GPHIN Daily Report for 2020-08-25

Special section on Coronavirus

Canada

Areas in Canada with cases of COVID-19 as of 25 August 2020 at 7:00 pm EDT
Source: Government of Canada

Province, territory or other	Number of confirmed cases	Number of active cases	Number of deaths
Canada	125,647	4,870	9,083
Newfoundland and Labrador	268	0	3
Prince Edward Island	44	4	0
Nova Scotia	1,080	7	65
New Brunswick	189	9	2
Quebec	61,741	1,236	5,744
Ontario	41,507	1,036	2,798
Manitoba	993	395	12
Saskatchewan	1,602	98	22
Alberta	13,006	1,172	234
British Columbia	5,184	913	203
Yukon	15	0	0
Northwest Territories	5	0	0
Nunavut	0	0	0
Repatriated travellers	13	0	0

A detailed epidemiologic summary is available.
https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html?topic=tilelink#a1

[APG]

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

Canada

Statement from the Chief Public Health Officer of Canada on August 24, 2020
From: Public Health Agency of Canada

Statement
August 24, 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 124,896 cases of COVID-19 in Canada, including 9,073 deaths. 89% of people have now recovered. Labs across Canada have tested 5,115,490 people for COVID-19 to date. An average of over 48,700 people were tested daily over the past week, with 0.8% testing positive. Over the last several weeks, national daily case counts have ranged from 350 to 500 cases, with an average of 390 cases being reported daily during the most recent seven days.

As we continue our collective effort to limit the spread of COVID-19, we are closely monitoring disease activity indicators in order to inform, adjust and adapt our actions as needed. Nationally, average daily case counts have remained stable over the past three weeks and the number of hospitalizations and deaths remain low overall. However, increases in case counts in provinces west of Ontario over the last few weeks serve as reminders that the virus can emerge anywhere and we must not let down our guard.

Young adults aged 20 to 39 years continue to make up the highest proportion of cases reported in recent weeks. Learning to live in the time of COVID-19 will be an ongoing challenge for us all, but it is worth taking care to protect yourself and others as you work, study, socialize and go about your everyday activities in the community. While COVID-19 control measures can slow you down, COVID-19 can have a more harmful impact on you and those around you.

This week, additional video testimonials from young adults who have recovered from COVID-19 were published here on the Government of Canada website. While most young adults experience milder illness due to COVID-19, they can get severely ill and can spread the virus to others in their household and social circles who are at risk of severe outcomes. I encourage young adults to watch the testimonials to learn more about the experience of Canadians of similar age who have been impacted by COVID-19.

We all have a role to play in keeping the spread of COVID-19 under manageable control by keeping our number of contacts low and taking precautions to reduce the risk of infection and prevent spread to others we care about. You can find additional information and guidance to increase your COVID-19 know how and help you make informed decisions to keep you, your family and our communities safer here."
https://www.canada.ca/en/public-health/news/2020/08/statement-from-the-chief-public-health-officer-of-canada-on-august-24-2020.html

Canada

Ontario records slightly more than 100 new cases of COVID-19
Source: CTV News
Unique ID: 1007686038

August 22, 2020 10:29AM EDT Last Updated Saturday, August 22, 2020 11:57AM EDT
A man gets instructions for being tested for COVID-19 from a health care worker at a pop-up testing centre in Scarborough, Ont., on Friday, May 29, 2020. THE CANADIAN PRESS/Nathan Denette
TORONTO -- Health officials in Ontario reported just over 100 new cases of COVID-19 on Saturday.
The 108 new infections bring the total number of COVID-19 cases in Ontario to 41,287.
A day earlier, the province added 131 cases of the novel coronavirus, though Health Minister Christine Elliott said that number was an overestimation due to a glitch that resulted in missing numbers on Thursday.

According to Saturday's epidemiologic summary, one more death was recorded as a result of COVID-19 in the last 24-hour period. Ontario's COVID-19 death toll now stands at 2,797.
As well, 90 more infections are now considered to be resolved by the ministry of health. Since the start of the pandemic, 37,487 patients in Ontario have recovered from the virus.
Most of the new cases added on Saturday were reported in people between the ages of 20 and 39.
Where are the new COVID-19 cases?
Of the province's 34 public health units, 27 reported fewer than five new cases of COVID-19.
Toronto (25), Peel Region (25) and Ottawa (14) represent the majority of the 108 new cases reported on Saturday.
Hospitalizations for COVID-19 remain relatively low with 40 patients in hospitals across Ontario. Of those 40 patients, 13 are being treated in an intensive care unit, seven of which are breathing with the assistance of a ventilator.
Update on COVID-19 testing in Ontario
The province completed close to 29,000 tests for COVID-19 in the last 24-hour period.
Nearly 2,750,000 tests have been processed since the outbreak began in late-January.
At least 19,941 tests are currently under investigation.
Air Date: August 21, 2020
https://toronto.ctvnews.ca/ontario-records-slightly-more-than-100-new-cases-of-covid-19-1.5075065

Canada

Teachers returning to their classrooms encouraged to get tested for COVID-19
Source: Calgary Herald
Unique ID: 1007696444

As teachers and school staff return to their classrooms to prepare for the new school year, Alberta's top doctor is continuing to encourage them to add COVID-19 testing to their back-to-school to-do lists.
On Twitter on Sunday afternoon, Dr. Deena Hinshaw, Alberta's chief medical officer of health, reiterated her encouragement for teachers and school staff to be tested.
"We are in the home stretch preparing for back to school. If you are a teacher or school-related staff and haven't been tested for COVID-19 yet, I encourage you to arrange for testing today," she posted.
"A main predictor of successful school reopening is community transmission. Places with high transmission have experienced more spread in schools than places with low transmission. By following public health guidance, we can all help keep cases as low as possible for the fall."
The return to school this fall has been a contentious topic, and parents took their frustrations to the front steps of the offices of United Conservative MLAs on Friday to demand more funding and safety measures for schools.
In total, 27 rallies took place across Alberta, with 14 in Calgary, including at offices of prominent UCP MLAs such as Health Minister Tyler Shandro in Calgary-Acadia.
During her Thursday news conference, Hinshaw stood behind the government's school re-entry plan, reiterating that while some COVID-19 cases will likely emerge, the tradeoff is worthwhile.
"We must take the pandemic seriously and we also must look at the whole picture," she said. "As a parent of school-age children, I have decided that the value of in-school learning outweighs the risk to my family. That's why I'm sending my children back to school in September."
The provincial COVID-19 data was not updated over the weekend, however, 144 new cases and two additional deaths were reported Friday. As of Friday, there were 1,144 active cases in the province with 294 of them in the Calgary zone.
There have been 11,374 recorded recoveries out of the 12,748 total confirmed cases of COVID-19 in the province. With the two additional deaths on Friday, Alberta's death toll sits at 230. There are 43 people in hospital, including nine in intensive-care units.
In total 865,835 tests have been completed, including 9,866 on Friday alone, and 697,546 people have been tested.
The Edmonton zone currently has the most active cases, with 676 active as of Friday.
https://calgaryherald.com/news/local-news/teachers-returning-to-their-classrooms-encouraged-to-get-tested-for-covid-19

Canada

Visitors to some long-term care centres subject to COVID-19 waiver before seeing loved ones
Source: CBC News
Unique ID: 1007696451

Some long-term care operators are now asking visitors to sign a waiver acknowledging they may be putting their health at risk while visiting their loved ones — and in doing so, giving up their legal right to sue the facility for any COVID-related issues.
The waiver was drafted by lawyers for the Alberta Continuing Care Association (ACCA) in response to concerns from its members in light of the loosening of visitor restrictions last month. The letter from the association was provided to CBC News by a concerned visitor, Rob Wipond.
"I read the waiver and went, 'Oh my God, what is this,'" said Wipond, who has a relative staying at a Bethany care home, run by the Bethany Care Society. "Then I thought, 'No way, this is outrageous.'"
Since the pandemic hit, nursing homes and care centres in Alberta have been hit hard.
A report in June from the Canadian Institute for Health Information showed Alberta had the fourth-highest proportion of COVID-19 deaths at long-term care facilities among Canadian provinces.
As of Friday, 153 residents at continuing care facilities have died.
Wipond says Bethany issued a letter and the waiver via email on July 23.
Since then, Wipond has reached out to Bethany Care, the ACCA, the province, and health care advocates to address some of his concerns — but so far, he said many of his questions have gone unanswered.
The ACCA declined to comment for this story, so it's unclear how many of its members have decided to issue this waiver.
On its website, the association says it provides services for more than 13,000 long-term care and designated supportive living individuals.
CBC News reached out to several different facilities in the province.
In an email, a spokesman for the Good Shepherd Foundation said "the waiver is being used by most if not all the members of the Alberta Continuing Care Association," calling it an "industry-level practice."
Mike Conroy, CEO for the Brenda Strafford Foundation — which has five homes In Calgary and surrounding area — said the foundation drafted its own waiver in consultation with its legal team, similar to the one from the ACCA.
Conroy said it is in response to a number of class-action lawsuits stemming from COVID-related deaths at long-term care homes across the country.
"The new visitation policy in continuing care sites could expose visitors to risks of contracting COVID-19. This waiver is intended to protect providers from legal action should visitors contract the virus and experience adverse outcomes from a choice they make freely (i.e. visiting the continuing care site)," Conroy said in a statement.
"The waiver also facilitates being transparent about the risks involved with visitation."
CBC News heard back from one other operator, the Good Samaritan, who said it was still deciding whether to issue it to its visitors.
Validity of the waiver
There are two parts to the waiver Wipond received and shared with CBC News.
Wipond said he has no problem with the first part, which states visitors will complete the health screening assessment and comply with all of the facility's protocols related to COVID-19.
But he said he finds the second part offensive.
"I just find that language so over-the-top, so overreaching, and abusive," Wipond said.
Part two removes the centre's responsibility if anyone contracts COVID-19 as a result of visiting the centre. It also states signees give up their right to sue.
Calgary lawyer Mathew Farrell with Guardian Law said that at first glance, the waiver appears valid.
"When you sign a waiver, you aren't just saying that you understand an activity is inherently risky, and you won't hold the company responsible for things that are not their fault," Farrell said. "You are also agreeing that you won't hold them responsible for things that are their fault, where they should know better — that's what a waiver does."
Farrell is not involved in any of the class-action lawsuits but his firm, Guardian Law, is involved in a $25-million class-action lawsuit against the company that operates the McKenzie Towne Continuing Care Centre in Calgary.
The lawsuit was filed after an outbreak claimed 21 lives, and led to a total of 62 residents and 44 staff

testing positive as of May.
He said while businesses can't make people sign a waiver, they can stop people from entering unless they do — which he said in this case could be challenged in court down the road.
So Farrell said he advises visitors to try to argue their way out of signing it.
If that doesn't work, he suggested crossing out and rewriting the parts they don't agree with and then signing it.
Finally, if that isn't possible, Farrell said to sign it and then send yourself an email stating you don't agree with the waiver, and outlining the steps you took to avoid signing it.
"At least if you came to me with that kind of evidence, then I would have a better chance of arguing that this wasn't fair … there is no guarantee it will be successful," said Farrell.
Signing required?
Wipond said initially he was confused about whether he had to sign the waiver in order to visit his relative, because he said the language is unclear.
A letter, written by Bethany Care staff, reads: "Please bring the 'Release and Waiver Agreement' before your first visit to Bethany Calgary."
And he said the waiver itself indicates it's an agreement allowing visits for a period of one year.
But it also suggests consulting one's lawyer before signing the document.
Wipond said after a lot of prodding, an ACCA spokeswoman said he did not need to sign the document before visiting his relative.
"You clearly are misleading people into thinking that they have to sign this document, and you have not told them that they don't have to — until they complain until they ask a lawyer. And that's not appropriate," he said.
But Wipond said if signing is optional, he's asked Bethany and the ACCA why waivers are required. And so far, he said he hasn't had a good explanation why.
CBC News asked the Bethany Care Society about the waiver's purpose. The organization provided a statement that reads, in part:
"We will work vigorously to defend the life and health of each resident and to protect their home. This includes reliance upon waivers, where appropriate," the statement reads. "A waiver and release is appropriate where the life and health of a resident is at risk and waivers are being used by many continuing care operators across Alberta for this purpose."
A spokesperson for Alberta Health said some continuing care operators are using visitor waivers as tools that ensure visitors are aware of the COVID-19 risks to themselves and others before entering the facility — and the precautions they are required to take.
But the spokesperson added that as far as the department is aware, no one has been refused entry to see a loved one for not signing the waiver. If they are, the province said to file a complaint.
Softer language
Wipond said if the purpose is just to remind people about the risks associated with visiting a centre, part one of the waiver is sufficient.
He said he ended up initialling part one and crossing out all of part two before handing it to the desk at the Bethany care home.
He said he believes part two should be removed, or at least rewritten using softer language.
"Can't they emphasize the risk without being misleading and deceptive about the requirement to sign, and without threatening and scaring people away from visiting their ailing loved ones?" he asked.
"Can't they simply say, 'If it's determined that you did not follow proper protocol and people got infected, you could be held liable?' That would be enough."
He said the responsibility should not be thrust upon visitors alone — he said the government and the operators should be accepting some responsibility for the risks associated with the virus.
https://www.cbc.ca/news/canada/calgary/bethany-care-centre-calgary-alberta-waiver-sue-covid-19-1.5695887?cmp=rss

Canada
2 more deaths reported amid COVID-19 outbreak at south Edmonton care centre
Source: globalnews.ca
ID: 1007697780

Two more people at a continuing care centre in south Edmonton have died due to COVID-19 amid an outbreak at the facility.
The Good Samaritan Society reported the deaths at the Southgate Care Centre in an update on its website on Sunday afternoon. The death toll due to COVID-19 at the centre now sits at 31.
According to the society, there were nine active COVID-19 cases in residents and eight active cases in employees as of Sunday afternoon. So far, 39 residents and 25 employees have recovered from the disease, according to the Good Samaritan Society.
The COVID-19 outbreak was declared at the centre in June.
On Aug. 10, Alberta's chief medical officer of health Dr. Deena Hinshaw announced the province has allowed extra staff to be brought in to the facility despite Alberta's single-site staffing rule.
Earlier in the pandemic, Alberta had adopted a rule that staff can only work at a single continuing care site. The measure was brought in to mitigate the potential for spreading the coronavirus.
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Hinshaw said staffing shortages at Good Samaritan Southgate were identified in late July and added that of the staff brought in to help, most are currently not working at other facilities. Hinshaw said on Aug. 10:
Hinshaw said it is "essential that sufficient staff be in place" to ensure that not only the outbreak can be managed but also to ensure residents at such facilities are able to be cared for.
In a letter sent home to families of residents on Aug. 21, the interim president and CEO of the Good Samaritan Society said they continue to work closely with Alberta Health Services and public health on their outbreak response management and the society remains vigilant.
"Extensive work continues to ensure that this virus does not spread and that our residents and employees are safe," Michelle Bonnici wrote.
Global News has reached out to Alberta Health for an update on the COVID-19 outbreak at the Southgate Care Centre.
Hinshaw is expected to provide an update on the COVID-19 situation in Alberta on Monday afternoon.
https://globalnews.ca/news/7294739/covid-19-good-samaritan-society-southgate-care-centre-edmonton-31-deaths/

Canada
Possible COVID-19 exposures at Swift Current businesses | CTV News
Source: regina.ctvnews.ca
ID: 1007697908

REGINA -- The Saskatchewan Health Authority is alerting the public that they may have been exposed to COVID-19 after visiting businesses in Swift Current last week.
The SHA said on Monday that a person who tested positive for the virus visited the following businesses:
Monday, August 17 – Shoppers Drug Mart from 1:00 p.m. - 1:30 p.m.
Monday, August 17 – Dairy Queen from 1:30 p.m. - 2:30 p.m.
Friday, August 21 – Original Joe's from 5:30 p.m. - 7:00 p.m.
Officials are advising people who were at these locations during these dates and times to self-isolate if they had or currently have symptoms of COVID-19. They are requesting they call HealthLine 811 to arrange for testing.
People who aren't experiencing symptoms should self-monitor for 14 days, the SHA said.
https://regina.ctvnews.ca/possible-covid-19-exposures-at-swift-current-businesses-1.5076912

Canada
The new COVID-19 rules Prairie Mountain Health has to follow
Source: CTV News - Winnipeg
ID: 1007699110

WINNIPEG -- The Prairie Mountain Health Region is officially under the restricted level of Manitoba's pandemic response system.
The level was announced last week, and as of Aug. 24, includes rules regarding gathering sizes and mandatory masks to help reduce the spread of COVID-19 in the region.
As of Monday, there are 196 active COVID-19 cases in Prairie Mountain Health. Of the cases, 114 are in Brandon, while 52 are in the Asessippi health district.

On Monday, Dr. Brent Roussin, the province's chief provincial public health officer, announced more details about the new measures in the region.
Here are the new measures that are now in effect for at least two weeks:
MANDATORY MASKS
Masks are now mandatory in all indoor public spaces and outdoor public gatherings in the region.
Roussin said there are some exceptions to the mask requirements.
The exceptions include children under the age of five, as well as people who are unable to put on or remove a mask without the assistance of another person.
A person with a medical condition unrelated to COVID-19, including breathing or cognitive difficulties or a disability that prevents them from safely wearing a mask, is also exempt from the mandatory mask requirement.
"Masks are not required if people are able to be seated at least two metres from others, and there is a non-permeable physical barrier, including a Plexiglas barrier," he said.
Masks can be temporarily removed to receive a service that requires the removal of a mask, while eating food or drink, while dealing with a medical emergency or purpose, to establish identity, and to engage in an athletic or fitness activity, including water-based activities.
The mask must be worn to cover the mouth, nose, and chin.
GATHERING SIZE RESTRICTIONS
Gatherings are limited to 10 people, both indoors and outdoors. The limits include weddings, funerals, banquets, receptions, and professional sporting activities.
Roussin said more than 10 members of the public can attend a business or a facility that is allowed to open under the orders if physical distancing measures are in place to allow people to maintain a distance of at least two metres.
"For instance, a restaurant isn't set at a maximum of 10 people," he said. "The restaurant has to follow the orders that are in place right now, which requires that two-metre separation between tables."
HOW WILL THIS BE ENFORCED?
Roussin said during the press conference the province will begin by focusing on education for people in the region about the new health measures, but said enforcement options are available.
"The enforcement, if necessary, can take the manner of how we enforced other aspects of the public health orders," he said. "Tickets could be levied, but again, for the most part, our most success we get is to educate people and try to get people in compliance."
https://winnipeg.ctvnews.ca/the-new-covid-19-rules-prairie-mountain-health-has-to-follow-1.5077295

Canada
COVID-19 outbreak declared at Toronto's Sunnybrook Hospital
Source: CTV News Barrie
ID: 1007699077

TORONTO -- A COVID-19 outbreak has been declared at Toronto's Sunnybrook Hospital, health officials confirm.
A spokesperson for Toronto Public Health (TPH) said Monday they are aware an outbreak has been declared in a unit at the hospital.
According to TPH, there have been four confirmed cases of COVID-19 and "appropriate precautions and outbreak control measures are in place."
Sunnybrook Hospital has been contacted for comment but no response has been provided.
There have been 99 outbreaks reported in various hospitals across Ontario since the beginning the pandemic.
Three of the outbreaks are considered active.
https://toronto.ctvnews.ca/covid-19-outbreak-declared-at-toronto-s-sunnybrook-hospital-1.5077087

Canada
Migrant workers at Brandon Maple Leaf plant seek shutdown, increased health measures
Source: Global News
ID: 1007699069

Workers at Brandon's Maple Leaf meat plant are calling for a two-week shutdown of the facility to help get the COVID-19 outbreak under control.
The plant has been a hotspot for cases in the region, which is currently under increased provincial restrictions, including limits on gatherings and mandatory masks in public.
In an open letter Monday, workers via Migrante Manitoba, a community organization that advocates for the rights and welfare of migrant workers, said they were "crying for help" due to the pandemic, which has seen 70 cases connected to the Maple Leaf plant.
"They feel that their voices are not being heard," said Migrante's Diwa Marcellino.
"Some of the concerns are fairly legitimate, like lack of physical distancing in communal spaces, like the washrooms, some production areas, and also the cafeteria, and the lack of access to handwashing facilities and sanitizers."
Marcellino told 680 CJOB that although the province said the outbreak came from outside the plant — something the workers doubt — there's no harm in increasing health requirements during a pandemic.
"It doesn't hurt to make sure that there is physical distancing in the workplace, and that there is handwashing available in the workplace, since that is the advice that has been given to almost everyone globally," he said.
"I've been hearing from workers across the industry in the meat sector and they've all been saying the same thing."
In the letter, the workers said much of their frustration stems from the way migrant staff are treated.
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"Workers were also told by Maple Leaf that because the facility is considered the front line, they cannot be shut down," the letter said.
"However, when workers applied for the province's Risk Recognition (program), we were denied by the province and were told that we are not considered as front-line workers. The contradiction shows no respect to the migrant and immigrant workers."
Marcellino said the workers are appealing to the province and to Maple Leaf for a temporary shutdown of the plant, a deep clean, and for the province's public health fundamentals — handwashing and social distancing among them — to be given more serious consideration.
On Monday, the province's chief public health official, Dr. Brent Roussin, said none of the health agencies the province is working with has seen any reason to shut down the Brandon plant.
"There are a lot of safety measures that have been in place for quite some time, and we're working with a lot of agencies … along with the employer, who's quite cooperative with this," Roussin said.
"The protocols in place are above and beyond what we would normally see.
"We're watching it very closely. We still don't have evidence of inter-facility spread, so right now there hasn't been any agency involved that suggesting we shut down that plant, but we'll continue to look at the situation."
A spokesperson for Maple Leaf said the company takes the concerns raised in the letter very seriously, and echoed Roussin's view that the safety measures currently in place have been effective.
"The safety of our people is our top priority and high levels of safety can only be achieved if you are guided by the science," said Maple Leaf vice-president of communications and public affairs, Janet Riley.
"Public Health and officials have said repeatedly that they have found no evidence of workplace transmission and the cases that have occurred among our team members appear to be linked to events and interactions within the community. "
Riley said the plant conducts daily health and temperature screenings, requires masks and other personal protection equipment, and uses social distancing in the plant, as well as plexiglass separators between work stations.
https://globalnews.ca/news/7295412/maple-leaf-foods-brandon-covid-19-outbreak/

Canada
Montreal public health urges participants in recent Latin dance events to get tested for COVID-19
Source: Global News
ID: 1007699628

Montreal public health is asking anyone who attended indoor or outdoor "Latin dance events" since July 31 to be tested for the novel coronavirus .

Dr. Mylène Drouin, director of the city's public health department, said Monday that three people with confirmed cases of COVID-19 , the disease caused by the virus, attended dances in Montreal.
"Today it's salsa dance but every type of dance is at risk so we encourage people to follow public health recommendations," she said.
Two people who tested positive for the virus went to a dance on Aug. 14 on Ste-Catherine Street and a second event at Frédéric-Back Park the following day, Aug. 15.
Authorities say other recent Latin dances organized in Lafontaine Park and in the Verdun neighbourhood could also be linked to the outbreak.
Story continues below advertisement
Read more: Jewish General Hospital to no longer allow walk-in patients for test centre
Drouin said it's difficult to trace participants who were possibly exposed because there is no registry for dancing events. She said her office is recommending that event organizers keep lists of attendees' contact information in the event of an outbreak.
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The city's screening centres have been informed and are ready to handle tests, she added. The last time public health authorities issued a citywide testing call-out — to anyone who had worked in or attended a bar in July — clinics were not ready and people stood in line for hours to get tested.
"We are in a phase where Montreal has few cases right now," Drouin said. "So for each outbreak, we are really doing everything we can to trace the contacts and to try and control transmission as quickly as possible."
Drouin is also reminding people that indoor dancing is illegal because it carries a higher risk of COVID-19 transmission.
Montreal public health has also issued a series of guidelines for outdoor dances to prevent the spread of the virus.
This includes staying home if you have COVID-19 symptoms or have been in contact with someone who has contracted the virus, wearing a mask if physical distancing is not possible and not changing dance partners. Authorities say attendees should also wash their hands frequently and not sing or shout during events.
https://globalnews.ca/news/7294592/montreal-latin-dancing-coronavirus-testing/

Canada
Lilydale chicken plant in Calgary linked to 13 cases of COVID-19
Source: CBC News
ID: 1007699379

11 active cases and 2 recovered cases are tied to the plant the city's southeast

An outbreak at a Calgary chicken processing plant has led to 13 cases of COVID-19.

Dr. Deena Hinshaw, Alberta's chief medical officer of health, said Monday that there are 11 active cases and two recovered cases linked to the Lilydale plant in Ramsay, at 2126 Hurst Road S.E.

The plant is owned by Sofina Foods Inc., which operates 16 plants across Canada. CBC News has reached out to the company for comment.

In April, the United Food and Commercial Workers sent a letter to Sofina Foods calling for the Calgary plant's closure after a worker tested positive.

Meat plants have been hit hard by outbreaks during the pandemic. An outbreak at a Cargill facility in southern Alberta was at one point the largest outbreak linked to a single site in North America.

North America's largest single coronavirus outbreak started at this Alberta meat-packing plant. Take a look inside.

The outbreak at Lilydale was one of two new outbreaks in Calgary announced on Monday. The second, at the Peter Lougheed Centre in the city's northeast, is linked to six cases at the hospital's mental health and addictions unit, Alberta Health Services said.

There are 1,172 active cases of COVID-19 in Alberta.
https://www.cbc.ca/news/canada/calgary/calgary-lilydale-outbreak-1.5698342?cmp=rss

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

United States

Preparing K-12 School Administrators for a Safe Return to School in Fall 2020
Source: CDC

Updated Aug. 24, 2020

Languages
On This Page

Schools are an important part of the infrastructure of communities and play a critical role in supporting the whole child, not just their academic achievement.
This guidance is intended to aid school administrators as they consider how to protect the health, safety, and wellbeing of students, teachers, other school staff, their families, and communities and prepare for educating students this fall.
This guidance is for K-12 school administrators who are preparing for students, teachers, and staff to return to school in fall 2020. School administrators are individuals who oversee the daily operations of K-12 schools, and may include school district superintendents, school principals, and assistant principals.
It is critical that all administrators:

- Engage and encourage everyone in the school and the community to practice preventive behaviors. These are the most important actions that will support schools' safe reopening and will help them stay open.
- Implement multiple SARS-CoV-2 mitigation strategies (e.g., social distancing, cloth face coverings, hand hygiene, and use of cohorting).
- **Communicate**, **educate**, and **reinforce** appropriate hygiene and social distancing practices in ways that are developmentally appropriate for students, teachers, and staff.
- Integrate SARS-CoV-2 mitigation strategies into co-curricular and extracurricular activities (e.g., limiting or cancelling participation in activities where social distancing is not feasible).
- Maintain healthy environments (e.g., cleaning and disinfecting frequently touched surfaces).
- Make decisions that take into account the level of community transmission.
- Repurpose unused or underutilized school (or community) spaces to increase classroom space and facilitate social distancing, including outside spaces, where feasible.
- Develop a proactive plan for when a student or staff member tests positive for COVID-19.
- Develop a plan with state and local health department to conduct case tracing in the event of a positive case.
- Educate parents and caregivers on the importance of monitoring for and responding to the symptoms of COVID-19 at home.

- Develop ongoing channels of communication with state and local health departments to stay updated on COVID-19 transmission and response in your local area.

The guidance described in this document is based on the best available evidence at this time. This guidance is meant to supplement—not replace—any state, local, territorial, or tribal health and safety laws, rules, and regulations with which schools must comply.

Key considerations for school administrators

- COVID-19 transmission rates in the immediate community and in the communities in which students, teachers, and staff live
- Approaches to cohorting that fit the needs of your school/district and community (e.g., keeping students in class pods, staggering when students return to school facility, having the same teacher stay with the same group of students)
    - Can unused or underutilized school spaces, including outdoor spaces, be repurposed to increase classroom space and facilitate social distancing?
- Concurrently implementing multiple strategies in school to prevent the spread of COVID-19 (e.g., social distancing, cloth face coverings, hand hygiene, and use of cohorting)
- Best practices for your school and community to communicate, educate, and reinforce personal protective behaviors to prevent the spread of COVID-19 in school and in the community
- Integrating strategies to reduce COVID-19 transmission into co-curricular and extracurricular activities (e.g., limiting participation in activities where social distancing is not feasible)
- Planning and preparing for when someone gets sick
- Working with state and local health authorities to develop a plan to conduct contact tracing in the event of a positive case
- Communicating appropriately to families about home-based symptom screening

Critical role of schools

This guidance is intended, first and foremost, to protect the health, safety and wellbeing of students, teachers, other school staff, their families, and communities.

Schools are an important part of the infrastructure of communities, as they provide safe, supportive learning environments for students, employ teachers and other staff, and enable parents, guardians, and caregivers to work. Schools also provide critical services that help to mitigate health disparities, such as school meal programs, and social, physical, behavioral, and mental health services. School closure disrupts the delivery of these critical services to children and families, and places additional economic and psychological stress on families, which can increase the risk for family conflict and violence.[1], [2]

The unique and critical role that schools play makes them a priority for opening and remaining open, enabling students to receive both academic instruction and support as well as critical services. In order to prioritize opening schools safely and helping them to remain open, communities should consider adopting actions to mitigate community transmission. CDC's Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission has strategies for community mitigation to reduce or prevent the spread of COVID-19, which in turn will help schools to open and stay open safely.

Recognizing the importance of providing safe, in-person learning, communities may also wish to help schools by examining whether additional public or private space, including outdoor spaces, that is currently underutilized might be safely repurposed for school and instructional purposes.

Returning to school in fall 2020 poses new challenges for schools, including implementing mitigation measures (e.g., social distancing, cleaning and disinfection, hand hygiene, use of cloth face coverings), addressing social, emotional, and mental health needs of students, addressing potential learning loss, and preparing for the probability of COVID-19 cases within the broader school community.

This guidance provides information about:

- What is currently known about COVID-19 among school-aged children
- The importance of going back to school safely
- What is currently known about SARS-CoV-2 (the virus that causes COVID-19) transmission in schools and its impact on community transmission
- The ways administrators for kindergarten through grade 12 (K-12) schools can plan and prepare for in-person instruction and minimize the impact of potential closures

What is known about the signs and symptoms, burden, and transmission of SARS-CoV-2 among children?

Signs and symptoms

Common COVID-19 symptoms among children include fever, headache, sore throat, cough, fatigue, nausea/vomiting, and diarrhea.[3] However, many children and adults infected with the virus that causes COVID-19 are asymptomatic (meaning they have no signs or symptoms of illness).

Impact of COVID-19 on children

Collecting and sharing data, including how it affects different places and populations, is important for understanding the context and burden of the COVID-19 pandemic. School officials should make decisions about school reopening based on available data including levels of community transmission and their capacity to implement appropriate mitigation measures in schools. Children appear to be at lower risk for contracting COVID-19 compared to adults. While some children have been sick with COVID-19, adults make up nearly 95% of reported COVID-19 cases.[4] Early reports suggest children are less likely to get COVID-19 than adults, and when they do get COVID-19, they generally have a less serious illness.[5] As of July 21, 2020, 6.6% of reported COVID-19 cases and less than 0.1% of COVID-19-related deaths are among children and adolescents less than 18 years of age in the United States.[6]

Early reports suggest the number of COVID-19 cases among children may vary by age and other factors. Adolescents aged 10-17 may be more likely to become infected with SARS-CoV-2 than children younger than age 10,[7],[8] but adolescents do not appear to be at higher risk of developing severe illness.[9] There are currently a higher proportion of COVID-19 cases among Hispanic/Latino children as compared to non-Hispanic white children. Children and adults with certain underlying medical conditions are at increased risk of severe illness from COVID-19.[10] Severe illness means that they may require hospitalization, intensive care, or a ventilator to help them breathe, or may even die. Children with intellectual and developmental disabilities are more likely to have comorbid medical conditions (e.g., diseases of the respiratory system; endocrine, nutritional and metabolic diseases; and diseases of the circulatory system) that may put them at increased risk for severe illness from COVID-19.[11] Although rare, some children have developed multisystem inflammatory syndrome (MIS-C) after exposure to SARS-CoV-2. As of May 20, 2020, the majority of children hospitalized with MIS-C had recovered.[12]

Data on SARS-CoV-2 transmission among children are limited. Evidence from other countries suggests that the majority of children with COVID-19 were infected by a family member.[13] For example, the first pediatric patients in South Korea and Vietnam were most likely from contact with an adult family member.[14],[15] Published reports from contact tracing of students with COVID-19 in schools from France, Australia, and Ireland suggest that students are not as likely to transmit the virus to other students compared to household contacts.[16],[17],[18] However, more research is needed on SARS-CoV-2 transmission between children and household members.

What is known about how schools have reopened and the impact on SARS-CoV-2 transmission?

Internationally, schools have responded to COVID-19 using a variety of approaches.[19],[20] For example, China, Denmark, Norway, Singapore, and Taiwan all required temperature checks at school entry.[21] Most countries have changed the way they operate to reduce class sizes, increase physical distance between students, and keeping students in defined groups to reduce contacts (i.e., cohorting).[22] Furthermore, many countries have staggered attendance, start and stop times, and created alternating shifts to enable social distancing. In some places this means that only certain students have returned to schools, either by grade range or need. For example, Denmark was the first European country to reopen schools. Denmark staggered students' reentry in waves (e.g., one group started school first, followed by another group at a later date), with limited class sizes and using other social distancing measures.[23] Younger students (under age 12) returned first based on their lower health risk and need for more supervision than older students. Class sizes were reduced to allow physical distancing. In Taiwan, students returned to school with mandatory temperature checks and use of face masks. Rather than national school closures, Taiwan relied on local decision-making to determine if classroom or school closures were needed, based on infection rates.[24]

There is mixed evidence about whether returning to school results in increased transmission or outbreaks. For example, Denmark initially reported a slight increase in cases in the community after reopening schools and child care centers for students aged 2-12 years, followed by steady declines in cases among children between ages 1 and 19 years.[25] In contrast, Israel experienced a surge of new cases and outbreaks in schools after reopening and relaxing social distancing measures; it is unclear what caused the increase in cases and what other mitigation measures the schools had implemented.[26] In summer 2020, Texas reported more than 1,300 COVID-19 cases in childcare centers; however, twice as many staff members had been diagnosed as children, suggesting that children may be at lower risk of getting COVID-19 than adults.[27]

It is important to consider community transmission risk as schools reopen. Evidence from schools internationally suggests that school re-openings are safe in communities with low SARS-CoV-2 transmission rates.[28] Computer simulations from Europe have suggested that school re-openings may further increase transmission risk in communities where transmission is already high.[29] More research and evaluation is needed on the implementation of mitigation strategies (e.g., social distancing, cloth face coverings, hand hygiene, and use of cohorting) used in schools to determine which strategies are the most effective. Such research would improve understanding of the impact of mitigation strategies on the risk of SARS-CoV-2 transmission in schools, and ongoing monitoring and surveillance of transmission in schools could help with timely outbreak detection and prevent wider spread.

Why is it important to open schools for in-person instruction?

While opening schools – like opening any building or facility—does pose a risk for the spread of COVID-19, there are many reasons why opening schools in the fall of 2020 for in-person instruction is important.

Schools play a critical role in the wellbeing of communities

Schools are a fundamental part of the infrastructure of communities. Schools provide safe and supportive environments, structure, and routines for children, as well as other needed support services to children and families. Schools play a vital role in the economic health of communities by employing teachers and other staff and helping parents, guardians, and caregivers work.

Schools provide critical instruction and academic support

Schools provide critical instruction and academic support that benefit students and communities in both the short- and long-term. The main role and priorities of K-12 educational institutions are to provide age-appropriate instruction and support students' academic development. Reopening schools will provide in-person instruction for students, facilitate increased communication between teachers and students, and provide students with critical academic services, including school-based tutoring, special education, and other specialized learning supports.

Studies show that students have experienced learning loss during the period of school closure and summer months.[30] In-person instruction for students has advantages over virtual learning, particularly when virtual learning was not the planned format for instruction, and schools may not have the resources or capability to transition fully to virtual learning. In-person classroom instruction has the added benefit for many students of interpersonal interaction between the student and the teacher and the student and peers.[31] Teachers are able to more actively participate in student learning, provide feedback as students encounter challenges, and promote active learning among students.[32]

In-person instruction may be particularly beneficial for students with additional learning needs. Children with disabilities may not have access through virtual means to the specialized instruction, related services or additional supports required by their Individualized Education Programs (IEPs) or 504 Plans.[33] Students may also not have access through virtual means to quality English Language Learning (ELL).[34]

When schools are closed to in-person instruction, disparities in educational outcomes could become wider, as some families may not have capacity to fully participate in distance learning (e.g., computer and internet access issues, lack of parent, guardian, or caregiver support because of work schedules) and may rely on school-based services that support their child's academic success. The persistent achievement gaps that already existed prior to COVID-19 closures, such as disparities across income levels and racial and ethnic groups, could worsen and cause long-term effects on children's educational outcomes, health, and the economic wellbeing of families and communities.[35], [35] While concern over higher rates of COVID-19 among certain racial/ethnic groups may amplify consideration of closing a school that educates primarily racial minority students, there should also be consideration that these may also be the schools most heavily relied upon for students to receive other services and support, like nutrition and support services.

Schools play a critical role in supporting the whole child, not just the academic achievement of students

Social and emotional health of students can be enhanced through schools

Social interaction among children in grades K-12 is important not only for emotional wellbeing, but also for children's language, communication, social, and interpersonal skills.[37] Some students may have experienced social isolation and increased anxiety while not physically being in school due to COVID-19. Resuming in-person instruction can support students' social and emotional wellbeing.[38] Schools can provide a foundation for socialization among children. When children are out of school, they may be separated from their social network and peer-to-peer social support. Schools can facilitate the social and emotional health of children through curricular lessons that develop students' skills to recognize and

manage emotions, set and achieve positive goals, appreciate others' perspectives, establish and maintain positive relationships, and make responsible decisions.[39]

Mental health of students can be fostered through school supports and services

Schools are an important venue for students to receive emotional and psychological support from friends, teachers, and other staff members. Lengthy school building closures can leave some students feeling isolated from important friendships and support from other caring adults.[40] Schools also provide critical psychological, mental and behavioral health (e.g., psychological counselling, mental and behavioral assessment) services to children who may not have access to these services outside of school. School closures have limited the availability of these services. Furthermore, isolation and uncertainty about the COVID-19 pandemic can create feelings of hopelessness and anxiety while removing important sources of social support. Some students may have experienced trauma through the loss of a loved one from COVID-19. Increases in anxiety and depression may occur when students do not have the structure and routine that being in school brings to their daily lives. Finally, having opportunities to be physically active through recess and physical education can help improve students' feelings of anxiety and sadness. These physical activities should be provided regularly to students in a safe and supportive environment that includes physical distancing and strategies to reduce close contact between students.

Continuity of other special services is important for student success

Students who rely on key services, such as school food programs, special education and related services (e.g., speech and social work services, occupational therapy), and after school programs are put at greater risk for poor health and educational outcomes when school buildings are closed and they are unable to access such school health programs and services.[41] During periods of school building closures, students had limited access to many of these critical services, potentially widening educational and health disparities and inequities.

How can K-12 schools prepare for going back to in-person instruction?

Expect cases of COVID-19 in communities

International experiences have demonstrated that even when a school carefully coordinates, plans, and prepares, cases may still occur within the community and schools. Expecting and planning for the occurrence of cases of COVID-19 in communities can help everyone be prepared for when a case or multiple cases are identified.

Coordinate, plan, and prepare

Administrators should coordinate with local public health officials to stay informed about the status of COVID-19 transmission in their community. Additionally, planning and preparing are essential steps administrators can take to safely reopen schools:

- CDC's Considerations for Schools provides detailed recommendations for schools to plan and prepare to reduce the spread of COVID-19, establish healthy environments and maintain healthy operations. This guidance includes information about implementation of mitigation strategies, such as physical distancing within buses, classrooms and other areas of the school, healthy hygiene habits, cleaning and disinfection, use of cloth face coverings, staggering student schedules, and planning for staff and teacher absences (e.g., back-up staffing plans).
- One important strategy that administrators can consider is cohorting (or "pods"), where a group of students (and sometimes teachers) stay together throughout the school day to minimize exposure for students, teachers, and staff across the school environment. At the elementary school level, it may be easier to keep the same class together for most of the school day. In middle and high school settings, cohorting of students and teachers may be more challenging. However, strategies such as creating block schedules or keeping students separated by grade can help to keep smaller groups of students together and limit mixing. Strategies that keep smaller groups of students together can also help limit the impact of COVID-19 cases when they do occur in a school. If a student, teacher, or staff member tests positive for SARS-CoV-2, those in close contact should follow CDC quarantine guidance. This helps prevent a disruption to the rest of the school and community by limiting the exposure. Schools should have systems in place to support continuity or learning for students who need to stay home for either isolation or quarantine. This includes access to online learning, school meals, and other services. The same holds for students with additional needs, including children with a disability, that makes it difficult to adhere to mitigation strategies.

Operating Schools During COVID-19: Guiding principles and mitigation strategies to use when school is open

Prepare for potential COVID-19 cases and increased school community transmission

Schools should be prepared for COVID-19 cases and exposure to occur in their facilities. Collaborating with local health officials will continue to be important once students are back to school, as they can provide regular updates about the status of COVID-19 in the community and help support and maintain the health and wellbeing of students, teachers, and staff. Having a plan in place for maintaining academic instruction and ensuring students have access to special services is also critical.

Making decisions about school operations

Administrators should make decisions in collaboration with local health officials based on a number of factors, including the level of community transmission, whether cases are identified among students, teachers, or staff, what other indicators local public health officials are using to assess the status of COVID-19, and whether student, teacher, and staff cohorts are being implemented within the school.

What is the level of community transmission?

There are specific strategies schools can implement based on the level of community transmission reported by local health officials:

- If there is *no to minimal* community transmission, reinforcing everyday preventive actions, ensuring proper ventilation within school facilities, including buses, and maintaining cleaning and disinfection practices remain important. These actions can help minimize potential exposure. Schools should also monitor absenteeism among teachers, staff, and students to identify trends and determine if absences are due to COVID-19, symptoms that led to quarantine, concerns about being in the school environment and personal health and safety, or positive test results. Anyone who tests positive for COVID-19 should stay home and self-isolate for the timeframe recommended by public health officials. Anyone who has had close contact with someone who has tested positive or is symptomatic for COVID-19 should be tested and stay home until receiving a negative result, or stay home and monitor for symptoms.
- If there is *minimal to moderate* community transmission, schools should follow the actions listed above, and continue implementing mitigation strategies such as social distancing, use of cloth faced coverings, reinforcing everyday preventive actions, and maintaining cleaning and disinfection. This also can include ensuring that student and staff groupings/cohorts are as static as possible and that mixing groups of students and staff is limited.
- If there is *substantial, controlled* transmission, significant mitigation strategies are necessary. These include following all the actions listed above and also ensuring that student and staff groupings/cohorts are as static as possible with limited mixing of student and staff groups, field trips and large gatherings and events are canceled, and communal spaces (e.g., cafeterias, media centers) are closed.
- If there is *substantial, uncontrolled* transmission, schools should work closely with local health officials to make decisions on whether to maintain school operations. The health, safety, and wellbeing of students, teachers, staff and their families is the most important consideration in determining whether school closure is a necessary step. Communities can support schools staying open by implementing strategies that decrease a community's level of transmission. However, if community transmission levels cannot be decreased, school closure is an important consideration. Plans for virtual learning should be in place in the event of a school closure.

Did a student or staff member test positive for SARS-CoV-2?

If someone within the school community (e.g., student, teacher, staff) tested positive for SARS-CoV-2, assessing the level of risk is important to determine if, when, and for how long part or all of a school should be closed. K-12 administrators can also refer to CDC's Interim Considerations for K-12 for School Administrators for SARS-CoV-2 Testing, which provides additional information about viral diagnostic testing. A single case of COVID-19 in a school would not likely warrant closing the entire school, especially if levels of community transmission are not high. The levels of community transmission described above and the extent of close contacts of the individual who tested positive for SARS-CoV-2 should all be considered before closing. These variables should also be considered when determining how long a school, or part of the school, stays closed. If the transmission of the virus within a school is higher than that of the community, or if the school is the source of an outbreak, administrators should work collaboratively with local health officials to determine if temporary school closure is necessary. Students, teachers, and staff who test positive or had close contact of the individual who tested positive should be provided with guidance for when it is safe to discontinue self-isolation or end quarantine.

- **What other indicators are local public health officials using to assess the status of COVID-19?** Local health officials can help inform decisions related to school operations by examining public health indicatorspdf icon that are used to determine level of community transmission and disease severity levels. For example, indicators such as healthcare capacity (e.g., staffing, ICU bed occupancy), changes in newly identified COVID-19 cases, and percentage of people testing positive for SARS-CoV-2 infections in the community might be useful to determine whether to maintain or modify school operations. These indicators are set by state, local, tribal, and territorial health and healthcare officials, and should be shared with schools for decision making.
- **Is a cohort approach used within the school?** The level of student and staff mixing within the school should also be considered. If students are kept in cohorts to minimize mixing of students, exposure to an individual with COVID-19 may be limited to one particular cohort and not pose a broad risk to the rest of the school. Cohorts that have been in close contact with someone with COVID-19 can switch to virtual learning and stay home in accordance with CDC's guidelines for quarantine and self-isolation, and the school may remain open.

Communicate with families, staff, and other partners

When preparing to go back to school, regular communication should be used to update students, families, teachers, and staff about academic standards, meal program services, and access to other school-based essential services that students and families rely on.

Regular communication with families, staff, and other partners should include:

- Updates about the status of COVID-19 in the school and community
- Notification when there are COVID-19 cases in the school (when communicating about the health status of students, schools should take care to avoid disclosing personally identifiable information and should follow all applicable privacy requirements, including those of the Family Educational Rights and Privacy Act)
- Explanation of what parents, students, teachers, and staff can expect when returning to school; in particular, communicating about:
    - The importance of staying home when sick and staying home to monitor symptoms if close contact occurred with a person who tested positive for SARS-CoV-2
    - Considerations for COVID-19 symptom screenings
    - Types of social distancing measures being implemented
    - When students, teachers, staff and/or visitors will be expected to wear cloth face coverings and whether cloth face coverings will be available from the school.
    - Everyday healthy hygiene practices that will be implemented upon reopening (e.g., students, teachers, staff staying home when sick, hand hygiene, cleaning frequently touched surfaces)
- Actions being taken to prevent SARS-Cov-2 transmission in buses, school buildings and facilities
- Actions that families and households can take to help prevent the spread of COVID-19
- Actions families can take to manage anxiety about COVID-19
- Decisions about operational status, potential use of virtual learning if COVID-19 cases are identified among students, teachers, or staff, and
- Guidance on caring for someone who is sick and for parents, guardians, and caregivers who are sick
- Guidance on how to reduce stigma. Fear and anxiety about a disease can lead to social stigma, which is negative attitudes and beliefs toward people, places, or things

Families and students who had to make alternative arrangements with community providers to receive services (e.g., physical or occupational therapy, speech therapy, mental health services) during periods of school closures may need additional support and communication to establish a transition plan upon returning to school. Additionally, some families may have experienced significant hardship that now increases the number of students who need or qualify for some services, such as school meal programs. Schools can take actions to identify, support, and communicate with families who need to initiate new services as schools prepare to open. Administrators can work with community partners to plan for additional school-based services and programs during the transition back to normal schedules in anticipation of an increased need for mental health services.

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What is cohorting?

Cohorting (sometimes called podding) is a new term for a strategy that schools may use to limit contact between students and staff as part of their efforts to limit transmission of SARS-CoV-2 (the virus that causes COVID-19). These strategies work by keeping groups of students – and sometimes staff – together over the course of a pre-determined period of time. Ideally, the students and staff within a cohort will only have physical proximity with others in the same cohort. This practice may help prevent the spread of COVID-19 by limiting cross-over of students and teachers to the extent possible, thus:

- Decreasing opportunities for exposure or transmission of SARS-CoV-2
- Reducing contact with shared surfaces
- Facilitating more efficient contact tracing in the event of a positive case
- Allowing for targeted testing, quarantine, and/or isolation of a single cohort instead of school-wide measures in the event of a positive case or cluster of cases

Cohorting strategies are common practice in many elementary schools across the United States. Many elementary school students have the same teacher and classmates during the entire school year. Implementation of this strategy varies, depending on setting and resources. For example:

- Schools may keep cohorts together in one classroom, and have teachers rotate between rooms.
- Schools may alternate cohorts by days or weeks,with cohorts assigned to specific days or weeks.
- Schools may adopt a hybrid approach,with some cohorts assigned to in-person learning and others assigned to online learning.

Evidence of the impact of cohorting on spread of COVID-19 is limited. Some evidence from other viral disease outbreaks and school reopenings in international settings suggests that cohorting may be an important tool for mitigating COVID-19 spread. However, it is essential to note that those studies were conducted in very different contexts, in communities with lower transmission levels.

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Additional resources for K-12 administrators

- Considerations for Schools
- Latest COVID-19 Information
- Cleaning and Disinfection
- Guidance for Businesses and Employers
- Guidance for Schools and Childcare Centers
- COVID-19 Prevention
- Handwashing Information
- Face Coverings
- Social Distancing
- COVID-19 Frequently Asked Questions
- People at Higher Risk
- Managing Stress and Coping
- HIPAA and COVID-19
- CDC Communication Resources
- Community Mitigation
- Approach for Monitoring and Evaluating Community Mitigation Strategies
- OSHA Guidance on Preparing Workplaces for COVID-19 pdf icon
- FERPA & Coronavirus Disease 2019pdf icon

References

1. Capaldi, D. M., Knoble, N. B., Shortt, J. W., & Kim, H. K. (2012). A systematic review of risk factors for intimate partner violence. Partner abuse, 3(2), 231-280
2. Intimate Partner Violence and Child Abuse Considerations During COVID-19pdf icon. *Substance Abuse and Mental Health Services Administration* . 2020.
3. Coronavirus Disease 2019 in Children — United States, February 12–April 2, 2020. *Morb Mortal Wkly Rep*. 2020;69:422–426.
4. CDC COVID Data Tracker. Accessed on July 6, 2020.
5. Coronavirus Disease 2019 in Children — United States, February 12–April 2, 2020. *Morb Mortal Wkly Rep*. 2020;69:422–426.
6. CDC COVID Data Tracker. Accessed on July 21, 2020.

7. Coronavirus Disease 2019 in Children — United States, February 12–April 2, 2020. *Morb Mortal Wkly Rep*. 2020;69:422–426.
8. CDC COVID Data Tracker. Accessed on July 6, 2020.
9. Coronavirus Disease 2019 in Children — United States, February 12–April 2, 2020. *Morb Mortal Wkly Rep*. 2020;69:422–426.
10. Coronavirus Disease 2019 in Children — United States, February 12–April 2, 2020. *Morb Mortal Wkly Rep*. 2020;69:422–426.
11. Turk, M. A., Landes, S. D., Formica, M. K., & Goss, K. D. (2020). Intellectual and developmental disability and COVID-19 case-fatality trends: TriNetX analysis. *Disability and Health Journal*, 100942.
12. Feldstein LR, Rose EB, Horwitz SM, Collins JP, Newhams MM, Son MB, Newburger JW, Kleinman LC, Heidemann SM, Martin AA, Singh AR. Multisystem Inflammatory Syndrome in US Children and Adolescents [published online ahead of print June 29, 2020]. *New Eng J Med*. DOI: 10.1056/NEJMoa2021680
13. Rajmil L. Role of children in the transmission of the COVID-19 pandemic: a rapid scoping review. *BMJ Paediatr Open*. 2020;4:e000722.
14. Park JY, Han MS, Park KU, Kim JY, Choi EH. First pediatric case of Coronavirus Disease 2019 in Korea. *J Korean Med Sci*. 2020;35:e124.
15. Le HT, Nguyen LV, Tran DM, Do HT, Tran HT, Le YT, Phan PH. The first infant case of COVID-19 acquired from a secondary transmission in Vietnam. *Lancet Child Adolesc Health*. 2020;4:405-6.
16. Danis K, Epaulard O, Bénet T, Gaymard A, Campoy S, Botelho-Nevers E, et al. Cluster of Coronavirus Disease 2019 (COVID-19) in the French Alps, 2020. *Clin Infect Dis.*2020; ciaa424,
17. National Centre for Immunisation Research and Surveillance (NCIRS). COVID-19 in schools – the experience in NSW. Sydney,Australia: NCIRSpdf icon; 2020.
18. Laura H, Geraldine C, Ciara K, David K, Geraldine M. No evidence of secondary transmission of COVID-19 from children attending school in Ireland, 2020. *Euro Surveill*. 2020;25:pii=2000903.
19. Melnick, H., & Darling-Hammond, L. (with Leung, M., Yun, C., Schachner, A., Plasencia, S., & Ondrasek, N.). (2020). *Reopening schools in the context of COVID-19: Health and safety guidelines from other countries* (policy brief). Palo Alto, CA: Learning Policy Institute.
20. Sheikh A, Sheikh A, Sheikh Z, Dhami S. Reopening schools after the COVID-19 lockdown. *J Glob Health*. 2020 Jun;10(1):010376.
21. Melnick, H., & Darling-Hammond, L. (with Leung, M., Yun, C., Schachner, A., Plasencia, S., & Ondrasek, N.). (2020). *Reopening schools in the context of COVID-19: Health and safety guidelines from other countries* (policy brief). Palo Alto, CA: Learning Policy Institute.
22. Guthrie BL, Tordoff DM, Meisner J, Tolentino L et al., Summary of School Re-Opening Models and Implementation Approaches During the COVID 19pdf icon *Pandemic* [Accessed July 13, 2020].
23. Melnick, H., & Darling-Hammond, L. (with Leung, M., Yun, C., Schachner, A., Plasencia, S., & Ondrasek, N.). (2020). *Reopening schools in the context of COVID-19: Health and safety guidelines from other countries* (policy brief). Palo Alto, CA: Learning Policy Institute.
24. Melnick, H., & Darling-Hammond, L. (with Leung, M., Yun, C., Schachner, A., Plasencia, S., & Ondrasek, N.). (2020). *Reopening schools in the context of COVID-19: Health and safety guidelines from other countries* (policy brief). Palo Alto, CA: Learning Policy Institute.
25. Reopening schools in Denmark did not worsen outbreak, data shows. (2020, May 28). Retrieved July 3, 2020.
26. Estrin, D. (2020, June 3). After Reopening Schools, Israel Orders Them To Shut If COVID-19 Cases Are Discovered. Retrieved July 3, 2020.
27. Spells A. and Jones CK. Texas coronavirus cases top 1,300 from child care facilities alone. CNN. Published 2020. Accessed July 8, 2020.
28. School openings across globe suggest ways to keep coronavirus at bay, despite outbreaks. *Science.* Retrieved July 10, 2020.
29. Stage HB, Shingleton J, Ghosh S, Scarabel F, Pellis L, Finnie T. Shut and re-open: the role of schools in the spread of COVID-19 in Europe. arXiv preprint arXiv:2006.14158. Retrieved 2020 Jun 25.

30. Dorn E, Hancock B, Sarakatsannis J, Viruleg E. COVID-19 and student learning in the United States: the hurt could last a lifetime. Retrieved July 4, 2020.
31. Fitzpatrick, B. R., Berends, M., Ferrare, J. J., & Waddington, R. J. (2020). Virtual Illusion: Comparing Student Achievement and Teacher and Classroom Characteristics in Online and Brick-and-Mortar Charter Schools. *Educational Researcher*, *49*(3), 161–175.
32. Fitzpatrick, B. R., Berends, M., Ferrare, J. J., & Waddington, R. J. (2020). Virtual Illusion: Comparing Student Achievement and Teacher and Classroom Characteristics in Online and Brick-and-Mortar Charter Schools. *Educational Researcher*, *49*(3), 161–175.
33. Petretto DR, Masala I, Masala C. Special educational needs, distance learning, inclusion and COVID-19. *Education Sciences, 10,* 2020;154. doi:10.3390/educsci10060154
34. Granados A, Parker C, Boney L. How is COVID-19 affecting ESL students?. EducationNC. Published 2020. Accessed July 13, 2020.
35. Dorn E, Hancock B, Sarakatsannis J, Viruleg E. COVID-19 and student learning in the United States: the hurt could last a lifetime. Retrieved July 4, 2020.
36. U.S. Department of Education, Office of Elementary and Secondary Education, Consolidated State Performance Report, 2017–18. See *Digest of Education Statistics 2019.*
37. Fitzpatrick, B. R., Berends, M., Ferrare, J. J., & Waddington, R. J. (2020). Virtual Illusion: Comparing Student Achievement and Teacher and Classroom Characteristics in Online and Brick-and-Mortar Charter Schools. *Educational Researcher*, *49*(3), 161–175.
38. Fitzpatrick, B. R., Berends, M., Ferrare, J. J., & Waddington, R. J. (2020). Virtual Illusion: Comparing Student Achievement and Teacher and Classroom Characteristics in Online and Brick-and-Mortar Charter Schools. *Educational Researcher*, *49*(3), 161–175.
39. Collaborative for Academic, Social, and Emotional Learning (CASEL). What is SEL? Website. Accessed July 4, 2020.
40. Loades et al. Rapid systematic review: The impact of social isolation and loneliness on the mental health of children and adolescents in the context of COVID-19. *J Am Acad Child Adolesc Psych.* 2020; preprint.
41. Basch C. Healthier students are better learners: high-quality, strategically planned, and effectively coordinated school health programs must be a fundamental mission of schools to help close the achievement gap. *J Sch Health*. 2011;81:650-662.

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Last Updated Aug. 24, 2020
https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/prepare-safe-return.html

United States

Limiting Workplace Violence Associated with COVID-19 Prevention Policies in Retail and Services Businesses

Source: CDC
Updated Aug. 24, 2020

Who this is for: This information is intended for use by employers and employees in retail, services, and other customer-based businesses. Retail or service businesses sell goods and provide services to the public and include department stores, grocery stores, gas stations, and restaurants. These businesses are open and have started state-directed, municipality-directed, and company-directed Coronavirus Disease 2019 (COVID-19) prevention policies and practices to minimize the spread of the virus among employees and customers.

This information is not intended to address every business setting. A business may need to adapt these strategies based on its physical space, staffing, and other factors.

Purpose: This webpage offers strategies to limit violence towards workers that may occur when businesses put in place policies and practices to help minimize the spread of COVID-19 among employees and customers. These policies may include requiring masks to be worn by employees and customers, asking customers to follow social distancing rules, and setting limits on the number of customers allowed in a business facility at one time.

The Centers for Disease Control and Prevention (CDC) may update this page periodically. Please check the CDC COVID-19 website regularly for updated guidance.

Please check the CDC Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 (COVID-19) for general business guidance on preventing COVID-19.

Workplace violence is "*violent acts, including physical assaults and threats of assault, directed toward persons at work or on duty.*" Workplace violence includes

- **Threat:** verbal, written, and physical expressions that could reasonably be interpreted as intending to cause harm.
- **Verbal assault:** yelling, swearing, insulting, or bullying another person with the intent of hurting or causing harm. Unlike physical assaults, the intent is not necessarily to cause physical harm, but negative emotions of the person being assaulted.
- **Physical assault:** hitting, slapping, kicking, pushing, choking, grabbing, or other physical contact with the intent of causing injury or harm.

Conflict resolution is the process of finding a peaceful end to a conflict or argument.

A **nonviolent response** is a peaceful approach to address a situation in which a person is aggressive or threatening. This technique involves remaining calm, giving a person space, making sure other people are in the area, and not touching the person or trying to forcibly remove them.

Workplace violence and COVID-19

Workers may be threatened and assaulted as businesses try to put into place COVID-19 prevention policies and practices (e.g., mandatory use of masks, social distancing, and limits on the number of customers allowed in a business). These threats and assaults can come from customers, other employees, or employers. Based on a 1996 Current Intelligence Bulletin, threats and assaults can happen in any workplace, but may be more likely to occur in retail, services (e.g., restaurants), and other customer- or client-based businesses.

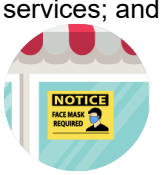
Resources and Trainings on Workplace Violence

Employers and employees can use the following resources and trainings to learn more about how to prevent and deal with workplace violence:

- FAA Workplace Violence Prevention and Responsepdf iconexternal icon
- FBI Workplace Violence: Issues in Responseexternal icon
- NIOSH Occupational Violence
- OSHA Recommendations for Workplace Violence Prevention Programs in Late-Night Retail Establishmentspdf iconexternal icon

Employers can take action to prevent workplace violence

Offer customers options to minimize their contact with others and promote social distancing. These options can include curbside pick-up; personal shoppers; home delivery for groceries, food, and other services; and alternative shopping hours.



Post signs that let customers know about policies for wearing masks, social distancing, and the maximum number of people allowed in a business facility.

Advertise COVID-19-related policies on the business website.

Provide employee training on threat recognition, conflict resolution, nonviolent response, and on any other relevant topics related to workplace violence response.

Put in place steps to assess and respond to workplace violence. Response will depend on the severity of the violence and on the size and structure of the business. Possible responses may include reporting to a manager or supervisor on-duty, calling security, or calling 911.

Remain aware of and support employees and customers if a threatening or violent situation occurs.

Assign two workers to work as a team to encourage COVID-19 prevention policies be followed, if staffing permits.

Install security systems (e.g., panic buttons, cameras, alarms) and train employees on how to use them.

Identify a safe area for employees to go to if they feel they are in danger (e.g., a room that locks from the inside, has a second exit route, and has a phone or silent alarm).

Provide Employee Training: Warning Signs & Response

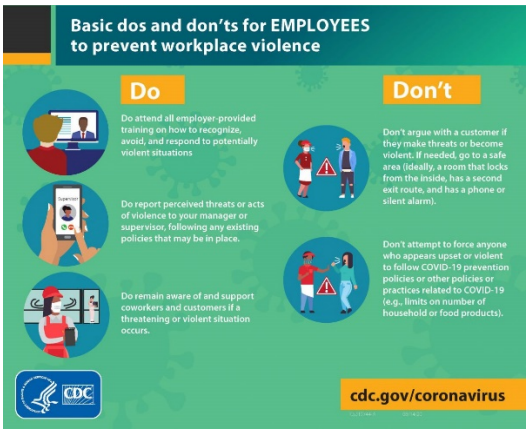
Employee training on workplace violence typically covers definitions and types of violence, risk factors and warning signs for violence, prevention strategies, and ways to respond to threatening, potentially violent, or violent situations.

Warning Signs

As part of training, employees often learn verbal and non-verbal cues that may be warning signs of possible violence. Verbal cues can include speaking loudly or swearing. Non-verbal cues can include clenched fists, heavy breathing, fixed stare, and pacing, among other behaviors. **The more cues shown, the greater the risk of violence.**

Response

During training, employees also learn how to appropriately respond to potentially violent or violent situations. Responses range from paying attention to a person and maintaining non-threatening eye contact to using supportive body language and avoiding threatening gestures, such as finger pointing or crossed-arms.



Printable Version (8.5×11) pdf icon[PDF – 1 page]

Last Updated Aug. 24, 2020

Content source: National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases

homeCommunity, Work & School

- Health Equityplus icon
- Community Mitigation Framework
- Cleaning & Disinfectingplus icon
- Businesses & Workplacesplus icon
- **Worker Safety & Support**plus icon
  - Critical Infrastructure Sector Response Planning
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  - **Limit Workplace Violence Associated with COVID-19**
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- What's New

email_03Get Email Updates

To receive email updates about COVID-19, enter your email address:

Top of Form

Email Address

What's this?

SubmitBottom of Form

https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/business-employers/limit-workplace-violence.html

United States

Nursing Homes and Long-Term Care Facilities

Source: CDC
Updated Aug. 24, 2020

Infection Control Guidance

- Infection Control for Nursing Homes
- Public Health Response in Nursing Homes
- Infection Control in Memory Care Units
- Infection Control FAQs

SARS-CoV-2 Testing Guidance

- Testing Nursing Home Residents
- Testing Healthcare Personnel
- Facility-wide Testing in Nursing Homes
- Testing FAQs

Infection Control Assessment Tool

Nursing Home COVID-19 Infection Control Assessment and Response (ICAR) Tool
Tool to help nursing homes and assisted living facilities develop a comprehensive COVID-19 response plan.

Training Resources

- Applying COVID-19 Infection Control Strategies in Nursing Homes
  Clinical Outreach and Communication Activity (COCA) Webinar, June 16, 2020.
  Case-based scenarios are used to discuss how to apply infection prevention and control guidance for nursing homes and other long-term care facilities preparing for and responding to COVID-19.
- Nursing Home Infection Preventionist Training Cource (CDC TRAIN)external icon
  CDC TRAIN course, a free service from the Public Health Foundation

Videos for Training Front Line Long-Term Care Staff

Mini Webinar training series for front-line staff to help protect residents from COVID-19

- Keep COVID-19 Out
- Clean Hands: Combat COVID-19
- Closely Monitor Residents for COVID-19
- Use Personal Protective Equipment Correctly for COVID-19
- Sparkling Surfaces: Stop COVID-19's Spread

Additional Resources

- Sample Notification Letter to Residents and Families: COVID-19 Transmission Identified PDFpdf icon | DOCword icon
- Long-term Care Facility Letter pdf icon[1 page] to Residents, Families, Friends and Volunteers
- CMS Emergency Preparedness & Response Operationsexternal icon
- Supporting Your Loved One in a Long-Term Care Facility pdf icon[472 KB, 1 page]
- Infection Prevention Success Stories
- Applying COVID-19 Infection Prevention and Control Strategies in Nursing Homes (Recorded Webinar)

Last Updated Aug. 24, 2020

Content source: National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases
https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-home-long-term-care.html

United States

COVID-19 and Animals

Source: CDC
Updated Aug. 24, 2020
What you need to know

- We do not know the exact source of the current outbreak of coronavirus disease 2019 (COVID-19), but we know that it originally came from an animal, likely a bat.
- At this time, there is no evidence that animals play a significant role in spreading the virus that causes COVID-19.
- Based on the limited information available to date, the risk of animals spreading COVID-19 to people is considered to be low.
- More studies are needed to understand if and how different animals could be affected by COVID-19.
- We are still learning about this virus, but it appears that it can spread from people to animals in some situations.

For more information, see COVID-19 and Animals Frequently Asked Questions. For information on pets, see If You Have Pets.
Coronaviruses are a large family of viruses. Some coronaviruses cause cold-like illnesses in people, while others cause illness in certain types of animals, such as cattle, camels, and bats. Some coronaviruses, such as canine and feline coronaviruses, infect only animals and do not infect humans.
Risk of animals spreading the virus that causes COVID-19 to people
Some coronaviruses that infect animals can be spread to humans and then spread between people, but this is rare. This is what happened with the virus that caused the current outbreak of COVID-19, with the virus likely originating in bats. The first reported infections were linked to a live animal market, but the virus is now spreading from person to person.
The virus that causes COVID-19 spreads mainly from person to person through respiratory droplets from coughing, sneezing, and talking. Recent studies show that people who are infected but do not have symptoms likely also play a role in the spread of COVID-19. At this time, there is no evidence that animals play a significant role in spreading the virus that causes COVID-19. Based on the limited information available to date, the risk of animals spreading COVID-19 to people is considered to be low. More studies are needed to understand if and how different animals could be affected by COVID-19.
Risk of people spreading the virus that causes COVID-19 to animals

The first US case of an animal testing positive for COVID-19 was a tiger at a NY zoo.
We are still learning about this virus, but it appears that it can spread from people to animals in some situations, especially after close contact with a person sick with COVID-19.
For information on how to protect pets from possible infection with SARS-CoV-2, see If You Have Pets.
Animals that can be infected with the virus that causes COVID-19
We know that cats, dogs, and a few other types of animals can be infected with SARS-CoV-2, the virus that causes COVID-19, but we don't yet know all of the animals that can get infected. There have been reports of animals being infected with the virus worldwide.

- A small number of pet cats and dogs have been reported to be infected with the virus in several countries, including the United States. Most of these pets became sick after contact with people with COVID-19.
- Several lions and tigersexternal icon at a New York zoo tested positive for SARS-CoV-2 after showing signs of respiratory illness. Public health officials believe these large cats became sick after being exposed to a zoo employee who was infected with SARS-CoV-2. All of these large cats have fully recovered.
- SARS-CoV-2 has been reported in mink (which are closely related to ferrets) on multiple farms in the Netherlands, Denmark, Spain, and the United Statesexternal icon.

    - SARS-CoV-2 infection in farmed mink has been characterized by respiratory disease and an increased mortality rate.
    - Because some workers on these farms had symptoms of COVID-19, it is likely that infected farm workers were the source of the mink infections.
    - Currently, there is no evidence that animals play a significant role in the spread of SARS-CoV-2 to people. However, reports from infected mink farms in the Netherlands suggest that in these environments there is the possibility for spread of SARS-CoV-2 from mink to humans.
    - Additionally, some farm cats and dogs on mink farms in Europe also tested positive for SARS-CoV-2, suggesting they had been exposed to the virus.

CDC, USDA, and state public health and animal health officials are working in some states to conduct active surveillance of SARS-CoV-2 in pets, including cats, dogs, and other small mammals, that had contact with a person with COVID-19. These animals are being tested for SARS-CoV-2 infection and also tested to see whether the pet develops antibodies to this virus. This work is being done to help us better understand how common SARS-CoV-2 infection might be in pets as well as the possible role of pets in the spread of this virus.

The U.S. Department of Agriculture (USDA) maintains a listexternal icon of all animals with confirmed infections with SARS-CoV-2 in the United States.

Research on animals and COVID-19

Research on SARS-Cov-2 in animals is limited, but studies are underway to learn more about how this virus can affect different animals.

- Recent research shows that ferrets, cats, and golden Syrian hamsters can be experimentally infected with the virus and can spread the infection to other animals of the same species in laboratory settings.
- A number of studies have investigated non-human primates as models for human infection. Rhesus macaques, cynomolgus macaques, Grivets, and common marmosets can become infected SARS-CoV-2 and become sick in a laboratory setting.
- Mice, pigs, chickens, and ducks do not seem to become infected or spread the infection based on results from these studies.
- Data from one study suggest some dogs can get infected but might not spread the virus to other dogs as easily compared to cats and ferrets, which can easily spread the virus to other animals of the same species

These findings were based on a small number of animals, and do not show whether animals can spread infection to people. More studies are needed to understand if and how different animals could be affected by COVID-19.

Guidance and recommendations

- Interim Guidance for Public Health Professionals Managing People with COVID-19 in Home Care and Isolation Who Have Pets or Other Animals
- Interim recommendations for intake of companion animals from households where humans with COVID-19 are presentexternal icon
- Interim Infection Prevention and Control Guidance for Veterinary Clinics
- Evaluation for SARS-CoV-2 Testing in Animals
- Interim Guidance for SARS-CoV-2 Testing in North American Wildlife
- Toolkit: One Health Approach to Address Companion Animals with SARS-CoV-2
- COVID-19 Recommendations for Pet Stores, Pet Distributors, and Pet Breeding Facilities

More Information

- COVID-19 and Animals FAQs
- COVID-19 and Pets
- Information on Bringing an Animal into the United States
- World Organisation for Animal Health: COVID-19 Events in Animalsexternal icon
- USDA: Confirmed cases of SARS-CoV-2 in Animals in the United Statesexternal icon
- USDA: Coronavirus Disease 2019external iconexternal icon
- FDA: Coronavirus Disease 2019external iconexternal icon

Media Announcements

- USDA Confirms SARS-CoV-2 in Mink in Utahexternal icon

- Confirmation of COVID-19 in Pet Dog in New Yorkexternal icon
- Confirmation of COVID-19 in Two Pet Cats in New York
- USDA Statement on the Confirmation of COVID-19 Infection in a Tiger in New Yorkexternal icon

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Last Updated Aug. 24, 2020
https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/animals.html

United States
Coronavirus (COVID-19) Update: Daily Roundup August 24, 2020
Source: FDA

The U.S. Food and Drug Administration today announced the following actions taken in its ongoing response effort to the COVID-19 pandemic:

- Today, the FDA has taken steps to encourage the development of SARS-CoV-2 tests. The FDA posted a new webpage that provides an overview of available resources related to SARS-CoV-2 screening testing and testing using pooled samples.
- Testing updates:
    - To date, the FDA has currently authorized 221 tests under EUAs; these include 179 molecular tests, 39 antibody tests, and 3 antigen tests.

https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-daily-roundup-august-24-2020

United States
Trump Administration Adds Health Plans to June 2020 Plasma Donation Guidance
Source: HHS

Today, under the leadership of President Trump, the Office for Civil Rights (OCR) at the U.S Department of Health and Human Services (HHS) issued amended guidance on how the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule permits covered health care providers (e.g., hospitals, pharmacies, laboratories) and health plans to contact their patients and beneficiaries who have recovered from COVID-19 to inform them about how they can donate their plasma containing antibodies (known as "convalescent plasma") to help treat others with COVID-19.

OCR added health plans to the June 2020 guidance that explains how HIPAA permits covered health care providers and health plans to identify and contact patients and beneficiaries who have recovered from COVID-19 for individual and population-based case management or care coordination. The guidance also emphasizes that, without individuals' authorization, the providers and health plans cannot receive any payment from, or on behalf of, a plasma donation center in exchange for such communications with recovered individuals.

This announcement builds upon President Trump's call to action and existing partnership with commercial labs, insurers, providers, and pharmacies to send communications to individuals who have recovered from COVID-19 encouraging them to donate their convalescent plasma. This guidance to health care providers and health plans also complements the Food and Drug Administration's (FDA) recent issuance of an emergency use authorization (EUA) for investigational convalescent plasma for the treatment of COVID-19 in some hospitalized patients. The FDA has concluded this product may be effective in treating COVID-19.

"In response to the President's call for Americans who have recovered from COVID-19 to donate their plasma, OCR clarified how HIPAA permits health plans to contact their beneficiaries about plasma donation opportunities," said Roger Severino, OCR Director. "We will continue to use every tool at our disposal to beat this virus and keep Americans healthy," he added.

The amended guidance may be found at: https://www.hhs.gov/sites/default/files/guidance-on-hipaa-and-contacting-former-covid-19-patients-about-blood-and-plasma-donation.pdf - PDF.

For more information related to HIPAA and COVID-19, please visit: https://www.hhs.gov/hipaa/for-professionals/special-topics/hipaa-covid19/index.html.

WHO - Coronavirus disease (COVID-19) Weekly Epidemiological Update 2 (Official)

- During the 20 August Member State Briefing, WHO Director-General highlighted that "the fastest way to end the pandemic and reopen economies is to start by protecting the highest risk populations everywhere, rather than the entire populations of just some countries." He encouraged all countries to join the COVAX Global Vaccines Facility, part of the ACT Accelerator – a critical mechanism for joint procurement and pooling risk across multiple vaccines. Nine vaccine candidates in the COVAX portfolio are currently going through Phase II or Phase III clinical trials. WHO is proposing to allocate vaccines in two phases. WHO issued terms of agreement for all countries to confirm how they prefer to join the mechanism, with a deadline of 31 August.
- WHO has published updated guidance on quarantine measures for individuals who are identified as contacts of a case of COVID-19. This includes information on the implementation of quarantine, as well as on ventilation and on the care of children in quarantine.
- WHO has published new guidance on the use of masks for children which serves as an annex to previously published guidance on use of masks in the context of COVID-19. The Q&A on children and the use of masks has recently been updated that provides answers to questions the public may have.
- In a WHO survey of 39 countries in sub-Saharan Africa, only six schools were found to be fully open. The impact of extended disruption to education as a result of school closure is significant, and includes poor nutrition, stress, increased exposure to violence and exploitation, childhood pregnancies, and diminished educational progress. WHO and UNICEF have urged governments in Africa to promote the safe reopening of schools while taking measures to limit the spread of the virus
- Globally, risks of COVID-19 resurgence remain in all countries that have managed to suppress transmission. WHO Regional Director for Europe has highlighted this during a statement to the press, indicating that as summer turns to autumn in the northern hemisphere, we must make sure that we adopt the right public health measures to enable the safe return to school, manage the approaching influenza season, sustain our economies, and address the increased health risks to older people at this time of year.
- The COVID-19 pandemic has negatively affected mental health and raised concerns of an increase in domestic violence in the Region of the Americas. WHO Regional-Director has counseled that countries in the Americas should expand and invest in mental health services. WHO has produced several publications on mental health and COVID-19, including advice for the public, a children's book, and other guidance.
- Recent studies that show an increased risk among pregnant women of presenting with severe forms of COVID-19. In light of this, the WHO Regional Office for the Americas is encouraging countries to step up efforts to ensure access to prenatal care services for pregnant women.
- WHO and the Jack Ma Foundation have donated COVID-19 essential medical supplies to 20 Caribbean countries. The supplies, which landed in Barbados, will be delivered through a new integrated regional logistics hub, supported by a donation by the Government of Canada.
- The COVID-19 pandemic has affected older people disproportionately, especially those living in long term care facilities. Some countries indicate that more than 40% of COVID-19 related deaths have been linked to long-term care facilities. The WHO Regional Office for the Western Pacific has produced a communication toolkit for long-term care facilities to support Infection Prevention and Control. This compliments a WHO policy brief released last month on preventing and managing COVID-19 across long-term care services.

https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200824-weekly-epi-update.pdf?sfvrsn=806986d1_2

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

South Korea

In South Korea, almost 400 cases of SARS-CoV-2 infection were detected in 24 hours
Source: TKS
Unique ID: 1007695502

SEOUL, August 24, 2020, 08:28 - REGNUM has detected nearly 400 cases of coronavirus infection in South Korea in the past 24 hours. This was reported by KBS on August 24, citing representatives of the Korean Centers for Disease Control and Prevention.
Follow the events in the broadcast: "Peace vs. coronavirus: stabilization or "second wave"? - all the news"
According to published data, 387 new cases - local, another ten cases - imported. The total number of confirmed infections in the country increased to 17,399.
It is known that 138 cases of infection have been detected in Seoul, 124 cases in Gyeonggi province, 32 cases in Incheon, in Gwangju, Taejon, Gangwon Province - 15 cases, in Cholla-Namdo province - 14 cases, in Chungcheon-Namdo province - ten cases, Gyeongsan-Namdo province - eight cases, in Daegu - six cases, in Ulsan and Chonchhon Puto province - three cases, in Pusan and Kyung-Utto province - two cases.
The number of deaths from COVID-19 remained at 309. The death rate was 1.78%.
Background
In late December 2019, Chinese authorities reported an outbreak of pneumonia of unknown origin in Wuhan City, Hubei Province. Experts have previously determined that the pathogen was a new type of coronavirus - 2019-nCoV (later called SARS-CoV-2). On 11 March 2020, the World Health Organization declared a covid-19 coronavirus pandemic, which by that time had affected 118,000 people in 114 countries.

France

France reports highest daily rise in coronavirus cases
Source: Anadolu Agency
Unique ID: 1007696304

France confirmed on Monday a spike of 4,897 new coronavirus cases over the last 24 hours, the highest single-day figure since the start of the outbreak.
The death toll in France currently stands at 30,513 with overall cases at 242,899, according to the Health Ministry.
A total of 4,709 people remain in hospital -- 383 of those in intensive care.
Health Minister Olivier Veran said in a statement that France has achieved the ability to test 700,000 people per week -- roughly 1% of the French population.
"We have just exceeded our objective of 700,000 tests carried out each week, precisely 725,000," Veran told Le Journal du Dimanche in a weekend interview.
"France is now doing more tests than Germany, Spain, Italy, Sweden, and The Netherlands. We can do a million tests if we need to."
Throughout France 333 new clusters have been confirmed and 38 departments are considered vulnerable.
The health minister was however reluctant to call the daily spike in cases as a resurgence of the virus.
"No, it's not the same as in February. This is not a resumption of the epidemic because it has never stopped. It was only checked during the confinement. The risk is that after you gently remove the lid from the pot, the water will boil again."
https://www.aa.com.tr/en/europe/france-reports-highest-daily-rise-in-coronavirus-cases/1951520

Brazil

Bolsonaro says chloroquine would have prevented many deaths in Brazil
Source: CE Noticias Financieras
ID: 1007699233

President Jair Bolsonaro on Monday praised the doctors who prescribed hydroxychloroquine in the initial states of Covid-19 and assured that this questioned drug would have saved the lives of many of the nearly 115,000 deaths of the virus in Brazil.

"You saved, in my opinion, thousands and thousands of lives in Brazil. If hydroxychloroquine had not been politicized, many more lives could have been saved," Bolsonaro said during the event at the presidential palace in Planalto by presenting the "Brazil beating Covid-19" movement.
That group of "volunteer doctors," which according to its spokespersons has about 10,000 adherents in the 27 states of the country, made a vigorous defense of hydroxychloroquine combined with other drugs in mild coronavirus patients, even though the efficacy of this antimalarial for the new coronavirus lacks scientific verification.
"We learned (...) that by attacking the virus in the initial phase, using simple drugs such as hydroxychloroquine, azithromycin along with other medications, the disease is weaker and prevents the condition of most patients from getting worse," said the anastesist Luciano Dias de Azevedo, who leads the group.
"Our beautiful and beautiful hydroxychloroquine, I can say ten times without any suspicion, manages, yes, to reduce the damage of covid-19 (...). Brazilian people are not afraid of this medication", defended Dr. Raíssa de Melo Soares.
Bolsonaro, 65, says he underwent treatment when he became infected with the virus last July, as did at least nearly 200 presidential officials, including a dozen of his ministers who contracted the disease.
The representative congratulated the doctors' movement, articulated by the same government.
"I want to thank you, congratulate you on the decision made. One thing is certain: history will never remember the weak, the cowards and the mismy. We will always remember them," said the far-right boss.
Bolsonaro called the covid-19 "flu" "flu" and called governors who promoted confinement to curb the spread of coronavirus as "dictators", a measure to blame the negative impacts of the pandemic on the economy.
After the United States, Brazil, there are 3.6 million cases and 114,744 deaths, the second country with the highest number of victims of the new coronavirus.

Bolivia

Bolivia would have five times dead more than official figure

Source: CE NoticiasFinancieras
ID: 1007699229

TARIJA, Bolivia — So many people died that the government figures could not be correct.
Calls to collect the bodies flooded Bolivia's forensic office. In July, agents collected up to 150 bodies a day, fifteen times more than normal, said Andrés Flores, the country's forensic chief.
The lawsuit in his office suggested that the official count of COVID-19 deaths—now just over 4300—was very low, Flores said.
But with limited evidence, and a political crisis tearing the country apart, the extra lives that have been largely lost are not recognized.
The new mortality figures revised by the Times suggest that the actual number of deaths during the outbreak is almost five times higher than the official figure, indicating that Bolivia has suffered one of the worst epidemics in the world.
The extraordinary increase in mortality, adjusted according to its population, is more than double that of the United States, and much higher than the levels of Italy, Spain and the United Kingdom.
Some 20,000 more people have died since June than in previous years, according to a Times analysis of Bolivia's Civil Registry data, a huge figure in a country of only about 11 million people.
The monitoring of deaths (for all causes) gives a more accurate picture of the true number of victims of the pandemic, according to demographers, because it does not depend on the conduct of tests, which has been very limited in Bolivia.
Mortality figures include people who may have died from COVID-19 and other causes because they were unable to receive medical attention.
"It's a very cruel situation that we have to live," said Flores, who runs the Forensic Research Institute. "We've been naked in front of this."
With a precarious health system, decentralized government and poor infrastructure, Bolivia had trouble containing infectious diseases such as dengue even before the coronavirus arrived, said Virgilio Prieto, head of epidemiology at Bolivia's Ministry of Health.

But his responsiveness was undermined by a challenged election that led to the demity of socialist Evo Morales,the then president, in November. An interim president, conservative Jeanine Añez, took office with a promise to govern until elections were held.
Since then, Añez has announced his candidacy for office, and asked the electoral board to postpone the new vote, saying that the pandemic made it unsafe for the population to go to the polls.
The rescheduling of the vote from May to October has infuriated opposition groups, who see it as an attempt by the provisional president to hold on to power.
"She is not recognized as a legitimate leader, which makes it extremely difficult to coordinate the complex response that the pandemic requires," said Santiago Anria,Bolivian expert at Dickinson College in Pennsylvania.
Añez's decision to run for president hired opposition legislators and regional officials on which he depended to mobilize health care resources, Anria said, leading to a disorganized and ineffective effort.
His response was also bogged down by corruption scandals, including the arrest of his health minister in May, after investigators accused him of using international donor money to buy hospital fans at twice the actual cost.
Añezhe defended his handling of the outbreak by saying that the decision to quickly conduct isolation had prevented the loss of even more lives.
He also blamed Morales' party for his mishandling of the health system in his 14 years in power and for blocking his plans to increase public spending during the pandemic.
"We've done in three months, more than has been done in our country's health history," he wrote on Twitter this month.
More than a hundred blockades organized by unions and Morales supporters have paralyzed a once-weakened economy, leaving the government with fewer resources to import urgently required medical supplies.
The shortage of oxygen and other equipment caused by blockades has resulted in the deaths of at least 30 patients, the Organization of American Statessaid in a report.
While hospitals ran out of drugs and coronavirus tests, Morales' partners in Congress passed a law allowing the medical use of a very popular bleaching agent among Bolivians, chlorine dioxide,a treatment for unproven and potentially dangerous coronavirus.
"The pandemic found us in a very precarious situation, with an ineperienced government and high political tensions," said Franklin Pareja, a political scientist at The Universidad Mayor de San Andrés in La Paz. "Political confrontation comes at a cost in lives."
In the political center of Bolivia, the region of La Paz, the quintuple of people died in July compared to previous years, a rate comparable to that of Madrid during its worst month.
In the tropical plains of the Beni region, more than seven times of the regulars died, a figure that exceeds that of Bergamo, Italy, during its peak.
Although Bolivia's official statistics show a severe increase in mortality from July, the closure of government offices during the April isolation means that there were almost no deaths that month.
Officials from the Bolivian Civil Registry, which issues death certificates, warned that at least some of the deaths in April could have been recorded in subsequentmonths, which would skew the mortality rate.
The scale of the increase in mortality, however, can be confirmed by overflowing Bolivia's crematoriums, cemeteries and cadaver collection agencies.
The increase in deaths had collapsed Bolivia's hospitals and forced local authorities to expand their crematoriums and open new cemeteries.
FociIn the municipal cemetery of La Paz,neighbors and floats lined up outside the entrance for up to a week to have the opportunity to bury their loved ones.
In Sucre, Bolivia's capital, local health authorities said they had to stack dozens of bodies in morgues, hospitals and even at the local university, while managing to install a new crematorium oven to meet demand.
And in the city ofCochabamba,families had to stay with the bodies of their loved ones at home for days because funeral homes and crematoriums were unable to handle the increase.
"The health system has always been saturated," said Prieto, the head of epidemiology at the Ministry of Health. "We don't have enough spaces, equipment or intensive care units."
Despite the crisis, some regional governments, under pressure to reopen the economy before the elections, have begun to allow gymnasiums andrestaurants are reactivated, raising fears that mortality rates will rise again.

[APG]

The Ministry of Health estimates that the country will not reach the peak of the pandemic until September. In the meantime, the population will continue to carry Bolivia's ineffective response.
When Joshua Jallaza, a 24-year-old taxi driver from Cochabamba, fell ill with coronavirus symptoms, his family called three times to ask for a doctor, but no one arrived. Then he passed out and the family took him to a hospital"but they didn't want to take care of us,"said his brother, Marcelo Jallaza.
"We've been kicked out like a dog, " said Jallaza.
Then they took him to a private clinic where "a doctor came out and got us into the ER, but they saw his eyes and said, 'He's dead, there's nothing we can do,'" Jallaza said.
The family took the body home and spent four days trying to bury it. After begging in tears with cemetery employees, they were finally granted a grave.

South Korea
South Korea on verge of 'massive' nationwide COVID-19 outbreak
Source: nypost.com
ID: 1007699210

South Korea is on the brink of a "massive nationwide outbreak" of the coronavirus, the country's top health official warned as it recorded its highest number of new cases in months.

The country reported 397 new COVID-19 infections on Sunday — the largest number since March 7, the Korea Centers for Disease Control and Prevention said.

"Cases are rising in 17 cities and provinces across the nation, and we are now at the verge of a massive nationwide outbreak," KCDC director Jeong Eun-kyeong said, Bloomberg reported.

Once considered a model for getting control of the virus, the country was able to push daily case numbers into the single digits through an intensive tracking and testing campaign.

But now that its new case tally has been in the triple digits for 11 straight days, the nation may need to revert to stricter social distancing measures to stop the virus, Jeong said.

This may include banning gatherings of more than 10 people, shutting schools, temporarily banning professional sports and recommending employees work from home.

Jeong called on South Koreans to each do their part in preventing the spread of the virus.

"Please stay home and wear a mask if you do go out," she said, the BBC reported.

"Please join us in this social distancing campaign once again so that we can continue educating our students, supporting our local economy, and preventing the medical system from collapsing. And so that we keep our patients away from danger."
https://nypost.com/2020/08/24/south-korea-on-verge-of-massive-nationwide-covid-19-outbreak/

Palestine
Authorities detect community spread of virus in Gaza
Source: OttawaMatters.com: ottawamatters
ID: 1007699071

GAZA, Palestinian Territory — The Hamas-run Health Ministry in the Gaza Strip on Monday announced the first cases of coronavirus spread through the community, raising fears of an outbreak in the impoverished territory blockaded by Israel and Egypt.
Until now, all the cases reported in Gaza were linked to quarantine facilities for residents returning from abroad.
The Health Ministry said four people from the same family have tested positive for the virus in central Gaza and investigations were underway to track the source of the infection. A full lockdown was imposed on the al-Maghazi refugee camp, where the family lives.

The Hamas-run government announced 48-hour curfew in the entire territory, closing businesses, schools, mosques and cafes.
The Islamic militant Hamas movement has ruled Gaza since seizing control from rival Palestinian forces in 2007. Egypt and Israel imposed a crippling blockade on the territory, which is home to some 2 million Palestinians, in response to the Hamas takeover. Israel and Hamas have fought three wars and countless skirmishes since then.
Tensions have risen in recent weeks as Palestinian militants have launched incendiary balloons and rockets across the frontier. Israel has responded with airstrikes on targets linked to Hamas. There have been no deaths or serious injuries on either side.
The discovery of the local cases comes despite months of strict efforts taken to prevent community transmission.
Starting on March 15, Hamas imposed mandatory isolation for 21 days at designated quarantine centres for all those returning to the Strip by the way of Israel and Egypt. Authorities have detected 109 cases in the quarantine facilities since March, and 72 of them have recovered. The only fatality in Gaza was a woman who had underlying health problems.
https://www.ottawamatters.com/world-news/authorities-detect-community-spread-of-virus-in-gaza-2661108

China

China secretly vaccinating key workers with mysterious new drug since July
Source: express.co.uk
ID: 1007698286

CHINA has been secretly inoculating key workers with an unknown vaccine since July.
The keyworkers involved include frontline medical staff and border control inspectors. Zheng Zhongwei, a senior official from the national health commission, revealed at the weekend the vaccine had been secretly approved on July 22. Mr Zheng explained the swift distribution of the new vaccine in an official statement that said: "There are clear provisions in Article 20 of our country's vaccine law.
"When a major public health incident occurs, the National Health Commission submits an application for emergency use of vaccines, and the State Food and Drug Administration organises experts to evaluate and agree to the National Health Commission for emergency use of vaccines within a certain scale and within a certain limited time".
The leader of the vaccine research and development team in China said the next phase of inoculation with the vaccine would begin in the autumn and winter.
He explained this would be in order to create "an immunity barrier".
He added: "Once we build up an immune barrier for medical staff, personnel involved in basic operation of the city, such as those in the farmers market, transportation, and in some service industries could be eligible for the vaccine.
READ MORE: Coronavirus: Does COVID-19 spread more in winter? Expert warning
"Then the entire city's operation has a stable guarantee".
So far, the experimental vaccine has only been used on people who work in "high risk" professions.
Authorities have now given permission to give the vaccine to epidemic prevention personnel and staff at fever clinics.
Sinopharm's China National Biotec Group Company, CNBG, has been developing the new vaccine.
DON'T MISS
Coronavirus map LIVE: Panic after TRUE death toll exposed [LIVE BLOG]
Britons returning from Spain face HUGE fines if they flout quarantine [INSIGHT]
Second wave horror: New coronavirus outbreak erupts at caravan park [ANALYSIS]
The vaccine has gone through phase 3 clinical trials that were conducted in the UAE, Peru, Morocco, and Argentina.
In June, Beijing approved the use of a different vaccine for the People's Liberation Army.
The vaccine was rushed through "military specially-needed drug approval".
China can create vaccines on a huge scale.
The country has 40 manufacturers that can create as many as one billion doses of a specific vaccine in a much shorter amount of time than other nations.
The effects of these trial vaccines have not been reported.

It is unclear if the vaccine went through the most stringent clinical trials.
China maintains it has relatively few domestic cases of coronavirus, stating that most of the recent cases have been imported from overseas.
Mr Zheng said: “Most cases in China now are imported, so border officials are a high-risk group.”
Related articles Coronavirus breakthrough: Immunity from COVID-19 could be much higher Iran accused of 'coronavirus cover up' as true death toll exposed Holidays: Rising coronavirus cases spark fear for certain hotspots
https://gphin.canada.ca/cepr/showarticle.jsp?docId=1007698286

WHO
WHO Sees Lacking Evidence Of Convalescent Plasma Therapy Benefits For COVID-19 Patients
Source: UrduPoint
Unique ID: 1007696484

MOSCOW (UrduPoint News / Sputnik - 24th August, 2020) The World Health Organization (WHO) believes that there is a lack of evidence proving that the convalescent plasma therapy is effective or safe in treatment of COVID-19 patients and recommends to use it as an experimental therapy, WHO chief scientist Soumya Swaminathan said on Monday.
According to the scientist, a number of ongoing clinical trials are looking at convalescent plasma, but only few of them have actually reported on the results and those are not conclusive.
"The trials have been relatively small, and the results in some cases point to some benefit, but have not been conclusive. We have been tracking this and we do ongoing meta-analysis and systematic reviews to see where the evidence is shifting or pointing, and at the moment it is still very low-quality evidence. So we recommend that convalescent plasma is still an experimental therapy. It should continue to be evaluated in well-designed, randomised clinical trials," Swaminathan told a virtual briefing.
Dr. Bruce Aylward, a senior adviser to the WHO director-general, in turn, pointed to side effects caused by this therapy.
"In the case of the convalescent plasma therapy, there are a number of side effects from relatively mild chills and fevers that can be associated with it to more severe lung-related injuries, even circulatory overload. So, for that reason, as Soumya outlined, the clinical trials results are extremely important to know that we've got a clear, demonstrated benefit so we can weigh both of these in considering the final recommendations," Aylward said.
The US food and Drug Administration (FDA) on Sunday approved the use of convalescent plasma to treat COVID-19 patients. The administration of US President Donald Trump said that this treatment could reduce coronavirus mortality rate by 35 percent.
Convalescent plasma therapy is an experimental treatment that some doctors are using for people with severe coronavirus symptoms. Plasma is the liquid portion of antybody-rich blood taken from patients who have recovered from the disease.
https://www.urdupoint.com/en/world/who-sees-lacking-evidence-of-convalescent-pla-1009916.html

WHO
172 countries signed up to vaccines development programme, WHO announces
Source: Euronews
ID: 1007698087

Watch the WHO Director-General Tedros Adhanom Ghebreyesus lead a briefing on the ongoing coronavirus pandemic in the player above.
There are now potentially 172 countries interested in participating in a global initiative to ensure fair access to a safe and effective coronarvirus vaccine, the World Health Organization (WHO) has announced.
The aim would be to bring the COVID-19 pandemic under control through pooling resources and distributing a potential vaccine to all countries taking part.
If all countries who have shown an interest officially sign up to the scheme, more than 70 per cent of the world's population would be able to access a vaccine through the WHO-led COVAX plan.

“Initially, when there will be limited supply [of vaccines], it’s important to provide the vaccine to those at highest risk around the globe,” WHO Director-General Tedros Adhanom Ghebreyesus said. “This doesn’t just pool risk. It also means that prices will be kept as low as possible.”
Coronavirus deaths pass 800,000 worldwide
There are currently nine candidate vaccines which are part of the initiative with another nine under consideration.
Maximising the portfolio of vaccines increases the probability of success as individual vaccines historically have a high failure rate, according to the WHO.
COVAX aimed to deliver two billion doses of a safe, viable vaccine by the end of 2021, Ghebreyesus said.
"There is light at the end of the tunnel. As I said last week, together we can do it," he added.
Highlighting the efforts of governments around the world to mitigate the economic impact of the coronavirus pandemic, Ghebreyesus, however, warned more funding was “urgently needed to move the portfolio forward.”
Do the drugs being used to treat COVID-19 work? Euronews debunks the myths
Putin went as far as announcing his daughter had already been inoculated.
Controversially, when the announcement was made, the vaccine had not yet completed advanced trials which would prove it works, something that breaks normal scientific protocol.
WHO chief scientist Dr Soumya Swaminathan indicated that the WHO had asked the Russians to share the data on efficacy.
“Safety needs to be assessed short term but also long term as some side effects are only picked up later on," she said.
Asked whether countries should consider ordering doses of the Russian vaccine, Dr Bruce Aylward, senior advisor to the director-general, said the WHO would not be recommending any vaccines that hadn't passed through its “pre-qualification emergency use licensing programme."
To date, no vaccine has met this milestone.
US developing strain of coronavirus for future vaccine tests
The emergency authorisation of convalescent plasma as a COVID-19 treatment in the US was also called into question in the briefing.
US President Donald Trump hailed the move as a "breakthrough" that could reduce deaths by 35 per cent.
Dr Swaminathan indicated there was "very low evidence" to show how safe and effective it was as a coronavirus therapy, stating that there were a number of ongoing clinical trials focusing on plasma with only limited data released so far.
"The results are not conclusive. The trials have been relatively small and the results in some cases point to some benefit but have not been conclusive. We have been tracking this and do ongoing... reviews to see where the evidence is shifting or pointing at and the moment it is still very low evidence,” she said.
https://www.euronews.com/2020/08/24/watch-live-who-director-general-gives-update-on-covid-19-pandemic

Sweden

Swedish COVID-19 response chief predicts local outbreaks, no big second wave - National Post
Source: National Post
ID: 1007698101

STOCKHOLM — Sweden is likely to see local outbreaks but no big second wave of COVID-19 cases in the autumn, such as inundated hospitals a few months ago, the country’s top epidemiologist and architect if its unorthodox pandemic strategy said on Monday.
Sweden has been an outlier in Europe’s fight against the novel coronavirus, keeping businesses, restaurants and most schools open throughout the pandemic, while not recommending the use of face masks, which remain a rare sight on city streets.
Swedish COVID-19 response chief predicts local outbreaks, no big second wave Back to video
Per capita, Sweden has suffered many times more COVID-19 deaths than its Nordic neighbors, though not quite as many as Europe’s worst-hit countries such as Belgium, Spain and Britain.

New cases, hospitalisations and mortality have fallen sharply over the past couple of months. With most Swedes having returned from summer vacations and schools reopening last week for the new semester, there are concerns the country could see a second wave of infections.
"We don't believe we'll have a classic second wave, such as those seen in influenza pandemics where you get widespread contagion in the community again," Chief Epidemiologist Anders Tegnell said in an interview with broadcaster TV4.
"This disease appears to work in a different way. The spread is more patchy, so the likelihood is greater that we will see – as one is currently seeing around Europe – outbreaks in certain places, at workplaces and similar environments, during the autumn."
https://nationalpost.com/pmn/health-pmn/swedish-covid-19-response-chief-predicts-local-outbreaks-no-big-second-wave

France
'Very worrying' coronavirus outbreak at popular nudist resort in France
Source: Info sur hoy
Unique ID: 1007696609

The Cap d'Agde resort in the Herault region, which is a very popular destination for naturists, saw 38 positive tests on Monday and another 57 on Wednesday last week.
French regional health authorities announced on Sunday that 100 nude holidaymakers have so far tested positive for Covid-19 on the Mediterranean coast.
Approximately 100 naked holidaymakers have tested positive for Covid-19 at the Cap d-Agde resort on the Mediterranean coast of France as the country grapples with a second wave
The nudist beach of Le Cap d'Agde in France is a popular destination for naturists
The coronavirus infection rate is four times higher in the nudist resort than the rest of the area
France has been added to the UK's quarantine requirement travel list
The rate of infection is currently four times higher among naturists in the resort than in the village itself, the local health authority said.
There's been a "very worrying" outbreak of coronavirus at a naturist resort in France.
Another 50 holidaymakers had tested positive after returning home.
Almost 4,900 new coronavirus cases were reported over 24 hours, it was announced on Sunday, the country's highest figure since May.
France is among several European countries experiencing an upswing in cases after seeming to get infection rates under control.
More testing results are expected next week. The authority said the outbreak is "very worrying", and an alert has been issued over the resort.
France is testing more people than before — up to 700,000 a week — so there will be more positive cases, but the infection rate has doubled since the end of July.
Officials say the virus is now mostly circulating in major cities among the young, who typically do not have serious symptoms.
France has more than 280,000 confirmed coronavirus infections, and 30,518 deaths, the third-highest toll in Europe after the UK and Italy.
French health minister Olivier Veran has insisted the country will not have to do a second nationwide lockdown.
Spain, Germany and Italy have also recorded their highest numbers of cases since late April or May.
The UK recently added France, Austria, Croatia, Malta and the Netherlands to its list of travel destinations requiring two weeks of self-isolation upon return.
Italy registered 845 new cases last Thursday, its highest figure for three months.
Boris Johnson has said "ruthlessness" will be necessary to prevent coronavirus from spiking again in the UK as it seems to be doing in Europe.
https://infosurhoy.com/health/very-worrying-coronavirus-outbreak-at-popular-nudist-resort-in-france-latest-news/

WHO

Coronavirus pandemic: Children aged 12 and over should wear masks
Source: BBC News
Unique ID: 1007696311

The World Health Organization (WHO) has issued guidance saying children over the age of 12 should wear masks, in line with recommended practice for adults in their country or area.
It admits little is known about how children transmit the virus but cites evidence that teenagers can infect others in the same way as adults.
Children aged five and under should not normally wear masks, the WHO said.
More than 800,000 people have now died with coronavirus worldwide.
At least 23 million cases of infection have been registered, according to Johns Hopkins University, with most of them recorded in the US, Brazil and India.
However the true number of people who have had the virus is believed to be far higher, due to insufficient testing and asymptomatic cases.
The numbers have been rising again in countries as diverse as South Korea, EU states and Lebanon.
Why Spain is seeing second Covid wave
New study shows more women in Delhi had Covid
Where are the world's coronavirus hotspots?
WHO chief Tedros Adhanom Ghebreyesus has said he hopes the pandemic will be over in two years but a top scientific adviser in the UK warned Covid-19 might never be eradicated, with people needing regular vaccinations.
What is the WHO guidance for children and masks?
The advice published on the WHO website covers three age groups:
Children aged 12 and over should wear a mask under the same conditions as adults, in particular when they cannot guarantee a distance of at least one metre from others and there is widespread transmission in the area
For children aged between six and 11, the WHO advises taking into account how widespread the transmission of the virus is and whether the child is interacting with high-risk individuals such as the elderly. It also stresses the need for adult supervision to help children use, put on and take off masks safely
Children aged five and under should not, under normal circumstances, wear masks
For teachers, the WHO says: "In areas where there is widespread transmission, all adults under the age of 60 and who are in general good health should wear fabric masks when they cannot guarantee at least a one-metre distance from others.
"This is particularly important for adults working with children who may have close contact with children and one another."
Adults aged 60 or over, or those with underlying health conditions, should wear medical masks, it says.
The WHO guidance does not specify whether a child over the age of 12 should wear a mask in school, but it may yet become a feature of the classroom as the new academic year begins.
France recently made it mandatory for all children over 11, and a number of schools in the UK are taking it upon themselves to require students to wear them even though this is not official government guidance.
James Gillespie's High School in Edinburgh is one such school, making the decision to require students to "wear face coverings indoors whilst moving around between classes" after taking feedback from pupils, staff and parents. Nicola Sturgeon, the first minister of Scotland has warned secondary school students may be required to wear face coverings in the "near future".
https://www.bbc.com/news/world-53877292

Cuba

Cuba begins clinical trials of its COVID-19 vaccine candidate
Source: CE NoticiasFinancieras
ID: 1007699541

Havana, 24 Aug (EFE).- Cuba began on Monday in Havana the human clinical trials of its first project of the SARS-CoV-2 coronavirus vaccine, whose first two phases will continue until the beginning of next November and involve 676 volunteers.

The trials of the formula, developed by scientists from the state Finlay Institute of Vaccines and dubbed "Sovereign 01", were authorized after registration on August 13 in the register of the Center for State Control of Medicines, Equipment and Medical Devices (Cedmec).The Cuban vaccine successfully passed the animal experimentation stage between May and August and is the first vaccine candidate in a Latin American country approved for clinical trials, according to the director of the Finlay Institute, Vicente Vérez.In the initial stage the vaccine will be administered at the National Toxicology Center (Cenatox) to 20 volunteers between the ages of 19 and 59 and one week later to another 20 people aged 60 to 80, according to their managers.

The second phase will begin on 11 September with the vaccination of the remaining volunteers until reaching the 676 planned.
Trial participants will receive two doses of the vaccine with a 28-day interval and their response will be studied over two months. The state centre set the date of completion of the vaccine study on 11 January 2021, the results of which would be available on 1 February for publication on the 15th of the same month. Vérez explained in presenting the research that the clinical trial will be "randomized, controlled, adaptive and multicenter" and aims to evaluate "safety, reactogenicity and immunogenicity" in the two-dose scheme.
Although human trials begin now, on July 28, three of the researchers on the team that developed the vaccine candidate inoculated the formula. Unlike other more advanced vaccine projects today, developed from adenoviral vectors or inactivated viruses, the Cuban formula is based on a recombinant protein, although no further developmental data has been officially disseminated at this time. Cuba, which so far has 3,717 cases of coronavirus - 545 active- and 91 deaths by COVID-19, faces in recent weeks reversing the disease in its western provinces and especially in Havana, where the authorities have reactivated the restrictive measures that had been softened in early July.The Caribbean country has a recognized biotechnology and pharmaceutical industry that currently produces 8 vaccines against diseases such as meningitis, lung cancer (therapeutic) and solid tumors, among others.

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

United States

40 million adults who work or live with children at risk for severe COVID-19
Source: CIDRAP
ID: 1007698895

A research letter published late last week in the Annals of Internal Medicine has found that about 40 million US adults who work or live with school-aged children have definite or possible risk factors for severe COVID-19, carrying implications for fall school reopening.

Researchers from Harvard Medical School and City University of New York at Hunter College who analyzed representative data from the 2018 National Health Interview Survey showed that 2.9 million of 5.8 million K-12 teachers (50.6%) had definite or possible risk factors for serious coronavirus illness, including obesity (32.1%), heart conditions (8.0%), and cancer (0.7%). Of nonteaching staff, 55.8% had definite or possible risk factors.

Of 69.7 million adults living with children 5 to 17 years old, 37.7 million (54.0%) had definite or possible risk factors, including age older than 64 (6.6%), heart disease (12.5%), type 2 diabetes (12.7%), and cancer (at least 1.6%). The prevalence of risk factors was similar for those living with children aged 5 to 10 years and with those aged 11 to 17 years.

Adult household members of children in low-income families were at higher risk for severe COVID-19 than those in high-income households. While adults living with black children were at elevated risk, those living with Asian children or those of other ethnicities were at lowest risk.

The authors noted that the study did not include the 4.4 million non teachers working at schools or 1.6 million daycare workers, so the number of at-risk adults would be higher than 40 million.

They said that teachers' risks appear to be similar to those of other working adults, and while in-person school is better for children's intellectual and social development, mental health, food security, and safety, and children tend to have only asymptomatic or mild COVID-19, they do spread the virus.

"School leaders must weigh these undoubted benefits against the risk to the adults who care for children, particularly older children who commonly transmit the infection (younger children are about one third as likely to cause household spread)," the researchers wrote. "Both the risks and benefits of schools reopening are likely larger for poor and Black families."
https://www.cidrap.umn.edu/news-perspective/2020/08/news-scan-aug-24-2020
https://www.acpjournals.org/doi/10.7326/M20-5413

United Kingdom
To safeguard children's mental health during COVID-19, parents must look after their own
Source: Medical Xpress
ID: 1007699559

The negative mental health impacts of the COVID-19 pandemic are clear, but there is particular concern children will be most affected in the long run.
By the end of March school closures were impacting 91% of the world's student population and are still affecting more than 60%. These closures limit children's opportunities for important social interactions, which can harm their mental health .
In particular, home confinement, fears of infection, family stress and financial loss may have negative effects on the mental health of young people. And research carried out earlier in the pandemic suggested these effects may be most pronounced for children with pre-existing mental health problems.
Which children are most at risk?
Parents have an important role to play in safeguarding children's mental health during COVID-19. Research shows family relationships are more influential during situations that cause stress over an extended period of time than during acute periods of stress. This means family factors are likely to be even more important to childrens' mental health during COVID-19 than during more fleeting traumatic experiences such as exposure to a natural disaster.
In our recent study, we found 81% of children aged 5-17 had experienced at least one trauma symptom during the early phase of COVID-19. For instance, some children had trouble sleeping alone, or acted unusually young or old for their age.
Our unpublished research relied on reports from parents from Australia and the United Kingdom. We also found increases in emotional problems were common. For instance, according to their parents 29% of children were more unhappy than they were before COVID-19.
Importantly, our study found several parent and family factors that were important in predicting changes in children's mental health problems.
Here are four of our main findings.
1. Parents' distress matters
Increased personal distress reported by parents was related to increases in their child's mental health problems during COVID-19. This distress refers to both general stress in addition to COVID-specific worry and distress. It also includes anxiety related to problems that existed before COVID-19.
For this reason it's important parents look after their own mental health and stress levels . Seeking psychological help is a good option for parents who are struggling to cope.
Through a GP referral, Australians can receive ten sessions of psychological care per year through Medicare. Victorians who are currently subjected to further restrictions can now receive up to 20 sessions .
2. Good family relationships help
Higher levels of parental warmth and family cohesion were associated with fewer trauma symptoms in children. "Parental warmth" refers to being interested in what your child does, or encouraging them to talk to you about what they think; "family cohesion" relates to family members helping and supporting each other.
In other research these factors have consistently been found to relate to children's adjustment to stress and trauma.

Fortunately, there is a range of resources parents can use to help improve relationships with their children.
https://medicalxpress.com/news/2020-08-safeguard-children-mental-health-covid-.html

United Kingdom
Blood pressure medication improves COVID-19 survival rates, research finds
Source: ScienceDaily
ID: 1007698084

Medication for high blood pressure could improve Covid-19 survival rates and reduce the severity of infection, according to new research from the University of East Anglia.
Researchers studied 28,000 patients taking antihypertensives -- a class of drugs that are used to treat hypertension (high blood pressure).
They found that the risk of severe Covid-19 illness and death was reduced for patients with high blood pressure who were taking Angiotensin-Converting Enzyme inhibitors (ACEi) or Angiotensin Receptor Blockers (ARB).
Lead researcher Dr Vassilios Vassiliou, from UEA's Norwich Medical School, said: "We know that patients with cardiovascular diseases are at particular risk of severe Covid-19 infection. But at the start of the pandemic, there was concern that specific medications for high blood pressure could be linked with worse outcomes for Covid-19 patients.
"We wanted to find out what the impact of these medications is for people with Covid-19.
"We therefore studied the outcomes for patients taking antihypertensives -- looking particularly at what we call 'critical' outcomes such as being admitted to intensive care or being put on a ventilator, and death."
The research was led by UEA in collaboration with the Norfolk and Norwich University Hospital.
The team analysed data from 19 studies related to Covid-19 and ACEi and ARB medications. The meta-analysis involved more than 28,000 patients and is the largest and most detailed such study to date.
They compared data from Covid-19 patients who were taking ACEi or ARB medications with those who were not -- focusing on whether they experienced 'critical' events (admission to intensive care and invasive or non-invasive ventilation) and death.
Dr Vassiliou said: "We found that a third of Covid-19 patients with high blood pressure and a quarter of patients overall were taking an ACEi/ARBs. This is likely due to the increasing risk of infection in patients with co-morbidities such as cardiovascular diseases, hypertension and diabetes.
"But the really important thing that we showed was that there is no evidence that these medications might increase the severity of Covid-19 or risk of death.
"On the contrary, we found that there was a significantly lower risk of death and critical outcomes, so they might in fact have a protective role -- particularly in patients with hypertension.
"Covid-19 patients with high blood pressure who were taking ACEi/ARB medications were 0.67 times less likely to have a critical or fatal outcome than those not taking these medications.
"As the world braces itself for a potential second wave of the infection, it is particularly important that we understand the impact that these medications have in Covid-19 patients.
"Our research provides substantial evidence to recommend continued use of these medications if the patients were taking them already.
"However, we are not able to address whether starting such tablets acutely in patients with Covid-19 might improve their prognosis, as the mechanism of action might be different," he added.
https://www.sciencedaily.com/releases/2020/08/200823201518.htm

United Kingdom
Ventilators could be adapted to help two COVID-19 patients at once
Source: medicalxpress.com
ID: 1007697977

As the first peak of the COVID-19 pandemic approached, governments feared there would not be enough ventilators—machines that 'breathe' for patients when they cannot do so themselves—to help all those who needed one.
Now, researchers from King's College London and Imperial College London have developed a theoretical model for how one ventilator could be used to treat two patients. They say that, although splitting

ventilators can be inherently dangerous, their model shows how some of the issues can be mitigated by using variable resistances and one-way valves.
Usually, ventilators are specifically programmed to each patient, as each patient requires individualized pressures and volumes of airflow. This new research, published in Royal Society Open Science, develops an approach by which one ventilator could in theory help two patients with varying lung problems at the same time—and that that the airflow (tidal volume) delivered to one patient could be manipulated independently of the other.
To do this, the researchers developed a theoretical model, based on an electrical circuit analogy, and used it to test various configurations for connecting a single ventilator to two patients. They found that providing tailored ventilation to different patients from one ventilator is theoretically possible when variable resistances and one-way valves are added into the inhalation and exhalation paths of the ventilator circuit.
The researchers say that the theoretical model could be used by other researchers to evaluate other potential solutions.
Study co-author Dr. Peter Vincent of Imperial's Department of Aeronautics said: "Beyond the COVID-19 pandemic, the approach could potentially be useful in a range of other extreme scenarios, such as coping with acute disaster surge capacity limitations or in a military battle field context."
Co-author Dr. Steven Williams, from King's College London's School of Biomedical Engineering & Imaging Sciences, said, "We show that our proposed modified splitter can help by allowing one particular ventilation parameter—tidal volume—to be adjusted."
The team point out that there are a range of significant issues associated with ventilator splitting, and that the practice is only ever to be considered in the most extreme circumstances because it poses serious risks. However, they say that should the need arise for split ventilation, then their method could be considered a 'last resort' solution.
Dr. Vincent added: "Our team is now keen to get feedback from the international community and begin bench testing the approach."
More information: José A. Solís-Lemus et al. A simulated single ventilator/dual patient ventilation strategy for acute respiratory distress syndrome during the COVID-19 pandemic, Royal Society Open Science (2020). DOI: 10.1098/rsos.200585
https://royalsocietypublishing.org/doi/10.1098/rsos.200585
Journal information: Royal Society Open Science
Provided by Imperial College London
https://medicalxpress.com/news/2020-08-ventilators-covid-patients.html

United States
Researchers discover immune predictors of COVID-19 cases that fare the worst
Source: medicalxpress.com
ID: 1007697969

Mount Sinai scientists have identified two markers of inflammation that reliably predict the severity of COVID-19 cases and likelihood of survival, providing a foundation for a diagnostic platform and therapeutic targets, according to a study published in Nature Medicine in August.
The researchers studied four proteins known as cytokines that circulate in blood and are commonly associated with infections, and found that two of them, called IL-6 and TNF-α, were able to predict which patients were likely to develop more severe forms of COVID-19 and die. The scientists established that the levels of IL-6 and TNF-α in serum, when measured at admission to the hospital, were elevated in patients who fared the worst, a finding that was independent of the patients' other underlying medical conditions, of demographics such as age and sex, and of other standard clinical biomarkers of disease severity such as low blood oxygen saturation and common markers related to inflammation, iron levels, and blood clotting issues.
This study suggests that these cytokines should be monitored in the treatment of COVID-19 patients to help select those who should enter clinical trials and receive specific drugs that can target them, the researchers say.
"We propose that serum IL-6 and TNF-α levels should be considered in the management and treatment of COVID-19 patients to stratify prospective clinical trials, guide resource allocation, and inform therapeutic options," said lead researcher Sacha Gnjatic, Ph.D., Associate Director of the Human

Immune Monitoring Center at Mount Sinai; Associate Professor of Medicine, Oncological Sciences and Pathology, at the Icahn School of Medicine at Mount Sinai; and a member of the Precision Immunology Institute and The Tisch Cancer Institute at Mount Sinai. "We also propose that patients with high IL-6 and TNF-α levels should be assessed for combinatorial blockade of pathogenic inflammation in this disease. Drugs blocking these cytokines are either FDA-approved or in clinical trials."

When the pandemic began, Mount Sinai scientists promptly implemented a rapid test to measure the levels of four cytokines associated with pathogenic inflammation, which were suspected to cause severity in COVID-19 patients. In just one month, cytokine blood levels were tested in 1,484 patients upon admission to Mount Sinai Health System's hospitals, and patients were followed for up to 41 days.

Thanks to an emergency authorization from the New York State Department of Health, the test was allowed to be placed in the hospital's electronic medical record system where doctors order standard blood tests and medicines for patients, allowing for the rapid collection of a large amount of samples. Results were available in three hours, leading researchers to believe it could be implemented in a clinical setting to stratify patients and determine treatments in almost real time.

The results from the tests showed that the risk of death in patients with elevated IL-6 or TNF-α was twofold or higher, even when considering other known risk factors. Scientists then validated their predictive model using samples from an additional cohort of 231 hospitalized COVID-19 patients.

The researchers looked at how various treatments attempted in a subset of these patients affected the cytokines they measured. They found that treatments recently found to benefit COVID-19 patients, such as the antiviral remdesivir or the corticosteroid dexamethasone, could lower the levels of the cytokines.

Based on these results, scientists propose that monitoring COVID-19 patients for these cytokines can help determine their prognosis, and that any treatment should be potentially administered in the context of cytokine measurements, since it affects outcome.

The researchers propose that these findings also call for the use of drugs targeting IL-6 and TNF-α by themselves or combined at the same time, to be tested for their potential benefit based on elevated starting levels.

Monitoring the levels of IL-6 and TNF-α before and during experimental treatments such as anti-cytokine antibodies or corticosteroids will be useful to establish a predictive and prognostic value for these potential biomarkers.

More information: Diane Marie Del Valle et al. An inflammatory cytokine signature predicts COVID-19 severity and survival, Nature Medicine (2020). DOI: 10.1038/s41591-020-1051-9
https://www.nature.com/articles/s41591-020-1051-9
Journal information: Nature Medicine
Provided by The Mount Sinai Hospital
https://medicalxpress.com/news/2020-08-immune-predictors-covid-cases-fare.html

United States

Researchers discover antibodies that may protect against COVID-19

Source: medicalxpress.com
ID: 1007697943

A new study by researchers at MassBiologics of UMass Medical School published in Nature Communications suggests that COVID specific IgA monoclonal antibodies may provide effective immunity in the respiratory system against the novel coronavirus—a potentially critical feature of an effective vaccine.

Yang Wang, MD, Ph.D., deputy director for product discovery at MassBiologics and associate professor of medicine, and colleagues describe the discovery and characterization of a cross-reactive human monoclonal antibody (MAB) to SARS-CoV-2 spike proteins which blocks ACE2 receptor binding on the mucosal tissue of the respiratory tract—potentially preventing or limiting SARS-CoV-2 infection causing COVID-19 disease.

Like scientists around the world, the research leadership at MassBiologics started talking about what became known as SARS-CoV-2 within days of the first cases of when the novel coronavirus were first reported. MassBiologics was in a unique position to respond, and those early discussions have resulted in the discovery of a novel approach to prevent and treat SARS-CoV-2 infection.

The origins of this rapid and important discovery go back 16 years, when MassBiologics developed an IgG monoclonal antibody that was effective against a similar virus, SARS (that was SARS-CoV, the first

severe acute respiratory syndrome caused by a novel coronavirus). That first SARS virus caused alarming illness, but then disappeared; MassBiologics, which was ready at the time to initiate a clinical trial, saved the research materials associated with that work.
When SARS-CoV-2 was recognized and began to spread, MassBiologics researchers realized that that first MAB might help with this new infection. They launched the process of resurrecting the old SARS program, retrieving frozen hybridoma cells that had been developed 16 years earlier, thawing them and determining if what worked for one novel coronavirus would work for another. Although there was 90 percent similarity between the two coronaviruses, the monoclonal antibody exhibited no binding to the current coronavirus. MassBiologics then evaluated another MAB from that earlier work, which was also only weakly effective.
Undeterred, Wang and colleagues thought about their experience with a separate research program to develop "secretory IgAs (sIgA)," antibodies that play a crucial role in immunity on mucosal surfaces. MassBiologics has been investigating sIgA in the GI tract as a possible therapeutic to prevent gastrointestinal infections. Would similar anti-SARS-CoV-2 sIgA produce passive mucosal immunity in the respiratory tract, where COVID-19 disease is incredibly damaging? The approach worked, producing an antibody with binding affinity and neutralization activity. This antibody was designated MAb362.
"We were excited to learn that antibodies to SARS-CoV-2 are more effective in binding to and neutralizing the virus when they are in the sIgA isotype of antibody, compared to the usual circulating IgG antibodies," said Mark Klempner, MD, executive vice chancellor for MassBiologics and professor of medicine. "In nature, sIgA antibodies coat mucosal surfaces like the respiratory, GI and GU tracts, where they are stabilized by the mucous layer on these surfaces. There, they perform the important function of preventing binding of a pathogen to host cells, thus preventing infection."
Based on these results, MassBiologics worked with Celia Schiffer, Ph.D., the Gladys Smith Martin Chair in Oncology, professor of biochemistry & molecular pharmacology, and director of the Institute for Drug Resistance, and her then-graduate student, Shurong Hou, who has since completed her studies and earned her Ph.D., to see if they could understand the nature of the effect of the IgA antibody. Drs. Schiffer and Hou found MAb362 shared a highly similar framework with MAb 80R, another SARS-CoV antibody with a crystal structure in complex with SARS-CoV. A molecular model revealed a highly conserved protective epitope within the receptor-binding domain of the S protein. MAb362 neutralizes authentic SARS-CoV-2 virus by directly out-competing the S protein's binding to hACE2 receptors.
"So our search -which started during a coffee break conversation," said Klempner, "has resulted in a unique IgA antibody that could potentially be applied through mucosal administration, in combination with other systemically administrated therapeutics for direct mucosal protection."
More information: Monir Ejemel et al. A cross-reactive human IgA monoclonal antibody blocks SARS-CoV-2 spike-ACE2 interaction, Nature Communications (2020). DOI: 10.1038/s41467-020-18058-8
https://www.nature.com/articles/s41467-020-18058-8
Journal information: Nature Communications
Provided by University of Massachusetts Medical School
https://medicalxpress.com/news/2020-08-antibodies-covid-.html

Israel
Could COVID-19 in wastewater be infectious?
Source: medicalxpress.com
ID: 1007697909

Wastewater containing coronaviruses may be a serious threat, according to a new, global study led by researchers from the Zuckerberg Institute for Water Research at Ben-Gurion University of the Negev (BGU).
The new paper, published in Nature Sustainability, by an international collaboration of 35 researchers, evaluates recent studies on coronaviruses in wastewater and previous airborne infectious diseases, including SARS and MERS. The goal is to evaluate potential threats, avenues of research and possible solutions, as well as garner beneficial perspectives for the future.
"There is ample reason to be concerned about how long coronaviruses survive in wastewater and how it impacts natural water sources," says lead author Dr. Edo Bar-Zeev of the BGU Zuckerberg Institute. "Can wastewater contain enough coronaviruses to infect people? The simple truth is that we do not know enough and that needs to be rectified as soon as possible."

Bar-Zeev, and his postdoc student, Anne Bogler, together with other renowned researchers, indicate that sewage leaking into natural watercourses might lead to infection via airborne spray. Similarly, treated wastewater used to fill recreational water facilities, like lakes and rivers, could also become sources of contagion. Lastly, fruits and vegetables irrigated with wastewater that were not properly disinfected could also be an indirect infection route.
The research team recommends immediate, new research to determine the level of potential infection, if any, and how long coronaviruses last in various bodies of water and spray.
"Wastewater treatment plants need to upgrade their treatment protocols and in the near future also advance toward tertiary treatment through micro- and ultra-filtration membranes, which successfully remove viruses," Bar-Zeev and his colleagues say.
At the same time, wastewater can serve as a canary in a coal mine because it can be monitored to track COVID-19 outbreaks. Coronaviruses start showing up in feces before other symptoms like fevers and coughs show up in otherwise asymptomatic people. Regular monitoring, therefore, can give authorities advance warning of hot spots. BGU researchers recently completed a pilot study in Ashkelon, Israel using new methodology to detect and trace the presence of the virus and calculate its concentration to pinpoint emerging COVID-19 hotspots. Other BGU researchers are working on developing water nanofiltration technologies.
More information: Anne Bogler et al, Rethinking wastewater risks and monitoring in light of the COVID-19 pandemic, Nature Sustainability (2020). DOI: 10.1038/s41893-020-00605-2
https://www.nature.com/articles/s41893-020-00605-2
Journal information: Nature Sustainability
Provided by American Associates, Ben-Gurion University of the Negev
https://medicalxpress.com/news/2020-08-covid-wastewater-infectious.html

Study

Contact tracing app faces big technological problems in urban environments, studies say
Source: The Daily Reformer
Unique ID: 1007696310

A pair of research studies from June suggest there could be serious flaws in the COVID-19 exposure notification app promoted by Canada's federal government.
COVID Alert has been out for nearly one month and has been downloaded by some two million Canadians, according to a spokesperson for the Canadian Digital Service. The app, which is based on an application programming interface (API) co-developed by Google and Apple, uses Bluetooth technology to log exposures—defined as when two phones have been in close proximity for a set period of time. publishes conservative internet, talk radio, print, and television news and opinions in one central place, giving you access to conservative news media through our doorway - "The Smart Speedy Take on America's Conservative NEWS".
App: https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19/covid-alert.html
Study: https://www.scss.tcd.ie/Doug.Leith/pubs/luas.pdf
https://thedailyreformer.com/contact-tracing-app-faces-big-technological-problems-in-urban-environments-studies-say/

United States

Survey: Indigenous populations face unique COVID-19 risks
Source: Medical Xpress
Unique ID: 1007696392

COVID-19 has unique impacts on Indigenous populations. Now a leading network of Indigenous leaders, scientists, and other experts has identified research topics that are important for better understanding the pandemic's impacts on Native Peoples.
The Rising Voices Center for Indigenous and Earth Sciences, which is administered in part by the National Center for Atmospheric Research (NCAR), organized a survey and webinar discussion to create a space in which to better understand and center Indigenous perspectives on the coronavirus pandemic and identify key concerns, vulnerabilities, and emerging questions. It also examined how traditional

cultural practices can strengthen the resilience of Indigenous societies.
"Indigenous communities where resources like water, food, shelter, and healthcare may be particularly limited, or where access to traditional sources for these has been disrupted by settler colonial processes, are being affected by COVID-19 more deeply than other places," said NCAR scientist Heather Lazrus, co-director of the Rising Voices Center. "In many cases, the pandemic is exacerbating existing pressures that are caused by changing climates. At the same time, Indigenous knowledges and practices around subsistence foods, community support, and healing are providing opportunities for resilience."
The Rising Voices Center survey and webinar revealed a number of challenges among Indigenous communities. For example, the pandemic has further restricted the access Indigenous peoples have to their traditional lands where they find foods. These foods help sustain their well-being spiritually and mentally as well as physically. Quarantine orders have also limited access to grocery stores, which are often located many miles away from rural tribal communities and have inconsistent supplies. In some cases, families have turned to eating foods that are out of season, such as shellfish that can contain biotoxins if consumed at the wrong times of the year.
COVID-19 is also exacerbating the existing disparities faced by many Indigenous peoples, including high rates of poverty and limited resources for housing, education, and health care. Survey responses highlighted concerns about continued racialized biases and a resulting distrust of officials, which reduced confidence in state-at-home directives. Communities that lack computers and Internet access need more reliable and accessible information.
The survey also found that Indigenous communities have substantial resilience.
While Indigenous communities are particularly vulnerable to the novel coronavirus because many residents live in small multifamily/multigenerational homes of more than 10 people, which makes social distancing difficult, the survey also revealed a resilience that draws on the strategies of ancestors during challenging events. More people reported returning to traditional practices in medicine and food sources, with gardening and farming emerging as the most common solutions to food insecurity. Community networks are also working with families to provide meals to children, the elderly, and others who do not know where their next meal will come from.
Emerging questions
The survey responses highlighted a number of research questions for potential intercultural collaboration between the Indigenous and Earth sciences communities. These include:
What role do temperature and humidity play in increasing or decreasing the spread of the novel coronavirus?
What role does air pollution play in the spread of the virus?
As the climate and temperature changes, how does this affect exposure to new viruses?
How can traditional practices, such as not eating predator animals or not disturbing soil in certain places, prevent virus transmission to humans?
"The significance of the answers to this survey highlights the necessity of including Indigenous knowledge within the discussion of solutions for this global pandemic," said Lesley Iaukea, a Ph.D. candidate focusing on Indigenous Studies at the University of Hawaii at Manoa. "We found that these solutions are focused on reasserting and reclaiming traditional practices through active agency in modern-day issues. The collaboration between different worldviews could also possibly help us find solutions for greater issues of sustainability and climate change disasters."
https://risingvoices.ucar.edu/
https://medicalxpress.com/news/2020-08-survey-indigenous-populations-unique-covid-.html

Study

Mother transmitted COVID-19 to baby during pregnancy, physicians report
Source: Medical Xpress
Unique ID: 1007696408

A pregnant mother who tested positive for COVID-19 transmitted the virus causing the disease to her prematurely born baby, UT Southwestern physicians report. Both were treated and recovered.
The case, detailed in an article published last month in The Pediatric Infectious Disease Journal, adds to a growing body of evidence that the SARS-CoV-2 virus can be transmitted in utero. It also underscores the importance of limiting COVID-19 exposure for pregnant women.
"Especially with the rising prevalence of the virus here in Texas, it's very important to bring to the forefront

this finding that mothers and infants can be affected by COVID-19, transmission can occur during pregnancy, and pregnant mothers need to protect themselves," says Amanda Evans, M.D., an assistant professor of pediatrics specializing in infectious diseases at UT Southwestern and senior author of the paper. "We don't know whether there are any long-term effects of COVID-19 infection in babies."

Although more than 20 million people around the world have been infected with SARS-CoV-2—the virus that causes COVID-19—data on how the virus affects pregnant women have been limited. An early study out of Wuhan, China, concluded that SARS-CoV-2 transmission from mother to baby was unlikely, since the researchers found no copies of the virus in any amniotic fluid, umbilical cord blood, or breast milk. But a handful of more recent studies have suggested there may be isolated instances in which such viral transmission does occur during pregnancy.

In the case described in the paper, a woman who was 34 weeks pregnant visited the emergency room with signs of premature labor and was admitted to the COVID unit at Parkland Memorial Hospital when she tested positive for the SARS-CoV-2 virus. While she did not have the typical respiratory symptoms associated with COVID-19, she did have a fever and diarrhea, which suggested possible viral infection.

"At that time, we were doing universal testing of anyone with the most common symptoms of COVID-19, including respiratory symptoms and gastrointestinal symptoms" says Wilmer Moreno, M.D., an assistant professor of obstetrics and gynecology at UTSW who was involved in the case.

The woman, who did not know how she acquired the virus, remained hospitalized because of her COVID-19 diagnosis. Three days after admission, her water broke. Following an eight-hour labor in early May, she gave birth to a healthy 7-pound, 3-ounce girl.

"The baby really did fine the first 24 hours of life," says Julide Sisman, M.D., an associate professor of pediatrics who cared for the newborn and first author of the paper. "But because she was prematurely born to a COVID-19-positive mother, we did admit her to the NICU in a special area away from other babies."

About 24 hours after birth, the newborn developed a fever that spiked, and she also showed signs of respiratory distress, including an abnormally high breathing rate and lower levels of oxygen in her blood. Sisman and her colleagues ran tests for viruses and bacteria. While other tests came back negative, a COVID-19 test was positive at both 24 and 48 hours after birth.

"At that time, the knowledge we had was that transmission doesn't occur in utero, so we really weren't expecting that at all," says Sisman.

To help pin down how and when the transmission between mother and baby occurred, Dinesh Rakheja, M.D., a UTSW professor of pathology who holds the John Lawrence and Patsy Louise Goforth Chair in Pathology, analyzed the placenta from the pregnancy.

"We found signs of inflammation and evidence that the baby had been stressed," says Rakheja. "And then, to look for the virus, we did tests beyond those routinely done."

He and his colleagues first examined thin slices of the placenta under an electron microscope, spotting structures that looked like viruses. Then they tested small samples of the placenta for the SARS-CoV-2 virus. Currently available commercial tests for the COVID-19 virus all rely on bodily fluids, rather than solid tissues, to test for the virus. So Rakheja co-opted a test that had originally been developed for the 2003 SARS virus. Adapted for the new coronavirus, the immunohistochemical test enabled the pathologist to identify the nucleocapsid protein of the SARS-CoV-2 virus.

Neither the mother nor the baby had severe enough symptoms to warrant treatment other than oxygen and fluids, and both fully recovered. The baby stayed in the hospital for three weeks and was then released.

"About a week later, I followed up with the family and the baby was doing really great, and still gaining weight," says Evans. "The mom was also doing well."

More data—including not only individual case reports but large cohort studies—are needed to better understand how COVID-19 affects both pregnant women and babies, the physicians agree. At UTSW, the case increased awareness that it's possible for newborns to be born already harboring the virus.

"The fact that this can occur, even if rare, illustrates how important it is to limit exposure for mothers and newborns," says Moreno. "Anything, like telemedicine visits, that can eliminate the need for mom to be around other people will be very helpful."

More information: Julide Sisman et al. INTRAUTERINE TRANSMISSION OF SARS-COV-2 INFECTION IN A PRETERM INFANT, Pediatric Infectious Disease Journal (2020). DOI: 10.1097/INF.0000000000002815

Journal information: Pediatric Infectious Disease Journal Provided by UT Southwestern Medical Center

https://journals.lww.com/pidj/FullText/2020/09000/Intrauterine_Transmission_of_SARS_COV_2_Infection.32.aspx
https://medicalxpress.com/news/2020-08-mother-transmitted-covid-baby-pregnancy.html

Study

Novavax Initiates Phase 2 Portion of Phase 1/2 Clinical Trial of COVID-19 Vaccine | Financial Post
Source: Financial Post
Unique ID: 1007696410

GAITHERSBURG, Md., Aug. 24, 2020 (GLOBE NEWSWIRE) — Novavax, Inc. (Nasdaq: NVAX), a late stage biotechnology company developing next-generation vaccines for serious infectious diseases, today announced that the first volunteers have been enrolled in the Phase 2 portion of its ongoing clinical trial to evaluate the immunogenicity and safety of NVX-CoV2373, Novavax' COVID-19 vaccine candidate. The Phase 2 clinical trial expands on the age range of the Phase 1 portion by including older adults 60-84 years of age as approximately 50 percent of the trial's population. NVX-CoV2373 is a stable, prefusion protein made using Novavax' nanoparticle technology and includes Novavax' proprietary Matrix-M™ adjuvant.
"We expect this Phase 2 portion of the trial to expand on the encouraging Phase 1 safety and immunogenicity data for NVX-CoV2373, and we will now look for robust immune responses in older adults," said Gregory M. Glenn, M.D., President, Research and Development at Novavax. "Our Phase 3 trial of NanoFlu, which we reported in March of 2020, provided us with a deep understanding of the unique needs of older adults, who are particularly vulnerable to COVID-19. We know that the world is closely watching all of these trials, and we anticipate interim data from this trial in the fourth quarter of this year."
The Phase 2 portion of the ongoing Phase 1/2 clinical trial is a randomized, placebo-controlled, observer-blinded study to evaluate the safety and immunogenicity of NVX-CoV2373 with Matrix-M in subjects aged 18 to 84 years. The clinical trial will assess two dose sizes (5 and 25 µg), each with 50 µg of Matrix-M. Although the trial was designed to confirm immunogenicity and safety in adults, secondary objectives include preliminary evaluation of efficacy. The study is targeting enrollment of up to 1,500 healthy volunteers, with approximately 50 percent of participants ≥60 years of age, at up to 40 sites in the U.S. and Australia
The trial is supported by funding from the Coalition for Epidemic Preparedness Innovations (CEPI).
In the Phase 1 portion of the Phase 1/2 clinical trial, conducted in Australia, NVX-CoV2373 was generally well-tolerated and elicited robust antibody responses numerically superior to that seen in human convalescent sera. These data have been submitted for peer-review to a scientific journal and are posted online at the preprint server medRxiv.org.
For further information, including media-ready images, b-roll, downloadable resources and more, click here.
About NVX-CoV2373
NVX-CoV2373 is a vaccine candidate engineered from the genetic sequence of SARS-CoV-2, the virus that causes COVID-19 disease. NVX-CoV2373 was created using Novavax' recombinant nanoparticle technology to generate antigen derived from the coronavirus spike (S) protein and contains Novavax' patented saponin-based Matrix-M™ adjuvant to enhance the immune response and stimulate high levels of neutralizing antibodies. In preclinical trials, NVX-CoV2373 demonstrated indication of antibodies that block binding of spike protein to receptors targeted by the virus, a critical aspect for effective vaccine protection. In its Phase 1 data of the Phase 1/2 clinical trial, NVX-CoV2373 was generally well-tolerated and elicited robust antibody responses numerically superior to that seen in human convalescent sera. Phase 2 clinical trials began in August. Novavax has secured $2 billion in funding for its global coronavirus vaccine program, including up to $388 million in funding from the Coalition for Epidemic Preparedness Innovations (CEPI).
About Matrix-M™
Novavax' patented saponin-based Matrix-M™ adjuvant has demonstrated a potent and well-tolerated effect by stimulating the entry of antigen-presenting cells into the injection site and enhancing antigen presentation in local lymph nodes, boosting immune response.
About Novavax
Novavax, Inc. (Nasdaq:NVAX) is a late-stage biotechnology company that promotes improved health

globally through the discovery, development, and commercialization of innovative vaccines to prevent serious infectious diseases. Novavax is undergoing clinical trials for NVX-CoV2373, its vaccine candidate against SARS-CoV-2, the virus that causes COVID-19. NVX-CoV2373 was generally well-tolerated and elicited robust antibody responses numerically superior to that seen in human convalescent sera in its Phase 1 data of the Phase 1/2 clinical trial. NanoFlu™, its quadrivalent influenza nanoparticle vaccine, met all primary objectives in its pivotal Phase 3 clinical trial in older adults. Both vaccine candidates incorporate Novavax' proprietary saponin-based Matrix-M™ adjuvant in order to enhance the immune response and stimulate high levels of neutralizing antibodies. Novavax is a leading innovator of recombinant vaccines; its proprietary recombinant technology platform combines the power and speed of genetic engineering to efficiently produce highly immunogenic nanoparticles in order to address urgent global health needs.
For more information, visit www.novavax.com and connect with us on Twitter and LinkedIn.
Novavax Forward-Looking Statements
Statements herein relating to the future of Novavax and the ongoing development of its vaccine and adjuvant products are forward-looking statements. Novavax cautions that these forward-looking statements are subject to numerous risks and uncertainties, which could cause actual results to differ materially from those expressed or implied by such statements. These risks and uncertainties include those identified under the heading "Risk Factors" in the Novavax Annual Report on Form 10-K for the year ended December 31, 2019, and Quarterly Report on Form 8-K for the period ended June 30, 2020, as filed with the Securities and Exchange Commission (SEC). We caution investors not to place considerable reliance on forward-looking statements contained in this press release. You are encouraged to read our filings with the SEC, available at sec.gov, for a discussion of these and other risks and uncertainties. The forward-looking statements in this press release speak only as of the date of this document, and we undertake no obligation to update or revise any of the statements. Our business is subject to substantial risks and uncertainties, including those referenced above. Investors, potential investors, and others should give careful consideration to these risks and uncertainties.
The study: https://www.medrxiv.org/content/10.1101/2020.08.05.20168435v1
https://financialpost.com/pmn/press-releases-pmn/globe-newswire-releases/novavax-initiates-phase-2-portion-of-phase-1-2-clinical-trial-of-covid-19-vaccine

Hong Kong

First Covid-19 reinfection documented in Hong Kong, researchers say
Source: Stat news
Unique ID: 1007697441

Researchers in Hong Kong on Monday reported what appears to be the first confirmed case of Covid-19 reinfection, a 33-year-old man who was first infected by SARS-CoV-2 in late March and then, four and a half months later, seemingly contracted the virus again while traveling in Europe.
The case raises questions about the durability of immune protection from the coronavirus. But it was also met with caution by other scientists, who questioned the extent to which the case pointed to broader concerns about reinfection.
There have been scattered reports of cases of Covid-19 reinfection. Those reports, though, have been based on anecdotal evidence and largely attributed to flaws in testing.
But in this case, researchers at the University of Hong Kong sequenced the virus from the patient's two infections and found that they did not match, indicating the second infection was not tied to the first. There was a difference of 24 nucleotides — the "letters" that make up the virus' RNA — between the two infections.
"This is the world's first documentation of a patient who recovered from Covid-19 but got another episode of Covid-19 afterwards," the researchers said in a statement.
Experts cautioned that this patient's case could be an outlier among the tens of millions of cases around the world and that immune protection may generally last longer than just a few months. They said that ongoing studies tracking patients who had recovered from Covid-19 would help reach more definitive conclusions.
"There's been more than 24 million cases reported to date," Maria Van Kerkhove, a coronavirus expert at the World Health Organization, said at a briefing Monday, when asked about the Hong Kong paper. "And we need to look at something like this at a population level."

The question of how long someone is protected from Covid-19 after being infected and recovering looms large.
Studies are increasingly finding that most people who recover from the illness mount a robust immune response involving both antibodies (molecules that can block the virus from infecting cells again) and T cells (which can help clear the virus). This has suggested that people would be protected from another case for some amount of time.
But based on what happens with other coronaviruses, experts knew that immunity to SARS-CoV-2 would not last forever. People generally become susceptible again to the coronaviruses that cause the common cold after a year or even less, while protection against SARS-1 and MERS appears to last for a few years.
“What we are learning about infection is that people do develop an immune response, and what is not completely clear yet is how strong that immune response is and for how long that immune response lasts,” Van Kerkhove said. She added she was still reviewing the Hong Kong case.
The strength and durability of the immune response is also a crucial factor in how long vaccines will be effective for, and for how often people might need a booster dose.
In the Hong Kong case, the man had traveled to Spain and returned to Hong Kong via the United Kingdom. A saliva sample was taken upon arrival in Hong Kong as part of a screening protocol and tested positive for SARS-CoV-2 on Aug. 15.
During his second infection, the man did not have any symptoms. Some patients go through their course of Covid-19 without showing symptoms, but researchers have also hypothesized that secondary cases of the coronavirus will generally be milder than the first. Even if immune systems can’t stop the virus from infecting cells, they might still rally some level of response that keeps us from getting sicker. During his first case, the patient had classic Covid-19 symptoms of cough, fever, sore throat, and headache.
Even if the Hong Kong case is an outlier, it points to a few implications: For one, people who have recovered from Covid-19 should also be vaccinated, the Hong Kong researchers said. And they should continue following precautions like wearing a mask and physical distancing.
https://www.statnews.com/2020/08/24/first-covid-19-reinfection-documented-in-hong-kong-researchers-say/?utm_campaign=rss

Study

Blood pressure medication improves COVID-19 survival rates
Source: Info Sur Hoy
Unique ID: 1007696671

Medication for high blood pressure could improve COVID-19 survival rates and reduce the severity of infection—according to new research from the University of East Anglia.
Researchers studied 28,000 patients taking antihypertensives—a class of drugs that are used to treat hypertension (high blood pressure).
They found that the risk of severe COVID-19 illness and death was reduced for patients with high blood pressure who were taking Angiotensin-Converting Enzyme inhibitors (ACEi) or Angiotensin Receptor Blockers (ARB).
Lead researcher Dr. Vassilios Vassiliou, from UEA’s Norwich Medical School, said: “We know that patients with cardiovascular diseases are at particular risk of severe COVID-19 infection. But at the start of the pandemic, there was concern that specific medications for high blood pressure could be linked with worse outcomes for COVID-19 patients.
“We wanted to find out what the impact of these medications is for people with COVID-19.
“We therefore studied the outcomes for patients taking antihypertensives—looking particularly at what we call ‘critical’ outcomes such as being admitted to intensive care or being put on a ventilator, and death.”
The research was led by UEA in collaboration with the Norfolk and Norwich University Hospital.
The team analysed data from 19 studies related to COVID-19 and ACEi and ARB medications. The meta-analysis involved more than 28,000 patients and is the largest and most detailed such study to date.
They compared data from COVID-19 patients who were taking ACEi or ARB medications with those who were not—focusing on whether they experienced ‘critical’ events (admission to intensive care and invasive or non-invasive ventilation) and death.
Dr. Vassiliou said: “We found that a third of COVID-19 patients with high blood pressure and a quarter of patients overall were taking an ACEi/ARBs. This is likely due to the increasing risk of infection in patients

with co-morbidities such as cardiovascular diseases, hypertension and diabetes.
“But the really important thing that we showed was that there is no evidence that these medications might increase the severity of COVID-19 or risk of death.
“On the contrary, we found that there was a significantly lower risk of death and critical outcomes, so they might in fact have a protective role—particularly in patients with hypertension.
“COVID-19 patients with high blood pressure who were taking ACEi/ARB medications were 0.67 times less likely to have a critical or fatal outcome than those not taking these medications.
“As the world braces itself for a potential second wave of the infection, it is particularly important that we understand the impact that these medications have in COVID-19 patients.
“Our research provides substantial evidence to recommend continued use of these medications if the patients were taking them already.
“However, we are not able to address whether starting such tablets acutely in patients with COVID-19 might improve their prognosis, as the mechanism of action might be different,” he added.
The study: https://link.springer.com/article/10.1007/s11883-020-00880-6
https://infosurhoy.com/news-summary/blood-pressure-medication-improves-covid-19-survival-rates/

Domestic Events of Interest

Canada

Brandt brand sausage recalled due to possible Listeria
Source: foodsafetynews.com
ID: 1007699397

G. Brandt Meat Packers Ltd. is recalling Brandt brand mini spicy cheese sausage because of possible Listeria monocytogenes contamination.

This recall was triggered by the Canadian Food Inspection Agency’s (CFIA) test results. The CFIA is currently conducting a food safety investigation, which may lead to more recalls

The product was distributed in Ontario, Quebec and Saskatchewan. The CFIA is verifying that the recalled product is removed from the marketplace.

Consumers are being told not to consume the recalled product.

The recalled product:

- Brand Product Size UPC
- Brandt Mini spicy cheese sausage 0.375 kg 773321 206306
- Codes Best before 20AU20

The recalled product’s, Brandt brand mini spicy cheese sausage, back label.
So far, there have been no reported illnesses associated with the consumption of the recalled product

Questions can be directed to the CFIA at 800-442-2342 (Canada and U.S.), or 613-773-2342 (local or international).

About Listeria infections

Food contaminated with Listeria monocytogenes may not look or smell spoiled but can still cause serious and sometimes life-threatening infections. Anyone who has eaten any of the recalled products and developed symptoms of Listeria infection should seek medical treatment and tell their doctors about the possible Listeria exposure.

Also, anyone who has eaten any of the recalled product should monitor themselves for symptoms during the coming weeks because it can take up to 70 days after exposure to Listeria for symptoms of listeriosis to develop.

Symptoms of Listeria infection can include vomiting, nausea, persistent fever, muscle aches, severe headache and neck stiffness. Specific laboratory tests are required to diagnose Listeria infections, which can mimic other illnesses.

Pregnant women, the elderly, young children, and people such as cancer patients who have weakened immune systems are particularly at risk of serious illnesses, life-threatening infections and other complications. Although infected pregnant women may experience only mild, flu-like symptoms, their infections can lead to premature delivery, infection of the newborn or even stillbirth.
https://www.foodsafetynews.com/2020/08/brandt-brand-sausage-recalled-due-to-possible-listeria/

Canada

Vaping-associated lung illness - Latest national case information
ID: 1007697501

In Canada, as of August 14, 2020, 20 cases of vaping-associated lung illness have been reported to the Public Health Agency of Canada from Alberta (1), British Columbia (5), New Brunswick (2), Newfoundland and Labrador (1), Ontario (5), and Quebec (6). No deaths have been reported.

Case information is available for 20 of 20 cases. Symptom onset was between May 2019 and April 2020. Sixteen (16) people required admission to a hospital.

Five patients presented with respiratory symptoms only (shortness of breath, cough), while fifteen (15) presented with a combination of respiratory, gastrointestinal, and/or constitutional symptoms, such as fever or weight loss.

Case profile:
Age range Number of cases
15 to 19 years 5
20 to 34 years 5
35 to 49 years 5
50 years + 5
Sex
Female 8
Male 12
Products vaped:
ExposureTable 2 Footnote1 Number of cases
Nicotine only 11
Tetrahydrocannabinol (THC) only 5
Flavoured vaping liquid only 1
Nicotine, THC and other substances 3

This information is self reported and has not been validated as part of the ongoing outbreak investigation. Eight patients reported buying their vaping products in Canada and three reported buying online. Information about purchase location is not available for nine (9) cases.
https://www.canada.ca/en/public-health/services/diseases/vaping-pulmonary-illness.html

Study

New study calls for new approach to tackling overdose crisis | New West Record
Source: New Westrecord
Unique ID: 1007696309

VANCOUVER — Canada needs a new approach to tackle its overdose crisis, says the lead author of a new study that highlights a prevalence of overdoses involving non-prescribed fentanyl and stimulants in British Columbia.
There have been more than 15,000 apparent opioid-related deaths in Canada since 2016.
British Columbia has recorded more than 5,000 deaths from illicit drug overdoses since declaring a public health emergency in 2016.
The study, published on Monday in the Canadian Medical Association Journal, looked at 1,789 overdose deaths in British Columbia between 2015 and 2017 in which the coroner was able to determine the substances relevant to the deaths.
It reported that despite decreases in the prescription of opioids across the province, the death rate from illegal drug overdoses has continued to rise.
Dr. Alexis Crabtree, the study's lead author and resident physician in public health and preventative medicine at the University of British Columbia, says it highlights what isn't working when it comes to tackling the overdose crisis.
"What we found is that this overdose crisis is not driven by prescribed medications and de-prescribing initiatives alone won't solve the overdose crisis," she said in an interview.
In most cases where prescribed opioids were implicated in a death, the toxicology report also flagged the non-prescribed opioids in the person's system, Crabtree added.
The study's findings also highlight the declining role of prescription opioids and heroin in the overdose crisis and the rise of synthetic opioids and stimulants.
The current strategies on battling the overdose crisis "must do much more" than target de-prescribing opioids, the study concludes.
Men continue to dominate the overdose death toll, making up more than 80 per cent of deaths, with people between the ages of 31 to 49 making up the predominant number of deaths.
One aspect that is often overlooked is the efficacy of methadone and buprenorphine, opioids used to treat opioid addiction, Crabtree said.
The study showed that few overdoses involved people with those opioids in their system, which Crabtree said she believes should make doctors feel more comfortable in prescribing them to drug users.
In B.C., the provincial government expanded the access to a safe supply of prescription drugs near the start of the COVID-19 pandemic due to concerns about the number of overdose deaths arising from isolated drug users.
That program, and subsequent concerns raised over the prescribing of illicit-alternative drugs, prompted the decision to publish the study in the Canadian Medical Association Journal, Crabtree said.
"A question or concern physicians have is 'is the medication I'm prescribing contributing to overdoses?'" said Crabtree. "I can understand why people have that concern. I think these results are really reassuring that prescribed medications are not a driver of overdose risks and supports physicians to prescribe under those risk mitigation guidelines."
She said she agrees with the recommendations of provincial health officer Dr. Bonnie Henry who called for the decriminalization of people who possess small amounts of drugs in a 2019 report.
At the time, Henry wrote that the province "cannot wait for action at the federal level."
She reiterated those recommendations in June 2020, which saw 175 suspected overdose-related deaths.
"COVID-19 has made clear the government can act in a very fast and effective way when it prioritizes a response to a public health emergency," said Crabtree. "I would love to see that same effectiveness applied to responding to the overdose emergency and protecting the health of people who use drugs."
More access to overdose prevention and supervised inhalation sites should be some of the next steps forward both in B.C. and across the country, she added.
The federal government launched a national consultation on supervised-consumption sites last week, seeking comments from a variety of Canadians, including those who operate the sites and those who use them.
The study: https://www.cmaj.ca/content/192/34/E967
https://www.newwestrecord.ca/new-study-calls-for-new-approach-to-tackling-overdose-crisis-1.24191203

International Events of Interest

Brazil

Researchers validate rapid tests to detect dengue, Zika, yellow fever, and other viruses
Source: Medical Xpress
Unique ID: 1007696625

There are more than 70 species of flavivirus, and many cause diseases in humans and animals, including dengue, Zika, and yellow fever viruses. A novel flavivirus identification test that is both fast and sensitive has been validated in Brazil by Mariana Sequetin Cunha and collaborators at the Adolfo Lutz Institute, a leading epidemiological surveillance laboratory that reports to the São Paulo state government.
An article on the topic has been published in Archives of Virology.
The research was supported by São Paulo Research Foundation—FAPESP via a Thematic Project, for which the principal investigator (PI) was Maurício Lacerda Nogueira, and a Regular Research Grant for which the PI was Paulo Cesar Maiorka.
"We set out to improve the monitoring of flaviviruses in Brazil by means of a reliable method. To this end, we used the RT-qPCR assay technique," Sequetin said. RT-qPCR stands for reverse transcription quantitative polymerase chain reaction. The laboratory technique combines reverse transcription of RNA into DNA and amplification of specific DNA targets using polymerase chain reaction. It is considered the gold standard for rapid identification of viruses and is recommended by the World Health Organization for diagnosing infection by SARS-CoV-2.
"Until recently, the main method used in Brazil to identify flaviviruses required inoculating the brains of newborn mice with suspected material sampled from human patients or animals," Sequetin said. "When I joined the Adolfo Lutz Institute as a researcher in 2012, I decided to establish an alternative method that would not require the mice but would submit the patient's blood, serum or viscera sample directly to RT-qPCR."
The key question was whether RT-qPCR would be sensitive enough to detect small amounts of viruses in the samples analyzed. Sequetin recalled that the Adolfo Lutz Institute maintained a large number of deep-frozen mice that had been inoculated in the 1990s and stored at -80 °C. "I extracted genetic material from their brains and sought the threshold for detection of different flaviviruses by preparing increasingly dilute solutions," she said.
The protocol established was shown to be highly sensitive and specific. It can be used to detect the different flaviviruses that occur in Brazil and for viral monitoring in sentinel animals and vectors.
"We're going to test it on new samples that we're receiving. I expect to find flaviviruses not described in the literature, especially in mosquitos," Sequetin said.
More information: Mariana Sequetin Cunha et al, Applying a pan-flavivirus RT-qPCR assay in Brazilian public health surveillance, Archives of Virology (2020). DOI: 10.1007/s00705-020-04680-w
https://link.springer.com/article/10.1007/s00705-020-04680-w
https://medicalxpress.com/news/2020-08-validate-rapid-dengue-zika-yellow.html

Democratic Republic of Congo

Ebola infects 2 more in DRC; cases rise to 102, 44 fatal
Source: CIDRAP
ID: 1007698897

Tests confirmed Ebola infections in two more people in the Democratic Republic of the Congo (DRC) Equateur province outbreak, raising the total to 102, the World Health Organization (WHO) African regional office said today in a Twitter update.

Also, 1 more death was reported, lifting the fatality count to 44.

The outbreak, marking the DRC's 11th involving Ebola, began in early June, and has been challenging because of a steady rise in cases over a large geographic area, some of them very remote. Outbreak responders have also been grappling with the extra demands of the COVID-19 pandemic and sparse funding. A similar outbreak in the same province in 2018 resulted in 54 illnesses, 33 of them fatal.
https://twitter.com/WHOAFRO/status/1297834977346883584
https://www.cidrap.umn.edu/news-perspective/2020/08/news-scan-aug-24-2020

ECDC

Communicable disease threats to public health in the European Union - Annual Epidemiological Report for 2019
Source: ECDC

Surveillance report
24 Aug 2020
Publication series: Annual Epidemiological Report on Communicable Diseases in Europe
Time period covered: 1 January - 31 December 2019
This report covers the events and threats detected by the ECDC epidemic intelligence (EI) team in 2019 and the actions taken in relation to these findings. The objective of EI at ECDC is to rapidly detect and assess public health events of any origin to ensure EU health security as defined in ECDC's mandate. This report is based on EI screening and data from 2019 retrieved from the Epidemic Intelligence Information System (EPIS), the Early Warning and Response System (EWRS) and the ECDC threat tracking tool (TTT).
https://www.ecdc.europa.eu/en/publications-data/communicable-disease-threats-public-health-european-union-2019

ECDC

Influenza virus characterisation - Summary Europe, July 2020
Source: ECDC
Surveillance report
24 Aug 2020
ECDC's influenza virus characterisation reports are published periodically and give an overview of circulating influenza viruses. They provide details on the current vaccine strains, summarise the development of the viruses since the last report, and closely follow the main developments for the ongoing influenza season. Virus characterisation reports are primarily intended for influenza virologists and epidemiologists.

Executive summary
This is the ninth report for the 2019 20 influenza season. As of week 30 / 16 4 8 8 7 influenza detections had been reported across the WHO European Region ; 73% type A viruses, with A(H1N1)pdm09 prevailing over A(H3N2), and 27% type B viruses, with 4 4 79 (98%) of 4 5 68 ascribed to a B/Victoria lineage Since the June 2020 characterisation report report1, three shipments of influenza positive specimens from EU/EEA countries have been received at the London WHO C ollaborating C entre , the Francis Crick Worldwide Influenza Centre (WIC). In total (since wee k 40/2019) 2019), 1 6 61 virus specimens have been received , with collection dates after 31 August 2019.

Of the 4 9 A(H1N1)pdm09 viruses from EU/EEA countries characterised antigenically since the June report, 36 were well recognised by antisera raised against the 2019 20 vaccine virus, A/Brisbane/02/2018. The 13 viruses showing poor reactivity generally carried amino acid substitutions (notably N156K) in the HA1 150 loop region. The 468 EU/EEA test viruses with collec tion dates from week 40/2019 genetically characterised at the WIC have fallen within subclades of clade 6B.1A: 425 6B.1A5A, 30 6B.1A5B, 1 6B.1A6 and 12 6B.1A7.

The majority (39) of the 68 A(H3N2) viruses from EU/EEA countries characterised antigenically i n July were clade 3C.3a and were well recognised by antiserum raised against egg propagated A/Kansas/14/2017, the current vaccine virus. Globally approximately equal proportions of clade 3C.3a and subgroups 3C.2a1b+T131K and 3C.2a1b+T135K viruses have bee n detected , but for viruses detected since 1 February 2020, subgroups 3c.2a1b+T135KA/B have preva i le d in the USA while those of clade 3C.3a and subgroup 3C.2a1b+T131K have dominate d in Europe. In total, 500 viruses from EU/EEA countries have been characterised genetically at the WIC: 2 82 were clade 3C.3a, 1 37 were 3C.2a1b+T131K, 61 were 3C.2a1b+T135K A and 20 were 3C.2a1b+T135K B.

Thirty two B/Victoria lineage viruses from EU/EEA countries were antigenicall y characterised in Ju ly , all were subclade 1A(Δ3)B. Four viruses were not recognised well by antiserum raised against B/Washington/02/2019, the vaccine virus for the 2020 2021 northern hemisphere influenza season. Poor recognition was associated with HA1 a mino acid substitutions of either N126K or T155A . In total, 306 EU/EEA viruses have been characterised genetically at the WIC: 2 90 were sub clade 1A(Δ3)B and 1 6 were subclade 1A(Δ2). A single B/Yamagata lineage virus from France , with a collection date in February 2020 , was antigenically characterised in July. As for all recently circulating B/Yamagata lineage viruses a ll eight EU/EEA viruses characterised genetically at the WIC since week 40/2019 belong to genetic clade 3 and contain at least two HA amino acid substitutions (HA1 L172Q and M251V) compared to B/Phuket/3073/2013, the antigenic effects of which have been minimal as assessed in earlier reports. https://www.ecdc.europa.eu/en/publications-data/influenza-virus-characterisation-summary-europe-july-2020

Researches, Policies and Guidelines

Nil