

GPHIN Daily Report for 2020-08-28

Special section on Coronavirus

Canada

Areas in Canada with cases of COVID-19 as of 28 August 2020 at 07:00 pm EDT

Source: Government of Canada

Province, territory or other	Number of confirmed cases	Number of active cases	Number of deaths
Canada	126,848	4,921	9,102
Newfoundland and Labrador	268	0	3
Prince Edward Island	44	3	0
Nova Scotia	1,081	5	65
New Brunswick	190	7	2
Quebec	62,056	1,298	5,750
Ontario	41,813	1,070	2,803
Manitoba	1,064	407	14
Saskatchewan	1,609	58	24
Alberta	13,318	1,158	237
British Columbia	5,372	915	204
Yukon	15	0	0
Northwest Territories	5	0	0
Nunavut	0	0	0
Repatriated travellers	13	0	0

A detailed [epidemiologic summary](https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html#a1) is available.

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

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

Canada

Statement from the Chief Public Health Officer of Canada on August 27, 2020

From: [Public Health Agency of Canada](#)

Statement

On August 27 2020, Dr. Theresa Tam, Canada's Chief Public Health Officer, issued the following statement on COVID-19.

August 27, 2020 - Ottawa, ON - Public Health Agency of Canada

In lieu of an in-person update to the media, Dr. Theresa Tam, Canada's Chief Public Health Officer, issued the following statement today:

"There have been 126,417 cases of COVID-19 in Canada, including 9,094 deaths. 89% of people have now recovered. Labs across Canada tested an average of almost 48,000 people daily over the past week with 0.7% testing positive. Currently, Canada is testing more than 140 people for every positive case. An average of just over 400 new cases have been reported daily during the most recent seven days.

As public health authorities and Canadians continue with our collective effort to limit the spread of COVID-19, we are closely monitoring disease activity indicators including daily case counts, number of cases hospitalised and the percentage of people testing positive in order to inform, adjust and adapt our actions as needed.

Although we continue to have new cases and clusters reported, with recent increased activity in provinces west of Ontario, nationally the average daily cases counts have remained at or below 500 cases since mid-June. This indicates that local public health authorities are continuing to keep COVID-19 spread under manageable control. Nevertheless, a slow increase in daily case counts can quickly get out of hand. If we don't all maintain recommended public health practices, we could quickly move out of the slow burn safe zone into uncontrolled epidemic growth.

Keeping the slow burn is not something public health can do alone. In addition to physical distancing, frequent handwashing and wearing of non-medical masks, where appropriate, we must all keep our number of contacts low. With COVID-19 circulating across Canada and worldwide, an exposure can occur at any time and in any place. Fewer contacts means that when an exposure does occur, the work of testing and isolating cases and tracing and quarantining contacts to interrupt transmission and keep the overall infection rate low does not become unmanageable for local public health authorities.

Everyone has a part to play; we are all firefighters in keeping COVID-19 at a slow burn. There are tried and true public health practices that will keep us on the slow burn, but they are only assured to work if we all remain vigilant and don't give in to "COVID fatigue". You can find additional information and guidance to increase your COVID-19 know how on ways to reduce your risk of getting infected and spreading the virus to those you care about [here](#)."

<https://www.canada.ca/en/public-health/news/2020/08/statement-from-the-chief-public-health-officer-of-canada-on-august-27-2020.html>

Canada

Saskatchewan provides guidelines to deal with positive coronavirus tests at schools

Source: globalnews.ca

ID: 1007721823

Summary The document says all teachers, staff, parents and caregivers of students in the same classroom (cohort) of a person with COVID-19 will be contacted directly by public health and by their school via email. This includes what parents can expect if a student in their child's class tests positive for COVID-19, and thresholds for changes to in-classroom learning." The Saskatchewan government has released its parent information packages as students prepared to return to school on Sept.

The Saskatchewan government has released its parent information packages as students prepared to return to school on Sept. 8. It includes information on what happens if an individual at a school tests positive for the novel coronavirus.

"We know that as much information as possible will help parents, students, teachers and staff prepare for a safe return to schools," Education Minister Gordon Wyant said in a statement.

"Today we are releasing parent information packages for distribution through Saskatchewan's 27 school divisions to ensure that important information and guidance is available. This includes what parents can expect if a student in their child's class tests positive for COVID-19, and thresholds for changes to in-classroom learning."

In the event of a single positive test, public health will commence contact tracing.

The document says all teachers, staff, parents and caregivers of students in the same classroom (cohort) of a person with COVID-19 will be contacted directly by public health and by their school via email. [Sign up for our Health IQ newsletter for the latest coronavirus updates]

Any teachers, staff, parents and caregivers of students who are considered to be close contacts of a person with COVID-19 will be contacted directly by public health via the contact tracing process.

An outbreak will be declared if two or more people at the same school test positive, with notifications sent to all parents and the outbreak posted on the government's website.

The document states that does not automatically mean the school will be closed; instead, it will help public health mobilize and co-ordinate a response.

It could result in students receiving non-classroom instruction for 14 days for a second confirmed case in a classroom, or schools or sections of schools receiving alternate instruction for 14 days.

Other information contained in the document includes tips to help prepare children for a return to the classroom, children and masks, and testing options and procedures.

The Saskatchewan government said it will update its Safe Schools Plan, as necessary, based on the advice of the province's chief medical health officer.

<https://globalnews.ca/news/7302450/saskatchewan-safe-schools-plan-positive-coronavirus-test/>

Canada

B.C. reports 8 suspected cases of Multisystem Inflammatory Syndrome in Children

Source: CTV News Vancouver

ID: 1007721746

Summary The condition, known as MIS-C for short, is similar to Kawasaki disease and toxic shock syndrome, and has been associated with the coronavirus in some jurisdictions. VANCOUVER -- Health officials in British Columbia have announced eight suspected cases of Multisystem Inflammatory Syndrome in Children, a rare condition that's been "temporally linked" to COVID-19. Previously, only cases involving children and adolescents who had COVID-19 or were in contact with a known case were reported, Henry said.

VANCOUVER -- Health officials in British Columbia have announced eight suspected cases of Multisystem Inflammatory Syndrome in Children, a rare condition that's been "temporally linked" to COVID-19.

The condition, known as MIS-C for short, is similar to Kawasaki disease and toxic shock syndrome, and has been associated with the coronavirus in some jurisdictions.

Provincial health officer Dr. Bonnie Henry said none of B.C.'s cases are considered to be confirmed, because none of the children tested positive for COVID-19.

"They did not have antibodies either, and they had no known exposures to COVID-19 cases," Henry said. The cases were revealed as a result of updated reporting criteria in Canada. Previously, only cases involving children and adolescents who had COVID-19 or were in contact with a known case were reported, Henry said.

Symptoms of MIS-C can include prolonged fever, red eyes, skin rash, abdominal pain, vomiting, diarrhea, fatigue and cardiac issues.

"It tends to be a constellation of things, and for some children ... it can also affect the blood vessels of the heart," Henry said.

Fortunately, the provincial health officer added, most children with either Kawasaki disease or MIS-C recover completely with treatment.

"That is the case with the eight people here in British Columbia," she said. "All were hospitalized, two children were admitted to intensive care, but all have recovered."

The cases were all reported by BC Children's Hospital. Officials said five patients were boys, three were girls and the median age of the group was four years old.

Henry said health officials have been monitoring for MIS-C across the province, and will continue to do so over the coming months as schools reopen.

<https://bc.ctvnews.ca/b-c-reports-8-suspected-cases-of-multisystem-inflammatory-syndrome-in-children-1.5082451>

New mask guidelines for CBE students and staff returning to school

Source: Local – 660 NEWS

ID: 1007721730

CALGARY (660 NEWS) – With only a few days before students return to schools, the CBE has sent out some new mask guidelines for staff and students.

Dr. Deena Hinshaw, the Chief Medical Officer of Health along with Alberta Education made the decision to make face masks mandatory for all students in grades 4 -12.

However, the CBE took it a step further saying students from K-12 and all staff members must wear a non-medical mask.

Some of the new guidelines include:

- Masks will not be necessary for students in K-3 when they are working in their cohort of students in their classrooms.
- For grades 4-12, masks will not be needed when students are seated within their cohort and physical distancing is achieved.
- When staff are working with students with special needs where wearing a face covering would impact learning, a mask can be removed.
- Masks will not need to be worn during recess, physical activity or when eating or drinking.

About 84-per-cent of students will be returning to in-class learning, and about 16-per-cent have chosen to learn from home.

"Wearing masks is new for all of us. As we would with any other learning, we will assess each student's level of understanding and provide them with the teaching, guidance, coaching and encouragement at an age-appropriate level, to ensure safety for themselves and their school community," said Christopher Usih, Chief Superintendent of Schools

The CBE said they are continuing to work with AHS to mitigate any COVID-19 risks there may be.

More information on the CBE's return to school plan can be found on their website.

<https://www.660citynews.com/2020/08/27/new-mask-guidelines-for-cbe-students-and-staff-returning-to-school/>

Canada

Air Canada plans voluntary COVID-19 passenger test trial -analyst note

Source: Financial Post

ID: 1007721081

MONTREAL — Air Canada is planning a voluntary COVID-19 test trial for passengers arriving at the country's largest airport to help persuade the federal government to end stringent quarantine rules that have crippled air travel, a Raymond James analyst said in a note.

The note, based on a presentation by Air Canada Chief Financial Officer Michael Rousseau at a Raymond James conference on Tuesday, said the carrier is working with the Greater Toronto Airports Authority and expects to begin a trial after the Labor Day holiday on Sept. 7. It would consist of a test at Toronto's Pearson Airport followed by up to two tests at home.

The trial comes with the hope that "the data collected will convince the government to take more of a science-based approach with the 14-day quarantine requirement waived or reduced for those with successful (negative) tests," Raymond James analyst Savanthi Syth said in the note on Tuesday.

Globally, airlines and airports are pressing a United Nations-led task force to recommend a negative COVID-19 test within 48 hours of travel as an alternative to quarantines.

Canada's borders are closed to all noncitizens except for essential workers. Canadians who enter the country from abroad must self-isolate for two weeks.

<https://financialpost.com/pm/business-pmn/air-canada-plans-voluntary-covid-19-passenger-test-trial-analyst-note>

Canada

Funding to get First Nations kids back to school safely inadequate, critics say

Source: OttawaMatters.com

ID: 1007721422

THUNDER BAY, Ont. — The federal government is under fire for what critics say has been a delayed response in getting back-to-school funding to First Nations amid the COVID-19 pandemic.

On Wednesday, Ottawa announced \$2 billion in back-to-school funding for provinces and territories, and another \$112 million specifically for First Nations.

The announcement came after Nishnawbe Aski Nation, which represents 49 Ontario First Nations, released a number of public statements accusing the government of dragging its feet on the issue. Last week, NAN said the government had rejected its request for \$33 million in funding, designed to get its nearly 9,000 students back to school safely by providing them with adequate personal protective equipment and sanitization supplies.

Deputy Grand Chief Derek Fox said Thursday the government is now asking NAN to resubmit its request — this time with a budget breakdown for each individual community, which he says will further slow an already protracted process.

Fox said his opinion on Ottawa's efforts hasn't changed, noting how little \$112 million is when divided amongst the country's roughly 630 First Nations.

"That's not a lot of money considering (NAN) asked for \$33 million, which would roughly be \$3600 per kid," he said in an interview. "With this plan, we're looking at less than \$100 per kid."

Across NAN, Fox said schools are preparing to reopen even without the COVID-specific funding, and will instead be tapping into resources designed for the regular school year to purchase the supplies needed to make the learning environment safe.

However, he noted that a number of schools are considering pushing the school year back to Oct. 28 — the beginning of the second "quadrimester" — or potentially even 2021 if adequate funding can't be secured in time. Schools considering such action include Dennis Franklin Cromarty High School in Thunder Bay and Pelican Falls First Nations High School near Sioux Lookout, Fox said.

Furthermore, Fox said 32 of NAN's 49 communities are remote and can be accessed only by plane. That presents unique challenges, he said, both in terms of getting kids to and from school, and preventing outbreaks that could be triggered by a child bringing the virus home from an urban centre.

Sol Mamakwa, the Ontario NDP's critic for Indigenous relations and reconciliation, says the funding scheme suggests the federal government is treating First Nations students like "chopped liver."

Like Fox, Mamakwa notes the lack of a safe back-to-school pathway opens the potential for students to lose valuable education time, which he said is exacerbated by longstanding issues such as a lack of broadband access on reserves.

Mamakwa — who represents a vast riding in northwestern Ontario that includes several First Nations — has called on Premier Doug Ford to intervene, citing the province's responsibility under provincial treaties to provide equal access to education.

However, he said he has heard nothing from the provincial government on the matter, and he doesn't expect to.

"For the past few years I have been at Queen's Park, it has been like this," Mamakwa said.

"Day after day, month after month, year after year, decade after decade, we continue to be treated by this government in the same way. And we're still here. I don't have the confidence in the government to fix these issues."

Neither the provincial nor federal government provided immediate comment for this story.

This report by The Canadian Press was first published Aug. 27, 2020.

—by Jake Kivanç in Toronto

The Canadian Press

<https://www.ottawamatters.com/around-ontario/funding-to-get-first-nations-kids-back-to-school-safely-inadequate-critics-say-2668123>

Canada

New public health orders are coming to Manitoba on Friday

Source: CTV News - Winnipeg

ID: 1007721421

WINNIPEG -- **The Manitoba government is putting new public health orders related to self-isolation for COVID-19 in place.**

On Thursday, Dr. Brent Roussin, Manitoba's chief provincial public health officer, said new health orders will come into effect on Friday, requiring Manitobans to self-isolate for 14 days if they have tested positive for COVID-19 or have been exposed to COVID-19 by a close contact. A close contact, Roussin said, is defined as someone within two metres for longer than 15 minutes of a confirmed case.

Roussin said individuals will be informed by a public health official if they need to self-isolate, and once notified, they must go to their residence or an approved self-isolation location and remain there for either 14 days or otherwise directed by a public health officials.

He said the order was developed as a result of "isolated situations" where health officials determined individuals were not self-isolating, and specifically said one of the instances occurred in the Brandon cluster.

"We were hearing reports of people who were cases, and were contacts, which were later at large gatherings," Roussin said.

There are exceptions for in-person appointments with health-care providers, but if the individual leaves their home, they must wear a mask, maintain physical distancing, and minimize the time away from their self-isolation locations.

Roussin said failure to self-isolate can result in a fine of \$486 for violating the order, a fine which can be handed out daily.

"Public Health always had the ability to take action on individuals who weren't following public health advice through the Public Health Act," he said. "This new order provides a streamlined approach to that."

<https://winnipeg.ctvnews.ca/new-public-health-orders-are-coming-to-manitoba-on-friday-1.5081933>

Canada

Quebec daycares will remain open during potential second wave of COVID-19

Source: Ottawa matters

ID: 1007721417

MONTREAL — **Quebec does not intend to shut down its daycare network if there is a second wave of COVID-19 in the province, health officials said Thursday.**

Speaking to reporters in Montreal, Families Minister Mathieu Lacombe said daycares are a "less important vector of transmission" of COVID-19 and the risk to keeping them open is "very low." "We do not intend to shut down the entire childcare network and to put in place emergency children services as we did during the first wave," Lacombe said.

Quebec had its first COVID-19 outbreak at a daycare in May, when 12 children and four employees at a centre in Mascouche, in the Laurentians region just north of Montreal, tested positive for the disease. The potential spread of COVID-19 in daycares and in schools has been a major source of concern for parents and educators across the province, which has reported 62,056 total COVID-19 cases and 5,750 deaths since the pandemic began.

But Lacombe said the overall number of COVID-19 cases in daycares has been "marginal." He said 123 COVID-19 cases have been reported across thousands of Quebec daycares since March, 57 of which involved children.

"Even in Montreal, where there was a situation (that was) maybe worse than elsewhere in Quebec, we didn't have a lot of cases," Lacombe said.

Public health officials said Thursday that individual daycares could be closed should they report an outbreak of COVID-19, however.

"Once you have a second case in a daycare that's linked with the first one, that's what we call an outbreak," Dr. Richard Masse, an adviser to Quebec's public health agency, told reporters.

Meanwhile, Quebec reported 111 new cases of COVID-19 and three additional deaths attributed to the novel coronavirus. Health authorities said Thursday that one death occurred in the past 24 hours while two others occurred before Aug. 20.

Authorities also said hospitalizations increased by five since Wednesday, for a total of 115. Of those, 15 patients were in intensive care, an increase of three from the previous day.

The province said it carried out 16,020 COVID-19 tests on Tuesday, the last day for which testing data is available.

This report by The Canadian Press was first published Aug. 27, 2020.

The Canadian Press

<https://www.ottawamatters.com/around-ontario/quebec-daycares-will-remain-open-during-potential-second-wave-of-covid-19-2667885>

Canada

Facing long winter during a pandemic, Montreal opens three new homeless shelters

Source: CBC | Montreal News

ID: 1007721193

The City of Montreal and the province are opening three new temporary homeless shelters to offer beds and services to people living on the streets during the winter months.

Mayor Valérie Plante said the pandemic has forced most shelters to halve their capacity in order to maintain social distancing.

The city has been operating temporary shelters at Camilien Houde and Francis Bouillon arenas, but those are set to close this week.

Plante said these new shelters will meet the demand.

"We're getting into the cold season, so that's a security issue, it's a sanitary issue, so we need to support those people," Plante said Thursday at the old Royal Victoria Hospital, the site of one of the shelters.

The three facilities include:

- 200 spots on four floors at the old Royal Victoria hospital, with one floor reserved exclusively for women and one reserved for people who have COVID-19 or who are waiting for test results.
- 50 beds reserved for Inuit and Indigenous people at Complexe Guy-Favreau.
- 65 places at the former YMCA in Hochelaga-Maisonneuve.
- Plante said these shelters will be open until the end of March, next year. In addition, she said, many existing shelters are working on expanding their capacity.
- Plan is lacking, critics say

The Réseau d'aide aux personnes seules et itinérantes de Montréal (RAPSIM), a network of groups that help people living on the streets, said the measures don't go far enough.

In a statement, the group noted that the criteria for admission into the facility at the old Royal Victoria Hospital would exclude many homeless people.

The facility will be limited to people without serious alcohol or drug problems who are Canadian citizens and have lived in Montreal for at least 12 months out of the last two years. RAPSIM also noted that the old Royal Victoria Hospital has been used in previous winters as an overflow facility when shelters are filled to capacity during cold snaps, and that this plan would eliminate that as an option.

The group also noted the facilities are mostly concentrated close to downtown, leaving many neighbourhoods underserved. "Faced with this situation, we shouldn't be surprised to see the emergence of homeless camps throughout the territory of the island of Montreal," the RAPSIM statement said. Police won't raid homeless camps, Plante says. Several impromptu camps have popped up around the city this summer, including a large one on Notre-Dame Street in Hochelaga-Maisonneuve.

The city has asked people to leave that camp by the end of the month, but Plante said they will not be forced out.

"We're not going to go in there with police officers forcing people to leave. We're not going to burn any tents. That is not the plan at all," Plante said. She said the city and its partners will work with the people living in the camps to explain to them the other options available.

<https://www.cbc.ca/news/canada/montreal/montreal-temporary-homeless-facilities-for-covid-winter-1.5702208?cmp=rss>

Canada

Asymptomatic testing could become norm until COVID-19 vaccine is ready: pharmacist

Source: CBC | Edmonton News

ID: 1007721159

Asymptomatic COVID-19 tests being conducted in Alberta pharmacies could become a saving grace for people wanting extra assurance that they aren't endangering the health of their loved ones, says one of the pharmacists delivering the tests.

"Until there's a vaccine available, this is really going to be kind of a new norm for how we're going to control the virus, and the intent is really to improve the safety of the members of our community," Ashley Davidson, a pharmacist at a St. Albert Shoppers Drug Mart, told CBC Radio's Edmonton AM on Thursday.

"People are out shopping, going about their business like any of us, and they have no idea that they could be positive. So this is a really great option for, say, people caring for elderly parents, a contact of somebody who's going through chemotherapy or some other form of cancer treatment, or even for people with very young children at home or people with respiratory disease."

On July 30, the Alberta government announced the success of a pilot project under which a limited number of pharmacies conducted swab tests for the novel coronavirus, and said the program would be opened up to all pharmacies in the province.

At that time, 94 pharmacies were enrolled in the program. Since then, the number of participating pharmacies has more than doubled to 220 in 51 communities, and by Sept. 1, all 234 Loblaws and Shoppers Drug Mart pharmacies in Alberta will have signed on.

There are about 1,400 pharmacies in Alberta, according to the Alberta Pharmacists' Association.

"Our understanding is that currently, pharmacies have performed approximately 10,000 tests in the last month, with the numbers increasing daily as pharmacies continue to join the program," the association said in a statement to CBC News.

Alberta Health Services pays the pharmacists for every throat swab test they conduct. More than 912,000 tests have already been conducted in Alberta since the pandemic began.

Davidson's location, which only began doing throat swab tests one week ago after getting the protocols, test kits and protective supplies in place, put a priority on testing teachers and other school staff. She estimated that individual pharmacies are doing between 20 and 90 swabs per day.

"We need to staff people to be able to provide these tests. And that's not always easy to do," Davidson said, explaining why the capacity of some locations to conduct tests might be lower than others. The timing for results is similar to that of tests done through Alberta Health Services, potentially upwards of four days. The province has said it is working to speed that timeline up.

Unlike filling a prescription, people are urged to pre-book a COVID-19 test. Davidson suggested calling the pharmacy first and they will either screen and schedule you over the phone or you may be directed to an online scheduling portal.

Call to book an appointment

Part of the screening will be to ensure that people coming in for tests are not experiencing any symptoms of COVID-19, Davidson said.

"We certainly don't want to be introducing anyone symptomatic into community stores," she said. The pre-screening questions will cover symptoms and potential risk factors, such as travel outside of Canada, she said.

"Then as kind of a final step, we'll take their temperature when they arrive at the pharmacy. So we're doing all these things to make sure that we can keep everybody involved safe and that it's safe for the person to be out in the community."

Alberta's pharmacists were first in Canada to begin conducting COVID-19 tests. Similarly, in 2007 pharmacists in the province were first in the country to be approved to begin administering flu shots. Last year, more than 850,000 influenza vaccinations were delivered by pharmacists.

A complete list of Alberta pharmacies participating in the asymptomatic COVID-19 testing program can be found on the Alberta Blue Cross website.

<https://www.cbc.ca/news/canada/edmonton/alberta-pharmacies-covid-19-testing-1.5702474?cmp=rss>

Canada

Montreal-area Grade 7 class sent home on first day of school after COVID-19 case

Source: CTV News - Montreal

ID: 1007721096

MONTREAL -- A class of Grade 7 students at a private school on the South Shore have already been sent home, on their first day back, because one of their parents has COVID-19 -- though Quebec authorities now say that response was overkill.

Parents of 35 kids at Collège Français Annexe Secondaire Longueuil were called to come pick up their children on Thursday, only a couple of hours after dropping them off, a school spokesperson told CTV. The father of one of the children in the class had been tested for COVID-19, but the school wasn't told of this, said spokesperson Marco Parent.

Administrators were only informed on Thursday when the man got his positive results, he said.

The students had only been back in school for a couple of hours at that point, at around 10 a.m. or 10:30 this morning. As soon as the school found out, it took the students out of class and alerted their parents, Parent said.

Until the kids were picked up the school made sure no other students came near them.

Getting further instructions proved to be more difficult. Parent said the school called the Federation of Private Schools and the Ministry of Education and they were told to reach out to Public Health.

After doing so repeatedly, he said at 3:30 p.m. that they still hadn't heard back.

In the meantime, the school stuck with its decision to send home the whole class to be "better safe than sorry," Parent said.

In a press conference around the same time, Education Minister Jean-François Roberge said the school went overboard by sending home the whole class.

Roberge says that overall, things went well with the first day back at school for many kids (in Montreal, students at many private schools and those in the public French system went back today. The EMSB's first day is Monday).

Roberge said that the College Francais's reaction involved a lot of attention to precaution and prevention, which he praised, but he said that in the end the school didn't need to send all the kids in the class home. According to health rules, Roberge said, the school only needed to isolate the child of the infected parent and to advise public health authorities.

Then, he said, the parents of kids in that child's "bubble" – or others who had come into contact with that child – would be advised on whether they should be tested.

School administrators told media that they finally heard from public health authorities around 4 p.m. and were told that all the children in the class can and should be back in school tomorrow, except for the child of the infected man.

Under the province's health rules for schools, each class is now considered a "bubble" where all of its students are considered to be in close contact with each other.

The previous version of the plan had each class broken up into smaller groups of up to six students, who would be kept distant from the other groups within the class, but that idea was abandoned.

When asked about the frustration of parents who were called to pick up their kids almost immediately,

Roberge repeated that the protocol is to put the child who had direct contact with the infect person in isolation, and to let public health handle contact tracing.

<https://montreal.ctvnews.ca/montreal-area-grade-7-class-sent-home-on-first-day-of-school-after-covid-19-case-1.5082051>

Canada

Face-scanning temperature checks among ways Montreal school is keeping students safe from COVID-19

Source: CTV News - Montreal

ID: 1007721083

MONTREAL -- A Montreal private school is implementing some new technology to keep its students safe amid the COVID-19 pandemic.

JPPS-Bialik has introduced a face scanning system that measures students' temperature upon entering the building.

While back-to-school government guidelines dictate that students above the age of five must wear masks in schools' common spaces such as hallways, many JPPS-Bialik students are opting to wear their masks in class.

"It's part of our job," said teacher Marlee Rozansky. "We have to be comfortable with it so the kids are comfortable with it."

Grade five student Maya Blauer said the return to school in such exceptional circumstances has taken some getting used to.

"It's kind of weird because you don't really know who anyone is," she said. "But I've been with my class for a long time so I'll know who everyone is."

<https://montreal.ctvnews.ca/face-scanning-temperature-checks-among-ways-montreal-school-is-keeping-students-safe-from-covid-19-1.5076322>

Canada

Possible exposure to COVID-19 at Walmart Pharmacy in Ottawa

Source: Ottawa Public Health

ID: 1007719261

August 27, 2020

Announcements and Events

Ottawa Public Health is currently investigating a person who tested positive for COVID-19, who provided service at the Walmart Pharmacy located at 1375 Baseline Road, Ottawa, during the contagious period.

All customers who received service from this pharmacy for **15 minutes or more** during time periods below are advised that they may have been exposed to COVID-19. These individuals should immediately self-isolate and contact Ottawa Public Health by calling 613-580-6744 to determine whether their exposure was high-risk for COVID-19 transmission and if testing is recommended.

- August 15, 2020, 7 am to 3 pm, Walmart Pharmacy, 1375 Baseline Rd, Ottawa
- August 16, 2020, 7 am to 3 pm, Walmart Pharmacy, 1375 Baseline Rd, Ottawa

Customers of this Walmart location who did not receive direct service from the pharmacy or who received services from the pharmacy outside of these time periods are not considered at higher risk of exposure from this occurrence. All potentially exposed employees have been contacted by Ottawa Public Health.

You can visit [OttawaPublicHealth.ca/Coronavirus](https://ottawapublichealth.ca/coronavirus) (link is external) to learn more about COVID-19, how you can protect yourself (and others) and what to do if you suspect you may be infected with the virus.

Public Inquiries

311@ottawa.ca (link sends e-mail)

311

<https://ottawa.ca>

Media Inquiries

medias@ottawa.ca (link sends e-mail)

613-580-2450

<https://ottawa.ca>

<https://ottawa.ca/en/news/possible-exposure-covid-19-walmart-pharmacy-ottawa>

<https://ottawa.ctvnews.ca/ottawa-public-health-warns-of-possible-covid-19-exposure-at-walmart-pharmacy-on-baseline-road-1.5081558>

Canada

22 new COVID-19 cases reported in Ottawa Thursday

Source: CBC

ID: 1007720502

Ottawa Public Health (OPH) reported 22 new cases of COVID-19 on Thursday, bringing the total number of active cases in the city to 190.

The number of hospitalizations now sits at 13, with one patient in intensive care.

OPH has declared an outbreak at the Carling Family Shelter over, leaving six remaining institutional outbreaks in the city.

There have been 2,893 cases of the illness in Ottawa since the pandemic began, and 266 deaths.

There were 118 new cases of COVID-19 reported across Ontario on Thursday after the province processed 28,600 tests.

Eighteen of Ontario's 34 public health units are reporting no new cases Thursday.

<https://www.cbc.ca/news/canada/ottawa/new-cases-covid-19-ottawa-thursday-1.5702191>

Canada

Coronavirus: 3 faculty and staff members test positive at schools in Montreal's east end

Source: Global News

ID: 1007718172

Three teachers and staff members at three different schools in Montreal's east end have tested positive for COVID-19, and eight more have been forced to self-isolate.

The schools impacted are all part of the Centre des services scolaires de la Pointe-de-l'Île (CSSPI), which operates French-language public schools on the eastern third of the Island of Montreal. The service centre was formerly the Pointe-de-l'Île school board (CSPI) until earlier this year.

Marie-Josée Nantel, a spokesperson for the Fédération autonome de l'enseignement (FAE), the union representing teachers at the schools, confirmed the situation in a phone call with Global News early Thursday.

[Sign up for our Health IQ newsletter for the latest coronavirus updates]

One teacher at École François La-Bernarde in Pointe-aux-Trembles tested positive for the coronavirus, leading two colleagues there to be placed into self-isolation.

On the other side of the CSSPI's territory, at École Jules-Verne in Montreal North, another teacher tested positive. Two more teachers there had to self-isolate as a result.

Just across the street from Jules-Verne, at École secondaire Henri-Bourassa, a staff member tested positive. That led to four faculty members having to go into self-isolation.

It comes as tens of thousands of students have already returned to classes at private schools in Montreal, as well as in regional public schools across Quebec. Students return to class at most of Montreal's public schools on Aug. 31.

Global News has reached out to the CSSPI for comment.

<https://globalnews.ca/news/7300823/coronavirus-csspi-three-staff-faculty-positive/>

Canada

Mobile testing clinic in Sherbrooke Thursday and Friday following COVID-19 outbreak

Source: CTV

ID: 1007718416

MONTREAL -- Public health authorities in Sherbrooke had to rapidly put a mobile COVID-19 testing clinic into place following an outbreak this week in the city's east end.

On Tuesday, the Eastern Townships' CIUSSS announced that 28 people living in the Ascot neighbourhood received positive results for COVID-19 between Aug. 14 and Aug. 25.

Authorities are calling on neighbourhood's residents to get tested if they attended private gatherings or visited parks without respecting physical distancing guidelines, as well as anyone who has taken a shuttle bus or who has carpooled.

Those exhibiting symptoms associated to COVID-19 are also being asked to get tested.

No appointment is necessary to visit the mobile clinic. It's located at the Precieux-Sang church on Thibault St. and will be open from 4 p.m. to 7 p.m. on Thursday, and 1 p.m. to 4 p.m. on Friday.

Those who'd like to get tested can also visit the CLSC on Murray St., which is open daily from 7 a.m. to 7 p.m.

This report by The Canadian Press was first published Aug. 27, 2020.

<https://montreal.ctvnews.ca/mobile-testing-clinic-in-sherbrooke-thursday-and-friday-following-covid-19-outbreak-1.5081262>

Canada

Another COVID-19 outbreak declared at Manitoba personal care home

Source: Winnipeg CTV News

ID: 1007719271

WINNIPEG -- The Prairie Mountain Health Region has confirmed an employee at a personal care home in the region has tested positive for COVID-19 and an outbreak has been declared at the facility.

A statement from CEO Penny Gilson, sent to CTV News Thursday morning, confirmed a health-care worker at the Rideau Park Personal Care Home in Brandon, Man., has tested positive for COVID-19.

Gilson said the individual was a previously identified case in the region.

"The individual wore protective personal equipment and is self-isolating," Gilson wrote. "Close contacts have been identified and the case investigation is continuing."

Gilson said the information about the infection has been shared with families, staff, and close contacts.

"While no other cases have been identified as linked to this case and the risk is assessed to be low, out of an abundance of caution an outbreak has been declared," Gilson said. "This means the site is putting additional measures in place to further reduce the risk to residents and staff, and restricts visitation at the facility."

The outbreak is the second outbreak at a personal care home in Manitoba, with the first at Bethesda Place in Steinbach, Man. Eight cases have been linked to the outbreak at Bethesda Place, along with one death.

As of Wednesday afternoon, there are 206 active cases in the Prairie Mountain Health Region. Of the active cases, 120 are in the Brandon health district.

Manitoba health officials will provide an update on COVID-19 cases at 1 p.m.

<https://winnipeg.ctvnews.ca/another-covid-19-outbreak-declared-at-manitoba-personal-care-home-1.5081555>

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

United States

COVID-19 Update: FDA Warns Consumers About Hand Sanitizer Packaged in Food and Drink Containers

Source: FDA

ID: 1007718758

For Immediate Release:

August 27, 2020

Silver Spring, MD — The U.S. Food and Drug Administration (FDA) is warning consumers about alcohol-based hand sanitizers that are being packaged in containers that may appear as food or drinks and may put consumers at risk of serious injury or death if ingested. The agency has discovered that some hand sanitizers are being packaged in beer cans, children's food pouches, water bottles, juice bottles and vodka bottles. Additionally, the FDA has found hand sanitizers that contain food flavors, such as chocolate or raspberry.

"I am increasingly concerned about hand sanitizer being packaged to appear to be consumable products, such as baby food or beverages. These products could confuse consumers into accidentally ingesting a potentially deadly product. It's dangerous to add scents with food flavors to hand sanitizers which children could think smells like food, eat and get alcohol poisoning," said FDA Commissioner Stephen M. Hahn, M.D. "Manufacturers should be vigilant about packaging and marketing their hand sanitizers in food or drink packages in an effort to mitigate any potential inadvertent use by consumers. The FDA continues to monitor these products and we'll take appropriate actions as needed to protect the health of Americans."

In one recent example of consumer confusion, the FDA received a report that a consumer purchased a bottle they thought to be drinking water but was in fact hand sanitizer. The agency also received a report from a retailer about a hand sanitizer product marketed with cartoons for children that was in a pouch that resembles a snack. Drinking only a small amount of hand sanitizer is potentially lethal to a young child, who may be attracted by a pleasant smell or brightly colored bottle of hand sanitizer.

Hand sanitizer can be toxic when ingested. The FDA continues to see an increasing number of adverse events with hand sanitizer ingestion, including cardiac effects, effects on the central nervous system, hospitalizations and death, primarily reported to poison control centers and state departments of health. For more information, consumers should refer to the FDA's guidelines on safe use of hand sanitizer as well as a question and answer page.

The FDA encourages health care professionals, consumers and patients to report adverse events or quality problems experienced with the use of hand sanitizers to FDA's MedWatch Adverse Event Reporting program (please provide the agency with as much information to identify the product as possible).

The FDA continues to proactively work with manufacturers to recall potentially dangerous hand sanitizer products and is strongly encouraging retailers to remove these products from store shelves and online marketplaces. A list of hand sanitizer products the FDA urges consumers not to use, along with a description for consumers on how to use the list, has been posted to the agency's website, which is being updated regularly.

The FDA, an agency within the U.S. Department of Health and Human Services, protects the public health by assuring the safety, effectiveness, and security of human and veterinary drugs, vaccines and other biological products for human use, and medical devices. The agency also is responsible for the safety and security of our nation's food supply, cosmetics, dietary supplements, products that give off electronic radiation, and for regulating tobacco products.

<https://www.fda.gov/news-events/press-announcements/covid-19-update-fda-warns-consumers-about-hand-sanitizer-packaged-food-and-drink-containers>

United States

WV confirms first case of condition affecting children exposed to COVID-19

Source: The Herald-Dispatch

Unique ID: 1007718315

CHARLESTON — The first case of a rare but serious condition in children linked to COVID-19 has been reported in West Virginia. The Department of Health and Human Resources on Thursday morning confirmed reports of the first case of multisystem inflammatory syndrome in children (MIS-C). The department did not release any identifying information on the patient, but public Facebook posts from the family state the child is in middle school.

Later Thursday, a social media post by the Kanawha County Commission said the commission's meeting that day had opened with prayer for an 11-year-old in the county who had MIS-C.

According to the Centers for Disease Control and Prevention, MIS-C is a condition where different body parts can become inflamed, including the heart, lungs, kidneys, brain, skin, eyes or gastrointestinal organs. Children with MIS-C may have a fever and various symptoms, including abdominal pain, vomiting, diarrhea, neck pain, rash, bloodshot eyes or feeling extra tired. Many children with MIS-C had the virus that causes COVID-19 or had been exposed to someone with COVID-19. The condition is not contagious.

"This development is an unfortunate reminder that COVID-19 does not just affect the elderly," said Dr. Ayne Amjad, state health officer and commissioner of DHHR's Bureau for Public Health, in a release. "We must continue to be diligent in our efforts to protect each other by social distancing, wearing masks in public and following all recommendations of local, state and federal health experts."

The rare condition was first identified in children in Europe in April, with first reports in the U.S. coming from New York in early May. As of July 29, a total of 570 U.S. MIS-C patients had been reported to the CDC. Ten patients have died, while 63% required stays in intensive care units, according to a CDC report released Aug. 14.

"As the COVID-19 pandemic continues, with the number of cases increasing in many jurisdictions, health care providers should continue to monitor patients to identify children with a hyperinflammatory syndrome

with shock and cardiac involvement," the CDC report reads. "Suspected MIS-C patients should be reported to local and state health departments. Distinguishing patients with MIS-C from those with acute COVID-19 and other hyperinflammatory conditions is critical for early diagnosis and appropriate management. It is also critical for monitoring potential adverse events of a COVID-19 vaccine when one becomes widely available."

<https://gphin.canada.ca/cepr/showarticle.jsp?docId=1007718315>

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

Bangladesh

Bangladesh allows human trial of COVID-19 vaccine developed by Chinese company

Source: The New Indian Express

ID: 1007720832

Summary DHAKA: Bangladesh on Thursday gave approval for the final stage human trial of a prospective COVID-19 vaccine developed by a Chinese company, as the country reported 45 new deaths and over 2,400 fresh infections.

DHAKA: Bangladesh on Thursday gave approval for the final stage human trial of a prospective COVID-19 vaccine developed by a Chinese company, as the country reported 45 new deaths and over 2,400 fresh infections.

<https://www.newindianexpress.com/world/2020/aug/27/bangladesh-allows-human-trial-of-covid-19-vaccine-developed-by-chinese-company-2189090.html>

South America

South American presidents agree to team up on COVID-19 vaccine knowledge and access

Source: National Post

ID: 1007721082

SANTIAGO — A group of South America presidents agreed on Thursday to information sharing and coordination on access to eventual COVID-19 vaccines to counter the virus which has the continent within its grip, Chile's foreign minister said.

Andres Allamand said there would be multiple benefits to a coordinated approach to obtaining a vaccine by members of the Prosur bloc, made up of Chile, Argentina, Brazil, Colombia, Paraguay, Peru, Ecuador and Guyana.

"A joint effort would bring benefits, particularly in terms of access, quantities and guaranteed prices," he said, following the virtual meeting of presidents and foreign ministers.

The discussions reflect the intense jockeying for position of developed and developing nations to ensure their citizens get early and affordable access to COVID-19 vaccines.

More than 150 vaccines are currently being developed and tested around the world, according to the

World Health Organization, with 25 human clinical trials.

Trials of vaccines including those developed by Johnson & Johnson, Sinovac and AstraZeneca are already underway or due to start shortly in Latin America, a current hotspot of the pandemic.

Allamand said the bloc discussed the production in Argentina and Mexico of the vaccine created by British pharmaceutical company AstraZeneca, and the "very advanced" production work in Brazil, and the potential for those initiatives to benefit the wider region.

<https://nationalpost.com/pmnh/health-pmn/south-american-presidents-agree-to-team-up-on-covid-19-vaccine-knowledge-and-access>

Netherlands

Netherlands to close mink farms after coronavirus outbreaks

Source: National Post

ID: 1007721401

AMSTERDAM — More than 100 mink farms in the Netherlands will be ordered closed by March after animals at dozens of locations contracted the coronavirus, Dutch news agency ANP reported on Thursday.

Hundreds of thousands of the ferret-like animals, which are bred for their fur, have been culled in the Netherlands and other European countries since the virus outbreak.

The Netherlands had already intended to halt its mink breeding industry by 2024, but decided to bring forward the closures after several farm employees contracted COVID-19.

The government has set aside 180 million euros (\$212 million) to compensate farmers, the ANP report said, citing sources.

According to the Dutch Federation of Pelt Farmers, the Netherlands exports around 90 million euros (\$101 million) worth of fur a year for use in China and globally. The country had roughly 900,000 mink at 130 farms, Statistics Netherlands data said.

(\$1 = 0.8459 euros) (Reporting by Anthony Deutsch; Editing by Leslie Adler)

<https://nationalpost.com/pmn/health-pmn/netherlands-to-close-mink-farms-after-coronavirus-outbreaks>

Syria

UN official: COVID cases likely far higher than Syria says

Source: NEWS 1130

ID: 1007721400

TANZANIA, Tanzania — Reports of Syrian health care facilities filling up and increasing death notices and burials appear to indicate that actual coronavirus cases in the war-torn country “far exceed official figures” confirmed by the government, a senior U.N. humanitarian official said Thursday.

Syria has so far reported more than 2,500 cases of COVID-19, the illness caused by the virus, including 100 deaths.

However, U.N. Assistant Secretary-General for humanitarian affairs Ramesh Rajasingham told the U.N. Security Council that “rising patient numbers are adding pressure to the fragile health system” in Syria, now in its 10th year of war.

Many people “are reluctant to seek care at medical facilities, leading to more severe complications when they do arrive,” he said, adding that “health workers still lack sufficient personal protective equipment and associated supplies.”

Of the virus cases confirmed by the Syrian Ministry of Health, Rajasingham said, “the majority cannot be traced to a known source.” He said several health facilities briefly suspended operations this month because of capacity issues and staff becoming infected by the coronavirus.

In the Al Hol camp in northeast Syria, where 65,000 mainly women and children connected to Islamic State fighters are detained, Rajasingham said “12 health facilities had to suspend operations this month due to staff becoming infected, having to self-isolate, or due to lack of personal protective equipment.”

“Both field hospitals at the camp have since resumed operations,” he said.

Germany and Belgium, who are in charge of Syrian humanitarian issues in the Security Council, said in a joint statement that “the spread of COVID-19 across the country is increasing exponentially.”

“Testing capacities remain very low, so most cases may go unnoticed,” they said. “Numbers we hear may only represent the tip of the iceberg.”

They also warned that “the destruction of health facilities and the shortage of health workers dramatically imperil any response.”

Germany and Belgium urged greater humanitarian access, sharply criticizing demands by Syrian ally Russia that led to the closing of the Al Yaroubiya crossing from Iraq to northeast Syria in January and last month’s closing of the Bab al-Salam crossing point from Turkey to northwest Syria.

“What is needed is distribution to all people and health care facilities – and not the regime deciding who is ‘worthy of receiving aid’ and who is not,” they said. “The burden of responsibility lies on those countries that have systematically limited humanitarian access” to Syria.

U.S. political co-ordinator Rodney Hunter expressed concern at reports of “a massive coronavirus outbreak in the Damascus region and elsewhere in regime-controlled areas.”

He called on Syrian authorities to grant access to the U.N. and international organizations to collect statistics and determine the scale of the pandemic in the country, saying so far there has been “no transparency” by the government.

“The coronavirus is absolutely exacerbating the Syrian humanitarian crisis,” he said.

Hunter said the United States is “deeply saddened” by reports from the U.N. children’s agency UNICEF earlier this month that eight children under the age of five died in the Al Hol camp in less than a week.

“We understand that four of those deaths were caused by malnutrition-related complications,” he said.

“These deaths were completely preventable if the thousands of camp inhabitants still received the life-saving combination” of deliveries from Damascus across conflict lines and from Iraq through the Al Yaroubiya crossing, Hunter said.

Russia’s U.N. Ambassador Vassily Nebenzia expressed confidence that once logistics were “adjusted,” the U.N. would be able to increase supplies through the one remaining border crossing from Turkey at Bab al-Hawa.

He pointed to a recent article in the British medical journal, “The Lancet,” which said that the “Syrian health system, already fractured by years of conflict, is being further destroyed by sanctions.”

Entitled “EU guidance impedes humanitarian action to prevent COVID-19 in Syria,” it says: “Widespread co-operation to ensure efficient delivery of medicines and equipment to combat COVID-19 in Syria is lacking.”

Nebenzia also pointed to an Aug. 25 statement by three key foreign powers in the Syrian conflict — Iran and Russia, which support Syrian President Bashar Assad, and Turkey, which backs the opposition — on the sidelines of a meeting in Geneva of government and opposition figures on drafting a new constitution for the country.

Those three countries rejected all unilateral sanctions, Nebenzia said.

He denounced the “hypocrisy” and “double standards” of Security Council members that continue to support sanctions against Syria.

<https://www.citynews1130.com/2020/08/27/un-official-covid-cases-likely-far-higher-than-syria-says/>

Costa Rica

Costa Rica counts some COVID-19 cases without tests

Source: 660 NEWS

ID: 1007721199

SAN JOSE, Costa Rica — Costa Rica has adopted a less strict method of counting people infected with the new coronavirus, suddenly adding thousands of new cases to the country's COVID-19 totals. The new "nexus" criteria adopted this month count people who show symptoms of the disease and who had direct contact with someone who tested positive, even if they were not tested themselves. That has added more than 3,000 cases to the country's reported total of 36,307 COVID-19 infections as of Wednesday. There were 386 reported deaths.

Those newly counted under the change are also required to quarantine at home for 14 days.

Health Minister Daniel Salas himself entered quarantine on Tuesday after his father tested positive for COVID-19, though Salas hasn't reported suffering symptoms.

When he announced the new policy, Salas said the change isn't due to a lack of tests: "It's about practicality and finding the greatest effectiveness in what we're doing with the resources that we have."

It prompted some grumbling from sectors pushing for a faster reopening of the economy and some concerns that raising that increased infection numbers would deter tourists, but Juan José Romero, an epidemiologist at Costa Rica National University, said the change makes sense considering the contagiousness of COVID-19.

Counting those highly likely to be positive without a test avoids the delay of waiting for test results and potentially keeps infectious people from continuing activities outside the home, Romero said. It also doesn't bar anyone from getting a test if their symptoms worsen and they need medical care. Argentina's government made a similar move this month and began adding the cases of people with symptoms and direct contact with a positive case to their count. The government reported a total of more than 370,000 COVID-19 infections Thursday, but does not provide a break out of test positive cases versus nexus cases.

Carla Vizzotti, the national government's health access secretary, said the goal was to respond more quickly to infections. But Buenos Aires' regional government announced it would not change to that protocol because it has the capacity to do the testing.

Some U.S. states also track "probable cases" based on clinical and epidemiological information without testing.

U.S. health officials came under fire Thursday for a change this week to testing guidance from the Centers for Disease Control and Prevention that critics say could lead to undercounting infections. The CDC now says it's not necessary to test people who have been in close contact with infected people if they don't feel sick. Previously it had recommended the opposite. Studies indicate that infected people can be highly contagious a day or two before feeling symptoms.

Costa Rica's Romero rejected the suggestion that counting positives by nexus would inflate the number of infections. Many people infected with the virus never report symptoms, or only light ones, and don't seek medical care. Romero said the real number of infected people is probably three times as high as the official count. The new change goes a little way toward capturing that.

Associated Press writer Almudena Calatrava contributed from Buenos Aires, Argentina.

Javier Cordoba, The Associated Press

<https://www.660citynews.com/2020/08/27/costa-rica-counts-some-covid-19-cases-without-tests/>

Brazil

Brazil has no confirmed cases of Covid-19 reinfection

Source: saude.gov.br

ID: 1007720118

To date, all suspected cases of reinfection by the disease have been investigated and discarded by epidemiological surveillance teams in states and municipalities

The Ministry of Health presented on Wednesday (26), during an online press conference, the update of the epidemiological scenario of Covid-19 in the country. The folder also released notifications of cases

and deaths by the new confirmation criteria, included in June this year to give more speed to the diagnosis of the disease. During the press conference, the director of the Department of Health Analysis and Surveillance of Noncommunicable Diseases, Eduardo Macário, clarified that, to date, Brazil has no confirmed case of reinfection by Covid-19.

According to Eduardo Macário, the Ministry of Health has provided support to the surveillance teams of the state and municipal health departments involved in the investigation of alleged cases. "A second infection is a very rare event and, in Brazil, most of the cases investigated point to the occurrence of false positive results, contaminated samples and the detection of inert viral particles (without transmission capacity)," he said.

During the collective, a detailed analysis of case and death notifications was also presented according to the current diagnostic protocols. In addition to the epidemiological laboratory and clinical criteria, it is possible to perform the diagnostic imaging, with lung tomography examination, and with the analysis of symptoms of the patient. With this, more people are diagnosed early and attended. Early diagnosis favors the adoption of case isolation measures and the monitoring of contacts, which will favor the reduction of new infections, severe cases and deaths.

From June to August 22, 6,169 cases were confirmed by clinical criteria, 2,463 by imaging criteria and 1,501 by epidemiological clinical criterion. Regarding deaths, 3,866 deaths were confirmed by the clinical criterion, 1,031 by imaging criteria and 847 by epidemiological clinical criterion.

TESTING FOR COVID-19

As of August 26, the Ministry of Health had distributed 14.2 million tests for Covid-19 diagnostics, of which 6.2 million were RT-PCR (molecular biology) and 8 million rapid tests (serology). The daily average of exams performed went from 1,148 in March to 22,943 in August. The folder distributes the tests according to the storage capacity of the states and provides testing centers, which can be used by local managers when the production capacity of state laboratories reaches its limit.

In a decision with states and municipalities, Brazil expanded the target audience to be tested through the Diagnose for Care program. In addition to the tests collected in hospital care, now the tests are also being performed in mild cases of people assisted in Primary Care, through the community centers and care centers for Covid-19.

As of August 22, 4,797,948 million RT-PCR tests were performed for Covid-19, of which 2,652,551 were performed in the national network of public health laboratories and 2,145,397 in the main private laboratories in the country. A total of 6,637,134 tests were performed in the country, according to data from the e-SUS Notifies system.

Click here and access the presentation of the press conference

Ministry of Health

61 3315.3580 / 2745

<https://www.saude.gov.br/noticias/agencia-saude/47401-brasil-nao-possui-casos-confirmados-de-reinfeccao-por-covid-19>

France

Novacyt launches product to tell difference between COVID-19 and winter flu

Source: Reuters News

Unique ID: [1007716813](#)

PARIS (Reuters) - Clinical diagnostics company Novacyt - one of many healthcare companies whose shares have surged during the pandemic - announced on Thursday a new product to allow people to differentiate the COVID-19 virus from common winter diseases.

Novacyt said its new 'Winterplex' test panel includes two gene targets specific to COVID-19, as well as gene targets for influenza A&B and respiratory syncytial virus (RSV).

"We believe Winterplex™ is one of the world's first approved respiratory test panels that can differentiate between COVID-19 and other common respiratory diseases," Novacyt CEO Graham Mullis said.

(Reporting by Sudip Kar-Gupta; editing by Jason Neely)

Copyright 2020 Thomson Reuters. All Rights Reserved.

https://www.reuters.com/article/us-health-coronavirus-novacyt/novacyt-launches-product-to-tell-difference-between-covid-19-and-winter-flu-idUSKBN25N0MX?feedType=mtg&feedName=healthNews&WT.mc_id=Partner-Google
<https://gphin.canada.ca/cepr/showarticle.jsp?docId=1007716813>

France

France expects vaccines against covid-19 at the end of the year or beginning of 2021

Source: Reuters

Unique ID: 1007719023

Vaccines for the new coronavirus may be available in France between the end of 2020 and the beginning of 2021, said The Minister of Health, Olivier Veran, in a press conference granted on Thursday (27) on the pandemic.

French Prime Minister Jean Castex also said today that the country's government must move quickly to contain a new wave of covid-19. He said there had been a jump in the level of reproduction of the virus, with infections increasing in the Paris region and among young people.

Earlier this month, the prime minister had said that the spread of the new coronavirus again by France could become more difficult to control if there is no collective effort. "If we don't act collectively, we will be exposed to the high risk that the new wave of the epidemic will become difficult to control," Castex said during a visit to a hospital in southern France.

He warned that the population is neglecting the disease.

*With information from Reuters

<https://www.reuters.com/article/us-health-coronavirus-france-vaccines/french-government-expects-covid-19-vaccines-from-end-of-2020-or-early-2021-idUSKBN25N1AM>

South Korea

Amid rising virus cases, S. Korea finds mutated strain

Source: Anadolu Agency

Unique ID: 1007718349

ANKARA

Amid increasing coronavirus cases that has raised alarm bells in South Korea, health authorities have warned of increasing mutating strain of the COVID-19.

According to Korea Centers for Disease Control and Prevention (KCDC), South Korea has found more of the mutated strain of COVID-19 that "swept North America, Europe and the Middle East", Yonhap news agency reported. However, officials added there is no evidence to suggest that the "mutation is more infectious".

According to the World Health Organization tagging, South Korea has detected GH strain of the virus. This strain is most common in North America, Europe and the Middle East.

South Korean health authorities first found this strain in April. Officials at the disease control center added that the mutated strain accounted for 77.4% of 685 patients who were examined.

South Korea is witnessing a new rise in virus cases which has mounted pressure on the government of President Moon Jae-in to impose strict restrictions to stem the spread of the infection.

"It has been roughly a week since we implemented the second level of the social distancing scheme. Nothing has been decided yet on when the third level of the policy will be introduced," said Jeong Eun-kyeong, director at the KCDC.

The authorities are increasing bed capacity in hospitals for the coronavirus patients. At least 320 cases were reported on Wednesday as cases linked to churches rose. The country has reported a total of 18,265 cases so far.

The capital Seoul and neighboring Gyeonggi province account for most of the new cases. Of total cases, patients aged 60 and above account for more than 40% of cases.

"But if we fail to curb the spread of the virus this week and adopt the third-level scheme, there will be significant consequences. It will not just be a matter of new patients. There will be a major impact on society and the economy," the Eun-kyeong added.

The country's death toll climbed to 312 after two more patients lost their life to COVID-19. South Korea's fatality rate came to 1.71%. It has conducted 1,849,506 coronavirus tests since Jan. 3.

Anadolu Agency website contains only a portion of the news stories offered to subscribers in the AA News Broadcasting System (HAS), and in summarized form. Please contact us for subscription options. <https://www.aa.com.tr/en/asia-pacific/amid-rising-virus-cases-skorea-finds-mutated-strain/1953671>

China

WHO COVID investigators bypassed Wuhan

Source: Daily Telegraph

Unique ID: 1007718501

A World Health Organisation team investigating the origins of COVID-19 in China failed to visit Wuhan, sparking fears the whims of Beijing are being prioritised over independent science.

Two WHO representatives tasked with laying the groundwork for a larger team of international experts to investigate the zoonotic source of the virus spent three weeks in China this month without stepping foot in the city widely considered ground zero of the pandemic.

The glaring omission has fuelled concern the Chinese government could thwart any attempt at a truly impartial inquiry into COVID-19.

Liberal MP and former ambassador to Israel Dave Sharma said he was “alarmed” the team spent so much time in China but did not visit Wuhan, the “origin of the outbreak” and the home of the Wuhan Institute of Virology.

MORE NEWS

“If this investigation is to help prevent future pandemics, it must be independent and enjoy unfettered access,” Mr Sharma said.

“The WHO needs to put the public health interest of the world before the sensitivities of any particular nation.”

The WHO’s investigation into the animal source of the coronavirus was one component of a resolution backed by Australia at the World Health Assembly earlier this year.

WHO spokesman Christian Lindmeier said the team sent to China for preliminary investigations did speak with Wuhan scientists via video.

“The team had extensive discussions with Chinese counterparts and received updates on epidemiological studies, biologic and genetic analysis and animal health research,” he said.

But the Financial Times has reported a senior US official has raised serious concerns about the lack of access to Wuhan during the August trip.

“The WHO delegation sat in Beijing for three weeks and got nowhere near Wuhan,” the official reportedly said.

<https://gphin.canada.ca/cepr/showarticle.jsp?docId=1007718501>

Americas

Latin America crosses seven million COVID-19 cases on 27 August

Source: News Yahoo

Unique ID: 1007724839

According to data compiled by Johns Hopkins University’s (JHU) Coronavirus Resource Centre and CNN calculations, the number of COVID-19 cases in Latin America passed seven million on 27 August 2020, CNN reported on Friday.

JHU’s tally records that the current number of known COVID-19 cases confirmed in the region is now 7,020,744.

Brazil has reported the highest number of infections in Latin America with 3,761,391 and has been identified as the country with the second-highest number of confirmed cases in the world after the US. Following Brazil's number of COVID-19 cases in Latin America are Peru, Mexico, Colombia and Chile. <https://ca.news.yahoo.com/coronavirus-cases-latin-america-pass-224914413.html>

PAHO

Epidemiological Update: Coronavirus disease (COVID-19) - 26 August 2020

Source: PAHO

Since the last PAHO/WHO COVID-19 Epidemiological Update published on 23 June 2020, and up to 22 August 2020, 14 million new cases of COVID-19, including over 300,000 deaths, have been reported worldwide. Of the total, three countries account for 60% of the new cases: The United States of America (24%), India (18%), and Brazil (17%). The majority of new deaths were reported by Brazil (19%), the United States of America (16%), India (13%), and Mexico (12%). As of 22 August, the daily notifications of cases in the United States of America and Brazil are trending downwards, whereas in India, a sustained increase has been observed over the past two months.

<https://www.paho.org/en/documents/epidemiological-update-coronavirus-disease-covid-19-26-august-2020>

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

United States

Multidrug-Resistant Candida auris Infections in Critically Ill Coronavirus Disease Patients, India, April–July 2020

Source: CDC- EID

ID: 1007719539

Disclaimer: Early release articles are not considered as final versions. Any changes will be reflected in the online version in the month the article is officially released.

Volume 26, Number 11—November 2020

Dispatch

Multidrug-Resistant Candida auris Infections in Critically Ill Coronavirus Disease Patients, India, April–July 2020

Anuradha Chowdhary Comments to Author , Bansidhar Tarai, Ashutosh Singh, and Amit Sharma

Author affiliations: Vallabhbhai Patel Chest Institute of the University of Delhi, New Delhi, India (A. Chowdhary, A. Singh); Max Health Care Institute, New Delhi (B. Tarai); International Centre for Genetic Engineering and Biotechnology, New Delhi (A. Sharma)

Suggested citation for this article

Abstract

In New Delhi, India, candidemia affected 15 critically ill coronavirus disease patients admitted to an intensive care unit during April–July 2020. Candida auris accounted for two thirds of cases; case-fatality rate was high (60%). Hospital-acquired C. auris infections in coronavirus disease patients may lead to adverse outcomes and additional strain on healthcare resources.

The ongoing coronavirus disease (COVID-19) pandemic has overwhelmed healthcare systems worldwide. Reports from China and New York have highlighted the concern for nosocomial infections,

primarily bacterial, in critically ill COVID-19 patients (1–3). Secondary *Candida* spp. bloodstream infections in COVID-19 patients with prolonged intensive care unit (ICU) stays have not been documented. However, a new concern coinciding with the brisk expansion of critical care facilities for COVID-19 patients is the potential for nosocomial spread of *Candida auris* infections (4). *C. auris* is a global health threat because of its ability to colonize skin, persist in environments, cause nosocomial outbreaks, and lead to severe disease with high mortality rates (5,6).

The Study

Following up on our prediction (4), we report bloodstream infections caused by multidrug resistant *C. auris* in 1 COVID-19 ICU in New Delhi, India. A total of 596 patients with confirmed COVID were admitted to the 65-bed ICU during April–July 2020. Of these, 420 patients required mechanical ventilation. Overall, candidemia was detected in 15 (2.5%) of the 596 ICU patients; the predominant agent was *C. auris* for 10 (67%) of those patients. For the remaining 5 patients, candidemia was caused by *C. albicans* (n = 3), *C. tropicalis* (n = 1), and *C. krusei* (n = 1).

We abstracted the following data for the candidemia patients: baseline demographics, medical history, laboratory parameters, microbiological findings, concomitant antimicrobial drug use, and treatments. Isolates were identified by matrix-assisted laser desorption/ionization time-of-flight mass spectrometry (MALDI Biotyper, <https://www.bruker.com> External Link). In addition, species identification was conducted by amplification and sequencing of the internal transcribed spacer region of ribosomal DNA and of the D1/D2 domain of the large subunit ribosomal DNA. Antifungal susceptibility testing was performed by using the Clinical and Laboratory Standards Institute broth-microdilution method M27-A3/S4 (7). Antifungals tested were fluconazole, voriconazole, posaconazole, isavuconazole, 5-flucytosine, caspofungin, micafungin, anidulafungin, and amphotericin B.

Most of the 10 patients with *C. auris* infection were elderly (8 patients were 66–88 years of age) and male (7 patients) (Table 1, <https://wwwnc.cdc.gov/EID/article/26/11/20-3504-T1.htm>). *C. auris* was cultured from paired blood samples from all 10 patients and also from urine for 2 of these patients. All of the COVID-19 patients in whom *C. auris* infections developed had been hospitalized in the ICU for prolonged periods (20–60 days) and had underlying chronic conditions (e.g., hypertension, n = 7; diabetes mellitus, n = 6; and chronic kidney and liver disease, n = 2). Candidemia caused by *C. auris* developed 10–42 days after admission. Half (50%) of the patients with *C. auris* infections received mechanical ventilation as a result of severe COVID-19 pneumonia. Furthermore, all patients with candidemia had indwelling central lines and urinary catheters. Of the 15 patients, COVID-19 was hospital acquired for 2 (acquired 2 and 7 weeks after hospital admission). Severity parameters for COVID-19 were elevated for all patients with candidemia (Table 1). Among the 15 candidemia patients, 8 (53%) died; among those with *C. auris* infection, the fatality rate was 60%. Of note, 4 of the 6 patients who died experienced persistent fungemia, and despite micafungin therapy for 5 days, *C. auris* again grew in blood culture.

Antifungal susceptibility testing data for *C. auris* isolates from 10 patients showed that all isolates were resistant to fluconazole (MIC >32 mg/L) and 30% were nonsusceptible to voriconazole (MIC >2 mg/L). Furthermore, 40% were resistant to amphotericin B (MIC >2 mg/L) and 60% were resistant to 5-flucytosine (MIC >32 mg/L). Overall, 30% of *C. auris* isolates were multiazole (fluconazole + voriconazole) resistant; whereas, 70% were multidrug resistant, including 30% (n = 3) that were resistant to 3 classes of drugs (azoles + amphotericin B + 5-flucytosine) and 4 that were resistant to 2 classes of drugs (azoles + 5-flucytosine and azoles + amphotericin B, n = 2 each). All isolates were susceptible to echinocandins (Table 2, <https://wwwnc.cdc.gov/EID/article/26/11/20-3504-T2.htm>).

Top

Conclusions

Our findings highlight the role of hospital-acquired *C. auris* bloodstream infections; the patients were probably infected while hospitalized. *C. auris* can be transmitted in healthcare settings just like other multidrug-resistant organisms, such as carbapenem-resistant Enterobacteriaceae and methicillin-resistant

Staphylococcus aureus (4). For 4 of 10 patients studied, bacteremia caused by *Enterobacter cloacae* and *Staphylococcus haemolyticus* was also noted. In patients with severe COVID-19, the rate of secondary infections was substantially higher, as has been reported by Goyal et al. (6% of cases of secondary bacterial infections in the United States) (3) and Zhou et al. (15% of cases of secondary bacterial infections in China) (8). Among fungal co-infections in France, the incidence of putative invasive pulmonary aspergillosis was high (30%) (9).

Several major outbreaks of bloodstream infections caused by *C. auris* have been reported in India, the United Kingdom, Colombia, South Africa, and the United States (5,10–12). In our report, all patients in the ICU had indwelling invasive devices such as central venous and urinary catheters, which may be the source of *C. auris* infections (i.e., candidemia and urinary tract infection). We anticipate that transmission of *C. auris* to COVID-19 patients by healthcare personnel is unlikely because of the use of personal protective equipment. However, incorrect and extended use of personal protective equipment can lead to self-contamination and transmission.

Of note, 6 of the 10 patients died, possibly because of multiple underlying health conditions. However, 67% of those who died had persistent candidemia, which may have contributed to their death. Furthermore, multidrug-resistant *C. auris* affects the choice of antifungal therapy and treatment outcomes. Most *C. auris* isolates are resistant to fluconazole, and panresistant isolates have been described (13). All *C. auris* isolates in our study were resistant to fluconazole, and 40% were resistant to amphotericin B, both of which are commonly used in resource-limited countries; therefore, resistance to both classes of drug by *C. auris* is highly concerning because use of other antifungals such as echinocandins are limited in these countries.

Candidemia affected 2.5% of the COVID-19 patients in this cohort admitted to the ICU. In a tertiary care center in New Delhi, *C. auris* was reportedly the second most common *Candida* species that caused candidemia in non-COVID patients (14). Extensive contamination of the hospital environment has been detected in hospitals experiencing outbreaks of *C. auris* infection, warranting adherence to strict hospital infection prevention practices, such as enhanced cleaning of rooms with chlorine-based disinfectants at high concentrations (0.5%) for highly resistant pathogens such as *C. auris*. Critically ill COVID-19 patients with *C. auris* infection tend to have concurrent conditions (e.g., diabetes mellitus, chronic kidney disease) and risk factors (e.g., need for mechanical ventilation, receipt of steroids). To reduce complications, admission times in overburdened hospitals, and death rates among COVID-19 patients, identifying and treating *C. auris* infections is vital. A recent report that investigated changes in the fecal fungal microbiomes of COVID-19 patients has shown increasing prevalence of opportunistic fungal pathogens such as *C. albicans*, *C. auris*, and *Aspergillus flavus* (15). These data, along with our findings, provide evidence that the ongoing COVID-19 pandemic may provide ideal conditions for outbreaks of *C. auris* in hospital ICUs (4). Thus, during the COVID-19 pandemic, extra caution is warranted in hospitals, regions, cities, and countries where *C. auris* is prevalent.

Top

Dr. Chowdhary is a clinical microbiologist and a professor at the Vallabhbhai Patel Chest Institute, New Delhi, India. Her main research interest includes fungal infections.

Top

Acknowledgment

A.C. and A. Sharma drafted the manuscript. A. Singh and B.T. collected the patient details and performed literature searches, identification, and susceptibility testing. All authors read and approved the manuscript.

Top

References

https://wwwnc.cdc.gov/eid/article/26/11/20-3504_article?deliveryName=USCDC_333-DM36467

United Kingdom

Research helps deliver high quality COVID-19 antibody test

Source: Medicalxpress
ID: 1007719255

Research by the University of Southampton has paved the way for experts in Birmingham to develop a new test to detect COVID-19 antibodies in people with recent exposure who have mild symptoms. With the focus on mild non-hospitalised patient blood samples, the SARS-CoV-2 Antibody ELISA assay was developed by immunodiagnosics manufacturer The Binding Site and the University of Birmingham's Clinical Immunology Service with the initial antigen being provided by Max Crispin, Professor of Glycobiology at the University of Southampton. Earlier this year, research by Professor Crispin revealed the fundamental properties of the protein "spike" on the surface of the coronavirus. This has enabled his team, including Ph.D. students Joel Allen and Yasunori Watanabe, to produce almost exact copies of the protein which they provided to the Birmingham teams to develop their antibody tests. The new test specifically detects antibodies (IgG, IgA, and IgM) to the SARS-CoV-2 trimeric spike protein, which is an important protein for the virus infectivity. Targeting IgG, IgA, and IgM the assay will cover all the immunoglobulins which are vital in the body's fight against this virus. These three antibodies appear at different times after infection. The test was designed to detect all three, to increase detection at the earliest possible stage after exposure to the virus. Professor Crispin, explains: "The creation of sensitive antibody tests rely on being able to create accurate mimics of components of the virus. We have been delighted to help setup the Binding Site's COVID-19 antibody test by manufacturing the SARS-CoV-2 viral spike glycoprotein for the clinical and academic partners at the University of Birmingham." Professor Adam Cunningham, professor of functional immunity at the University of Birmingham, said, "Humans make three types of antibodies—Anti-IgM, IgG and IgA. IgM tends to appear first, and IgG and IgA tend to appear later. By combining all three The Binding Site test is able to detect COVID-19 infection in people who have only recently been exposed, or who have mild symptoms." The CE-marked ELISA test is simple to use and provides up to 93 test results in 60-90 minutes. Dr. Stephen Harding, chief scientific officer at The Binding Site added: "We set out to develop a test with the University of Birmingham that would detect COVID-19 early, and validated the test in a non-hospitalised population that had mild symptoms—which is the largest target population for COVID-19 testing—and we designed the testing kit so it can be used by any laboratory in the world." The test was developed using over 800 blood samples taken from people who had mild to moderate disease including over 100 samples from healthcare workers in Birmingham. It is already being used in many of the clinical studies conducted at Birmingham hospitals, and is expected to be rapidly adopted by surveillance teams seeking to understand the distribution of infection in the population, as well as vaccine researchers who need to assess antibody responses in clinical trials. Professor Crispin goes on to explain, "Supporting the development of highly sensitive antibody tests has been an important component of the University of Southampton's COVID-19 response and has been made possible by the laboratory work of a team of undergraduate and post-graduate students within the School of Biological Sciences."

Provided by University of Southampton

<https://medicalxpress.com/news/2020-08-high-quality-covid-antibody.html>

Russia

Putin: Russia Will Have Second COVID-19 Vaccine in September

Source: Sputnik News
ID: 1007718543

The first vaccine, developed by the Gamaleya Research Institute of Epidemiology and Microbiology and dubbed Sputnik V, was registered in Russia earlier this month. According to scientists, the two-component vaccine provides immunity against the coronavirus for at least two years. In an interview with the Rossiya 24 broadcaster, Russian President Vladimir Putin stated that a second vaccine against COVID-19 will be ready in September. "There will be another vaccine ready in September... the drug is being developed by the famous Vector Institute in Novosibirsk", Putin said.

He noted that the first Russian vaccine, Sputnik V, and the second one will most likely compete, also expressing hope that the new drug will be as effective as the previous one, which was registered earlier this month.

"We have done everything necessary to register [the vaccine], as it is called, on a condition. And this condition is a further study of this medicine during its mass distribution. So, we have done it in strict accordance with the Russian law", Putin explained.

President Putin noted that his daughter has been vaccinated with Sputnik V and developed antibodies, proving its safety and efficiency.

His remarks came just days after Russia's consumer rights protection and human well-being watchdog, Rospotrebnadzor, revealed that the Research Centre Vector intends to complete clinical trials of its COVID-19 vaccine in September.

The watchdog added that all the volunteers taking part in the clinical trials of the COVID-19 vaccine are feeling fine.

"14 persons were vaccinated during the first phase, and 43 more during the second phase. 43 more volunteers from the placebo control group received a placebo", Rospotrebnadzor said.

Last week, the Gamaleya Institute and the Russian Direct Investment Fund (RDIF), which has donated \$54 million to coronavirus research, released information about the methodology of the first registered vaccine, dubbed Sputnik V, revealing the results of the clinical trials, the technological platform, and the proven safety of the method.

On 11 August, Russia registered the world's first COVID-19 vaccine, named Sputnik V and developed by the Gamaleya Research Institute. The vaccine has been tested on 76 volunteers separately at two institutions — the Moscow-based Sechenov University and the Russian Defence Ministry's Burdenko Main Military Clinical Hospital. Phase 3 in the trial of the Russian vaccine, involving around 2,000 people, is currently underway.

According to Industry and Trade Minister Denis Manturov, the export of Sputnik V may begin in spring 2021, after its production in Russia picks up pace. Meanwhile, Deputy Prime Minister Tatiana Golikova revealed that 27 countries have expressed interest in purchasing the world's first coronavirus vaccine.

New comment

<https://sputniknews.com/russia/202008271080291492-putin-russia-will-have-second-covid-19-vaccine-in-september/>

Domestic Events of Interest

Ontario

Second case of West Nile virus found in mosquito in Perth County

Source: The Beacon Herald

ID: 1007718675

Huron Perth public health is reminding residents to protect themselves against mosquito bites following confirmation that mosquitoes collected from a trap in St. Marys tested positive for West Nile Virus. This is the second positive mosquito finding of the season for Perth County, with the first reported last week in Mitchell.

"It's not surprising to see positive mosquito pools in the month of August," public health inspector Kaitlyn Kelly said in a release. "The second positive mosquito report serves as a reminder that (West Nile Virus) is present in our communities, and it is important to reduce your risk of exposure to mosquitoes and protect yourself against bites."

MOSQUITO SURVEILLANCE AND CONTROL ACTIVITIES

The health unit has been trapping and testing mosquitoes in locations across Huron and Perth since June 8. To reduce the risk of potential virus transmission, larvicide is being applied to roadside catch basins in Stratford, St. Marys, Listowel and Mitchell this summer to help reduce mosquito breeding.

WEST NILE VIRUS IN HUMANS

In Ontario, no probable or confirmed human cases of West Nile virus have been reported this year. Not everyone who is bitten by an infected mosquito will show symptoms of the virus. Of those who do show symptoms, most will experience mild illness, including fever, headache, body aches, nausea, vomiting and rash on chest, stomach or back. About one in 150 people infected will get seriously ill, with symptoms like high fever, muscle weakness, vision loss and coma. West Nile virus can lead to death.

Symptoms usually develop between two and 15 days after being bitten by an infected mosquito. People older than 50 are most at risk for West Nile virus infection as are those with weakened immune systems.

PROTECT YOURSELF FROM MOSQUITO BITES

People can protect themselves from mosquito bites by:

- Using an insect repellent when outdoors containing DEET or Icaridin. Be sure to follow the manufacturer's directions;
- Covering up with light-colored clothes, long sleeves and pants when outdoors or in areas where mosquito activity is high;
- Taking extra protection measures at dusk and dawn when mosquitoes are most active;
- Removing standing water around the home at least once a week to reduce mosquito breeding grounds.

For more information, call the health line at 1-888-221-2133 ext. 3267, visit hphh.ca, or follow HPHH on Facebook and Twitter.

Trending in Canada

<https://www.stratfordbeaconherald.com/news/local-news/second-case-of-west-nile-virus-found-in-mosquito-in-perth-county>

International Events of Interest

United States

Investigation Update On Peaches

Source: CDC

Media Statement

For Immediate Release: Thursday, August 27, 2020

Contact: Media Relations

(404) 639-3286

CDC has updated its food safety alert for a *Salmonella* illness outbreak linked to peaches:

<https://www.cdc.gov/salmonella/enteritidis-08-20/index.html>

- More peaches and peach salsa have been recalled.
- Do not eat, serve, or sell recalled peaches packed or supplied by Prima Wawona or Wawona Packing Company LLC, or food made with these peaches.
- Throw the peaches and food away, even if some was eaten and no one has gotten sick.
- Prima Wawona has expanded its [recallexternal icon](#) to include **bulk/loose** peaches sold throughout August 3. Previously, the company had recalled peaches sold in bags.
- Several other companies have recalled peaches or food made with them, including [Aldipdf iconexternal icon](#), [Food Lionexternal icon](#), [Hannafordexternal icon](#), [Krogerexternal icon](#), and affiliated retailers, [Targetexternal icon](#), [Walmartexternal icon](#), and [Wegmansexternal icon](#).

- Russ David Wholesale has [recalledexternal icon](#) peach salsa and gift baskets made with recalled Prima Wawona peaches. Recalled peach salsa was sold under three brand names and labeled as “Perfectly Peach Salsa.”
- If you have loose peaches and can’t tell where they’re from, throw them out.
- This outbreak has sickened 78 people in 12 states.
- Twenty-three people have been hospitalized; no deaths have been reported.
- This investigation is ongoing to identify other retailers that may have been sold contaminated peaches.

About *Salmonella*:

- Most people infected with *Salmonella* develop diarrhea, fever, and stomach cramping 6 hours to 6 days after eating contaminated food.
- The illness usually lasts 4 to 7 days, and most people recover without treatment.
- See your healthcare provider if you are concerned about symptoms, such as high fever (temperature over 102°F), blood in your poop, diarrhea, or frequent vomiting that prevents keeping liquid down.

If you have questions about cases in a particular state, please call that state’s health department.

<https://www.cdc.gov/media/releases/2020/s0827-investigation-update-peaches.html>

United States

New Hampshire, Massachusetts report rare mosquito-borne illnesses

Source: CIDRAP/dhhs.gov

ID: 1007721079

State officials in New Hampshire confirmed the state's third case of Jamestown Canyon virus (JCV) this week, as officials in Massachusetts confirmed its third human case of eastern equine encephalitis (EEE) virus infection this year.

Both viruses are spread by mosquitoes and relatively rare, but they can be deadly. In Massachusetts, the Department of Public Health (DPH) said the EEE case occurred in a man in his 90s who was exposed in Plymouth County.

"There have already been two other human cases identified this year. In 2019, there were 12 human cases of EEE in Massachusetts with 6 deaths," the DPH said.

In New Hampshire, an adult from Dumbarton was hospitalized with a fever and headache and diagnosed as having JCV.

"This is the third detection of Jamestown Canyon Virus infection in our State this year, and the risk for Jamestown Canyon Virus and other mosquito-transmitted viral infections will only increase until there is a mosquito-killing hard frost in the fall," said Benjamin Chan, MD, MPH, state epidemiologist.

<https://www.dhhs.nh.gov/media/pr/2020/08212020-jamestown-canyon-virus.htm>

<https://www.cidrap.umn.edu/news-perspective/2020/08/news-scan-aug-27-2020>

IHR Announcement

Poliomyelitis (Circulating vaccine-derived poliovirus and Wild Poliovirus) – Global update

Announcement Displayed From :

Friday, August 28, 2020 - 12:53

Poliomyelitis (Circulating vaccine-derived poliovirus and Wild Poliovirus) – Global update

26 August 2020

Between 1 January and 26 August 2020, there have been several countries affected by poliomyelitis including circulating vaccine-derived poliomyelitis type 1 and 2 (cVDPV1 and cVDPV2) and wild poliovirus type 1 (WPV1) globally. This announcement is a weekly update on the status of cVDPV and WPV1 in these affected countries.

Between 20 and 26 August 2020, there have been no WPV1 in Acute Flaccid Paralysis (AFP) cases and 13 WPV1 positive environmental samples reported in Pakistan. Moreover, during the same period, there have been 18 cVDPV2 in AFP cases and 6 cVDPV2 positive environmental samples reported in Afghanistan, Benin, Democratic Republic of the Congo, Somalia, and Sudan. Below is the description of the reported cases by country:

- Afghanistan: two cVDPV2 in AFP cases and six cVDPV2 positive environmental samples
- Pakistan: 13 WPV1 positive environmental samples
- Benin: one cVDPV2 in AFP case
- Chad: one cVDPV2 in AFP case
- Democratic Republic of the Congo (DR Congo): two cVDPV2 in AFP cases
- Somalia: one cVDPV2 in AFP case
- Sudan: 11 cVDPV2 in AFP cases

Please find below the link to the weekly global polio update published by the global polio eradication initiative (GPEI) that includes an update on polio (WPV 1 cVDPV1, and cVDPV2) case count for this week (between 20 and 26 August 2020) and cumulative case count by country since 1 January 2019.

<http://polioeradication.org/polio-today/polio-now/this-week/>

Public Health Response

The Global Polio Eradication Initiative (GPEI) is continuing to support countries in their response implementation, including field, virological, and epidemiological investigations, strengthening surveillance for acute flaccid paralysis and evaluating the extent of virus circulation. GPEI staff in countries are supporting on adjusting routine immunization and outbreak response to the prevailing COVID-19 situation.

In 2019 and early 2020, the Global Polio Eradication Initiative developed the Strategy for the Response to Type 2 Circulating Vaccine-derived Poliovirus 2020-2021, an addendum to the Polio Endgame Strategy 2019-2023 to more effectively address the evolving cVDPV2 epidemiology, which will drive outbreak response in 2020 and 2021. Necessary adaptations of delivery strategy and timelines are continuously being made.

Accelerating the development of novel oral polio vaccine type 2 (nOPV2) and enabling its use is an important step forward for GPEI. The new vaccine is anticipated to have a substantially lower risk of seeding new type 2 vaccine-derived polioviruses compared to mOPV2.

WHO risk assessment

The continued spread of existing outbreaks due to circulating vaccine-derived poliovirus type 2 as well as the emergence of new type 2 circulating vaccine-derived polioviruses points to gaps in routine immunization coverage as well as the insufficient quality of outbreak response with monovalent oral polio vaccine type 2. The risk of further spread of such strains, or the emergence of new strains, is magnified by an ever-increasing mucosal-immunity gap to type 2 poliovirus on the continent, following the switch from trivalent to bivalent oral polio vaccine in 2016.

The detection of cVDPV2s underscores the importance of maintaining high routine vaccination coverage everywhere to minimize the risk and consequences of any poliovirus circulation. These events also underscore the risk posed by any low-level transmission of the virus. A robust outbreak response is needed to rapidly stop circulation and ensure sufficient vaccination coverage in the affected areas to prevent similar outbreaks in the future. WHO will continue to evaluate the epidemiological situation and outbreak response measures being implemented.

The COVID-19 pandemic is continuing to affect the global polio eradication effort. Given that operationally polio vaccination campaigns are close-contact activities, they are incompatible with the current global guidance on physical distancing regarding the COVID-19 response efforts. As such, the programme has taken a very difficult decision to temporarily delay immunization campaigns. The overriding priority is to ensure the health and safety of health workers as well as communities. All GPEI recommendations are in line with those on essential immunization and are available [here](#).

The programme has implemented a two-pronged approach to minimise the risk of an increase in polio cases, particularly in areas which are affected by the disease and possibly a spread of the virus to other areas.

- i) The programme will continue, to the extent possible, its surveillance activities to monitor the evolution of the situation.
- ii) The programme aims to return to action in full strength including with vaccination campaigns, as rapidly as is safely feasible. The timing will depend on the local situation and the programme will then need to operate in the context of the respective countries national health systems risk assessments and priorities. Comprehensive, context-specific plans to resume efforts are being developed, to be launched whenever and wherever the situation allows.

In many countries, polio assets (e.g., personnel, logistics, operations) are assisting national health systems to respond to the COVID-19 pandemic and help ensure the crisis is dealt with as rapidly and effectively as possible.

WHO advice

It is important that all countries, in particular those with frequent travels and contacts with polio-affected countries and areas, strengthen surveillance for acute flaccid paralysis (AFP) cases in order to rapidly detect any new virus importation and to facilitate a rapid response. Countries, territories and areas should also maintain uniformly high routine immunization coverage at the district level to minimize the consequences of any new virus introduction.

WHO's International Travel and Health recommends that all travellers to polio-affected areas be fully vaccinated against polio. Residents (and visitors for more than 4 weeks) from infected areas should receive an additional dose of OPV or inactivated polio vaccine (IPV) within 4 weeks to 12 months of travel.

As per the advice of an Emergency Committee convened under the International Health Regulations (2005), efforts to limit the international spread of poliovirus remains a Public Health Emergency of International Concern (PHEIC). Countries affected by poliovirus transmission are subject to Temporary Recommendations. To comply with the Temporary Recommendations issued under the PHEIC, any country infected by poliovirus should declare the outbreak as a national public health emergency and consider vaccination of all international travelers.

For more information:

- Global Polio Eradication Initiative: <http://polioeradication.org/>
- Polio Factsheet: <https://www.who.int/topics/poliomyelitis/en/>
- WHO/UNICEF estimates of national routine immunization: https://apps.who.int/immunization_monitoring/globalsummary/timeseries/tswucoveragedtp3.html
- GPEI Public health emergency status: <http://polioeradication.org/polio-today/polio-now/public-health-emergency-status/>
- International travel and health: <https://www.who.int/ith/en/>
- Vaccine-derived polioviruses: <http://polioeradication.org/polio-today/polio-prevention/the-virus/vaccine-derived-polio-viruses/>
- Use of OPV in the context of COVID-19: <http://polioeradication.org/wp-content/uploads/2020/03/Use-of-OPV-and-COVID-20200421.pdf>

- Guiding principles for immunization activities during the COVID-19 pandemic: <https://apps.who.int/iris/handle/10665/331590>
- WHO guidance document - COVID-19: Operational guidance for maintaining essential health services during an outbreak: <https://www.who.int/publications-detail/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak>

WHO

World Mental Health Day: an opportunity to kick-start a massive scale-up in investment in mental health

Source: WHO

27 August 2020 News release Geneva

Joint release by the World Health Organization, United for Global Mental Health and the World Federation for Mental Health

Mental health is one of the most neglected areas of public health. Close to 1 billion people are living with a mental disorder, 3 million people die every year from the harmful use of alcohol and one person dies every 40 seconds by suicide. And now, billions of people around the world have been affected by the COVID-19 pandemic, which is having a further impact on people's mental health.

Yet, relatively few people around the world have access to quality mental health services. In low- and middle-income countries, more than 75% of people with mental, neurological and substance use disorders receive no treatment for their condition at all. Furthermore, stigma, discrimination, punitive legislation and human rights abuses are still widespread.

The limited access to quality, affordable mental health care in the world before the pandemic, and particularly in humanitarian emergencies and conflict settings, has been further diminished due to COVID-19 as the pandemic has disrupted health services around the world. Primary causes have been infection and the risk of infection in long-stay facilities such as care homes and psychiatric institutions; barriers to meeting people face-to-face; mental health staff being infected with the virus; and the closing of mental health facilities to convert them into care facilities for people with COVID-19.

Move for mental health: let's invest

That's why, for this year's **World Mental Health Day, WHO, together with partner organizations, United for Global Mental Health and the World Federation for Mental Health, is calling for a massive scale-up in investment in mental health. To encourage public action around the world, a World Mental Health Day campaign, Move for mental health: let's invest will kick off in September.**

"World Mental Health Day is an opportunity for the world to come together and begin redressing the historic neglect of mental health," said Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization. "We are already seeing the consequences of the COVID-19 pandemic on people's mental well-being, and this is just the beginning. Unless we make serious commitments to scale up investment in mental health right now, the health, social and economic consequences will be far-reaching."

During the past few months, the World Health Organization has issued, in collaboration with partners, guidance and advice on mental health for health workers and other frontline workers, managers of health facilities, and people of all ages whose lives have changed considerably as a result of the pandemic. With the disruption in health services, countries are finding innovative ways to provide mental health care, and initiatives to strengthen psychosocial support have sprung up. Yet, because of the scale of the problem, the vast majority of mental health needs remain unaddressed. The response is hampered by chronic under-investment in mental health promotion, prevention and care for many years before the pandemic.

Countries spend just 2% of their health budgets on mental health

Countries spend on average only 2% of their health budgets on mental health. Despite some increases in recent years, international development assistance for mental health has never exceeded 1% of all development assistance for health. This is despite the fact that for every US\$ 1 invested in scaled-up treatment for common mental disorders such as depression and anxiety, there is a return of US\$ 5 in improved health and productivity.

World Mental Health Day: an opportunity to commit

The World Mental Health Day campaign will offer opportunities, primarily online given the continuing pandemic, for all of us to do something life-affirming: as individuals, to take concrete actions in support of our own mental health, and to support friends and family who are struggling; as employers, to take steps towards putting in place employee wellness programmes; as governments, to commit to establishing or scaling-up mental health services; and as journalists, to explain what more can and must be done to make mental health care a reality for everyone.

“It is nearly 30 years since the first World Mental Health Day was launched by the World Federation for Mental Health,” said Dr Ingrid Daniels, President of the World Federation for Mental Health. “During that time, we have seen an increasing openness to talk about mental health in many countries of the world. But now we must turn words into actions. We need to see concerted efforts being made to build mental health systems that are appropriate and relevant for today’s – and tomorrow’s - world.

“With so many people lacking access to good quality, appropriate mental health services, investment is needed now more than ever,” said Elisha London, Founder and CEO of United for Global Mental Health. “Everyone, everywhere can participate in this year’s campaign. Whether you have struggled with your own mental health, know someone who has been affected, are a mental health expert, or if you simply believe that investing in mental health is the right thing to do, move for mental health, and help make mental health care and support accessible for everyone.”

Key events

United for Global Mental Health: The 24-hour March for Mental Health

On 9 October, people from around the world will be encouraged to participate in a virtual march. A 24-hour livestream will feature people with lived experience, mental health leaders and influencers from the civil society groups already active in 19 countries through the Speak Your Mind campaign. In addition, global partner organizations that are leading and coordinating work on mental health are organizing hour-long sessions on specific themes, including mental health and young people, mental health and older people, and mental health and the LGBTQ+ community. Confirmed partners include Human Rights Watch and Alzheimer’s Disease International. The March will help increase awareness of mental health issues, break down stigma and bring about policy change. Members of the public will be urged to “add their voice” and join the March using online filters to be released in the lead-up to the event.

WHO: The Big Event for Mental Health

On World Mental Health Day, 10 October, the World Health Organization will, for the first time ever, host a global online advocacy Event on mental health. At this event - the Big Event for Mental Health - WHO will showcase the work that its staff are doing around the world to reduce mental illness and the harmful use of alcohol and drugs. World leaders and mental health experts will join the WHO Director-General to talk about their commitment to mental health and what more must be done. World-renowned musicians who have spoken out about the importance of mental health will talk about their motivation and perform. Sportsmen and women whose lives have been affected by mental ill health will share their experiences and how they have dealt with conditions such as depression and anxiety.

During the Event, a Special Prize for a mental health film, a newly-created category of WHO's inaugural Health for All Film Festival, will be awarded.

World Federation for Mental Health: education and awareness raising

The Federation's campaign kicks off on 1 September, with the Federation's President launching the 2020 World Mental Health Day Campaign Educational Material "Mental Health for All: Greater Investment - Greater Access" under the Royal Patronage of HRH Princess Iman Afzan Al-Sultan Abdullah of Malaysia. This includes a Call to Action 2020 from Pamela Y. Collins and Deepa Rao, and will be followed by 45 days of awareness-raising activities led by the Federation's youth section, including a global online discussion forum and art exhibition.

<https://www.who.int/news-room/detail/27-08-2020-world-mental-health-day-an-opportunity-to-kick-start-a-massive-scale-up-in-investment-in-mental-health>

DR Congo

Ebola sickens 2 more in latest DRC outbreak; 106 cases, 46 deaths

Source: WHO AFRO

ID: 1007721079

Tests confirmed two more Ebola infections in the Democratic Republic of the Congo (DRC) outbreak in Equateur province, lifting the overall total to 106, the World Health Organization (WHO) African regional office said in a Twitter update today.

Two more deaths were reported, putting the outbreak's fatality count at 46.

The latest outbreak in the DRC began in early June, just as a large outbreak centered in North Kivu province was declared over. Genetic evidence suggests the two outbreaks aren't related, with the new one thought to be the result of a new zoonotic spillover where a similar, short-lived outbreak occurred in 2018.

Illnesses in the new outbreak, the DRC's 11th involving Ebola, are occurring across a wide area that ranges from remote areas that are hard for responders to reach to the provincial capital Mbandaka, which is located on a river and has travel connections to Kinshasa and neighboring countries.

<https://www.cidrap.umn.edu/news-perspective/2020/08/news-scan-aug-27-2020>

<https://twitter.com/WHOAFRO/status/1298916474384527360>

Sudan

Polio spreads in Sudan

Source: Reliefweb

GPHIN ID: 1007718638

The Ministry of Health of eastern Sudan's Kassala reported a polio case in the state. 71 new coronavirus (COVID-19) patients were recorded in the country.

The newly appointed governor of Kassala, Saleh Ammar, described the health situation in the state as stable, but vulnerable.

He said that after being notified by the Kassala Ministry of Health that a child in the state contracted polio, he spoke with the acting Minister of Health, Sara Abdelazim, in her office in Khartoum yesterday.

In El Gezira, the Department of Health Emergencies and Epidemic Control in the state reported two suspected cases of polio as well, one in the eastern part of El Gezira and the other arrived from Blue Nile state.

The first polio cases in Sudan were reported by the Ministry of Health over two weeks ago. A few days later, nine new cases were reported. Last week, two new cases were reported in Port Sudan.

In November 2018, the World Health Organisation, the United Nations Children's Fund (UNICEF) and Sudan's Ministry of Health held a three-day polio vaccination campaign in Sudan. Vaccination campaigns will start in several states of Sudan next week.

COVID-19

The federal Ministry of Health announced 71 new COVID-19 cases yesterday. One more person died. The total number of coronavirus infections in Sudan since the beginning of the pandemic in March is now 12,974. At least 819 patients died, and 6,557 recovered. The 71 new cases were recorded in Khartoum (68) and Northern State (3).

According to the Ministry of Health, the recorded infection rate in Sudan is 28 cases per 100,000, which is less than 0.03 per cent of the population.

<https://reliefweb.int/report/sudan/polio-spreads-sudan>

Researches, Policies and Guidelines

United States

Zika virus infection may predispose to future severe dengue disease

Source: CIDRAP/eurekalert.org

ID: 1007721079

Previous Zika virus infection can significantly enhance the risk of severe dengue disease, which could complicate the search for a Zika vaccine, according to a study published today in *Science*.

Researchers from the University of California at Berkeley studied data from two groups of Nicaraguan children who lived through epidemics with both mosquito-borne viruses: Zika in 2016 and dengue in 2019. They found that some antibodies to the Zika virus, which typically help protect against future Zika infections, may worsen future dengue infections, a phenomenon known as antibody-dependent enhancement.

Lead author Leah Katzelnick, PhD, said in a university press release that the findings raise important questions for Zika vaccine research: "Could a vaccine only targeted at Zika actually put people at increased risk of more severe dengue disease? And how can you design a Zika vaccine that only induces good antibodies that protect you against Zika, but doesn't induce these other, potentially enhancing antibodies that are harmful against disease?"

Dengue disease is caused by four related viruses that can each cause slightly different symptoms and illness severity. A person infected with one type of dengue virus is at higher risk for another, more severe illness when exposed to a second type of dengue virus. But if the person is infected with two types of dengue viruses, they typically are at least partially immune against severe dengue.

While the finding complicates development of safe and effective Zika vaccine, it could help public health experts prepare for upcoming epidemics, senior author Eva Harris, PhD, said in the release. "So, for instance, if you have a dengue Type 2 epidemic after a big Zika outbreak, you know to prepare your hospitals to treat people who might be more likely to develop a more severe disease."

https://www.eurekalert.org/pub_releases/2020-08/uoc--pzv082520.php

<https://www.cidrap.umn.edu/news-perspective/2020/08/news-scan-aug-27-2020>

United States

CDC's Tips® campaign led 1 million U.S. adults to quit smoking during 2012–2018

Source: CDC

Also inspired 16.4 million quit attempts

Press Release

For Immediate Release: Thursday, August 27, 2020

Contact: [Media Relations](#)
(404) 639-3286

Findings from a Centers for Disease Control and Prevention (CDC) study published in *Preventing Chronic Disease* show that CDC's [Tips From Former Smokers® \(Tips®\)](#) campaign led more than 1 million U.S. adults to quit smoking and an estimated 16.4 million U.S. adults to attempt to quit smoking during 2012–2018.

The 1 million quits (people who stopped smoking for at least a year) and the 16.4 million quit attempts (people who stopped smoking for 1 day or more during a 3-month period) mark a milestone for *Tips*—the first federally funded anti-smoking ad campaign.

“The *Tips* campaign effectively highlights the real-life consequences of smoking in a way that statistics cannot,” said CDC Director Robert R. Redfield, MD. “Personal stories from former smokers about the impact smoking has had on their lives have served an important role in helping others to quit.”

Cigarette smoking remains the leading cause of preventable disease, disability, and death in the United States. Cigarette smoking kills more than 480,000 Americans each year. For every person who dies because of cigarette smoking, at least 30 people live with a serious smoking-related illness.

***Tips* campaign inspires people to quit smoking**

To assess the campaign's impact on quit attempts and sustained quits, CDC analyzed data from a nationally representative longitudinal survey of U.S. adults who smoked cigarettes during 2012–2018. *Tips* campaign exposure was determined by calculating past 3-month cumulative campaign television ad exposure combined with individual survey responses.

[Researchpdf iconexternal icon](#) shows that emotionally evocative, evidence-based campaigns like *Tips* are effective in raising awareness about the dangers of smoking and helping people who smoke to quit. [When the campaign airs, calls to quitlines increasepdf iconexternal icon](#).

“Hard-hitting campaigns like *Tips* are great investments in public health,” said Letitia Presley-Cantrell, PhD, acting director of CDC's Office on Smoking and Health. “As part of a comprehensive approach, these campaigns can help reduce the considerable burden of disease and death caused by smoking in the United States.”

***Tips* is cost-effective and saves lives**

In March 2012, CDC launched the *Tips* campaign, which shows real people who are living with serious long-term health effects from cigarette smoking and secondhand smoke exposure. Through the campaign, people share compelling stories about their smoking-related diseases and disabilities and the toll these conditions have taken on them. The campaign also features nonsmokers who experienced life-threatening episodes as a result of exposure to secondhand smoke, and family members affected by their loved one's smoking-related illness.

In addition to the harm it does to people's lives, cigarette smoking also has a significant impact on the U.S. economy. Smoking costs more than \$300 billion a year—including nearly \$170 billion in direct medical care for adults and more than \$156 billion in lost productivity.

By helping people to quit smoking, *Tips* saves lives and helps reduce smoking-related costs. For more information on the *Tips* campaign, including links to the ads and resources to quit smoking, visit www.cdc.gov/tips.

<https://www.cdc.gov/media/releases/2020/p0824-tips-campaign-quit-smoking.html>

United States

Rapid diagnostic detects Lassa and Ebola in real-time

Source: Medical Xpress

ID: 1007718437

One of the keys to bringing a viral outbreak under control is rapid detection and diagnosis, which depend on the availability of fast, low-cost, easy-to-use tests that don't require labs or expensive equipment to process them. Scientists at the Broad Institute of MIT and Harvard and collaborators in the United States, Nigeria, and Sierra Leone have now validated such tests for Ebola and Lassa—two of the deadliest and most transmissible human viruses—in settings with limited infrastructure. The work appears in *Nature Communications*.

The diagnostic tests use the CRISPR-based SHERLOCK assay to detect low levels of virus in patient samples and generate either a fluorescent readout or a result on a paper strip. The test can be tailored to detect specific viruses from certain regions, requires only a simple heat block and basic supplies to run, costs less than US\$1 per sample, could be used on saliva or urine—eliminating the need for blood draws—and can return results in less than an hour.

The tests also use a rapid chemical and heat treatment called HUDSON to inactivate the virus in patient samples. HUDSON makes the patient samples safer for clinical staff to handle in a low-tech environment, and eliminates the need to extract a virus's genetic material from the samples before analyzing.

The research team was led at Broad by Kayla Barnes, an NIH Fogarty K fellow at the Harvard School of Public Health and Broad Institute, Anna Lachenauer, a medical student at Stanford University School of Medicine, and institute member Pardis Sabeti, a professor at Harvard University and investigator with the Howard Hughes Medical Institute.

To showcase SHERLOCK's field utility, team members led by Christian Happi at Redeemer's University in Nigeria deployed a Lassa-specific assay during a recent Lassa fever outbreak—the first use of SHERLOCK in a low/middle income country. The team also compared the diagnostic against a standard RT-qPCR assay for Lassa.

Collaborators at Kenema Government Hospital in Sierra Leone and at the US Army Medical Research Institute of Infectious Diseases benchmarked an Ebola-specific version of the SHERLOCK assay, using samples collected during the 2014-16 outbreak in Sierra Leone and more recent outbreaks in the Democratic Republic of the Congo. The NIH Integrated Research Facility also validated HUDSON's ability to heat-inactivate Ebola virus in their BL4 facilities, further establishing the safety and efficiency of this step.

The SHERLOCK assays performed as consistently as, or better than, other diagnostics in these validations—demonstrating the platform's potential for clinical use in the future in resource-limited areas.

The team also developed a mobile phone app called HandLens, spearheaded by Andres Colubri, assistant professor in the Bioinformatics and Integrative Biology program at the University of Massachusetts Medical School, that can read and immediately report paper strip SHERLOCK results.

The tool can aid in situations where the paper strip gives a faint signal that is challenging for a clinician to interpret. This app can be adapted for use on any smartphone or tablet, according to the researchers, allowing a clear, unbiased diagnostic readout.

More information: Kayla G. Barnes et al. Deployable CRISPR-Cas13a diagnostic tools to detect and report Ebola and Lassa virus cases in real-time, *Nature Communications* (2020). DOI: 10.1038/s41467-020-17994-9

<https://www.nature.com/articles/s41467-020-17994-9>

Journal information: *Nature Communications*

Provided by Broad Institute of MIT and Harvard

<https://medicalxpress.com/news/2020-08-rapid-diagnostic-lassa-ebola-real-time.html>