

GPHIN Daily Report for 2020-10-22

Special section on Coronavirus

Canada

Areas in Canada with cases of COVID-19 as of 21 October 2020 at 09:00 pm EDT

Source: Government of Canada

Province, territory or other	Number of confirmed cases	Number of active cases	Number of deaths
Canada	206,360	22,783	9,829
Newfoundland and Labrador	287	9	4
Prince Edward Island	64	3	0
Nova Scotia	1,097	5	65
New Brunswick	319	92	4
Quebec	96,288	8,947	6,074
Ontario	66,686	6,299	3,062
Manitoba	3,626	1,774	43
Saskatchewan	2,496	469	25
Alberta	23,402	3,372	296
British Columbia	12,057	1,808	256
Yukon	17	2	0
Northwest Territories	8	3	0
Nunavut	0	0	0
Repatriated travellers	13	0	0

A detailed [epidemiologic summary](#) is available.

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

Canada – Coronavirus disease (COVID -19) Outbreaks and Outcomes (Official and Media)

Canada

Toronto's COVID-19 positivity rate hits 4.4 per cent as de Villa warns that 'upward climb is not over'

Source: CP24 (@CP24)
ID: 1008094131

Toronto's positivity rate on COVID-19 tests hit 4.4 per cent last week and is now nearly double the "high alert" threshold previously cited by the province.

Medical Officer of Health Dr. Eileen de Villa shared the news during a briefing at city hall on Wednesday afternoon.

She said that while the positivity rate "is just one indicator" its recent steep rise is cause for concern, especially when considered alongside rising case counts and hospitalization rates.

"Today our per cent positivity figure for Toronto is 4.4. It has increased 1.3 per cent since I spoke with you on Monday when it was 3.1 per cent. The figure could yet change because we understand data for the most recent week can be incomplete but I feel comfortable saying that I have no basis to expect that it will fall 1.3 per cent and that I am concerned that its upward climb is not over, especially when I look at COVID-19's renewed eruption in other countries," she warned.

The city's seven-day positivity rate was less than one per cent as recently as Aug. 30 but has steadily increased since then in lockstep with the rising case counts.

The 4.4 per cent positivity rate reported by de Villa on Wednesday is nearly double the 2.5 per cent "high alert" threshold that the province has cited in moving some regions with higher case counts back into a modified version of Stage 2.

It is also well above the three per cent goal cited by Toronto Public Health.

"The most value comes from looking at the sum total of all the indicators but unfortunately when you look at our monitoring dashboard right now the overall status is red, hence I am asking the people of Toronto to please continue on with the self protection measures," de Villa said on Wednesday. "This situation is very much within our hands. We can do this together but we do have to commit to doing the things that we know makes a difference in terms of stopping the spread of COVID-19."

City reports 346 new cases

During her briefing on Wednesday, de Villa cited the experience of other countries that have struggled to contain COVID-19 and said there is nothing to prevent the virus "from catching fire here except for the choices we make."

She said that right now residents need to continue, "to stay apart as much as possible" from people they don't live with and make sure that they are wearing their masks and washing their hands.

She said that this year "a big part of outsmarting COVID-19 will be by getting a flu shot" as well, thus ensuring that hospital resources can be preserved.

"If it had the capacity to want COVID-19 would want us exactly where we are right now – tired, frustrated, impatient and worn out with living like this," she said. "I know I am out here urging you forward, asking for your patience, trying to strengthen your resolve but actually I am just like you. I am as tired as living like this as everyone else but is my job not to be so I am not giving up on getting this right and I am not giving up on you."

On Wednesday, the city reported 346 new COVID-19 cases as the total number of lab-confirmed cases so far surpassed the 25,000 mark.

De Villa said that there were also 21 more people who were hospitalized with COVID-19 in Toronto over the last 24 hours, a nearly 20 per cent increase.

Photos

People line up at a COVID-19 assessment centre by appointment only at the Michael Garron Hospital during the COVID-19 pandemic in Toronto on Thursday, October 8, 2020.

<https://www.cp24.com/news/toronto-s-covid-19-positivity-rate-is-now-nearly-double-high-alert-range-used-by-province-1.5154844>

Canada

Ottawa's top doctor warns of COVID-19 spread in organized team sports; At least 28 cases with 'hundreds' of contacts | CTV News

Unique ID: 1008091428

Source link: ottawa.ctvnews.ca

OTTAWA -- Ottawa's medical officer of health says the public health unit is investigating the spread of COVID-19 in organized team sports in the city.

"Ottawa Public Health is investigating several situations where transmission of COVID-19 has occurred in relation to organized team sports," Dr. Vera Etches said at a press conference Wednesday morning. "COVID-19 transmission is occurring in both adult's and children's leagues and in a variety of sports."

Dr. Etches told reporters said Ottawa Public Health investigating 14 teams where at least two people have tested positive for COVID-19 to determine if the virus spread within the team setting.

"We have confirmed five outbreaks for sure and we have others under investigation," she said, referring to cases in which viral transmission from one member of a team to another was confirmed. "I think the number in those five outbreaks so far is 28 people who have tested positive."

However, she stressed that the number of close contacts related to these outbreaks is in the hundreds.

"The number of high-risk contacts is hundreds and hundreds," she said. "These are people we have identified who have been in close contact with someone who tested positive, who need to self-isolate and then go for testing themselves five days after exposure. This investigation will be continuing and we expect those numbers to grow."

She said among these contacts, there are vulnerable people, such as older adults and others.

While Dr. Etches said that the risk of transmission could occur in any setting where there is close contact or limited mask use, two sports stand out in particular.

"Hockey is showing up and football is showing up," she said. "It's possible in any kind of sport where there is close contact and no masks but hockey is standing out as the one where we've detected the highest number of people testing positive right now."

She says it's not just team play during practices, but the social events that take place both before and after, such as carpooling or after-practice meals and drinks.

"It's before the game, people carpooling together with people outside their household, during the game it's practices where people are in contact with each other, after the game it's people gathering and maybe sharing a meal with each other. It's not just the play on the ice, for example, but other connections that are made, other close contacts in relation to the activity."

Etches also pointed out locker room use, and people participating in more than one team sport as other vectors for transmission.

Her message is to reduce those kinds of contacts.

"OPH reminds residents that although training is still permitted, team sports and activities are still considered high risk," Dr. Etches said. "COVID-19 does not distinguish between a game or a practice, so it is important to use the same core principles of mask wearing, physical distancing, handwashing, and staying home when sick to reduce the transmission of the virus."

Recommendations

In a press release from the City of Ottawa, the following recommendations were made to help limit COVID-19 transmission in organized sports settings.

Minimize social gatherings of participants and spectators both before and after the activity. This includes spectator stands, change rooms – which are now both closed during the modified stage-two restrictions – and the areas outside of recreational facilities.

Limit carpooling and meals (in homes or at restaurants) to those within your household

Limit gatherings inside and outside the facilities. Ensure a two-metre physical distance and wearing masks if parents and/or participants are socializing in the facility parking lots.

Do not coach or play for more than one team

Wear a face mask at all times unless engaged in strenuous athletic activity

Maintain physical distance of at least two metres from other people before, during and after the activity

Clean and disinfect equipment between uses

Do not share your sports gear with other people

Practice frequent hand hygiene by using an alcohol-based hand rub or washing your hands with soap and water

Play outside rather than indoors

<https://ottawa.ctvnews.ca/ottawa-s-top-doctor-warns-of-covid-19-spread-in-organized-team-sports-at-least-28-cases-with-hundreds-of-contacts-1.5154222>

Canada

Covid cases in Nipawin and tribal health area jump

Source: Paris Star

Unique ID: 1008092048

There were 33 active cases as of October 19.

Nipawin and district is facing its first big challenge when it comes to COVID-19 and containing the spread of the novel coronavirus.

On October 13, there was a single case in the SHA's Northeast 1 district (Nipawin, Carrot River, Village of Cumberland House and area), the following day there were eight cases and by October 19 two more days, that number had jumped to 11.

On October 20, another seven cases were added to Northeast 1, bringing the active case load to 18. The communities in the affected area also include Aborfield, Aylsham, Choiceland, Codette, Love, Smeaton, Tobin Lake, White Fox and Zenon Park.

Also reporting COVID cases in the northeast district, however, is the Northern Inter-Tribal Health Authority (NITHA), which issued an outbreak declaration for Red Earth Cree Nation late last week.

The alert did not specify how many positive cases are in the community, just that they are connected to a wedding event at Natimeek on October 9.

Their northeast district, with boundaries similar to the SHA but reporting is restricted to reserves, had 15 active cases on October 19.

A pandemic response committee created in Nipawin earlier this year was organizing to ensure the First Nation's had whatever support needed to bring in grocery and medical supplies. Members include local pharmacists and grocers along with government agencies.

The province has not specified which community or communities the infections are in.

Northeast 2, which includes Tisdale, Hudson Bay and Porcupine Plain areas has one active case of COVID. The entire northeast area also includes Northeast 2 (Melfort and district), which had two active cases as of October 19.

Anyone who was in attendance at the October 9 wedding, must immediately self-isolate if they are showing symptoms, (or have shown symptoms) and to call their local health office to arrange testing.

Visitor restrictions were once again in place in Nipawin health care facilities.

"As a result of an increased number of people who have tested positive for COVID-19 in the Northeast, visitation will be limited in Nipawin Hospital and Pineview Lodge Long-Term Care facility," said the SHA in a news release on October 14.

This means family members or support people will only be permitted for compassionate reasons.

<https://www.parisstaronline.com/news/local-news/covid-cases-in-nipawin-and-tribal-health-area-jump/wcm/3ec83963-6ed8-4575-984e-6a06416112b2>

Canada

100,000 rapid coronavirus tests arrive, are being distributed to provinces

Source: Global News

ID: 1008093551

Procurement Minister Anita Anand says the first shipment of rapid tests for COVID-19 has arrived in Canada but their eventual destinations remain shrouded in mystery.

Canada signed a deal with Abbott Diagnostics to buy 7.9 million ID Now tests, which can produce results on the spot in under 15 minutes.

Anand says the first shipment of 100,000 tests is now in hand.

The tests are to be deployed to provincial governments but neither Anand's office nor Health Canada will say which province will get them first, or how many will be shipped where.

Provinces like Ontario, Quebec and Manitoba are desperately trying to improve testing capacity as the second wave of COVID-19 continues to surge.

Prime Minister Justin Trudeau says Ottawa has also received more than 800 million masks, gloves, gowns and face shields and that 20 million of them were sent to provinces this month.

<https://globalnews.ca/news/7411511/rapid-coronavirus-tests-arrived/>

Canada

Major COVID-19 outbreak at an Olymel meat processing facility in the Beauce region

Source: CBC News

ID: 1008093016

Union officials report as many as 80 confirmed cases and say one employee has died

Workers at an Olymel meat-packing plant in the Beauce region are being tested for COVID-19, after a weekend outbreak infected dozens of employees.

The union representing the facility's 1,200 employees said 80 people have tested positive so far.

"People are still working, but they're worried. There are some who are still waiting for test results," said Martin Maurice, president of the Syndicat des travailleurs d'Olymel Vallée-Jonction.

A 65-year-old worker, who tested positive for COVID-19, died on Tuesday. The company issued a statement mourning the employee's passing and confirmed the test result. It also said "an investigation is underway to determine the exact cause of his death and whether it was related to COVID-19."

The statement also said Olymel called in the regional public health authority over the weekend to undertake a mass testing campaign given "the factory is situated in a red zone and several employees have presented symptoms despite the rigorous application of significant sanitary measures."

The union doesn't dispute the adequacy of the safety procedures inside the plant, but Maurice told Radio-Canada some employees have let their guard down over recent months in common areas like the cafeteria and change rooms.

He also said "the company also has its share of faults," noting that during the first COVID-19 wave it staggered shifts in order to allow enough time for work stations to be properly cleaned. It also limited overtime.

Maurice said neither of those measures have been in place since summer, although he added the company said this week it plans to re-institute the pause between shifts.

He also told Radio-Canada the provincial workplace safety board has been on the premises this week "to correct certain situations."

The union is asking for a temporary closure.

Olymel employs 15,000 people and operates processing facilities in five provinces. It is the largest hog producer in Canada.

The company closed its facility in Yamachiche, near Trois-Rivières, for two weeks this past March, after nine employees tested positive for coronavirus.

Another positive test in August at Olymel's plant in Red Deer, Alta., resulted in the preventive isolation of 13 workers. None tested positive for COVID-19.

<https://www.cbc.ca/news/canada/montreal/covid-19-beauce-olymel-1.5771347?cmp=rss>

United States - Coronavirus Disease 2019 (COVID-19) - Communication Resources (Official and Media)

United States

DC redefines COVID-19 close contact, adds brief encounters

Source: cp24.com

ID: 1008093695

NEW YORK - U.S. health officials Wednesday redefined what counts as close contact with someone with COVID-19 to include briefer but repeated encounters.

For months, the Centers for Disease Control and Prevention said close contact meant spending a solid 15 minutes within 6 feet of someone who tested positive for coronavirus. On Wednesday, the CDC changed it to a total of 15 minutes or more - so shorter but repeated contacts that add up to 15 minutes over a 24-hour period now count.

The CDC advises anyone who has been in close contact with a COVID-19 patient to quarantine for two weeks.

The change may prompt health departments to do contact tracing in cases where an exposure might previously have been considered too brief, said Dr. William Schaffner, a Vanderbilt University infectious diseases expert.

It's also serves notice that the coronavirus can spread more easily than many people realize, he added. The definition change was triggered by a study of a 20-year-old Vermont correctional officer, who was diagnosed with a coronavirus infection in August. The guard, who wore a mask and goggles, had multiple brief encounters with six transferred prisoners before test results showed they were positive. At times, the prisoners wore masks, but there were encounters in cell doorways or in a recreational room where prisoners did not have them on, the report said.

An investigation that reviewed video footage concluded the guard's brief interactions totalled 17 minutes during an 8-hour shift. In a statement, CDC officials said the case highlights again the importance of wearing masks to prevent transmission.

<https://www.cp24.com/world/cdc-redefines-covid-19-close-contact-adds-brief-encounters-1.5154751>

United States

CDC notes 'distressing trend' of rising COVID cases

Source: CIDRAP

ID: 1008093898

In their first press briefing in more than 2 months, Centers for Disease Control and Prevention (CDC) officials warned that the country is approaching a "critical phase" in the COVID-19 pandemic, while also expressing optimism that one or more vaccines will be available for distribution before the end of the year.

"Unfortunately, we're seeing a distressing trend here with COVID-19 in the United States, with COVID-19 cases increasing in nearly 75% of the country," CDC Deputy Director Jay Butler, MD, told reporters in Atlanta. "The past week, we've seen nearly 60,000 cases a day on average, as well as 700 deaths."

Butler attributed the nationwide increase in cases to more people moving indoors as the weather gets colder, as well as smaller, intimate gatherings of families and neighbors that are taking place indoors. Butler emphasized four general rules that translate into higher risk of COVID-19 spread—the more closely people interact with others, the longer the interaction lasts, interactions taking place indoors, and interactions involving a lot of people.

"Understanding these risks, and how to adapt different prevention measures, can help you protect yourselves and your families and your communities," he said.

Butler said the agency is "cautiously optimistic" that vaccines will be available, in limited quantities, before the end of 2020, and said that all states have submitted their initial plans to the CDC on how to safely distribute and administer vaccines once they're available.

Department of Health and Human Services Secretary Alex Azar said that if and when the Food and Drug Administration approves a vaccine, the government will have supplies manufactured and ready for distribution. He laid out a potential timeline in which there could be enough of an approved vaccine to immunize the most vulnerable by the end of the year, and seniors, healthcare workers, and first responders by the end of January.

"There is hope on the way, in the form of safe and effective vaccines, in a matter of weeks or months," Azar said.

Increases seen across the country

The United States reported 60,315 new COVID-19 cases yesterday, with 933 deaths, according to the Johns Hopkins COVID-19 dashboard. The country now has at least 8,312,109 confirmed infections, and 221,694 deaths.

As Butler noted, unlike the previous surges in the spring and the summer, which were driven by hot spots in the Northeast and the South, the "third wave" of infections are occurring in nearly every region of the country. The COVID Exit Strategy website lists 32 states as having uncontrolled spread, and 11 as trending poorly.

The Midwest continues to be one of the hardest-hit areas. In Wisconsin, which yesterday reported 4,591 new COVID-19 cases after working through a backlog of data caused by a weekend outage, Gov. Tony Evers pleaded with residents to start changing their behavior.

"If we continue to make excuses for not doing this, we will have more deaths, we will have more people with COVID-19, and, frankly, we will have a lot less economic activity in the state of Wisconsin," Evers said at a press conference, according to the Milwaukee Journal Sentinel. "This is a critical time, folks."

In neighboring Michigan, officials in Washtenaw County yesterday issued a stay-at-home order to the entire Ann Arbor campus of the University of Michigan. The order was issued after county health officials traced 61% of 600 new COVID-19 cases recorded in the county since Oct 12 back to the campus.

"The situation locally has become critical, and this order is necessary to reverse the current increase in cases," county health officer Jimena Loveluck, MSW, said in a press release.

Under the order, which will remain in effect until Nov 3, students must remain in their residences unless attending class, working in jobs that can't be performed remotely, or accessing dining services.

But states in the Northeast are on edge as well as cases rise following a summer of low virus activity. In response, the governors of New York, New Jersey, and Connecticut yesterday issued a joint statement urging residents to avoid unnecessary or non-essential travel between the states, Reuters reported. But the governors said they would not attempt to impose quarantines on visitors from other states.

European surge continues

Meanwhile, countries across Europe continue to report record new daily infections. Among them is Poland, which saw 10,040 new cases today, according to Reuters. One of the new restrictions the Polish government is considering to help mitigate virus transmission and reduce the strain on the healthcare system is moving all primary school students to distance learning.

In Belgium yesterday, Health Minister Frank Vandenbroucke told lawmakers that the country will need to postpone all non-essential hospital procedures to deal with the country's surge in new COVID-19 cases. The number of COVID-19 patients in the country's intensive care units is doubling every 8 to 9 days, Reuters reported.

Ukraine, Bulgaria, and Croatia also reported new record highs today.

In other international developments:

The Coalition for Epidemic Preparedness (CEPI) announced today that it has signed agreements with two pharmaceutical companies—Biofabri in Spain and GC Pharma in South Korea—to reserve manufacturing capacity for more than 1 billion doses of COVID-19 vaccine designated by CEPI. The vaccines manufactured under the agreement will be procured and distributed through the COVAX Facility, a global initiative to enable equitable access to COVID-19 vaccines.

A new report from the United Nations notes that women make up 69% of frontline healthcare workers battling the pandemic, and as a result face a higher risk of infection than men in the workplace. The report found that although women are less likely to die from COVID-19 than men, they face additional challenges

related to the disease, including increased risk of domestic abuse and violence due to isolation measures imposed by governments.

<https://www.cidrap.umn.edu/news-perspective/2020/10/cdc-notes-distressing-trend-rising-covid-cases>

International - Coronavirus disease (COVID-19) Outbreak and Outcomes (Media)

Brazil

Brazil's Bolsonaro rejects Chinese vaccine against COVID-19

Source: covid19data.com

ID: 1008093014

Brazilian President Jair Bolsonaro overruled his own health minister on Wednesday, rejecting the announced purchase of 46 million doses of CoronaVac, a potential vaccine against COVID-19 being tested in Sao Paulo state.

Health minister Eduardo Pazuello announced the purchase on Tuesday alongside Sao Paulo's Gov. João Doria, a foe of Bolsonaro's whose state government is participating in the vaccine's development. The cost of the acquisition was estimated at 2 billion Brazilian reais (\$360 million).

"The Brazilian people will not be anyone's guinea pig," Bolsonaro said on his social media channels, adding that the shot made by Chinese pharmaceutical company Sinovac is yet to finish its testing phase – which is true of all potential vaccines. "My decision is to not purchase such a vaccine."

It is common practice for governments to purchase doses of promising vaccines, to build a stockpile in case they are proven effective. That investment is usually not refundable if the shot fails.

Brazil counts more than 153,000 deaths by COVID-19, second only to the United States. The South American nation also confirmed 5.2 million cases of the disease, the third biggest in the world, behind the U.S. and India.

<https://covid19data.com/2020/10/21/brazils-bolsonaro-rejects-chinese-vaccine-against-covid-19/>

Brazil

Oxford's Brazil vaccine trial to continue after volunteer believed to be in control group dies |

Source: CBC News

Published: 2020-10-22 11:16 UTC

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Unique ID: 1008097398

The University of Oxford's Brazilian trial of its vaccine candidate will continue after the death of a volunteer, who, a source suggested to Reuters, was part of the control group and had not received the vaccine, the university said on Wednesday.

An independent review had revealed no safety concerns, the university said.

"Following careful assessment of this case in Brazil, there have been no concerns about safety of the clinical trial, and the independent review in addition to the Brazilian regulator have recommended that the trial should continue," a spokesperson for the university said in a statement.

The vaccine has been licensed to pharmaceutical company AstraZeneca.

The Brazilian vaccine trial would have been suspended if the volunteer who died had been part of the active arm, a source familiar with the situation told Reuters.

To reduce the risk of bias in the trial, participants and investigators are not told if volunteers are in an active group receiving the coronavirus vaccine candidate, or a comparative control group that receives a meningitis vaccine instead.

The comment from the source would suggest the volunteer was part of the comparative control group and had not received the vaccine.

Final-stage testing of the vaccine candidate made by AstraZeneca and Oxford University remains on hold in the U.S. as officials examine whether an illness in its trial poses a safety risk. The trial was stopped when

a woman developed severe neurological symptoms consistent with transverse myelitis, a rare inflammation of the spinal cord, the company has said.

Regulators in Brazil, India and South Africa have allowed AstraZeneca to resume its vaccine trials in those countries.

WATCH | What it means when vaccine trials are halted:

Last week, Johnson & Johnson paused its Phase 3 COVID-19 vaccine trial to investigate an unexplained illness in a study participant. At the time of the announcement, the company did not know whether the volunteer had been given its vaccine or a placebo.

A Johnson & Johnson spokesperson on Tuesday said the study remains on pause as the company continues its review of medical information before deciding to restart the trial.

The company said last week that its "study pause" was voluntary. In contrast, AstraZeneca's trial is on "regulatory hold," which is imposed by the FDA.

Countering vaccine misinformation

Separately, the director of the Pan American Health Organization (PAHO) said Wednesday that while it is working to develop a vaccine faster than ever, the process to guarantee safety and efficacy is unchanged. "Misinformation is a grave threat to the health of our region," Dr. Carissa Etienne said in a weekly virtual news conference. "Insidious rumours and conspiracy theories can disrupt vaccination efforts and imperil our COVID-19 response, costing lives."

Since the virus was first detected, more than 40 million people around the globe have been infected and more than 1.1 million people have died.

Vaccines are seen as essential to helping end the pandemic that has also harmed economies around the world.

With files from The Associated Press

<https://www.cbc.ca/news/health/covid-19-vaccine-oxford-brazil-1.5771280>

Europe

EU removes Canadians from list of approved travellers because of COVID-19

Unique ID: 1008091700

Source: www.cbc.ca

European Union officials are moving to halt Canadians from travelling to the bloc of European countries amid the coronavirus pandemic.

In July, the EU set up a so-called white list of countries whose citizens would be allowed access for non-essential travel.

Canada had been on the approved list from Day 1, along with 14 other countries.

The United States has been on the list of banned countries from the start.

In August, the EU removed Algeria, Montenegro, Morocco and Serbia from the white list because of rising COVID-19 case numbers in those countries.

Officials meet every two weeks to decide if any changes should be made to the white list, and no changes had been recommended since then.

Rising case numbers

On Wednesday, officials met for their regularly scheduled meeting. According to Reuters, Bloomberg and other reports, they decided to remove three countries — Canada, Tunisia and Georgia — while adding Singapore to the approved travel list.

An EU official speaking on condition of anonymity confirmed to CBC News that the bloc has decided to change the makeup of the white list, the finalized version of which is expected to be made public within days.

According to CBC's coronavirus tracker, there are more than 203,000 confirmed cases of the disease across Canada, with 2,251 new cases on Tuesday.

After the changes, the white list consists of nine countries: Australia, China, Japan, New Zealand, Rwanda, Singapore, South Korea, Thailand and Uruguay.

The decision doesn't ban travel immediately, nor is it necessarily strictly enforced in every EU country.

Some countries, such as France, have not placed any restrictions on visitors from countries on the white list. Germany has pared the list down while Italy requires a period of self-isolation and demands travellers take a private vehicle to their destinations even if they are on the white list.

The Canada Border Services Agency doesn't provide a detailed breakdown of how many Canadians have been travelling to various EU countries, but Statistics Canada does note that in July, the month with the

most up to date data, 57,000 people came to Canada from France, 11,000 came from the Netherlands and 42,000 from Germany.

With files from Reuters

<https://www.cbc.ca/news/business/eu-travel-canada-1.5770782?cmp=rss>

Spain

Spain: Hand sanitizer nearly blinds 2 children

Unique ID: 008090803

Source: www.aa.com.tr

Two children have had to be hospitalized in the Spanish region of Galicia within the last week after two separate accidents with hand sanitizers caused serious eye damage.

One child, 3, is undergoing an amniotic membrane transplant to his left eye after a classmate threw hand sanitizer in his face during lunch at school.

"I don't blame the other child, but what I don't understand is how such young children have access to hand sanitizer," his mother told Europa Press.

According to the boy's family, after the incident, the school called his mother, who works 8 kilometers away (5 miles), to pick him up instead of rushing him for medical care.

He developed a corneal ulcer and has had to be heavily sedated because of intense pain.

A similar incident occurred after a public hand sanitizer dispenser operated by a pedal sprayed the gel into a 2-year-old's face in the town of A Pobra de Caraminal.

According to broadcaster Antena 3, the boy had to be sedated because of pain but his cornea does not appear to be damaged.

The Pediatric and Ophthalmology department of the Santiago y Barbanza Hospital confirmed two children were hospitalized for serious ocular problems and warned that young children should not use hand sanitizer unsupervised.

The hospital said reactions are usually "mild" when hand sanitizer gets in eyes, but it should be taken seriously.

"If your eyes are accidentally exposed to these kinds of products, you have to act quickly, rinsing the zone with abundant water and immediately seeking medical assistance," said Federico Martino, director of Pediatric services in the hospital.

While hand sanitizer has become ubiquitous in the coronavirus pandemic world, it can be dangerous around children.

According to the Spanish National Institute of Toxicology and Forensic Sciences (INTCF), 874 children have required medical assistance for hand sanitizer poisoning in 2020 -- an increase of more than 900% compared to all of 2019.

More than 80% of poisoning symptoms were mild and quickly subsided, according to the report.

<https://www.aa.com.tr/en/europe/spain-hand-sanitizer-nearly-blinds-2-children-/2013093>

United Kingdom

Contact-tracing apps: There's no evidence they're helping stop COVID-19

Unique ID: 1008090790

Source link: medicalxpress.com

During the first wave of COVID-19, researchers at Oxford University built a computer model that suggested if 56% of the the UK downloaded and used a contact-tracing app (alongside other control measures) it could end the epidemic in the country.

With the English app only available since September, it's too early to tell how the system is actually doing. But even based on other countries whose apps have been available much longer, there's still very little evidence that they can make a real difference to fighting COVID-19—or that they can't.

While this doesn't mean we should write off contact-tracing apps altogether, the lack of evidence is a concern given the focus and money devoted to these apps and the policy decisions made around them. This kind of "tech solutionism" could be a distraction from developing proven manual contact-tracing systems. Indeed, the Council of Europe has raised the question of whether, given the lack of evidence, the promises made about these apps are "worth the predictable societal and legal risks."

Despite predictions that between 67.5% and 85.5% of potential app users would download apps, worldwide download rates of contact-tracing apps have so far been low, running approximately at 20%. In Germany it has been around 21%, in Italy 14%, in France just 3%. Iceland and Singapore, which was one of the first to launch an app, have the highest download rates to date at 40%.

Download rates matter because you need lots of other people to have the app on their phone to increase the chance that if you come into contact with someone who has the virus the system will be able to alert you of that fact.

In broad terms, if you have 20% of the population as active app users then there is only a 4% chance of coming into contact with another app user (the maths is explained here). Increase the download rate to 40% and you have a 16% chance of meeting another active app user. This also works on the assumption that users have the same app or different ones that can work together.

Apps may not need high download rates to have some impact. A second report from the Oxford researchers suggested that a well-staffed contact-tracing system that included digital as well as manual notifications could reduce infections by 4%-12% and deaths by 2%-15% if just 15% of the population used the app.

Singapore's Ministry of Health claims that where it used to take contact-tracing teams four days to identify and quarantine a close contact, the app can enable them to do so in within two days.

But in the real world, downloading the app isn't the same as using it or, most importantly, responding to warnings to self-isolate if the app tells you you've been in contact with an infected person. A UK-government commissioned study of more than 30,000 people showed that just 18% of people agreed to self-isolate when someone working for the country's manual contact-tracing system actually called them and explained why. The numbers for an automated message on your people's phones are likely to be even lower.

Lack of trust

So why haven't contact-tracing apps had more demonstrable success? First, there appears to be a lack of public trust in the technology and its use of personal data.

Earlier in the year, there was much discussion about whether the apps should upload data to a central database or store it on users' phones in order to preserve their privacy. Most countries eventually opted for the latter, although France went with the former, less private system (and has reported very low take-up).

England also initially experimented with centralized model but after much criticism and reported difficulties switched to decentralized. However, the loud public debate may have left a permanent negative impression of the efficacy and inherent privacy concerns of government-developed tracking apps.

Indeed there is good reason to be skeptical of the apps' effectiveness. Most countries (with the exception of Iceland) have also opted to use Bluetooth to record when app users come into contact rather than using GPS to track their specific location, again to protect privacy. But Bluetooth has a number of weaknesses that mean it can record contacts that never happened and miss others that did.

For example, the app might record you coming into contact with someone even if they are the other side of a partition wall. But if you keep your phone in your back pocket it may not connect with another held by someone standing in front of you.

One study, which took place on a tram and compared the Italian, Swiss and German apps, concluded that the technology was very inaccurate, no better than "randomly selecting" people to notify, regardless of proximity. The resulting false alerts have likely added to public confusion and lack of confidence in the tracer apps.

Technology problem

Another problem is, of course, that only smartphone owners can use the apps. Given that, in the UK, 61% of over-65s don't have access to a mobile internet device, this means that the largest at-risk group is much less likely to be able to benefit from contact-tracing apps.

One solution to this problem might be to use alternative technology to register people's contacts. Singapore has introduced a token that can be carried on a lanyard or in the pocket or bag, and that contains technology to enable it to fulfill the same function as a tracing app. New Zealand has also considered a similar "COVID card" to circumvent the smartphone issue.

But ultimately, if any of this technology is to have an effect, the only evidence we have suggests it must be part of an effective test and trace system that includes manual contact tracing—something few countries have yet managed to establish. A tech solution is not always the answer.

Provided by The Conversation

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<https://medicalxpress.com/news/2020-10-contact-tracing-apps-evidence-theyre-covid-.html>

Australia

Australian COVID-19 case treated as rare reinfection

Source: ecns

ID: 1008092851

Authorities in the Australian State of Victoria suspect they have recorded a rare case of COVID-19 reinfection, after a man tested positive on Tuesday having initially contracted the disease in July.

Victorian State Premier Daniel Andrews confirmed on Wednesday that the case was being treated as a reinfection.

"The person from yesterday who tested positive twice, the first time back in July, he is currently regarded as a reinfection of coronavirus, so he will be recorded as a positive case," Andrews said.

Officials previously thought that the second positive test may have been the result of shedding, whereby remnants of the virus can sometimes linger in a patient even after that person is no longer infectious or symptomatic.

However Andrews said that health experts had concluded there was insufficient evidence to support the shedding theory.

"It is through an abundance of caution that we are assuming that is a positive case, rather than the person shedding after the original infection," he said.

Only a handful of COVID-19 reinfections have been recorded globally so far and experts believe the cases would be mild or asymptomatic due to an immune response already being developed.

Andrews flagged the possibility that Australian authorities were acting overly cautiously in labelling the case a potential reinfection, however he said that in the interest of public safety it was the best path.

"This is understandably frustrating for everyone involved, whether this is in fact a positive case or not, but we do take a very cautious approach, and I think that is the best way to go," he said.

<http://www.ecns.cn/news/2020-10-21/detail-ihazqys6710849.shtml>

Russia

Novosibirsk Vector creates a single vaccine against influenza and coronavirus

Source: АИФ онлайн: российские регионы

ID: 1008093184

Also, the center will begin testing the vaccine against coronavirus on teenagersCenter virology from Novosibirsk Ring Vector is developing a single vaccine against influenza and coronavirus, said the director of the center Rinat Maksyutov.

He noted that the need for a vaccine was long overdue, as simultaneous infection with influenza and coronavirus greatly increases the severity of seasonal influenza and the lethality of it.

Maksyutov also said that the center will begin testing the vaccine against the coronavirus "Epivakron" on teenagers aged 14-17 years. At the same time, the composition of the drug will not change - it is expected that it will suit both adults and children.

The director of Vector also stressed that the vaccine is safe for allergy sufferers and the elderly. Tests showed that all volunteers who received the drug developed immunity.

The Novosibirsk Epivakron vaccine will be launched into civilian circulation in November.

PAHO

Work to develop a COVID-19 vaccine is faster than ever but safety and efficacy processes remain unchanged, PAHO Director says

Source: PAHO

ID: 1008093027

Washington D.C., October 21, 2020 (PAHO) – **While the Americas urgently awaits a breakthrough, the Pan American Health Organization (PAHO) will only support the distribution of a vaccine that has proven to be safe and effective in clinical trials, reviewed by National Regulatory Authorities and recommended by the World Health Organization (WHO), PAHO Director Carissa F Etienne, said today.**

“It is important to emphasize that while we’re working to develop a vaccine faster than ever before, the process to guarantee its safety and efficacy is unchanged,” Etienne told a press briefing in Washington, DC. She noted that there is a pipeline of more than 180 vaccine candidates under study, with 11 in phase III clinical trials.

What has changed “is the unprecedented attention on the vaccine development process,” she added, highlighting the “over-abundance of information from a number of sources, some less reliable than others and not based on science, which has led to confusion and misinformation around vaccine safety.”

The PAHO Director emphasized that vaccines are designed and manufactured with safety in mind. Once a COVID-19 vaccine proves safe and effective in a clinical trial, regulatory agencies thoroughly evaluate the data prior to granting approvals and WHO will also oversee an independent review process before granting its own recommendation.

“How we communicate about COVID-19 will make our ability to control the pandemic,” she said, calling for countries, the media, regulatory authorities, the private sector and the scientific community to come together to provide the public with “clear, concise and science-based information about a future COVID-19 vaccine.”

Access to vaccines

An important factor to establish trust in the new vaccines is to ensure their accessibility to all countries, and PAHO is supporting countries to gain access to these vaccines through the COVAX facility, Etienne noted.

“Virtually every country in Latin America and the Caribbean has joined or is in the process of joining the facility,” she said, and countries are taking legal and budgetary steps needed to participate in this innovative global partnership. “We are actively collaborating with financial institutions, like the Inter-American Development Bank, to support countries in our region access the funding needed to purchase vaccines through the COVAX Facility when they are available. Etienne added.

“PAHO’s Revolving Fund, with more than 40 years of experience providing affordable and quality vaccines to countries in Latin American and the Caribbean, will be, along with UNICEF, the purchase mechanism for the COVAX facility,” she said.

In the Caribbean, 11 countries will receive financial support for initial payments to join the COVAX facility, she said, in collaboration with the Caribbean Public Health Agency and the European Union.

COVID-19 in the Americas

The PAHO Director noted that there have been over 40 million cases and over 1.1 million deaths worldwide due to COVID-19, including 18.9 million cases in the Region of the Americas and over 610,000 deaths as of October 20. “Across our Region, around 100,000 people continue to test positive for COVID-19 every day,” Etienne said.

Trends show cases rising in the United States and Canada and plateauing across Central America, while most new cases in the Caribbean are related to non-essential international travel, Etienne noted.

These spikes show that while the region is “hard at work preparing for a vaccine, we must also keep a strong and steady course to continue fighting the virus without one.”

She urged all countries to “prioritize a transparent and proactive communications approach for COVID-19. The people of our region crave clear guidance. Communicating effectively and consistently about what they can do to protect themselves and avoid infection remains vital.”

Etienne added that “Testing, treating and isolating cases, as well as tracing contacts are all part of a good surveillance strategy and too few countries are doing this well in our region. It is as important now as it was in April. And it will be even more important once we have a vaccine.”

<https://www.paho.org/en/news/21-10-2020-work-develop-covid-19-vaccine-faster-ever-safety-and-efficacy-processes-remain>

Studies Related to Coronavirus disease (COVID -19) Outbreak (Media)

United States

COVID-19 infectious period ranges from 10 to 20 days, study finds

Source: CIDRAP

ID: 1008093556

A study yesterday in *Infection Control & Hospital Epidemiology* found that individuals with mild or no COVID-19 symptoms may be infectious for no more than about 10 days, while those with severe illness may be able to spread the virus for as long as 20 days. The infectious periods align with US Centers for Disease Control and Prevention (CDC) recommendations for isolation time.

An accurate understanding of the infectious period duration is vital for COVID-19 infection control practices, according to the study authors. The meta-analysis reviewed 77 studies worldwide that evaluated duration of viral shedding as detected via replication through polymerase chain reaction.

Patients with more severe illness shed viral RNA for a longer period, with an average shedding duration of 19.8 days (95% confidence interval [CI], 16.2 days to 23.5 days; $P < 0.01$) compared with 17.2 days for those with mild or moderate illness (95% CI, 14.0 days to 20.5 days; $P < 0.01$).

"Although the pooled median viral RNA shedding duration from patients with mild/moderate and severe disease do not differ greatly, reports of positive viral cultures through day 20 in severely ill patients support the potential for a prolonged infectious period for sicker patients," the authors note.

The researchers found viral RNA detectable in some patients up to 92 days after symptom onset, but viable virus shedding and infectious period duration appear to be much shorter. "In general, the highest viral loads occur within 1-2 weeks of illness onset, regardless of symptoms, with a subsequent gradual decline," the authors found.

The studies reviewed in the analysis differed widely, making generalizations difficult and pointing to the need for additional data, but the analysis confirms previously understood infectious period duration and isolation guidelines.

"Even though people can shed virus for a prolonged period of time, the studies we reviewed indicated that live virus, which may predict infectiousness, was only detected up to nine days in people who had mild symptoms," said co-author Monica Sikka, MD, in an Oregon Health & Science University news release.

<https://www.cambridge.org/core/journals/infection-control-and-hospital-epidemiology/article/understanding-viral-shedding-of-sarscov2-review-of-current-literature/994F79458DCB4ED8597F141550598B69>

<https://www.cidrap.umn.edu/news-perspective/2020/10/news-scan-oct-21-2020>

United States

Arthritis drug improves survival in critically ill COVID patients

Unique ID: 1008090526

Source: Siasat Daily

The study utilised data accumulated from over 4,000 critically ill patients with COVID-19 admitted to ICUs at 68 sites across the US.

Boston: Anti-inflammatory drug tocilizumab has been shown to reduce mortality by 30 per cent among critically ill COVID-19 patients when administered within the first two days of hospitalisation, according to a study led by an Indian-origin researcher in the US.

Unlike steroids, which suppress the immune system more broadly, tocilizumab specifically inhibits the receptor for the pro-inflammatory cytokine, IL-6.

The researchers led by Shruti Gupta and David E. Leaf from Harvard-affiliated Brigham and Women's Hospital investigated the effects of the tocilizumab on critically ill patients with laboratory-confirmed COVID-19.

They found that when tocilizumab was administered within the first two days of intensive care unit (ICU) admission, there was a 30 per cent relative decrease in mortality compared to patients whose treatment did not include early use of tocilizumab.

"Tocilizumab has been used for several years to treat a condition known as cytokine release syndrome, which can be observed in cancer patients receiving certain types of immunotherapy," said Leaf, the senior author of the study published in the journal JAMA Internal Medicine.

"In the setting of COVID-19, it has been observed that much of the morbidity and mortality that occurs may be due to our own body's inflammatory response to the virus as opposed to the virus itself," Leaf said.

Tocilizumab is currently approved to treat rheumatoid arthritis and giant cell arteritis, an inflammatory condition affecting large blood vessels.

The study utilised data accumulated from over 4,000 critically ill patients with COVID-19 admitted to ICUs at 68 sites across the US.

Of the 3,924 patients included in the analysis, 433 received tocilizumab in the first two days of ICU admission.

The risk of death at 30-days was 27.5 and 37.1 per cent among tocilizumab-treated and non-tocilizumab-treated patients, respectively, the researchers said.

The beneficial effect of tocilizumab on survival was consistent across categories of age, sex, and illness severity, and was also observed in patients who either did or did not receive corticosteroids, they said.

Patients with a more rapid disease trajectory, defined as three days or fewer from symptom onset to ICU admission, benefited from tocilizumab to a greater extent than patients with a slower disease trajectory, according to the researchers.

"Though there are conflicting data from clinical trials regarding the efficacy of tocilizumab in COVID-19, our study differs from these trials in several important ways," said Gupta, lead author of the study.

"We specifically focused on critically ill patients. We focused on the early use of tocilizumab (defined as the first 2 days of ICU admission), and we included a much larger number of patients (4,000 compared to approximately 400)," Gupta added.

<https://www.siasat.com/arthritis-drug-improves-survival-in-critically-ill-covid-patients-2004273/>

<https://news.harvard.edu/gazette/story/2020/10/anti-inflammatory-drug-improves-survival-in-covid-19-patients/>

<https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2772185?questAccessKey=8a81e35e-df54-4c43-8729->

[d5d28e48b666&utm_source=For The Media&utm_medium=referral&utm_campaign=ftm_links&utm_content=tfi&utm_term=102020](https://www.financialpost.com/news/health/roche-actemra-covid-19-icu-need)

France

France's AP-HP says Roche's Actemra limits need for ICU in COVID-19 patients | Financial Post

Unique ID: 1008090611

Source: financialpost.com

PARIS — A drug that fights inflammation made by Switzerland's Roche limits the need for a transfer to intensive care units for patients suffering from moderate to severe COVID-19 related pneumonia, Paris hospitals group AP-HP said on Wednesday.

Roche's Actemra, also called RoActemra, is a retooled rheumatoid arthritis medicine that fights inflammation.

<https://financialpost.com/pmnbusiness/pmnbusiness/frances-ap-hp-says-roches-actemra-limits-need-for-icu-in-covid-19-patients>

Russia

Russia's Research Centre Vector Working on Combined Vaccine Against Flu, COVID-19 - Sputnik International

Unique ID: 1008090677

Source: sputniknews.com

MOSCOW (Sputnik) - Russia's research centre Vector is working on a combined vaccine that would protect both against flu and COVID-19, Director Rinat Maksyutov said on Wednesday.

"Our centre is currently working on a combined vaccine against the coronavirus and seasonal flu," Maksyutov said at the Valdai Discussion Club forum.

He added that Russia's coronavirus vaccine, EpiVacCorona, developed by the Vector research centre, is absolutely safe both for elderly people and those suffering from allergies.

"The vaccine is absolutely safe both for healthy volunteers, people suffering from chronic conditions and allergies, and elderly people. We are even looking into the possibility to conduct clinical trials on children, aged from 14-17, the composition of the vaccine will not be changed", Maksyutov said.

Russia registered the world's first coronavirus vaccine, Sputnik V, on 11 August. It was developed by the Gamaleya Research Institute and the Russian Direct Investment Fund (RDIF). The fund's CEO, Kirill Dmitriev, told the audience of the Valdai Discussion Club forum how the development of Sputnik V started. "The active investment started only in January of this year, when the coronavirus just emerged. Unlike many other funds that decided not to invest in this area, because they did not understand that this would be such a 'serious' epidemic, many investors thought it would be over soon — since we are investors learning to foresee the future, we realized immediately this would be something serious and long-lasting", the RDIF CEO said.

Vaccine Battle Is Geopolitical, Russian Vaccine Maligned on Purpose

Russian vaccine has been attacked in an attempt to discredit it as part of the geopolitical vaccine battle, CEO of the Russian Direct Investment Fund Kirill Dmitriev said.

"We do indeed see a powerful attack against the Russian vaccine, which began even before it was registered, as soon as it was reported that the vaccine was being developed", Dmitriev said at Valdai discussion club.

"I think the participants here [at the session] are interested in this vaccine battle as an example of a geopolitical confrontation," RDIF CEO said.

According to Dmitriev, there are attacks on the vaccine and attempts to discredit it. RDIF CEO noted that the pharmaceutical industry was not very welcoming toward the new players.

<https://sputniknews.com/russia/202010211080836691-russias-research-centre-vector-working-on-combined-vaccine-against-flu-covid-19/>

Study

Obesity increases risk for COVID-19 among Black people in U.S., study finds

Source: UPI

Unique ID: [1008091246](#)

Oct. 21 (UPI) -- Black people in the United States who are obese are three times as likely to test positive for COVID-19 as obese White people, according to an analysis published Wednesday by JAMA Network Open.

Black people with cancer have an 82% higher risk for testing positive for the virus, and in general are 72% more likely than White people to be hospitalized after becoming infected, the data showed.

Advertisement

"The risk of COVID-19 varies across ... race/ethnicity, social determinants [of health], lifestyle factors and comorbidities" -- or underlying health conditions -- "among many other things," study co-author Bhramar Mukherjee told UPI.

"We find that the disparity between Whites and Blacks persists in hospitalization rates even after adjusting for" underlying health conditions and neighborhood level socioeconomic disadvantage, said Mukherlee, chair of biostatistics at the University of Michigan School of Public Health.

Earlier research has suggested that people of color are at increased risk for COVID-19 -- and more serious illness from the virus -- because they are more likely to be in poor overall health, live in crowded conditions where the virus can spread, have less access to health care and have jobs as "essential workers," meaning they are unable to stay home.

For this study, Mukherlee and her colleagues analyzed data on nearly 5,700 people tested or treated for COVID-19 at the University of Michigan between March 10 and April 22, and tracked their health through the end of July.

Among 1,139 patients who tested positive for the virus, 43% were White and 39% were Black, the data showed, despite the fact that Black people account for only 13% of the national population, according to the 2010 U.S. census.

Of study participants with COVID-19, 46% were hospitalized, 25% were admitted to the intensive care unit and 8% died, Mukherlee and her colleagues said.

In addition to the racial differences, people living in densely populated areas had 10% higher risk for hospitalization due to the virus, compared to those from suburban or rural areas, the researchers said.

Having type 2 diabetes was associated with an 82% higher risk for hospitalization due to COVID-19, and those with kidney disease were nearly three times as likely to require hospital care after getting infected, the data showed.

"Knowing risk profiles associated with severe COVID-19 ... can help us protect ourselves and protect the most vulnerable," Mukerlee said.

"This calls for strategic action plans to eliminate health inequities that have persisted in our social system," she said.

https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2771935?utm_source=For_The_Media&utm_medium=referral&utm_campaign=ftm_links&utm_term=102120

https://www.upi.com/Health_News/2020/10/21/Obesity-increases-risk-for-COVID-19-among-Black-people-in-US-study-finds/6321603285601/

United Kingdom

Lack of antidotes called 'serious ethical dilemma' for COVID-19 vaccine challenge trial

Unique ID: 1008091504

Source link: www.cbc.ca

UK scientists seeking approval to deliberately infect healthy people with COVID-19 in trials must first convince ethics specialists that, among other things, they have potential "rescue therapies" or antidotes to halt the disease.

The problem is that, for the novel coronavirus, there is still no effective treatment or cure.

That means, for now, that the best scientists planning the so-called human challenge studies can offer is Gilead's remdesivir — an antiviral drug that was found in a large trial to have no impact on COVID-19 death rates.

Chris Chiu, a scientist at Imperial College London co-leading the COVID-19 challenge experiments, said the plan was to give remdesivir to infected volunteers based on a "strong belief" it will be effective if given in the very earliest stages of disease.

Some ethics and medicine experts said that posed problems.

"As an effective rescue therapy does not yet exist for SARS-CoV2, there is a serious ethical dilemma ... to address here," said Stephen Griffin, an associate professor in the school of medicine at Britain's Leeds University.

Other specialists said the lack of antidotes or rescue therapies was only one of several risks the research team would have to minimize, and trial volunteers would have to accept, if the studies are to gain ethical approval.

Plans to reduce those risks include picking the most robust, healthy, young volunteers to be infected, and using the bare minimum amount of the coronavirus to infect them with COVID-19.

Dominic Wilkinson, a professor of medical ethics at Oxford university, said that, while desirable, having an effective treatment at the ready after deliberately infecting volunteers was "not essential for the ethics of such a trial."

"The ethical necessity of these trials, and of any trial, is that you assess the risks, you minimize the risks, and you communicate the risks," he told Reuters. "It's not the case that you have a situation where there are no risks."

Risk to public trust in medicine?

Human challenge trials are not new. Scientists have used them for decades to learn more detail about — and develop treatments and vaccines against — several other diseases such as malaria, flu, typhoid and cholera.

"Generally with such trials in the past, they were done when you had a specific treatment," said Margaret Harris, a spokeswoman for the World Health Organization (WHO), when asked about the planned UK trials using the novel coronavirus.

"You must ensure that everybody involved understands exactly what is at stake ... and ensure informed consent is rigorous — that they really do understand all the risks," she said.

Ohid Yaqub, a science policy expert at Britain's University of Sussex, pointed to WHO guidelines on the issue, which among other things say human challenge trials "might be considered when the disease an organism causes has an acute onset, can be readily and objectively detected, and existing efficacious treatments ... can be administered ... to prevent significant morbidity, and eliminate mortality."

Yaqub warned of a risk to public trust in science and medicine if these criteria are ignored or skimmed over, adding: "There needs to be wider consultation about undertaking such studies."

He noted that selecting a small number of low-risk participants would mean "fatality, hospitalization or long-term symptoms are extremely unlikely scenarios," but added: "Even their remote possibility threatens trust in research and vaccines more than necessary, because public engagement on this issue has been limited."

<https://www.cbc.ca/news/health/covid-19-vaccine-challenge-trial-antidote-1.5770825?cmp=rss>

Brazil

Deceased AstraZeneca Trial Volunteer Didn't Receive Vaccine

Unique ID: 1008092300

Source: www.bloomberg.com

A participant who died during an AstraZeneca Plc Covid-19 trial in Brazil hadn't received the company's vaccine, according to a person familiar with the matter.

The person asked not to be identified because the information isn't public.

Local newspapers earlier reported that a Brazilian volunteer had died from complications from the coronavirus, citing information from the country's health regulator Anvisa. The agency didn't immediately respond to a request for comment.

AstraZeneca's American depository receipts fell as much as 3.3% in New York on Wednesday afternoon after word of the person's death, but trimmed their losses in recent trading. AstraZeneca is co-developing its shot with researchers at the University of Oxford.

AstraZeneca said it can't comment on individual cases because of confidentiality and clinical trial rules.

The clinical trial of the vaccine in the U.S. has been on hold for more than a month. Studies were halted globally in September when a U.K. participant became ill, but have resumed in the U.K., Brazil, South Africa and India in recent weeks.

<https://www.bloomberg.com/news/articles/2020-10-21/astrazeneca-dips-on-report-of-brazil-death-in-vaccine-trial>

Domestic Events of Interest

Canada, ON

Enteric outbreak declared on medical/surgical unit at Northumberland Hills Hospital in Cobourg

Source: Global News

ID: 1008094388

Visitor restrictions are in place after an enteric outbreak was declared on a medical/surgical unit at Northumberland Hills Hospital in Cobourg on Wednesday.

The hospital reports a cluster of patients with symptoms of enteric infection have been identified on the 2A medical/surgical unit. Typical symptoms include diarrhea, bloody diarrhea, vomiting, nausea, stomach cramps, fever, general irritability, malaise and headache.

The hospital says it is working closely with the Haliburton, Kawartha, Pine Ridge District Health Unit to restrict further spread and to communicate information.

All identified patients have been isolated and are being care for with appropriate contact precautions.

Other control measures include:

- Appropriate use of personal protective equipment (PPE) is required.
- New admissions to the affected unit will be restricted – Admissions will be limited to beds that are not in close proximity to the patients exhibiting symptoms and staff will be cohorted as needed; patient transfers to and from other units will be postponed for the time being.
- Strict adherence to thorough hand hygiene practices

Visitor restrictions to 2A: Special exceptions evaluated on a case-by-case basis. Visiting is not currently affected in other parts of the hospital, outside the requirements of the COVID-19 visitor policy.

Enhanced environmental cleaning: Increased cleaning of the unit and increased cleaning of equipment shared between patient rooms has been implemented.

Monitoring: Any patient who develops new onset of any of nausea, diarrhea and vomiting symptoms will be placed on contact precautions.

Proactive communication: Public notices have been placed on all appropriate hospital entrances as well as to the doorways within/leading to 2A to promote awareness, with reminders regarding hand hygiene requirements.

“NHH remains fully operational, with programs and services across the hospital operating as normal,” the hospital stated.

“Please be diligent in practicing appropriate hand hygiene and infection prevention and control practices when visiting the hospital at any time. Frequent hand washing, particularly before and after patient contact, is mandatory and vital to reducing health care associated infections.”

<https://globalnews.ca/news/7411428/enteric-outbreak-declared-on-medical-surgical-unit-at-northumberland-hills-hospital-in-cobourg/>

Canada, BC

Valley hits a grim milestone in overdose crisis | Life |

Source: pentictionherald.ca

Unique ID: 1008097866

Published: 2020-10-22 12:08 UTC

Received: 2020-10-22 12:09 UTC (+1 minutes)

More deaths have now been reported in the Okanagan from illicit drug overdose this year than in all of 2019.

From January through September, there were 84 overdose deaths in the Valley, compared to 83 last year.

However, the 2020 year-end totals look likely to be well below the peak number of 155 overdose deaths in the Okanagan that was experienced in 2017.

Of the 84 overdose deaths from January through September in the Okanagan, 38 occurred in Kelowna, according to figures released Tuesday by the B.C. Coroners Service.

In Penticton, there were 46 illicit drug overdose deaths between January 2018 and September 2020. The death rate is similar to that recorded in the years 2016 through 2018, but more than three times higher than the level seen between 2014 and 2016.

So far this year, 54 per cent of illicit drug overdose deaths have occurred inside private residences and 28 per cent have been in social or supportive housing units.

Fifteen per cent of such deaths have occurred in vehicles, parks, or on sidewalks and streets, the Coroners service says.

Across B.C., 127 people died of illicit drug overdoses last month, compared to 60 in September 2019. An average of four people died every day last month, but the number declined from 150 in August and is lower than the record monthly number of 183 in June.

Fatal overdoses began rising in B.C. about the time of the onset of the COVID-19 pandemic in March.

http://www.pentictonherald.ca/life/article_10348a40-1413-11eb-a59a-87b2fb591c54.html

International Events of Interest

United States

Health officials warn of increase in fentanyl overdoses

Source: Associated Press Newswires

Unique ID: 1008090540

Seattle (AP) — **With just two months left in the year, King County is seeing a record-breaking number of fentanyl overdoses.**

KOMO-TV reports new numbers from King County Public Health said there were 116 fentanyl overdoses in 2019. As of this October 2020, there's been 135 fentanyl overdoses, surpassing all of last year.

Fentanyl overdoses are disproportionately affecting young people who think they're purchasing real prescription pills off the street, but end up getting counterfeit pills laced with fentanyl, experts said.

In 2015, fentanyl related deaths only made up 1% of all overdoses in the county, compared to 40% in 2020, experts said.

"What really scary about this, is that it's impacting our youth more than ever," said Brad Finegood, Strategic Advisor for King County Public Health. "So young people are dying of fentanyl-related overdose because of the way fentanyl is getting into our community."

In the age of COVID-19, a King County graph shows fentanyl overdoses peak in the beginning of the pandemic.

"These are pandemics on top of each other," said Finegood.

Experts said while they're still looking into the correlation with the Covid-19 pandemic, many people are trying to find ways to cope with isolation and anxiety.

"We do know that people are struggling with their emotional health and wellbeing during Covid," said Finegood. "We know rates of anxiety and depression have gone up during Covid."

That's why they're warning about turning to counterfeit pills that could end up deadly.

<https://www.usnews.com/news/best-states/washington/articles/2020-10-21/health-officials-warn-of-increase-in-fentanyl-overdoses>

South Korea

South Korea sticks to flu vaccine plan despite safety fears after 25 die |

Source: Reuters

Unique ID: 1008097411

Published: 2020-10-22 11:23 UTC

Received: 2020-10-22 11:24 UTC (+1 minutes)

SEOUL (Reuters) - South Korean officials refused on Thursday to suspend a seasonal influenza inoculation effort, despite growing calls for a halt, including an appeal from a key group of doctors, after the deaths of at least 25 of those vaccinated.

Health authorities said they found no direct links between the deaths and the vaccines.

At least 22 of the dead, including a 17-year-old boy, were part of a campaign to inoculate 19 million teenagers and senior citizens for free, the Korea Disease Control and Prevention Agency (KDCA) said.

"The number of deaths has increased, but our team sees low possibility that the deaths resulted from the shots," the agency's director, Jeong Eun-kyeong, told parliament.

South Korea ordered a fifth more flu vaccines this year to ward off what it calls a "twindemic", or the prospect that people with flu develop coronavirus complications and overburden hospitals in winter.

"I understand and regret that people are concerned about the vaccine," said Health Minister Park Neung-hoo, who confirmed the free programme would go ahead.

"We're looking into the causes but will again thoroughly examine the entire process in which various government agencies are involved, from production to distribution."

Vaccine providers include domestic firms such as GC Pharma, SK Bioscience, Korea Vaccine and Boryung Biopharma Co. Ltd., a unit of Boryung Pharm Co. Ltd., along with France's Sanofi.

They supply both the free programme and paid services that together aim to vaccinate about 30 million of a population of 52 million.

Of the 25 dead, 10 received products from SK Bioscience, 5 each from Boryung and GC Pharma, one from Korea Vaccine and four from Sanofi.

All four domestic firms declined to comment, while Sanofi did not immediately reply to requests for comment.

It was not immediately clear if any of the vaccines made in South Korea were exported, or if those supplied by Sanofi were also being used elsewhere.

The Korean Medical Association, an influential grouping of doctors, urged the government to halt all inoculation programmes for now, to allay public concerns and ensure the vaccines were safe.

Kim Chong-in, leader of the main opposition People Power party, wanted the programme halted until the causes of the deaths were verified.

But health authorities have said a preliminary investigation into six deaths found no direct link to the vaccines, with no toxic substances uncovered.

KDCA data on Thursday showed at least seven of the nine people it investigated had underlying conditions.

EARLIER SUSPENSION

The free programme has proved controversial since it began last month. The launch had been suspended for three weeks after the discovery that about 5 million doses were kept at room temperature rather than being refrigerated, as required.

Officials said 8.3 million people had been inoculated since the programme resumed on Oct. 13, with about 350 cases of adverse reactions reported.

A separate paid programme allows buyers to pick from a larger pool of firms that make free vaccines and others.

The most deaths in South Korea linked to seasonal flu vaccinations was six in 2005, the Yonhap news agency said. Officials have said comparisons to previous years are tough, since more people are taking the vaccine this year.

Kim Myung-suk, 65, is among a growing number of South Koreans who decided to pay for a vaccine of their choice, despite being eligible for a free dose.

"Though just a few people died so far, the number is growing and that makes me uneasy," she told Reuters in the capital, Seoul. "So I'm getting a shot somewhere else and will pay for it."

(Interactive graphic tracking global spread of coronavirus: [here](#))

<https://www.reuters.com/article/us-health-coronavirus-southkorea-flushot/south-korea-sticks-to-flu-vaccine-plan-despite-safety-fears-after-25-die-idUSKBN277058?il=0>

South Korea

TB Alliance with the Support of the Republic of Korea Announce Initiative to Broaden Adoption and Scale Up of Improved Treatments for Drug-Resistant Tuberculosis (TB)

Source: mailchi.mp

ID: 1008093582

LIFT-TB to increase treatment completion rates for drug-resistant TB, focusing on seven high-burden Southeast and Central Asian countries that shoulder about 1 in 5 TB cases

PRETORIA (21 October 2020)— TB Alliance has announced an initiative to broaden adoption and scale up of improved tuberculosis (TB) treatment regimens. This initiative, known as LIFT-TB (Leveraging Innovation for Faster Treatment of Tuberculosis) will also seek to increase treatment completion rates for drug-resistant forms of TB in some of the countries most affected by this form of TB across the Southeast and Central Asian regions, namely Indonesia, Myanmar, The Philippines, Vietnam, Kyrgyzstan, Ukraine, and Uzbekistan.

“We’ve recently witnessed tremendous momentum in the fight against some of the most drug-resistant forms of TB,” said Sandeep Juneja, SVP Market Access at TB Alliance. “Now, we’re excited to help make an impact by ensuring that novel TB treatment regimens become widely available to those who need them most.”

The five-year project entails a combined commitment of approximately US\$11 million by the TB Alliance and the Republic of Korea, through the Global Disease Eradication Fund (GDEF), across the seven target countries. The project aims to save lives and livelihoods of TB patients, their families and communities by providing technical assistance to facilitate adoption and scale up of improved TB treatment regimens and reducing the health systems and epidemiological burden of drug-resistant tuberculosis. Among other goals, the project will support early commencement of operations research for the six-month, all-oral, three-drug BPaL regimen, being planned by participating countries, consistent with current WHO recommendations.

The project will be implemented in partnership with the International Tuberculosis Research Center (ITRC), located in Korea, TB Alliance’s primary collaborator for this project. The project will rely on technical assistance from other international and national technical partners, including KNCV Tuberculosis Foundation.

“The ITRC is committed to developing, improving and disseminating diagnostic technology for fast and accurate identification of drug-resistant bacteria. We are excited to engage in LIFT-TB and contribute our expertise in TB diagnostics to the successful introduction and scale up of improved TB treatment,” said Dr. Sun Dae Song, Chairman of the Board for the ITRC.

The project will facilitate access to novel treatment regimens for drug-resistant forms of TB, beginning with the combination treatment of bedaquiline, pretomanid and linezolid—collectively referred to as the BPaL regimen. The regimen was studied in TB Alliance’s pivotal Nix-TB trial, which demonstrated a favorable outcome in 90% of patients, as published in the 5 March 2020 issue of the *New England Journal of Medicine*.¹ Pretomanid, a new chemical entity developed by TB Alliance and commercialized by their global partner Mylan as part of BPaL, has most recently received marketing authorization by the European Commission and the Drug Controller General of India. It has been approved as an oral tablet formulation as part of the BPaL regimen for the treatment of adult patients with extensively drug-resistant TB (XDR-TB) or multidrug-resistant pulmonary TB (MDR-TB) that is treatment-intolerant or non-responsive.

In 2019, an estimated 10 million people fell ill with TB worldwide, 62% of which were in the Southeast and Western Pacific regions.² While the seven target countries in the project constitute only 8% of the global population, they account for 12.5% of global drug-resistant TB incidence and only one of three affected patients are treated.²

About TB

TB is an infectious disease that can be spread from person-to-person through the air. TB, in all forms, must be treated with a combination of drugs; the most drug-sensitive forms of TB require six months of treatment using four anti-TB drugs.³ Treatment of XDR-TB or treatment-intolerant/non-responsive MDR-TB has historically been lengthy and complex; most XDR-TB patients are treated with a combination of as many as eight antibiotics, some involving daily injections, for 18 months or longer.³ The most recent World Health

Organization (WHO) data indicate treatment success rates of approximately 39 percent for XDR-TB4 and 57 percent for MDR-TB.2

About TB Alliance

TB Alliance is a not-for-profit organization dedicated to finding faster-acting and affordable drug regimens to fight TB. Through innovative science and with partners around the globe, we aim to ensure equitable access to faster, better TB cures that will advance global health and prosperity. TB Alliance operates with support from Australia's Department of Foreign Affairs and Trade, Bill & Melinda Gates Foundation, Germany's Federal Ministry of Education and Research through KfW, Global Health Innovative Technology Fund, Indonesia Health Fund, Irish Aid, Korea International Cooperation Agency (KOICA), Medical Research Council (United Kingdom), National Institute of Allergy and Infectious Diseases, Netherlands Ministry of Foreign Affairs, Republic of Korea's Ministry of Foreign Affairs (MOFA), United Kingdom Department for International Development, UK Department of Health, and the United States Agency for International Development.

About GDEF

The Global Disease Eradication Fund of the Government of the Republic of Korea is based on the Air-ticket solidarity levy system which imposes a donation of KRW 1,000 on passengers departing from airports in Korea for the purpose of preventing and controlling infectious diseases in developing countries. The GDEF is partnering with diverse actors to develop, test and deliver a range of innovative products to combat global infectious diseases. The Ministry of Foreign Affairs entrusts Korea International Cooperation Agency (KOICA) to operate and manage the GDEF.

About KOICA

Korea International Cooperation Agency (KOICA) under the Ministry of Foreign Affairs(MOFA), is contributing to the advancement of international cooperation through various projects that build friendly and collaborative relationships and mutual exchanges between Korea and developing countries and support the economic and social development in developing countries, as a leading development cooperation agency of KOREA.

<https://mailchi.mp/fe7df9834c94/tb-alliance-and-republic-of-korea-announce-initiative-to-broaden-adoption-and-scale-up-of-improved-treatments-for-drug-resistant-tuberculosis-tb?e=e912b4678c>

South Korea

Number of South Koreans dying after flu shot rises, prompts vaccine worries

Source: Financial Post

ID: 1008094395

SEOUL — At least 13 South Koreans have died after receiving flu shots in recent days, according to official and local media reports, ramping up fears about vaccine safety even as authorities rule out a link.

Health authorities said on Wednesday they had no plans to suspend a program to inoculate around 19 million people for free after a preliminary investigation into six deaths found no direct connection to the vaccines.

No toxic substances had been found in the vaccines, and at least five of the six people investigated had underlying conditions, officials said.

Officials have reported nine deaths following flu vaccinations and the Yonhap news agency reported another four on Thursday.

The deaths, which include a 17-year-old boy and a man in his 70s, come just a week after the free flu shot program for teenagers and senior citizens was restarted.

The program was suspended for three weeks after it was discovered that some 5 million doses, which need to be refrigerated, had been exposed to room temperature while being transported to a medical facility.

South Korea's vaccines come from a variety of sources. Manufacturers include local drug makers GC Pharma, SK Bioscience and Ilyang Pharmaceutical Co, along with France's Sanofi and Britain's Glaxosmithkline. Distributors include LG Chem Ltd and Boryung Biopharma Co. Ltd., a unit of Boryung Pharm Co. Ltd.

<https://financialpost.com/pmnbusiness-pmn/number-of-south-koreans-dying-after-flu-shot-rises-prompts-vaccine-worries>

United States

Lyme disease vaccine: Valneva reports positive second Phase 2 data

Source: Outbreak News Today

ID: 1008094386

Specialty vaccine company, Valneva, today announced positive initial results for its second Phase 2 study (VLA15-202) of Lyme disease vaccine candidate VLA15.

Compared to study VLA15-201, study VLA15-202 investigated a vaccination schedule of Month 0-2-6 based on matching doses.

VLA15 was generally safe across all doses and age groups tested. The tolerability profile including fever rates was comparable to other lipidated recombinant vaccines or lipid containing formulations. As in VLA15-201, no related Serious Adverse Events (SAEs) were observed in any treatment group. Reactogenicity decreased following the first vaccination.

Compared to study VLA15-201, immunogenicity was further enhanced using a Month 0-2-6 schedule. SCRs (Seroconversion Rates), after completion of the primary vaccination series, showed similar responses and ranged from 93.8% [ST1] to 98.8% [ST2, ST4]. Antibody responses were comparable in the two dose groups tested.

The immunological response in older adults, one of the main target groups for a Lyme vaccine, is particularly encouraging, as already observed in VLA15-201.

Furthermore, results did not indicate that prior exposure to *Borrelia spirochetes* (sero-positivity) has an impact on immunogenicity or safety, also as observed in VLA15-201.

A Serum Bactericidal Assay (SBA), assessing the functional immune response against Lyme disease after vaccination with VLA15, was conducted for the first time and demonstrated functionality of antibodies against all OspA serotypes. Assays, such as SBAs, are commonly used to enable a potential prediction of vaccine efficacy via the measurement of vaccine-induced functional immune responses.

Juan Carlos Jaramillo, MD, Chief Medical Officer of Valneva, commented, "We are extremely pleased with these results which showed an excellent immunological profile, further supported by additional positive data through the Serum Bactericidal Assay (SBA). With these encouraging data we are now well positioned to continue development. Lyme disease continues to be a high unmet medical need and our objective remains to work closely with Pfizer to offer a preventative solution as soon as possible."

VLA15-202 Day 208 safety and immunogenicity data support advancing the program with the Month 0-2-6 schedule. Valneva and Pfizer will finalize dosage analysis and prepare for the next development steps in the coming months.

<http://outbreaknewstoday.com/lyme-disease-vaccine-valneva-reports-positive-second-phase-2-data-99582/>

ECDC

Rapid outbreak assessment: Multi-country outbreak of Salmonella Typhimurium and S. Anatum infections linked to Brazil nuts

Since 1 August 2019, a multi-country outbreak, caused by *Salmonella* Typhimurium ST19 and *S. Anatum* ST64, has affected three European Union (EU) countries, the United Kingdom and Canada.

Executive summary

As of 20 October 2020, 123 cases of *S. Typhimurium* ST19 and one case of *S. Anatum* have been reported, of which 105 were in the UK (including the *S. Anatum* case), 14 in France, three in Luxembourg, one each in the Netherlands and Canada. A case-control study in the UK and patient interviews in the UK, France and Luxembourg indicated Brazil nuts and nut bars as likely vehicles of infections.

Two batches of Brazil nuts from Bolivia, sampled at the British Processing Company B, tested positive for *S. Typhimurium* ST19 (Batch A) and *S. Anatum* ST64 (Batch B) matching the outbreak strains. These Brazil nuts were used for the production of certain batches of Nut Products A and Nut Product L. Brazil nuts, Nut Products A, and Nut Product L were identified as risk factors for illness in patients with *S. Typhimurium*

ST19 infection in the UK. Brazil nuts were also used in other nut products manufactured by different companies in the UK and one in Austria. It is likely that the origin of infections is contaminated Brazil nuts, but with the available data the exact point of contamination cannot be established. Extensive recalls and withdrawals of nut products have been implemented since August 2020.

In conclusion, the outbreak appears to be controlled and the likelihood of the occurrence of new cases that are linked to this event is low but possible, as nut products have a long shelf-life and people may have bought the products before control measures were implemented.

ECDC and EFSA monitor the public health impact and the success of control measures with EU/EEA countries and the UK.

<https://www.ecdc.europa.eu/en/publications-data/salmonella-typhimurium-multi-country-outbreak-brazil-nuts>

International

Mandatory vaccinations required in only half of all countries

Source: medicalxpress.com

Unique ID: [1008093879](https://doi.org/10.1008093879)

As countries struggle to contain the COVID-19 pandemic, vaccination uptake is a public health priority now more than ever. Efforts to increase vaccinations vary greatly around the globe. A new McGill-led study comparing policies around the world finds broad implementation of mandatory vaccination mandates. However, the penalties for failing to vaccinate differ significantly by country, ranging from fines to jail time... As countries struggle to contain the COVID-19 pandemic, vaccination uptake is a public health priority now more than ever. Efforts to increase vaccinations vary greatly around the globe. A new McGill-led study comparing policies around the world finds broad implementation of mandatory vaccination mandates. However, the penalties for failing to vaccinate differ significantly by country, ranging from fines to jail time. "Achieving and maintaining high vaccination coverage globally is critical. The COVID-19 pandemic has shown just how challenging infectious disease control is when vaccination is not possible. There are many other vaccine-preventable diseases, yet vaccine uptake is not high enough to prevent outbreaks in many countries," says Dr. Nicole Basta, an associate professor in the Department of Epidemiology, Biostatistics and Occupational Health at McGill University. The study, published in *Vaccine*, assesses national mandatory vaccination policies from all UN-recognized countries worldwide. "The use of vaccination programs is one of the most cost-effective and successful tools for public health. Especially in a pandemic, high vaccination coverage on a global scale is important," says lead author Katie Gravagna, a Master's student in epidemiology studying under the supervision of Associate Professor Nicole Basta. Variations in penalties for non-compliance Researchers found that 105 out of the 193 countries (54%) studied had evidence of a national mandatory vaccination policy that required at least one vaccine. Of those, 62 countries (59%) also have one or more penalties that can be imposed on individuals who do not comply. The frequency, types, and severity of penalties for failing to comply with mandatory vaccination varied widely across all regions from relatively minor penalties like small one-time fines to jail time. Educational and financial penalties were the most common. Most educational penalties deny school enrollment until vaccination requirements have been met. Of the 32 countries with financial penalties, 53% have one-time fines of less than \$1,000 USD. More severe penalties entailed jail time—a possibility in 12 countries, seven of which include less than six months of jail time. Italy's mandatory vaccination policy had among the most severe penalties, with violations potentially resulting in the temporary loss of parental rights.

"Our findings set the stage for the most important next step: determining whether these mandatory vaccination policies and the penalties that countries use to promote adherence are effective, beneficial, or harmful in deterring non-compliance. These comparative studies are important because we need to define best practices for sustaining high vaccination uptake worldwide," says Basta. Provided by McGill University

<https://www.sciencedirect.com/science/article/pii/S0264410X20312342?via%3Dihub>

<https://medicalxpress.com/news/2020-10-mandatory-vaccinations-required-countries.html>