

PHAC SITUATIONAL BRIEFING/UPDATE (as of July 7, 2020)

Domestic Situation

- More than or 66% of Canada's cases (106,167) are now recovered.
- Labs across Canada have tested almost 3.0M people for COVID-19, with about 3.3% of these testing positive. Daily testing levels ranging from 25K to 48K people over the last 5 days or so.

SPEAKING POINTS:

Lisa Landry

- Nationally, we are seeing the impact of public health measures on slowing down the growth of new cases of COVID-19, although there are some regional differences across the country. Multiple jurisdictions have had zero new cases for several days or weeks.
- Federally, and with our P/T partners, we continue to focus on guidance and sharing of best practices and approaches to support opening of different sectors and activities, and supporting common messages during recovery phases.
- While the spread of the virus has slowed, the first wave is ongoing. Global transmission continues and therefore it is not possible to eradicate the virus. PHAC is working to ensure that we can cope with or mitigate future increases in infection rates without having to repeat the full lockdown.
- We are actively looking at approaches to border measures, as other countries begin to cautiously open borders to certain countries with low or controlled transmission. Having active discussions with PTs on both approaches to country risk assessments to inform travel advisories for outbound travellers, and considering approaches and measures over time related to inbound travellers looking at options related to countries or classes/categories of travellers.
 - For example we have already supported family reunification via our updated orders in council under the Quarantine Act, and are looking at options to expand family reunification. Supporting entry for those with work permits, etc.
- Actively working on planning for resurgence and readiness for the fall including examining scenarios for the pandemic in Canada, and developing an FPT Public Health Response Plan for Living with COVID-19- integrating planning assumptions,

considering epi drivers. This response plan centres on key response components of surveillance, lab testing, public health measures, IPC, clinical guidance, vaccination, border/travel health measures, HC system, communications/outreach and research. Planning for Indigenous communities and high risk congregate settings.

- To address previous questions, federal guidance will further emphasize that workers who are ill/positive for COVID-19 (asymptomatic or symptomatic) should be in isolation and therefore not present in the workplace.
- Discussions continue about managing the existing situation as longer term solutions (vaccine/treatment) are still too far off to speculate. There are currently two methods being developed to manage the situation in the long-term: Serology testing for antibodies to determine post-infection immunity, and vaccine and treatment development, which will require scaling of production once they are developed and will be rolled out in stages.

COVID-19 Vaccine

- There are significant investments for the development of a vaccine, but we can not predict specific timelines and it is unlikely that a vaccine will be ready before August 2021. The pathway to vaccine development is complex and includes clinical trials to test vaccine, regulation to ensure the vaccine is safe and it works well, discussion about how the vaccine should be used and prioritized, work to secure vaccine at a reasonable cost and with sufficient supply and finally as a new vaccine rolls out monitoring and evaluation to ensure it is safe and effective.
- There will likely be multiple candidates for vaccines. Prioritization for vulnerable populations will need to be determined once a vaccine is available, but quantities are still limited. The National Advisory Committee on Immunization will make recommendations on who will be a priority to receive vaccines first, but it will likely be the more vulnerable population
- The National Advisory Committee for Immunization (NACI) is the group responsible for decision-making related to public health vaccine programs, such as identifying priority groups.
- In its guidance, NACI also outlines important considerations for ethics, equity and feasibility of COVID-19 vaccination. For example, NACI recommends that clinical trials and post-market investigations assess inequities related to social vulnerabilities

(e.g., low socioeconomic status, race/ethnicity) and occupational vulnerabilities (e.g., healthcare and long-term care workers).

- Although vaccine recommendations are made at the federal level, the primary responsibility for matters related to the administration and delivery of health care services, including vaccination programs and who can administer vaccines, falls within provincial/territorial responsibility.
- This is why publicly-funded immunization programs may vary from province or territory.
- There are multiple candidates for a vaccine and decisions about prioritization and use will depend on the vaccine selected. We will need to understand the vaccine characteristics and its immune response in order to determine who should be targeted and how. For example, while it is likely that vulnerable populations will be targeted, first we know that older adults over 65 also have different immune systems because of age and they may not achieve the same level of immune response post vaccination as the younger population.
- It is also important to note that this will be a new vaccine. The traditional influenza pandemic vaccine approach (i.e. to vaccinate everyone immediately) may not be advisable or appropriate for a novel coronavirus vaccine developed where there is limited experience of its safety and effectiveness.
- NACI will define target groups in two phases:
 - **Interim Guidance:** before a vaccine candidate has been identified (**summer 2020**): NACI will identify vaccine strategies and target groups based on reviews of available evidence on transmission and burden of disease to issue “interim” guidance on target groups (e.g. adults 65 and older; vulnerable communities; residents of long-term care facilities; health care providers and first responders; critical infrastructure workers)
 - **Final Guidance:** once a vaccine candidate has completed advanced clinical trials (**fall/winter 2020 if trials progress**): NACI will refine and recalibrate its initial guidance on target groups, based on: additional safety and efficacy data from advanced clinical trials; availability of supply; one or multi-dose schedules; whether/how to vaccinate children and pregnant women; policy frameworks regarding ethics, equity, economics impacts, etc.)

Influenza Vaccine and Upcoming Season

- Preparation for the fall/winter influenza season is also currently underway. PHAC will undertake an annual influenza awareness and marketing campaign that will launch in September/October.
- Given the overlap between influenza and COVID-19 risk groups, the primary target audiences will be people at higher risk of influenza-related complications. Especially older adults (65 years+), their caregivers/healthcare providers, and people with health conditions.
- Each province and territory sets their own influenza vaccination programs, including prioritization, allocation and determining who can administer vaccines.
- PHAC supports these efforts through bulk purchasing, guidance, and national sharing of strategies. Provinces and territories have increased their influenza orders substantially for the upcoming influenza season.
 - Orders have increased by 21% compared to the same time last year.
 - Approximately 13.6 million doses compared to 11.2 million doses.
- Provinces and territories typically begin influenza vaccination clinics in late October/early November
- NACI is also developing guidance on the delivery of influenza vaccine in the presence of COVID 19.
- Guidance will cover all aspects of influenza vaccine delivery:
 - Alternative delivery models (e.g. drive through clinics, school based clinics)
 - Infection prevention and control measures to implement at vaccination clinics
 - Personal protective equipment (PPE) needs for workers and vaccinees
- Guidance is expected by mid to late July.
- I would like to close by reminding everyone, that while we wait for a vaccine and continue to advance efforts to treat COVID-19, it is important that people do everything under their control to prevent the spread of the virus such as:
 - staying home and away from others if you are ill
 - washing your hands frequently
 - covering your cough with a tissue or your sleeve
 - practising physical distancing
 - cleaning and disinfecting surfaces and objects