue of drug shortages is a multi-stakeholder responsibility requiring collaborative action from provinces and territories, manufacturers, distributors, health care professionals, and the federal government. Health Canada works closely with the provinces and territories, who notify the Department of shortages of concern.

When a critical national shortage occurs, Health Canada works with stakeholders across the drug supply chain to coordinate information sharing and identify mitigation strategies. Factors such as whether the shortage is national in scope, whether alternative supplies are available, and whether the product is considered medically necessary are considered in determining the potential impact and any necessary actions by Health Canada. More information on the roles and responsibilities in addressing drug shortages can be found on our [website](#).

Q94. Is there an estimate in terms of how many ICU beds Canada will require as the epidemic reaches its peak? And how many ICU beds are available now?

According to the Canadian Institute for Health Information (CIHI), there were 3,902 ICU beds in Canada (excluding Quebec, Nunavut and Yukon), in 2017-18, which is the most recent and most complete data available. Further details can be downloaded from CIHI’s web site. Health care system officials in the provinces and territories are closely monitoring their jurisdiction’s health system capacity, including the demand and supply for key assets such as ICU beds and ventilators as the number of COVID-19 cases rise. The situation continues to evolve as many jurisdictions are taking various actions, including cancelling elective surgeries and moving alternative level care (ALC) patients to other sites to improve their acute care capacity in hospitals.

Health Canada is currently discussing with provincial and territorial officials the availability of ICU and ventilator capacities.

Q95. Where will medical supplies be stored before they are distributed by Canada Post or Purolator to hospitals?

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Amazon will work directly with Canada Post to provide warehousing, and leverage its current third-party delivery channels, through Canada Post and Purolator, to deliver the products to provincial and territorial health authorities, across the country, for the frontline healthcare response.

Q96. How many ventilators does Canada have now, and how many would be needed when the epidemic reaches its peak?

The collaborative federal, provincial and territorial procurement order also includes ventilators. The federal government has contracted for more than 1,500 ventilators and is working to support the acquisition of additional ventilators in support of provinces and territories.

The global demand for these items is high, and PHAC will continue to assess needs with the provinces and territories as this event evolves.

Q97. What is the federal government doing in terms of increasing the supply of ventilators and masks?

The Government of Canada is investing \$2 billion to purchase PPE, including for bulk purchases with provinces and territories. This includes masks and face shields, gowns, ventilators, test kits and swabs, and hand sanitizer.

Discussions are continuing within the Government of Canada (Innovation, Science and Economic Development Canada, Public Services and Procurement Canada, Health Canada and the Public Health Agency of Canada) to explore alternative PPE supply routes and to scale up domestic production with Canadian companies such as Thornhill Medical and Medicom. To ensure that these production lines meet the technical specifications appropriate for use in frontline response, Health Canada and the Public Health Agency of Canada are conducting technical evaluations. This includes the Minister of Health's most recent signing of an Interim Order to allow expedited access to COVID-19-related medical devices. The list of authorized COVID-19 devices (with authorization dates) is available here and all licensed medical devices are listed in the Medical Device Active Licence Listing.

Q98. Has Health Canada approved KN95 masks for use in Canada. If not why not?

Yes, we have approved KN95 full face respirators in the context of the pandemic on the basis of equivalent standards to N95 respirators.

Q99. Is the KN95 respirator NIOSH certified? Does it meet an equivalent alternate standard?

No, KN95 respirators are not NIOSH certified. They meet GB2626-2006, which is an equivalent standard to NIOSH-42CFR84. Equivalencies for masks and other equipment can be found at <https://buyandsell.gc.ca/specifications-for-COVID-19-products#100>

Q100. What is the status of Health Canada's review of the "WOODBRIIDGE INOAC MASK" and whether it can be used at hospitals?

Health Canada has authorized the "WOODBRIIDGE INOAC MASK" on April 4, 2020. The device is intended to mitigate the wearer's exposure to hazardous particles. This device is not an N95

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respirator, it is a surgical mask Level 3 which can be used in hospitals settings in accordance with the manufacturer's labelling.

Q101. Is the government thinking about increasing supply of the flu shot for the next flu season in light of the demand the COVID-19 pandemic?

The Public Health Agency of Canada (PHAC) assists in coordinating and overseeing the distribution of influenza vaccines for public programs, in collaboration with Public Services and Procurement Canada, Health Canada, the manufacturers, and federal, provincial and territorial partners. PHAC does not decide how much vaccine provincial and territorial governments purchase for their populations; this decision is made by each provincial and territorial government based on past experience, the influenza season forecast, and the requirements of its immunization program.

In light of the COVID-19 pandemic, provincial and territorial governments are reviewing their vaccine supply orders for next year's influenza season to determine whether they are sufficient or should be increased. There is still an opportunity to increase orders before final commitments need to be made.

INTERIM ORDER RESPECTING DRUGS, MEDICAL DEVICES AND FOODS FOR A SPECIAL DIETARY PURPOSE IN RELATION TO COVID-19

Q102. How will Health Canada assess these health products for safety and effectiveness?

The Interim Order allows for the importation and sale of drugs, medical devices, and special foods that support Canada's response to COVID-19.

As with all drugs and medical devices, Health Canada will assess and monitor the safety, quality, and efficacy of all products allowed for import and sale under this Interim Order.

Drug and medical device manufacturers will be required to follow strict post-market safety requirements.

Q103. Is Canada guaranteed to receive adequate supply of these items?

Supply issues related to drugs, medical devices, or foods for special dietary purposes could occur at any time. That's why Health Canada is monitoring supplies of prescription drugs, medical devices, and health products such as hand sanitizers, and enabling the continued supply of these products to Canadians.

Q104. How does this Interim Order compare to the interim measure the Department announced last week to allow for the importation of hand sanitizers, disinfectants, personal protective equipment and swabs that do not fully meet Health Canada requirements?

This Interim Order applies to a greater variety of products, including prescription drugs and certain special foods, and creates shortage reporting requirements for medical devices.

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Q105. And how does it compare to the shortage provisions in the Legislative Amendments?

Both the Interim Order and the amendments have provisions to allow products that are not approved for sale to be sold in Canada with certain restrictions.

The legislative amendments provide more flexibility on what may be imported, and provide additional powers such as allowing another company to make, use or sell a drug or medical device that is protected by patent in order to meet demand, when needed supplies cannot be obtained from the patent holder, subject to certain conditions as described in the interim order.

Q106. What are the new requirements for medical device shortage reporting?

Manufacturers and importers will be required to notify the Minister of shortages of devices considered critical during the COVID-19 pandemic. Manufacturers and importers will have to notify Health Canada within five days of becoming aware of a real or anticipated shortage. This is similar to what is already required of drug companies.

A manufacturer may allow an importer to report information on its behalf, to avoid duplication.

Having an accurate understanding of real and anticipated medical device and drug shortages will help the Minister decide which products to consider allowing for import and sale.

Q107. How does this affect personal importation?

This Interim Order will not alter Health Canada's existing position, policies, and laws with respect to personal importation.

Q108. How do we know which COVID-19 diagnostic kits have been approved by Health Canada under the Interim Order for Expedited Medical Devices, signed March 18, 2020?

The [list of diagnostic devices](#) authorized via the [Interim Order](#) is available online. The list is updated daily.

Q109. What qualifies as a “food for a special dietary purpose” under the Interim Order, other than infant formula?

Foods for a special dietary purpose could include foods that are specially formulated to meet the needs of consumers with health conditions, such as low-protein foods for those suffering with kidney disease. These could also be foods that are the primary or sole source of nutrition for a person, such as infant formulas and specially formulated liquid diets for those unable to get proper nutrition through solid food.

Q110. How will access to disinfectants and hand sanitizers be expedited?

The Interim Order changes an application requirement for biocide drugs (hard surface disinfectants and certain hand sanitizers) to allow for their expedited review and authorization.

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In addition, the Interim Order exempts certain hand sanitizers, regulated under the *Food and Drug Regulations* (FDR), from establishment licensing.

Q111. What is the Government currently doing to address any drug and medical device shortages related to COVID-19?

Health Canada is actively monitoring the potential impact of the COVID-19 pandemic on the supply of drugs and medical devices in Canada.

Health Canada continues to actively engage the pharmaceutical drug and medical device industry and provinces and territories to monitor for any signals of supply disruptions in Canada. Health Canada is also working in collaboration with international regulatory partners, including the European Medicines Agency, the United States Food and Drug Administration, the Australian Therapeutic Goods Administration, and the World Health Organization (WHO) to share information on any global supply disruptions.

Drug companies are required by regulation in Canada to publicly report actual and anticipated drug shortages and discontinuations within a specified timeframe on drugshortagescanada.ca. Drug and medical device shortage signals may also be reported to Health Canada by the provinces and territories, health care professionals or the public.

Health Canada has contacted all Drug Establishment Licence holders in Canada to remind them of the requirement to report anticipated and actual drug shortages, and to notify the Department of any event that may affect the quality, safety or efficacy of a drug. Medical Device Establishment Licence holders have also been requested to report any shortages to Health Canada.

Health Canada is also closely monitoring the supply of any potential treatments for COVID-19 and working with companies to help ensure continued supply in Canada, including working with companies that can ramp up supply for the Canadian market.

The Department will continue to closely monitor this situation and take any necessary action in collaboration with companies, provinces and territories and other stakeholders to help ensure continued supply of medications in Canada.

Q112. How will these amendments enhance the Government's ability to manage drug shortages?

These amendments will allow the Government of Canada to put in place more robust tools to support efforts to help prevent and alleviate shortages. For example, it enhances the Government's ability to put in place, through the Interim Order, a regulatory framework that allows for the importation of drugs and medical devices necessary to prevent or alleviate a shortage related to COVID-19.

Q113. Will Health Canada use these amendments to the *Patent Act* to bypass patent protection (sometimes called compulsory licensing) and allow other companies to produce patented drugs?

The Government of Canada respects patent rights and their importance to business, and knows that industry will do everything it can to meet the needs of Canadians.

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To address a pandemic such as COVID-19, the Commissioner of Patents can authorize the Minister of Health to allow another company to make, use or sell a drug or medical device that is protected by patent in order to meet demand, when needed supplies cannot be obtained from the patent holder.

The amendments to the *Patent Act* that were introduced the week of March 22, 2020, would only be used in exceptional circumstances, and include several safeguards to protect the interests of patent holders, including ensuring that a patent holder receives adequate remuneration for the use of the patent and placing limitations on the duration of the authorization.

The Minister of Health's power to seek authorization for third-party manufacturers to supply needed patented inventions is in place until September 30, 2020.

EXPEDITING ACCESS TO HAND SANITIZERS, HARD SURFACE DISINFECTANTS, PERSONAL PROTECTIVE EQUIPMENT AND SWABS

Q114. Were these changes made through new regulations?

These are interim measures implemented given the unprecedented demand and the urgent need for products that can help limit the spread of COVID-19, including hand sanitizers, disinfectants and personal protective equipment (e.g., masks and gowns). This is not a new regulation.

Q115. What does this new rule mean?

It is an interim measure and expedited approach. It is meant to facilitate access to imported hand sanitizers and disinfectants that do not fully meet the regulatory requirements under the Food and Drugs Act. Health Canada will allow certain products to be sold in Canada under this interim measure, including:

- products that are already authorized for sale in Canada but are not fully compliant with Health Canada requirements (e.g., labelling in one official language, different packaging from what was authorized); and
- products that are not authorized for sale in Canada, but are authorized or registered in other jurisdictions with similar regulatory frameworks and quality assurances.

Health Canada will allow these low-risk products to be distributed in Canada to address the current shortage in supplies. The expedited process requires an attestation form that helps Health Canada maintain a record of all hand sanitizers and disinfectants on the Canadian market. As with all health products, Health Canada will continue to monitor the safety of these products once they are on the market and will take action to protect the health and safety of Canadians, if necessary.

Q116. When will these products be made available on store shelves?

For hand sanitizers and hard surface disinfectants subject to this interim approach, products may be imported and sold as soon as companies have submitted a complete notification form that meets the established criteria.

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For personal protective equipment (class I medical devices), products may be imported or sold immediately after Health Canada issues a medical device establishment licence. Health Canada is currently issuing these licences within 24 hours of receipt of a completed application.

There are products already on the market. More information can be found [here](#).

Q117. Is Health Canada actively reaching out to manufacturers to get more products imported?

Information about this expedited process was shared with all drugs, natural health products and medical device establishment licence holders and product licence holders in Canada and with relevant industry associations.

Products permitted to be sold under this interim measure are being added to the list posted on Health Canada's [website](#). At the time the advisory was posted on March 18, only hand sanitizers and disinfectants had met the criteria for sale under this interim approach. Since then, medical devices have been identified and will be added to the list in the coming days.

Q118. Is Health Canada reaching out to the three RCMP forensic labs to provide personal protective equipment to health care workers?

The Government of Canada has not asked the Royal Canadian Mounted Police to provide personal protective equipment to health care workers. We are working directly with the provinces and territories to identify needs and buy in bulk to leverage our collective buying power. We are also accepting donations, enhancing domestic industrial capacity, and expediting the regulatory process to ensure we are able to get critically needed products to Canadian markets.

Q119. On the federal level, how do you handle donations coming from other countries to Canada? After they arrived at our border, where were they sent to? What's the Federal government's procedure to get them distributed? Who gets first?

The Government of Canada is receiving donations of medical supplies from companies both internationally and domestically, and is working to make them available for use by frontline healthcare workers.

Currently, donations are being managed through the Public Health Agency of Canada (PHAC), and additional partners will assist to ensure that the volume is handled as efficiently as possible and that the distribution reach is maximized.

When the federal government receives a donation, it must assess its quality. In addition to working off a pre-existing list of product specifications, PHAC and Health Canada have formed a technical review team to assist in this regard.

Q120. Does the government have any requirements on the standards of medical supplies used by local health agencies? If so, what are they?

PHAC is directing suppliers [online](#) to provide information on the items we are seeking, as well as the expedited process for suppliers to follow, including information on product specifications.

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Q121. Do you ever have concerns about the quality/standard of medical equipment donated to Canada?

An interdepartmental, multidisciplinary technical assessment committee has been established to assess donated medical supplies to verify that they meet the Government of Canada technical specifications for COVID-19 as available on the Public Services and Procurement Canada's [buy and sell website](#). The process for assessment varies depending on the medical device.

Q122. Who specifically are the members of this "interdepartmental, multidisciplinary technical assessment committee"?

The interdepartmental, multidisciplinary technical assessment committee comprises representatives from the Public Health Agency of Canada (including the National Microbiology Laboratory), Health Canada and the National Research Council of Canada.

Q123. When will the assessment of donated medical supplies be completed?

The Government of Canada is assessing donations as they are received. The objective is to conduct this process as rapidly as possible so that products that meet specifications can be distributed to the provinces and territories without delay.

Q124. Are the medical supplies donated by China last week in Canada? Are they in storage in Ottawa?

A number of shipments have arrived in the country, including from China, and the Government of Canada is working to rapidly allocate supplies to the provinces and territories. The Public Health Agency of Canada does not disclose the locations of the warehouses it is using to store personal protective equipment and other medical supplies.

Q125. Will the federal government consider to have a plan in place to increase the speed of donated medical supplies to fulfil the medical equipment shortage?

PHAC and Health Canada have been working closely with the Canadian Border Services Agency to expedite medical supply donations.

In response to the COVID-19 pandemic, Health Canada has implemented interim measures to expedite the importation of medical equipment including hand sanitizers, disinfectants, and personal protective equipment (such as masks and gowns)—as well as swabs. Details on Health Canada's interim measures can be found [here](#).

Q126. If these products don't meet all of Health Canada's regulatory requirements, should Canadians be concerned about their safety?

No. While these products are typically subject to certain regulatory requirements, such as licensing and bilingual labelling, Health Canada is allowing these low-risk products to be distributed in Canada to address their current unprecedented demand to help slow the spread of COVID-19.

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The expedited process requires companies to complete and submit a notification form that allows Health Canada to maintain a record of all hand sanitizers, hard surface disinfectants and personal protective equipment being sold in Canada under this interim approach. As with all health products, Health Canada will continue to monitor the safety of these products once they are on the market and will take action to protect the health and safety of Canadians, if necessary.

Health Canada will continue to use all tools at its disposal to expedite the supply of safe and effective health products related to COVID-19. However, the department is not providing blanket approval of unauthorized drugs or devices.

We will update Canadians with any new information as it arises.

Consumers and patients are encouraged to report any health product adverse events to Health Canada.

Q127. How are medical devices regulated in Canada? What are Class I devices?

Canada takes a risk-based approach to the regulation of medical devices, where the level of review before approval depends on the potential risk that the use of the device presents. This approach balances the need to provide the healthcare system with timely access to new and innovative technology, with the appropriate level of oversight and time required to assess safety and effectiveness.

In Canada, medical devices are categorized into four classes based on the risk associated with their use, with Class I devices presenting the lowest potential risk (e.g., a mask or gown) and Class IV devices presenting the greatest potential risk (e.g., a pacemaker). Class II, III and IV medical devices must have a Medical Device Licence to be sold in Canada. Companies selling Class I medical devices in Canada are required to have a Medical Device Establishment Licence. However, during this pandemic situation, Class I to IV devices can instead receive authorization under the Interim order respecting the importation and sale of medical devices for use in relation to COVID-19.

Health Canada is currently expediting its review of licensing applications related to any medical device related to COVID-19. In addition, as with hand sanitizers and disinfectants, Class I medical devices that may not fully meet all regulatory requirements and are notified to Health Canada under this interim measure are being allowed on the market.

Q128. How can consumers distinguish between a fraudulent product and a product imported through this interim measure?

Health Canada will maintain an updated list of products sold in Canada through this measure on its website for consumers to consult.

Hand sanitizers and hard surface disinfectants authorized for sale by Health Canada have an eight-digit Drug Identification Number (DIN) or Natural Product Number (NPN) on the product label. These products are listed on Health Canada's Drug Product Database or Licensed Natural Health Products Database.

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Class I medical devices are not licensed by Health Canada, but companies importing or manufacturing them do require a Medical Device Establishment Licence from Health Canada. These are listed on Health Canada's [website](#).

If consumers see a hand sanitizer or disinfectant for sale that does not have a DIN or NPN on the product label and is not on the list identified in the advisory, or if they become aware of a company importing or manufacturing a class I device without the required licence, they are encouraged to [report](#) it to Health Canada.

COVID-19-specific medical devices authorized for sale by Health Canada are listed on Health Canada's [website](#).

Q129. What else is Health Canada doing to improve the supply of health products during the COVID-19 pandemic?

The Minister of Health signed an Interim Order on March 18, 2020, to speed up access to medical devices for COVID-19. The list of COVID-19 medical devices authorized under the Interim Order is available on Health Canada's [website](#).

Q130. Can people obtain access to medical devices and drugs that have not been authorized in Canada, but are available in other countries?

Healthcare professionals can request access to COVID-19-related medical devices not yet licensed in Canada and drugs related to the management of patients with COVID-19 through Health Canada's [Special Access Program \(SAP\)](#). Applications are considered on a case-by-case basis.

For questions related to the SAP for medical devices, please contact the program via [email](#).

INTERIM ORDER RESPECTING COVID-19-RELATED MEDICAL DEVICES

Q131. When will Health Canada be able to approve the first test kits for COVID-19 as medical devices?

Health Canada has been actively working with manufacturers to enable market access for commercial diagnostic devices in order to increase Canada's COVID-19 diagnostic capacity.

On March 13, 2020, Health Canada received two applications for a diagnostic device: one from Roche Diagnostics and one from ThermoFisher Scientific. These applications have received expedited review and are now approved for access by healthcare professionals through our Special Access Program (SAP).

Health Canada will immediately communicate the availability of these diagnostic devices to the concerned laboratories, the Public Health Agency of Canada and the provincial and territorial ministries of health.

Health Canada is also working with a number of other companies that are in the process of preparing and submitting information for review and will expedite those applications as well.

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Q132. How quickly are reviews of submissions sent to Health Canada regarding COVID-19 tests being done?

Health Canada is working to increase the access to diagnostic tests in Canada through an expedited review pathway. The list of authorized COVID-19 devices (with authorization dates) is available [here](#) and all licensed medical devices are listed in the [Medical Device Active Licence Listing](#).

On March 18, the Minister of Health signed an [Interim Order](#) to allow expedited access to COVID-19-related medical devices for use by healthcare providers, including diagnostic test kits. This is an important development in the fight against COVID-19. It will help ensure quicker and more flexible approval of the importation and sale of medical devices that are necessary for Canada's response to COVID-19, including test kits.

Q133. Is Health Canada exploring the idea of take-home antibody tests, in a similar vein as the UK? Could you comment on the efficacy of these tests?

On March 18, the Minister of Health signed an [Interim Order](#) to allow expedited access to COVID-19-related medical devices for use by healthcare providers, including diagnostic test kits. The Interim Order will allow Health Canada to provide quicker and more flexible approval of the importation and sale of medical devices that are necessary for Canada's response to COVID-19, including test kits. The list of authorized COVID-19 devices (with authorization dates) is available [here](#) and all licensed medical devices are listed in the [Medical Device Active Licence Listing](#).

Public health laboratories across Canada and around the world are using tests that detect the presence of the virus that causes COVID-19. These tests are being prioritized for review by Health Canada to increase the number of tests available in Canada to detect active infections of COVID-19.

Serological tests—like the take-home tests being evaluated in the United Kingdom—have limitations. These tests do not detect the virus itself. Instead, they detect the antibodies produced in response to an infection. These tests are also being accepted for review; however, the World Health Organization does not currently recommend serological tests for clinical diagnosis and Health Canada is following this advice. Research into serological testing is ongoing within Canada and worldwide. The Department is working with the National Microbiology Laboratory to validate testing and research, along with expert advice, so that we can have confidence in the test results.

Q134. How will these new test kits help test more patients?

This Interim Order makes it easier and faster for certain medical devices, such as laboratory diagnostic test kits, to be imported and sold in Canada. This would help improve access to medical devices that could permit faster and more convenient testing of patients, which would avoid needing to send samples to the NML lab in Winnipeg, facilitating quicker test results.

Point-of-care diagnostic tests are in development and may become available through this Interim Order, which would permit quicker and more convenient testing of patients. Quicker test results would enable healthcare providers and patients to take appropriate actions more quickly in order to help reduce the spread of the disease.

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Q135. How often are Interim Orders used?

Interim Orders have been needed a few times in recent years to permit access to health products quickly in exceptional circumstances to deal with a significant risk to health or safety.

The last use of an Interim Order was in August 2018 to facilitate the immediate importation and sale of AUVI-Q epinephrine auto-injectors as an emergency measure during a national critical shortage of EpiPens.

An Interim Order was also issued to allow immediate temporary access to naloxone nasal spray in July 2016 until a review for Canadian authorization was completed.

Q136. How will Health Canada ensure that these kits are safe and effective?

The Interim Order creates a tailored approval pathway for the importation and sale of medical devices that support Canada's response to COVID-19. This Interim Order, and the tailored approval pathway it creates, provides the Minister with flexibility to consider the urgent circumstances relating to the need for the medical device, authorizations granted by foreign regulatory authorities, or possible new indications of use for medical devices that are already approved in Canada.

As with all drugs and medical devices, Health Canada will assess and monitor the safety and effectiveness of all products authorized under this Interim Order, and will take immediate action if required to protect the health and safety of Canadians.

Manufacturers will still be required to follow strict post-market safety requirements such as mandatory problem reporting, recall procedures and complaint handling.

Q137. Is Canada guaranteed to receive adequate supply of diagnostic test kits?

We anticipate that there will be adequate supply of diagnostic tests. It would be at the company's discretion to allocate kits if demand exceeds supply.

NATIONAL EMERGENCY STRATEGIC STOCKPILE (NESS)

Q138. Who is in charge of NESS? Where are NESS storage facilities located?

The Public Health Agency of Canada (PHAC) maintains the National Emergency Strategic Stockpile (NESS). NESS facilities consist of a central depot in the National Capital Region and warehouses strategically located across Canada. For security reasons, we don't disclose specific locations.

Q139. How large is the stockpile and how will the supplies be allocated and distributed?

The Public Health Agency of Canada (PHAC) does not disclose specifics related to National Emergency Strategic Stockpile (NESS) holdings.

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The NESS contains supplies of personal protective equipment and ventilators. In the current environment, the inventory numbers are consistently fluctuating as stock is released, at the request of provinces and territories, to provide surge support.

Bulk orders of PPE and medical supplies have been delivered, and the Government of Canada is rapidly allocating supplies to the provinces and territories as per the allocation formula agreed upon by federal, provincial and territorial Ministers of Health. In addition to responding to requests for assistance to National Emergency Strategic Stockpile (NESS), the Government of Canada supported the distribution of 6.8 million surgical masks from Medicom, which were shipped directly to provinces and territories. Ontario received its allocation on April 3. As well, 1.7 million nitrile gloves are in transit to provinces and territories.

In alignment with Health Canada's guidance on Optimizing the use of masks and respirators during the COVID-19 outbreak <<https://www.canada.ca/en/health-canada/services/drugs-health-products/medical-devices/masks-respirators-covid19.html>>, the NESS has also shipped almost 300,000 expired N95 masks to provinces and territories.

**Q140. Which provinces and territories have drawn on supplies from the NESS?
What have they taken?**

To address immediate short-term needs, PHAC deploys supplies from the NESS based on requests for assistance. As of April 6, 23 requests for assistance from provinces and territories have been received by the National Emergency Strategic Stockpile and completed. Items released from the NESS have included N95 masks, surgical masks, face shields, gloves, gowns and ventilators. To maintain NESS inventory, a portion of the federal, provincial and territorial collaborative procurement is retained at the NESS to provide surge support to meet the urgent needs of provinces and territories.

Q141. How many surgical and N95 masks does Canada have now, and how many would be needed when the epidemic reaches its peak?

The National Emergency Strategic Stockpile (NESS) contains supplies of personal protective equipment (PPE), including N95 respirators, to provide surge capacity to provinces and territories.

Based on needs identified by provinces and territories, collaborative federal, provincial and territorial (FPT) procurement efforts are focused on procurement of large quantities of PPE, such as N95 respirators. PPE procurement orders are starting to arrive, and jurisdictions are discussing approaches for allocation to effectively support a health system response to COVID-19.

To date, the federal government has ordered more than 200 million surgical and N95 masks.

The Public Health Agency of Canada is receiving shipments of personal protective equipment (PPE) at various locations in Canada, including the shipment of over a million masks to a warehouse in Hamilton. These deliveries, once appropriately validated, will be rapidly distributed to the provinces and territories for use by frontline healthcare workers.

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The demand for them will continue to be assessed with the provinces and territories as this event continues to progress.

The safety of healthcare workers is a top priority. The Government of Canada continues to work with provincial and territorial partners to respond to the COVID-19 outbreak, including helping to ensure that healthcare workers have the PPE they need to be safe and to protect the health of patients.

Q142. What is the process for personal protective equipment distribution and how are these prioritized?

The Government of Canada and provincial and territorial governments have agreed to a personal protective equipment (PPE) allocation strategy.

Based on needs identified by provinces and territories, collaborative federal, provincial and territorial (FPT) procurement efforts are focused on procurement of large quantities of PPE and medical supplies, including N95 respirators, surgical masks, face shields, nitrile gloves, gowns and other protective clothing, sanitizers, ventilators, and testing supplies. The allocation of these supplies is a collective FPT decision that will support Canada's health system response to COVID-19.

Additionally, to provide surge support to the provinces and territories, the Public Health Agency of Canada (PHAC) has released items from the National Emergency Strategic Stockpile (NESS). This has also included specific types of PPE, such as surgical masks, gloves and N95 respirators, as well as other items, such as ventilators, disinfectants and hand sanitizers.

To receive stock from the NESS, the provinces and territories submit Requests for Assistance (RFA). PHAC responds to RFA as they are received and allocates supplies to provide surge capacity to the provinces and territories while maintaining a conservative inventory at the NESS to ensure surge support. In this current environment, due to global high demand for PPE, provinces and territories are encouraged to submit RFA with shorter time frames (e.g., surge requirements for 1-2 weeks) with the option of following up with additional RFA as this event progresses.

Q143. Is it the Government of Canada's responsibility to maintain the NESS stockpile or is it a provincial or territorial responsibility?

The NESS mandate is to provide surge support to provinces and territories, as well as to federal populations such as Correctional Service Canada.

PHAC has been working with Public Services and Procurement Canada to advance bulk procurement orders of PPE to respond to the needs of provinces and territories, which are also actively working to ensure they have the necessary equipment to distribute to frontline health care workers.

Procurement orders are arriving and the majority is deployed to provinces and territories, with a conservative portion allocated to the NESS to maintain and replenish NESS inventory for surge support.

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Q144. Has inventory been added to NESS since the outbreak of COVID19?

Orders for PPE and medical supplies were placed early on by federal, provincial and territorial governments to supplement their existing stocks.

On March 9, the Prime Minister and Deputy Prime Minister wrote to all Premiers announcing their intention to lead a bulk procurement effort on healthcare supplies responding to the COVID-19 outbreak.

PHAC has been working with Public Services and Procurement Canada to advance bulk procurement orders of PPE to respond to the needs of provinces and territories, which are also actively working to ensure they have the necessary equipment to deliver front line health care.

Procurement orders are arriving, and jurisdictions are working together to ensure an effective health system response to COVID-19 while maintaining and replenishing NESS inventory for surge support.

We continue to do our best to update the public on rapidly changing numbers with respect to PPE; however, our priority is getting this protective equipment and delivering to provinces so that front line health care workers who need it most have access.

Q145. Is NESS fully integrated with other repositories of medical equipment in Canada?

The NESS mandate is to provide surge support to provinces and territories, as well as to federal populations such as Correctional Service Canada. However, in support of COVID-19 response, PHAC is also accepting and deploying donations of medical supplies from other government departments, companies and countries.

In addition, under Canada's Plan to Mobilize Industry to fight COVID-19, the Government of Canada is directly supporting businesses to rapidly scale up production or re-tool their manufacturing lines to develop products in Canada such as personal protective equipment and other critical medical supplies.

The Government of Canada has stood up the Strategic Innovation Fund that will allow for rapid support to Canadian companies that are working on large-scale and later-stage promising research and development projects aimed at providing medical countermeasures to COVID-19, including vaccines and critical medical supplies.

Q146. Was a recent notice on the Government Buy and Sell site a call out to identify additional suppliers for NESS?

The Government of Canada is exploring all avenues to secure medical supplies, including personal protective equipment (PPE), in order to prepare for and respond to the COVID-19 outbreak.

The Notice that went out on Buy and Sell to identify additional suppliers will benefit federal, provincial and territorial governments, including the National Emergency Strategic Stockpile (NESS).

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More information on the Government of Canada's response can be found [here](#).

Q147. Does PHAC have to go to tender to replenish NESS supplies or can it use the Emergency Rule to buy directly?

PHAC follows appropriate laws, policies and guidelines with respect to the procurement of supplies or assets for the NESS. Competitive procurement practices such as the use of established supply arrangements, or requests for proposal, are routinely utilized to access the supply chain.

On March 14, 2020, PHAC requested, and received, a National Security Exception for the Procurement of Goods and Services required by the Government of Canada to respond to the COVID-19 outbreak. With this authority, PHAC will not be required to go to tender to replenish NESS supplies and will work with Public Services and Procurement Canada to determine the best procurement strategy.

Q148. What has changed since the 2011 evaluation report of the NESS?

Since the 2011 evaluation, the NESS has evolved to better align with the ever-changing risk environment and is investing in strategic assets, such as medical counter-measures and mini-clinics, to enhance the Agency's ability to support surge requests during health emergencies. In addition, there has been increased engagement with provincial and territorial partners and other stakeholders to increase awareness of NESS capabilities.

VACCINE AND TREATMENT

Q149. Is there a vaccine that protects against coronaviruses in humans? If none are currently approved, are there any that are in development or being tested?

Currently, there is no approved vaccine that protects against coronaviruses in humans.

The World Health Organization (WHO), along with the Coalition for Epidemic Preparedness Innovations, is coordinating an international collaboration to help advance research and vaccine development for the COVID-19.

The Public Health Agency of Canada and the Canadian Institutes of Health Research—in consultation with international partners, including the WHO and the Global Research Collaboration for Infectious Disease Preparedness — is assessing how scientists at our National Microbiology Laboratory, along with the broader Canadian research community, will participate in the global research efforts.

Q150. Is the PVC13 vaccine, used against pneumonia, useful as a therapy against COVID-19?

There are currently no vaccines or other health products authorized specifically for the prevention or treatment of COVID-19, as it is still a relatively new virus.

For vaccines or other health products that show early promise in treating COVID-19 including secondary infections that may be associated with the illness, clinical trials are the most appropriate means to pursue as they provide a way for the healthcare community to

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systematically collect information on the effectiveness of the treatments and what the associated risks may be. To date, Health Canada has not received any application for clinical trials for pneumonia vaccines used in the treatment of COVID-19-related infections.

Health Canada is working closely with many potential clinical trial sponsors to support access to clinical trials for COVID-19 for Canadians. To facilitate earlier access to needed therapeutic products to treat or prevent COVID-19, Health Canada will expedite its regulatory process for any COVID-19-related health products, including the review of submissions and the authorization of clinical trial applications, while continuing to protect the safety of trial participants. In addition to work done by professional societies, clinical trials are being coordinated across the Health Portfolio in Canada and globally.

Q151. How long will it take to develop a vaccine?

Coronaviruses are a group of viruses that can cause a wide range of illness, ranging from the common cold to Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS-CoV). The challenge of developing a vaccine that protects against coronaviruses is that infection by human coronaviruses does not provide long-lasting immunity, meaning someone can be re-infected in the future following recovery from an initial infection.

Although a vaccine that provides long-term immunity remains a challenge, an outbreak vaccine aimed to provide short-term protection (similar to a pandemic influenza vaccine) to respond to a novel coronavirus outbreak could potentially be developed.

In the case of a vaccine for a specific coronavirus, it could take years for researchers to develop a vaccine.

For example, there are currently no licensed vaccines or specific treatments for Middle East Respiratory Syndrome coronavirus (MERS-CoV)—a particular coronavirus that was first identified in 2012. We are aware of work being conducted elsewhere to better understand how MERS-CoV infections might be prevented and to develop a MERS-CoV vaccine. This includes vaccine development efforts being coordinated by WHO and the Coalition for Epidemic Preparedness (CEPI).

Q152. How are people being treated for this illness?

At present there is no specific drug or medication treatment for people who have COVID-19. Researchers are looking at the effectiveness of existing antiviral treatments.

World Health Organization has provided advice to health professionals that includes recommendations for early supportive therapy, management of symptoms and prevention of complications.

The novel coronavirus causes a range of illness from mild to severe for some individuals. Therefore, if you have travelled outside Canada, it is important to monitor your health when you return to Canada. While abroad, you may have come in contact with the novel coronavirus. PHAC asks that you monitor your health for fever, cough and difficulty breathing for 14 days after you arrive in Canada. If you develop fever, cough, or difficulty breathing, call your health care professional or [local public health authority](#) to inform them about your symptoms. They will provide advice on what you should do.

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Q153. Is Health Canada investigating these reports and is there any current direction regarding the use of Vitamin C as a defence or treatment against the coronavirus?

Since the outbreak of COVID-19, Health Canada has taken actions to support Canadians in accessing health products they need to either treat or prevent COVID-19. Currently, there are no drugs specifically authorized to treat COVID-19 since it is still a relatively new virus. Much effort is being placed to investigate potential new therapies including drugs that may have been authorized for the treatment of illnesses other than COVID-19. For drugs that show an early promise in treating COVID-19, the best way to access therapies through clinical trials which provides way for the healthcare community to systematically collect information on the effectiveness of the treatments and what the associated risks may be.

Health Canada recently authorized a clinical trial application to investigate the use of intravenous Vitamin C in COVID-19 patients to help improve the functioning of some of the body's organs that is associated with severe cases of COVID-19 and closely monitoring its progress.

To facilitate earlier access to needed therapeutic products to treat or prevent COVID-19, Health Canada will expedite its regulatory process for any COVID-19 related health products, including the review of submissions and the authorization of clinical trial applications. In addition to work done by professional societies, clinical trials are being coordinated across the health portfolio in Canada and globally. This is a rapidly evolving landscape and the health portfolio is working to adapt to shifting needs.

Q154. Are there safety issues with the use of ibuprofen in COVID-19 cases?

There is no scientific evidence that establishes a link between ibuprofen, or other non-steroidal anti-inflammatory drugs (NSAIDs), and the worsening of COVID-19 symptoms.

If you have symptoms of COVID-19, speak with your healthcare provider regarding the most appropriate health products for the treatment of fever or pain. If you are currently taking ibuprofen, especially for a chronic illness, do not stop taking your medication.

Q155. Can Hydroxychloroquine and azithromycin be used to treat any patient who is infected with COVID-19? Will they be effective for everyone?

There is some evidence to suggest that these drugs may be effective for some patients; however, these are preliminary findings from a few, very small studies. There are also some known significant safety risks associated with both drugs, such as QT prolongation, which is a serious heart rhythm condition. A healthcare practitioner may choose to use these medications off-label based on his/her patient's needs including the seriousness of the patient's illness if the potential benefits outweigh the known risks of the drugs

In Canada, a doctor's decision to prescribe a particular drug to a patient, whether it's to be used for a labelled indication or off label, is part of the practice of medicine. While Health Canada regulates drugs, it is the responsibility of healthcare professionals to consider information from medical journals, reports, and peer-reviewed studies when prescribing medication.

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Q156. Are there clinical trials underway to determine whether Hydroxychloroquine and azithromycin are effective?

Health Canada is aware of several ongoing or planned clinical studies with hydroxychloroquine in Canada and internationally for the treatment of COVID-19, and is closely monitoring their developments.

Any company or healthcare practitioner treating patients with COVID-19 who wishes to conduct a clinical trial to evaluate the effectiveness of these or other drugs is encouraged to contact Health Canada.

A list of clinical trials approved for the prevention or treatment of COVID-19 or its complications can be found in Health Canada's [Clinical Trials Database](#) by entering "COVID" in the medical condition box.

Q157. What are Hydroxychloroquine and azithromycin usually used for? What are the approved indications?

Hydroxychloroquine is an antiparasitic drug that is indicated for the treatment of malaria, as well as autoimmune diseases such as rheumatoid arthritis and lupus. Hydroxychloroquine has been shown in in vitro studies to decrease coronavirus replication, and may lead to a reduction in the viral load of SARS-CoV-2 (the novel coronavirus that causes COVID-19).

Azithromycin is an antibiotic used in the treatment of pneumonia and other bacterial infections.

Q158. What is Health Canada doing about products claiming to prevent, treat or cure COVID-19?

At this time, there is no vaccine for COVID-19 or any natural health products—including traditional Chinese medicines—that are authorized to treat or protect against COVID-19.

Selling unauthorized health products or making false or misleading claims to prevent, treat or cure COVID-19 is illegal in Canada. The Department takes this matter very seriously and will take action to stop this activity. To date, Health Canada has not approved any product to treat or cure COVID-19. Health products that have been authorized for sale by Health Canada will have an eight-digit Drug Identification Number (DIN), Natural Product Number (NPN) or Homeopathic Drug Number (DIN-HM). The Department is taking action to address complaints regarding unauthorized products on the Canadian market making false or misleading claims for the treatment, prevention or cure of COVID-19.

The Department encourages anyone who has information regarding potential non-compliant sale or advertising of any health product claiming to treat, prevent or cure COVID-19, to report it using the [online complaint form](#).

When Health Canada identifies or is notified of potential non-compliance with the *Food and Drugs Act* or its associated Regulations, it takes steps to confirm whether non-compliance has occurred and takes action based on the risk to the health of Canadians. A number of compliance and enforcement options are available to correct non-compliance or mitigate a risk to Canadians, including site visits, public communications, recalls, and the seizure of products and advertising materials. The primary objective of the Department's compliance and enforcement approach is to manage the risks to Canadians using the most appropriate level of

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intervention, in accordance with Health Canada's [Compliance and Enforcement Policy](#).

Q159. Are there any natural health products, including traditional Chinese medicines, Ayurvedic medicines and homeopathic products to protect against or treat this virus?

No, natural health products are authorized to protect against, or treat COVID-19. This includes traditional Chinese medicines, Ayurvedic medicines and homeopathic products.

Q160. Is Favipiravir or Avigan approved in Canada? Is Canada taking any steps to get them approved?

Avigan is the brand name for favipiravir. It has been approved in Japan and China for the treatment of influenza. There are currently no favipiravir-containing products approved in Canada.

Since the outbreak of COVID-19, Health Canada has taken actions to support Canadians in accessing health products they need to either treat or prevent COVID-19. To facilitate earlier access to a vaccine or therapeutic product for COVID-19, Health Canada will expedite its regulatory process for any COVID-19 related health products, including the review of submissions and the authorization of clinical trial applications.

Health Canada initiated conversations with companies whose products have shown potential in fighting COVID-19, including the company that manufactures favipiravir. However, to date, Health Canada has not received a submission for a favipiravir-containing product. It is ultimately up to the manufacturer to decide whether they choose to seek market authorization for their product in Canada.

For medications that show early promise in treating COVID-19, such as favipiravir, Health Canada encourages sponsors to work with researchers and offer medicines to patients in the context of clinical trials. This would ensure that there is informed consent for patients, and the healthcare community would be able to learn whether the treatments are effective, and what the associated risks are.

Q161. Will Health Canada or Public Health Agency of Canada be issuing treatment guidelines if drugs like favipiravir or other antivirals, or any other drug, is found effective in another country/jurisdiction at treating COVID-19?

At present, there is insufficient evidence to recommend any specific anti-COVID-19 treatment for patients with confirmed COVID-19 outside of clinical trials. There are many ongoing clinical trials testing various potential antivirals registered on <https://clinicaltrials.gov/> or on the Chinese Clinical Trial Registry (<http://www.chictr.org.cn/abouten.aspx>). Clinical care guidance for COVID-19 is presently being developed in conjunction with Association of Medical Microbiology and Infectious Disease Canada and the Canadian Critical Care Society.

Drugs not available in Canada can be accessed through clinical trials or the Special Access Program. Should there be data available to support a submission to Health Canada concerning the effectiveness of a drug in treating COVID-19, if approved, directions for use would be included in the product monograph. Other organizations may provide additional guidelines for

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off-label use of products shown to be effective.

TEMPORARY EXEMPTION UNDER THE CONTROLLED DRUGS AND SUBSTANCES ACT FOR MEDICAL TREATMENTS

Q162. Was this exemption requested by provinces and territories?

Health Canada received inquiries from a few jurisdictions regarding measures that would facilitate access to certain medical treatments during the pandemic. The Department has taken quick action to respond to their concerns and to prevent potential issues related to accessing medical treatment during the pandemic.

Q163. How soon will pharmacists and practitioners be able to begin doing these new activities?

In response to the COVID-19 outbreak, Health Canada has temporarily exempted certain new activities that apply to pharmacists who are registered and entitled to practice pharmacy under the laws of their province or territory and are entitled to conduct activities with controlled substances. The availability of these new activities depends on the province or territory and licensing authority adopting these measures. Health Canada recommends contacting the provincial and territorial licensing authorities for more information.

Given the seriousness of the COVID-19 outbreak, Health Canada is working quickly to help jurisdictions maintain access to medications for Canadians.

Q164. What activities are currently authorized for pharmacists?

Pharmacists are medication experts and play a significant role in monitoring patients and medication to ensure safe and optimal use while contributing to outcome-focused patient care. Regulations under the *Controlled Drugs and Substances Act* state that a pharmacist is authorized to sell or provide a controlled substance to a person if they have received a prescription or a written order from a practitioner.

While these regulations do not permit pharmacists to prescribe, other related activities that are included in the meaning of *sell or provide* are permitted as long as the quantity dispensed does not exceed the amount originally authorized. These activities include, but are not limited to:

- **Adjusting the formulation:** adjusting the dosage form in which the drug is prescribed
 - e.g., change from pill to liquid formulations;
- **Adjusting the dose and regimen:** a structured plan that specifies the frequency in which a dose of medication should be ingested
 - e.g., change from 20mg per day for 5 weeks to 10mg per day for 10 weeks;
- **De-prescribing:** the planned and supervised process of reducing or stopping a medication; and
- **Part-filling:** dispensing a quantity of a medication that is less than the total amount of the drug specified by a practitioner
 - For greater clarity, this includes part-fills requested by a patient, when a pharmacy is dealing with an inventory shortage or other situations where the

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nature of the part-fill is a matter of discussion between the pharmacist and patient.

With the goal of supporting better medication management and protecting the health and safety of Canadians, Health Canada has shared with pharmacists an interpretive guide related to prescribing activities with substances regulated under the *Narcotic Control Regulations*, Benzodiazepines and Other Targeted Substances and Part G of the *Food and Drug Regulations*.

Q165. If a patient doesn't have a prescription, can a pharmacist now prescribe new medications for patients?

With this exemption, pharmacists can be authorized to renew or extend prescriptions in order to maintain a patient on a medication. Pharmacists are not authorized to initiate a new medical treatment with controlled substances (e.g., narcotics).

Q166. Will this exemption apply to other healthcare professionals?

This exemption will apply to other healthcare professionals, including nurse practitioners, dentists and veterinarians, allowing them to verbally prescribe narcotics (depending on the prescriber's scope of practice and provincial and territorial authorization).

Q167. Has there been any consideration of permanently giving pharmacists extended authorities?

Pharmacists are medication experts and play a significant role in monitoring patients and medication to ensure safe and optimal use in patient care.

With the goal of supporting better medication management and protecting the health and safety of Canadians, in March 2019, Health Canada launched an official consultation seeking comments on ways to modernize pharmacists' role in the healthcare system. The Department is currently analyzing all feedback received. There will be another opportunity to comment on any draft regulations that are developed in *Canada Gazette* Part I. Health Canada encourages everyone to participate in the consultation.

Q168. Are there any special provisions being made to assist supervised consumption sites during the COVID-19 pandemic?

Health Canada recognizes that local pandemic precautions may impact the operations of supervised consumption sites and services. The Department continues to work directly with site operators to assess each individual situation and develop appropriate modifications to their protocols and practices. Operators are encouraged to contact the Office of Controlled Substances' Exemptions Section at hc.exemption.sc@canada.ca.

PREVENTION AND RISKS

Q169. How can I protect myself from this virus?

You can stay healthy and prevent the spread of infections by:

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- washing your hands often with soap under warm running water for at least 20 seconds;
- using alcohol-based hand sanitizer only if soap and water are not available;
- avoiding touching your eyes, nose or mouth with unwashed hands;
- avoiding contact with sick people, especially if they have fever, cough, or difficulty breathing;
- covering your mouth and nose with your arm to reduce the spread of germs;
- staying home if you become sick to avoid spreading illness to others.

Q170. Should the general population in Canada wear masks to protect themselves from this virus?

To prevent transmission of COVID-19 here is what we know is proven:

- Staying home as much as possible
- Physical distancing
- Washing your hands
- Protecting the most vulnerable from infection and exposure to others
- Covering your cough with tissues or your sleeve

Healthcare workers need medical masks, including surgical, medical procedure masks and respirators such as N95 masks. It is extremely important that we keep the supply of medical masks for healthcare workers where it is urgently needed for medical procedures and to care for individuals who have COVID-19.

Wearing a non-medical mask (e.g., homemade cloth mask) in the community has not been proven to protect the person wearing it. However, the use of a non-medical mask or facial covering can be an additional measure you can take to protect others around you.

Wearing a non-medical mask is another way of covering your mouth and nose to prevent your respiratory droplets from contaminating others or landing on surfaces. A cloth mask or face covering can reduce the chance that others are coming into contact with your respiratory droplets, in the same way that our recommendation to cover your cough with tissues or your sleeve can reduce that chance.

For short periods of time when physical distancing is not possible in public settings (e.g., grocery shopping, in close settings such as public transit), wearing a non-medical mask is one way to protect those around you.

Non-medical masks or facial coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.

Q171. Can vaping/smoking/doing drugs damage the lungs - making someone more vulnerable to COVID-19?

No direct evidence has been published on vaping or drug use and associations with COVID-19 disease outcomes.

Studies which have looked at the association between smoking and COVID-19 disease severity indicate that smokers may be more susceptible than non-smokers.

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Q172. In the US, people under age 44 make up a large proportion of hospitalizations. What are we seeing with younger people in Canada?

In Canada, people under the age of 40 make up 31% of cases. Compared to other age groups, people under the age of 40 have milder illness with only 9% of hospitalizations and 4% of ICU admissions being reported from this age group. (These numbers are subject to change as new cases are identified and the situation evolves.)

Q173. What is your message to young people (especially those who smoke/vape/do drugs) who think they are immune to COVID-19?

Everyone is susceptible to this virus – you are not immune. Vaping can increase your exposure to chemicals that could harm your health (e.g., cause lung damage). It is also important to remember that vaping or drug use equipment should never be shared with others. At this time it is particularly important to maintain a healthy lifestyle.

ANIMALS

Q174. Can I get this virus from animals in Canada?

No, there is currently no evidence to suggest that this virus is circulating in animals in Canada (wild, livestock or pets).

Q175. Can my pet or other animals get sick from this virus?

It is possible that some types of animals may be able to get infected with COVID-19 virus but it is not yet clear whether they would get sick.

A pet dog in Hong Kong tested positive for COVID-19 virus, following close exposure to an infected person. Although the test used can't tell us for certain that the dog is infected (only that virus genetic material was found in its nose and mouth), experts believe that this dog has a low level of infection. This dog did not show any signs of illness. The most likely explanation is that the virus spread from the owner, a confirmed case, to their pet dog. At this time, there is no evidence that pets, including dogs, can spread COVID-19.

To date, there have been no reports of livestock being infected by COVID-19 virus.

It's important to remember that the highest risk for COVID-19 infection is through contact with an infected person, and not through animal contact. However, until we know more, similar to the recommendations for reducing the risk of infection to other people, if you have been diagnosed with COVID-19 and have a pet or other animals:

- avoid close contact with them
 - do not snuggle or kiss them, or let them lick you, sit on your lap, or sleep in your bed
- practice good cough etiquette
 - avoid coughing and sneezing on your animals
- if possible, have another member of your household care for your animals
 - if this is not possible, always wash your hands before touching or feeding them
- limit your animal's contact with other people and animals

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- this may mean keeping them indoors

As always, livestock producers should follow normal biosecurity measures, including limiting visitors or workers who may have travelled to, or been in contact with, someone from an affected area. For more information on on-farm disease prevention, producers are encouraged to consult the [National Biosecurity Standards and Biosecurity Principles](#) and [National Farm-Level Biosecurity Planning Guide](#).

These recommendations will be updated as more information becomes available.

Q176. Am I at risk of getting COVID-19 if I have contact with an animal recently imported from an affected area (e.g. a dog imported by a rescue organization)?

All animals entering Canada must meet [import requirements](#) set out by the Canadian Food Inspection Agency. There are currently no specific requirements in place in Canada restricting animal importation related to the COVID-19 outbreak as there is no evidence that pets or other domestic animals can spread the virus. However, until we know more, importers, rescue organizations and adoptive families should consider limiting or postponing importing animals from affected areas.

Any animals that are imported from an affected area should be closely monitored for signs of illness. If an animal becomes sick, contact your veterinarian and inform them of the situation. Call ahead to ensure they are aware of the circumstances.

Animals imported from other countries can carry a variety of diseases that we don't have in Canada, and that can spread between animals and people. Therefore, it is always a good idea to have a recently imported animal examined by a veterinarian so that they can advise you on appropriate treatments and vaccinations to keep them and your family healthy. Take these precautions to prevent infectious diseases from spreading between animals and people:

- Always wash your hands after touching animals, their food/supplies, or cleaning up after them;
- Do not kiss animals, share food, or let them lick your face; and
- Regularly clean and disinfect areas where animals live.

Further information on animals and COVID-19 can be found at:

- https://www.oie.int/fileadmin/Home/eng/Our_scientific_expertise/docs/pdf/COVID-19/COVID19_21Feb.pdf
- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters>

SCREENING AND BORDER MEASURES

Q177. Is the Canadian government serious about trying to bar sick Canadians from boarding flights home?

Yes. As part of the Government of Canada's enhanced border measures to contain further introduction and spread of COVID-19, airlines are conducting a health check of all

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travellers before boarding a flight to Canada. The health check is based on guidance from the Public Health Agency of Canada, in line with the World Health Organization's recommendations. Individuals will be screened for fever, cough and difficulty breathing by airline personnel, and be asked to answer the following questions:

1. Do you have a fever or feel like you have a fever?
2. Do you have a cough?; "Is this normal for you?"
3. Do you have difficulty breathing?; "Is this normal for you?"
4. Have you been refused boarding in the past 14 days due to a medical reason related to COVID-19?

If airlines observe a traveller with symptoms or if the passenger answers yes to any of the questions on the health check, they will be refused boarding for a period of 14 days or until they provide a medical certificate confirming that their symptoms are not related to the COVID-19 virus.

Further instructions and advice will be provided to travellers who are denied boarding advising them to follow the guidance of local public health authorities. These travellers will also be directed to the appropriate consular services.

Any traveller who provides false or misleading answers about their health during screening could be subject to a penalty of up to \$5,000 under the Aeronautics Act.

These measures will help protect the health of all Canadians.

Q178. If so, why aren't you taking temperatures to screen for sickness?

The Severe Acute Respiratory Syndrome (SARS) outbreak in 2003 taught us that temperature checks at airports are not an effective measure to prevent the introduction of infectious disease across borders. More than 6.5 million screening transactions occurred at Canadian airports including inbound and outbound travellers. Of these, 2.3 million travellers were screened using thermal scanners. Despite this intensive screening effort, no cases of SARS were detected using these methods.

Border measures alone are not a guarantee against the spread of this new virus. This is why Canada maintains a multilayered system with all levels of government and health authorities across the country working together to prevent and control infectious diseases. In addition to border measures, our system includes:

- a comprehensive surveillance infrastructure to rapidly identify emerging events and infectious diseases, including respiratory illnesses;
- routine infection prevention and control precautions in all Canadian hospitals; and
- public health laboratory capacity that is well equipped to rapidly detect serious infectious diseases.

Q179. What considerations have been given to ways and means that would allow sick Canadians to fly home?

Travellers who are denied boarding will be provided with further instructions and advised to follow the guidance of local public health authorities. These travellers will also be directed to the appropriate consular services to assist with isolation.

Q180. Have additional screening measures been implemented in all airports?

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On January 22, 2020, enhanced screening measures were put in place at the Vancouver, Toronto and Montréal international airports. Then as of February 9, 2020, they were put in place at the following airports:

- Calgary International Airport
- Edmonton International Airport
- Winnipeg Richardson International Airport
- Billy Bishop Toronto City Airport
- Ottawa International Airport
- Québec City Jean Lesage International Airport
- Halifax Stanfield International Airport

The Public Health Agency of Canada (PHAC) and the Canada Border Services Agency (CBSA) have worked together to put in place enhanced screening measures at these airports to identify travellers who may have symptoms upon arrival, but more importantly to provide specific reference materials to travellers who may become ill after their return.

Q181. Will Canada close its borders or start banning flights from other countries?

- A travel ban is currently in place for most people entering Canada, including:
 - All foreign nationals entering Canada by air;
 - All travellers from the U.S., across all modes, for recreation and/or tourism purposes;
 - Foreign nationals entering Canada if they arrive from a foreign country other than the United States, with some exceptions, including temporary foreign workers and international students; and,
 - Foreign nationals entering from the U.S. with signs or symptoms of respiratory illness.

There are exceptions to these bans that are spelled out in the Orders in Council.

Q182. What can travellers arriving at airports expect?

Enhanced screening measures are in place in 10 Canadian international airports. Travellers arriving in these airports will see additional signage in French and English asking them to alert a border services officer if they have a fever, cough or difficulty breathing. Additional information, in the form of a handout, advises travellers what they should do if they develop these symptoms before or after they reach their destination or arrive home.

All international travellers at these 10 airports will need to respond to a screening question that has been added to electronic kiosks. This question is available in 15 languages.

All persons entering Canada – no matter their country of origin or mode of entry - are REQUIRED to self-isolate for 14 days.

Upon returning to Canada travellers are also being asked to monitor their health for fever, cough or difficulty breathing, wash their hands often for 20 seconds and cover their mouth and nose with their arm when coughing or sneezing.

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In addition, some provinces and territories may have specific recommendations for certain groups such as health care workers.

All travellers entering Canada are given a Public Health Agency of Canada handout with instructions to self-isolate for 14 days. Symptomatic people are given a red pamphlet, and asymptomatic people are given a green pamphlet.

All travellers assessed in the air to be symptomatic on arrival at a Canadian airport are met and escorted by border officers away from other travellers to be attended to by public health personnel.

The PHAC Quarantine Officer then performs a more detailed assessment. If deemed necessary, the Quarantine Officer can then take additional measures to address the potential public health risk, such as ordering the traveller to be transported to hospital to undergo a medical examination and/or to report to the local public health authority.

These measures complement routine traveller screening procedures already in place to prepare for, detect and respond to prevent the spread of serious infectious diseases in Canada.

If pressed on thermal scanners:

It is important to note, in the Severe Acute Respiratory Syndrome (SARS) outbreak in 2003, more than 6.5 million screening transactions occurred at Canadian airports including inbound and outbound travellers. Of these, 2.3 million travellers were screened using thermal scanners. Despite this intensive screening effort, no cases of SARS were detected using these methods.

Q183. Are travellers being isolated at airports?

Measures are in place to identify and isolate a potentially ill traveller from other travellers to help minimize the spread of the 2019 Novel Coronavirus into Canada.

All travellers assessed in the air to be symptomatic on arrival at a Canadian airport are met and escorted by border officers away from other travellers to be attended to by public health personnel.

Q184. How many quarantine officers are stationed at Canadian airports?

To prevent the introduction and spread of communicable diseases that are of significant harm to public health, the Public Health Agency of Canada (PHAC) collaborates with border partners, such as the Canada Border Services Agency (CBSA), to administer the Quarantine Act at all international points of entry into Canada, 24 hours per day, 7 days per week.

All travellers assessed in the air to be symptomatic on arrival at a Canadian airport are met and escorted by border officers away from other travellers to be attended to by public health personnel.

The PHAC Quarantine Officer then performs a more detailed assessment by asking additional questions regarding the traveller's symptoms and confirming information about the travel history and any high-risk exposure to a communicable disease, such as close contact with a sick person. If deemed necessary, the Quarantine Officer can then take the appropriate measures to address the potential public health risk (e.g., order the traveller to be transported to hospital to undergo a medical examination or to report to the local public health authority).

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PHAC has increased its public health officer presence at key airports to partner with Border Services Officers, who are also designated as screening officers under the *Quarantine Act*, and has trained quarantine officers that are experienced in the screening and assessment of ill travellers, and also available during business hours or when flights from China arrive. The number of personnel at each airport is adjusted to address any increase in the number of traveller assessments required. PHAC personnel also acts as a resource and support for CBSA Officers as well as airline and airport authority staff, facilitate communication, and coordinate response activities with partners.

Q185. Are public health officials stationed at land border crossings, if not please explain why?

To prevent the introduction and spread of communicable diseases that are of significant harm to public health, the Public Health Agency of Canada (PHAC) collaborates with border partners, such as the Canada Border Services Agency (CBSA), to administer the *Quarantine Act* at all international points of entry into Canada, 24 hours per day, 7 days per week.

Border measures are one element of our multi-layered response. Canada has a number of standard border measures in place to mitigate the potential risk of introduction and spread of communicable diseases into Canada. These measures include access to a PHAC quarantine officer 24/7 from any point of entry into Canada. CBSA officers are highly trained to identify travellers seeking entry into Canada who may pose a health and safety risk. If an officer believes a traveller has symptoms of concern (e.g. fever and cough or difficulty breathing), they will contact a PHAC quarantine officer who will then conduct an assessment of the ill traveller. If deemed necessary, the quarantine officer can then take additional measures to address the potential public health risk, such as issuing an order to the traveller to undergo a medical examination. These measures complement routine traveller screening procedures already in place to prepare for, detect and respond to prevent the spread of serious infectious diseases in Canada.

Q186. What about people arriving in Canada through connections through other airports? What about at land border crossings?

To protect Canadians and to ease the potential burden non-essential travellers could place on our health care system and its frontline workers, the CBSA has implemented new travel restrictions across all ports of entry in all modes of transportation – land, sea, air and rail.

Q187. Do we know how many, if any, of the Canadians on the Costa Luminosa have tested positive?

None of the Canadian passengers on the Costa Luminosa were amongst the confirmed cases of COVID-19.

The passengers who became ill disembarked at the first available opportunity. The rest disembarked in Marseilles, France, and were sent on chartered flights to their countries of origin. Canadian passengers travelled through Atlanta, Georgia.

The Government of Canada worked closely with the provinces and territories to ensure that appropriate measures were in place to minimize the risk of exposure to COVID-19. This included having health assessments conducted at every leg of the journey, ensuring that a

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Quarantine Officer assessed all passengers at the point of entry in Canada, obtaining contact information for follow-up, and having all passengers self-isolate for 14 days in Canada.

The Government of Canada will continue to use different quarantine options, based on risk assessments, ranging from self-isolation at home to federally designated quarantine facilities.

To date, the Government of Canada is not aware of any Canadian passengers from the Costa Luminosa having tested positive for COVID-19.

CARGO SHIP SIEM CICERO

Q188. Under what authorities can the ship be denied entry?

The *Quarantine Act* is administered 24 hours a day, 7 days a week, at all points of entry into Canada, including marine ports. Under the *Quarantine Act*, all ship operators are required to report to PHAC any passengers or crew onboard who may have a communicable illness before arrival in Canada.

The Act also gives PHAC the authority to inspect and implement quarantine measures on ships entering Canadian waters where it suspects that someone on board could cause the spread of a communicable disease that poses a significant risk to public health.

The Public Health Agency of Canada was informed on March 17 that several crewmembers aboard the *Siem Cicero* were presenting symptoms consistent with COVID-19.

Under section 39 of the *Quarantine Act*, if an environmental health officer has reasonable grounds to believe that the cargo ship could be a source of a communicable disease, the officer may take any reasonable measures to prevent entry to Canada.

Q189. Why was the cargo ship denied entry to Canada? When will it be granted entry?

The ship did enter Canadian waters; however it was denied port access and is currently being held off shore. The Government of Canada took these steps to prevent the potential introduction of the novel coronavirus, and to prevent supply chain disruptions at the port of Halifax.

The ship will be held and not allowed to dock until 14 days after the date the last person started to have symptoms.

Q190. Is there a public health risk if the vessel docks? What are the potential impacts?

In considering whether the cargo ship should dock, some of the general considerations were:

- Is there a public health risk on board the ship?
- Is there potential for Canadians to interact with ship-based crew?
- Is the cargo considered “essential” or “non-essential”?

For this specific cargo ship, several crewmembers were reported to have symptoms consistent with COVID-19, which poses a public health risk for Canadians.

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As it is a car-carrying ship, Canadian longshoremen are required to board the vessel to off-load each car, and they would have potential interaction with some crew. The cargo on board is considered non-essential.

Allowing the ship to dock could also impact the supply chain, as the Halifax Port Authority has indicated that it may result in a closure of the Port.

It is important that we focus on allowing healthy workers in the trade and transportation section to cross the border when they are contributing to essential services. We need essential trade and transportation to continue, such as in areas supporting health (food and medical services), and critical infrastructure.

At this time, when there is a concern of workers with symptoms consistent with COVID-19 and it is not for essential services, but rather for optional or discretionary purposes, such as tourism, recreation and entertainment, we must not allow this movement across the border.

CRUISE SHIPS MS ZAANDAM AND MS ROTTERDAM

Q191. Why are asymptomatic Canadian passengers from the MS *Zaandam* and MS *Rotterdam* allowed to return home to quarantine when hundreds of other Canadians returning from other cruise ships were sent to mandatory quarantine facilities in Trenton and Cornwall?

The COVID-19 pandemic is rapidly evolving and, as such, the public health actions are also changing. The focus of Canada's response was different in early February when the first cruise ships with COVID-19 outbreaks were identified. The public health measures in place for the MS *Zaandam* and MS *Rotterdam* are consistent with measures currently in place for Canadian citizens returning from travel outside Canada. At this time, no COVID-19 cases have been confirmed among Canadian citizens from the MS *Zaandam* and MS *Rotterdam*.

Also, no one who is symptomatic will be permitted to return to Canada nor be permitted to quarantine in a place where they would be in contact with people who are particularly vulnerable, such as adults 65 years or older and people of all ages with underlying medical conditions.

Q192. You are letting travellers who have no symptoms continue on home by public transportation or on domestic flights. But they could be at risk of developing symptoms and infecting others. How will you protect the health of those they may come into contact with?

Every potential passenger will be screened before boarding the aircraft destined for Canada. Symptomatic passengers will not be permitted to fly back to Canada.

Upon entry in Canada, all travellers are subject to a health assessment by the Public Health Agency of Canada. Anyone considered symptomatic upon arrival will be immediately separated from other travellers, and then transported to a quarantine facility.

Travellers who continue to be asymptomatic upon arrival in Toronto will be permitted to take public transportation (e.g., flight, train, car, bus) to their final destination for their mandatory 14-day period of quarantine.

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Various public health measures will be available to passengers, such as hand sanitizer, mask kits and mask-changing stations. Asymptomatic travellers will be provided instructions on mandatory quarantine and self-monitoring and told to go directly to their home, or the place where they will quarantine, without delay. Physical distancing practices will be in place at the terminal and emphasized to all travellers in their travel ahead. Returning travellers who were asymptomatic but were not able to quarantine at home are being housed at a designated quarantine facility for 14 days.

NOTIFICATION TO PASSENGERS / CONTACT TRACING

Q193. Will passengers on the same flights as the patients who have been confirmed to have COVID-19 be notified?

The Public Health Agency of Canada is supporting local public health authorities to follow up with travellers who may have been exposed on a flight.

At this time, we consider passengers who were seated within a two-metre radius of the case, and the flight crew who served the individual, to have potentially been exposed.

As part of the follow-up, information about self-monitoring for symptoms, and what passengers should do if they start to experience any symptoms, would be provided to these individuals.

This information is also available on Canada.ca/coronavirus. A new toll-free phone number (1-833-784-4397) has been established to answer questions from Canadians about COVID-19. Service is available from 7 a.m. to midnight.

We urge any travellers to Canada who experience symptoms associated with COVID-19 within 14 days of their return to Canada to contact health care professionals immediately.

Please ensure that you alert health care professionals to any recent travel before coming into contact with them so that the appropriate protocols can be taken as a precaution.

Q194. Should each passenger on the flights in question see a doctor or other health care practitioner to get tested for the virus just in case they have been infected?

No, if a person is not experiencing any symptoms there is no need to see a health care provider. Instead, passengers on the flight should monitor themselves for symptoms, which include fever, cough and difficulty breathing. If they develop symptoms, they should avoid contact with others and follow-up with their health care professional.

In addition, accessing health care services when there are no signs of being sick can impact the availability of services for those who are sick and need treatment.

More information about symptoms and treatment can be found at Canada.ca/coronavirus.

Q195. Why has PHAC issued a directive halting follow-up investigations on cases reported on aircraft?

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The Public Health Agency of Canada (PHAC) continues to support local and provincial public health authorities in their efforts to follow up with individuals who may have been exposed to COVID-19 while travelling abroad. PHAC, on behalf of the Government of Canada, continues to facilitate the exchange of information, including information on potential cases of travel-related exposure to COVID-19, to enhance public health measures. PHAC receives notification from provincial, territorial and foreign public health authorities about COVID-19 cases who travelled to, from or within Canada while they were infectious and shares this information with public health partners.

Additional measures have been put in place at the border to protect Canadians. On March 25, 2020, the Government of Canada implemented a federal Emergency Order under the Quarantine Act requiring anyone entering Canada by air, land or water to self-isolate for 14 days to limit the introduction and spread of COVID-19.

In addition, as part of the Government of Canada's efforts to prevent the spread of COVID-19 and protect the health of Canadians, PHAC recently began publishing on its website a list of flights, cruise ships, trains and mass gatherings where a confirmed case of COVID-19 was known to be present. The information is intended to help Canadians who have travelled or attended major events to assess their risk of exposure to COVID-19. We continue to update the web page daily as new information becomes available.

Contact tracing is an important public health measure to identify individuals who may be exposed to COVID-19 and to ensure that they take precautions (e.g., self-isolation, symptom monitoring) to prevent further exposure. This is resource intensive, and it is a provincial/territorial responsibility. Please direct questions about specific provincial/territorial policies or regulations regarding contact tracing to the relevant provincial/territorial public health authorities.

Lastly, as part of the enhanced border measures put in place by the Government of Canada to limit the introduction of new cases of COVID-19 and the spread of the disease, airlines are conducting health checks on all travellers before they board an aircraft bound for Canada. The health check procedures are based on advice from PHAC, in accordance with the recommendations of the World Health Organization. Airline staff will ask passengers questions to determine whether they have fever, cough or shortness of breath. On March 30, 2020, status checks became mandatory for domestic flights, flights leaving Canada, and passenger trains. No one who has COVID-19 symptoms should travel, as this would jeopardize the safety of other passengers and crew.

From the outset, PHAC has worked with public health authorities at all levels of government across the country to ensure that our preparedness and response measures are appropriate and adaptable, based on the latest science and changing circumstances.

DISINFECTION AND SANITATION PRACTICES FOR AIRLINES AND AIRPORTS

Q196. Do airlines have a role in preventing the spread of infectious diseases?

Airlines are an important partner in mitigating the potential risk of introduction and spread of communicable diseases. Airlines will prevent all travellers who present COVID-19 symptoms, regardless of their citizenship, from boarding international flights to Canada. Airlines will conduct

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a basic health assessment of all air travellers based on guidance from the Public Health Agency of Canada.

Q197. Are planes carrying passengers who had symptoms of the virus in-flight provided guidance on decontamination of the vessel?

As part of the Government of Canada's efforts to mitigate the spread of the novel coronavirus (COVID-19), the Public Health Agency of Canada (PHAC) has provided guidance for disinfection and sanitation practices for airlines with direct flights arriving from China.

PHAC recommends that in addition to regular cleaning practices, airlines thoroughly clean and disinfect frequently touched areas. Increasing the frequency of routine cleaning and disinfection of frequently touched areas is an important measure in controlling the spread of infection during any outbreak. The guidance includes recommended cleaning equipment and disinfectants, frequently touched areas and cleaning and disinfection instructions.

In addition, if a passenger on a flight has been identified as suspected of being ill, PHAC will advise the airline so that the area within a two-metre radius of the passenger's seat can be thoroughly cleaned and disinfected, in addition to the enhanced routine sanitation practices.

Q198. Are touch screen kiosks and other communal area surfaces at airports being cleaned and sanitized on a regular basis?

Cleaning of touchscreen kiosks and other communal areas happens regularly throughout the day. The best way to prevent illness after touching a common surface that could be contaminated with a virus is to avoid touching your eyes, mouth or nose until you are able to wash your hands with soap under warm running water for at least 20 seconds, or use an alcohol-based hand sanitizer if soap and water are not available. The responsibility of maintaining and cleaning communal areas and kiosks falls under the individual airport authority.

For traveller screening areas such as the Canada Border Services Agency (CBSA) hall and Public Health Agency of Canada assessment rooms, the CBSA has been using a specialized cleaning solution to sanitize these areas multiple times daily.

Q199. What precautions is PHAC recommending to flight attendants who may be in close quarters with sick people for extended periods of time?

Protecting the health of Canadians, front-line workers and in this case, flight attendants is of the utmost importance. As part of the Government of Canada's efforts to mitigate the spread of COVID-19, the Public Health Agency of Canada (PHAC) has provided guidance on hand hygiene and respiratory etiquette and for disinfection and sanitation practices for airlines. PHAC recommends that in addition to regular cleaning practices, airlines thoroughly clean and disinfect frequently touched areas.

Increasing the frequency of routine cleaning and disinfecting of frequently touched areas is an important measure in controlling the spread of infection during any outbreak. The guidance includes recommended cleaning equipment and disinfectants, frequently touched areas and cleaning and disinfection instructions. In addition, if a passenger on a flight has been identified as suspected of being ill, PHAC will advise the airline so that the airline can contact staff from that flight to closely self-monitor and so that the area within a two-metre radius of the

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passenger's seat can be thoroughly cleaned and disinfected, in addition to the enhanced routine sanitation practices.

Like all Canadians, airline crew should closely self-monitor for symptoms, isolate as quickly as possible should symptoms develop and contact their local public health authority for further direction, which will include where to go for care, the appropriate mode of transportation to use and precautions to be followed.

In addition, Transport Canada is working with air carriers to strengthen current practices in order to ensure that if a traveller becomes symptomatic in-flight, air carriers isolate the passenger quickly according to international standards, and flight crews don appropriate personal protective equipment. In addition, the flight crew would have to notify air traffic control of a passenger presenting COVID-19 symptoms.

SAFETY OF EMPLOYEES

Q200. What is Health Canada doing to ensure federal employees are taking the appropriate precautions?

Health Canada's Public Service Occupational Health Program (PSOHP) provides occupational health services and occupational hygiene consultative services to Government of Canada departments.

As per usual protocols for these types of situations, PSOHP issued a general Occupational Health Advisory to departments and agencies which provided information on novel coronavirus and recommended precautions for employees such as: frequent hand hygiene, proper cough and sneeze etiquette, and self-monitoring for symptoms.

The advice and information is based on the science and risk level as assessed by the Public Health Agency of Canada and the World Health Organization.

In addition, given the variety of federal work settings, PSOHP developed supplemental advice for specific workplaces. The first priority was advice for employees based at airports who interact with travelers, for example, what personal protective equipment should be used when searching luggage or escorting an ill traveller. Health Canada Occupational health nurses are also supported our departmental partners with information sessions for personnel at airports and CFB Trenton.

The department is also working with Global Affairs Canada to ensure that departments and agencies with employees in affected countries have all of the occupational health information they require.

Health Canada's occupational health experts will continue to work closely with departments to ensure the health and safety of employees in the federal public service.

Q201. What protocols did Health Canada follow after receiving confirmation that an employee tested positive for COVID-19?

A Health Canada employee who works at Tunney's Pasture has tested positive for COVID-19. The employee is in self-isolation and is following the direction of local public health authorities.

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The Department followed established protocols:

- The area where the employee works, including common areas, has been properly cleaned, according to Public Services and Procurement Canada standards. This was done in collaboration with Statistics Canada as the two departments share common work space.

In addition, local public health authorities have been in contact with the employee for any relevant contact tracing. This involved contacting certain colleagues who have also been advised to self-isolate by local public health authorities.

The Government of Canada has asked teleworking to be used whenever and wherever possible, subject to each department's operating requirements. Departments and agencies are actively exercising this flexibility. We are constantly re-assessing the situation and striving to balance both our duty to Canadians and the health and safety of all public servants.

The government is working on a means to centralize information on confirmed cases within the public service. Treasury Board Secretariat has been working closely with Health Canada and the Public Health Agency of Canada to provide workplace-related information and advice to departments and agencies so they can manage their workforce accordingly.

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