GPHIN Daily Report for 2020-09-28

Special section on Coronavirus

Canada

Areas in Canada with cases of COVID-19 as of 27 September 2020 at 19:00 pm EDT
Source: Government of Canada

Province, territory or other	Number of confirmed cases	Number of active cases	Number of deaths
Canada	153,125	12,759	9,268
Newfoundland and Labrador	273	2	3
Prince Edward Island	58	1	0
Nova Scotia	1,087	1	65
New Brunswick	200	7	2
Quebec	71,901	4,947	5,825
Ontario	49,831	4,196	2,839
Manitoba	1,880	589	19
Saskatchewan	1,878	144	24
Alberta	17,343	1,497	261
British Columbia	8,641	1,375	230
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#a1

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

Canada

Remarks from the Chief Public Health Officer on COVID-19, September 25, 2020
From: Public Health Agency of Canada

[APG]

Speech
There have been 149,094 cases of COVID-19 in Canada, including 9,249 deaths. 86% of people have now recovered. Labs across Canada tested an average of almost 70,000 people daily over the past week, with 1.4% testing positive. An average of 1,175 cases have been reported daily across Canada during the most recent seven days.

We are continuing to see an increase in daily case counts nationally, with the most rapid rises in Quebec and Ontario. The number of COVID-19 cases in hospital is also on the rise in these two provinces, as well as in British Columbia and Saskatchewan. These are worrying signs. We know how quickly the virus can spread. These surges in cases can overwhelm public health and health care system resources in localized areas.

As I said earlier this week, Canada is at a crossroads in the COVID-19 pandemic. The latest epidemiological analysis and modelling studies show that unless we work together now to slow the spread of the virus, we will face a big resurgence in areas currently experiencing increasing COVID-19 activity.

We have a chance to prevent a further escalation of the epidemic if we all act together now. Local public health authorities cannot do this alone. Each of us must take action to protect ourselves, our loved ones and our communities.
This is why we all need to re-commit to following the individual protective measures that we know work, including physical distancing, frequent hand washing, and wearing a non-medical mask in closed spaces, crowded places and close contact situations when distancing is difficult. And most importantly, stay home and self-isolate if you experience any symptoms, even mild ones.

I also urge everyone to limit their in-person close contacts, as much as possible. We all have different responsibilities when it comes to being in close contact with others, but remember that every person you encounter brings their whole network of contact history with them. So whenever you can reduce the number of in-person close contacts or the duration of these encounters, you will reduce your risk.

Let's all do our part to help each other. Thank you.

https://www.canada.ca/en/public-health/news/2020/09/remarks-from-the-chief-public-health-officer-on-covid-19-september-25-2020.html

Statement from the Chief Public Health Officer of Canada on September 26, 2020
From: Public Health Agency of Canada

Statement
On September 26, 2020, Dr. Theresa Tam, Canada's Chief Public Health Officer, issued the following statement on COVID-19.
September 26, 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 150,456 cases of COVID-19 in Canada, including 9,255 deaths. The percentage of recovered cases is currently at 86%. Laboratories across Canada continue to test at a high rate, with an average of almost 70,000 people tested daily last week and 1.4% of these testing positive. As of Friday September 25th, 2020, an average of 1,175 cases were being reported daily across Canada over a seven-day period. As some provinces and territories do not report new cases over the weekend, the next

update for the average daily case count will be provided next Tuesday, once these numbers have been compiled.

As daily case counts continue to increase and another weekend is upon us, Canadians are urged to increase personal protective measures and reduce their number of close contacts as much as is possible considering personal and family circumstances. We also need to think about where and how the virus is surging and find safer ways to maintain the balance between maintaining our important routines and activities and keeping COVID-19 spread within manageable levels.

Despite the very real concern of a large resurgence in areas where the virus is escalating, there is still reason to be optimistic that we can get things back to the slow burn. In addition to knowing that our collective actions can and do work to slow the spread, we know that preventing spread in certain types of settings can have a big impact on slowing epidemic growth.

A number of the areas experiencing high infection rates have reported that certain events, like large private gatherings indoors and outdoors, have resulted in a high number of exposures and many people being infected. So even a single event of this nature can have far reaching effects, including taking a community off the slow burn track into an accelerated growth situation. But the reason for optimism is that if high transmission events like these can be interrupted early, before spreading through the community, growth can be brought under control more easily. The other point of optimism is that these types of spreading events are entirely preventable if proven effective precautions are followed. So this is a "learning to live with COVID-19 moment" that we cannot afford to ignore.

With fall celebrations ahead of us, including Thanksgiving weekend coming, it is time to take stock of all that we have learned about how to live with COVID-19 and be grateful for how we have adapted and built up our resilience. At the same time, we need to remember even if we know or are acquainted with people at a gathering, it doesn't mean the risk of COVID-19 is reduced in any way. Even if people attending an event are part of your extended family, as has been the case with some of these private gathering outbreaks, it doesn't mean they are not infected, even if no one appears to be unwell.
Keeping ourselves and our loved ones safer will require conscious and consistent efforts as we continue to live with COVID-19. Take some time this weekend for a family/close contacts meeting and make a plan to keep your consistent and trusted bubble safer, while finding new and creative ways to remain richly engaged and connected with others through virtual and other safe distancing ways. Read through my backgrounder on risks and precautions to consider and links to COVID-19 information and resources."
https://www.canada.ca/en/public-health/news/2020/09/statement-from-the-chief-public-health-officer-of-canada-on-september-26-2020.html

Statement from the Chief Public Health Officer of Canada on September 27, 2020
From: Public Health Agency of Canada

Statement
On September 27, 2020, Dr. Theresa Tam, Canada's Chief Public Health Officer, issued the following statement on COVID-19.
September 27, 2020 - Ottawa, ON - Public Health Agency of Canada

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

"There have been 151,671 cases of COVID-19 in Canada, including 9,262 deaths. The percentage of recovered cases is currently at 86%. Laboratories across Canada continue to test at a high rate, with an average of almost 70,000 people tested daily last week and 1.4% of these testing positive. As of Friday September 25th, 2020, an average of 1,175 cases were being reported daily across Canada over a seven-day period. As some provinces and territories do not report new cases over the weekend, the next

update for the average daily case count will be provided next Tuesday, once these numbers have been compiled.

As we head into another week, we need to be vigilant about rising cases and increasing hospitalizations, particularly in areas where cases are increasing most rapidly. Surges in cases, leading to increases in hospitalizations can quickly overwhelm public health and healthcare system resources in localized areas, while increasing the likelihood of spread to more areas.

Last week I urged Canadians to increase personal protective measures and to reduce their number and durations of close contacts as much as possible. Though we all have different personal and family circumstances, every protective measure we can take matters to reduce the overall rate of infection in our communities. That is because every person we encounter brings a whole network of contacts history with them, so any all efforts to reduce the number, duration and closeness of encounters makes a big difference. As well, as public health controls and policies reduce our risk of infection and spreading the virus, everything we do to consistently maintain personal protective practices helps to reduce the overall rate of infection.

The quickest and safest way for Canada to get back on the slow burn is for us all to for us to take **every measure** during **every moment** of our day, and always act in a way that can prevent the spread of illness to others. That means,

- Always keeping a 2-metre physical distance from others who are outside of our small, consistent and trusted contacts bubble, whether outdoors or indoors.
- Always keeping up with good hygiene habits of frequent and meticulous handwashing, covering coughs and wearing a non-medical mask or face covering where appropriate
- Limiting the amount of time and the number of people you come into close contact
- Opting for lower risk settings/situations where public health measures and policies are in place whenever possible.

We have a chance to prevent a further escalation of the epidemic if we all act together now. Local public health authorities cannot do it alone. Each of us must take action to protect ourselves, our loved ones and our communities. Read through my COVID-19 information and resources backgrounder to understand the risks and know the precautions you can take

https://www.canada.ca/en/public-health/news/2020/09/statement-from-the-chief-public-health-officer-of-canada-on-september-27-2020.html

Canada
Government of Canada COVID-19 Update for Indigenous Peoples and communities - Canada.ca
Source: canada.ca
ID: 1007927082

There has been a considerable weekly increase in the number of new and active COVID-19 cases in First Nation communities since mid-August. Following the recommended public health guidelines outlined by your province or territory of residence, and/or by your community Leadership including guidelines on wearing masks in schools. These growing numbers are a clear indication that we must reinforce the same degree of health precautions that were taken this spring.

News release
September 25, 2020 — Ottawa, Traditional Algonquin Territory, Ontario — Indigenous Services Canada
There has been a considerable weekly increase in the number of new and active COVID-19 cases in First Nation communities since mid-August. This has resulted in the highest number of weekly new cases since the beginning of the pandemic. This week total number of active cases has increased from 79 to

121 cases. Equally concerning is the growing number of cases in First Nation communities that originate outside of First Nation communities.
As of September 24, 2020 Indigenous Services Canada (ISC) is aware of these confirmed cases of COVID-19 for First Nations communities:
631 confirmed positive cases of COVID-19
52 hospitalizations
121 active cases
499 recovered cases
11 deaths
There are a total of 19 confirmed positive cases in Nunavik, Quebec, and all but 2 have recovered.
These growing numbers are a clear indication that we must reinforce the same degree of health precautions that were taken this spring. While these changes are hard, individual action will greatly influence the course of the pandemic and we cannot stop now. We must continue this work until we are all safe.
Individuals can help by:
Avoiding non-essential trips;
Limit the number of non-essential gatherings as much as possible;
Limit the number of people in your social groups, avoid large gatherings;
Maintaining physical distancing of at least 2 meters or 6 feet;
Wearing a non-medical mask that covers your nose and mouth when physical distancing is not possible; and
Following the recommended public health guidelines outlined by your province or territory of residence, and/or by your community Leadership including guidelines on wearing masks in schools.
We must also remember to maintain proper hand hygiene and etiquette, even when out on the land, including:
Washing hands often with soap and warm water for at least 20 seconds. If soap and water aren't available, use hand sanitizer containing at least 60% alcohol.
Coughing or sneezing into a tissue or elbow, not hands, and disposing of used tissues as soon as possible in a lined waste basket and wash your hands immediately afterwards.
Avoid touching eyes, nose, or mouth with unwashed hands.
COVID-19 can take up to 14 days after being exposed to the virus for symptoms to appear. During this time, the virus can easily spread to others. This means that decisions made today could affect families, friends and communities for weeks to come. We urge everyone to help change the trend by following public health measures.
According to Public Health Agency of Canada, you need to self-isolate for 14 days under the following circumstances:
If you are returning from travelling outside of Canada: this is a mandatory self-isolation period.
If you have had close contact with someone who has or is suspected to have COVID-19.
If you have been instructed by Public Health to isolate due to a possible exposure to a COVID-19 individual.
Self-isolation means:
Stay at home.
Avoid contact with other people.
Practice public health measures such as physical distancing, cleaning common surfaces, performing hand hygiene and coughing/sneezing into a tissue.
The Government of Canada, along with Indigenous partners, continues to manage the impacts of the pandemic, while preparing for future waves. This includes taking steps to ensure everyone living in Canada can access future treatment and vaccines. Our country's recovery from the pandemic will take time. We must continue to be careful, and listen to the advice of our public health experts.
At this time of year, we are also concerned about influenza, commonly known as seasonal flu. We can reduce the spread of the seasonal flu by following the same public health and hygiene practices recommended to limit the spread of COVID 19. The annual flu vaccine is the most effective way to

prevent the flu and flu-related complications.
To date over $2.2 billion has been committed in specific support to Indigenous and northern communities and organizations. Indigenous Services Canada continues to work with Indigenous leadership and organizations to identify and respond to the needs of communities and stands ready to deploy additional resources as the pandemic evolves.
Contacts

https://www.canada.ca/en/indigenous-services-canada/news/2020/09/government-of-canada-covid-19-update-for-indigenous-peoples-and-communities2.html

Canada
Experts unsure whether Quebec's heath-care system can withstand latest surge of COVID-19
Source: CBC
ID: 1007926140

With cases of COVID-19 increasing in Quebec at a rate not seen since the spring, health experts are urging the government to take more drastic measures in order to spare the beleaguered health-care system from further stress.
On Sunday, Quebec reported 896 new cases, a figure close to the worst days in April and May. Hospitalizations and deaths, though, are currently much lower than they were during the first wave. Nevertheless, hospitalizations have risen 46 per cent over the past week. There are currently 216 COVID-19 patients in hospital, including 41 in intensive care.
According to experts, the lower hospitalization numbers can be explained by the larger percentages of young people who are testing positive for the disease. At that age, they are less likely to develop complications.

But hospital doctors in Montreal say they are in fact admitting younger patients, which potentially poses a new set of challenges for the health system.
Dr. François Marquis, head of intensive care at Maisonneuve-Rosemont Hospital in Montreal, said the younger patients he's seen have taken longer to recover.

"We could wind up, in this second wave, with a problem where a small number of young people fill our beds in intensive care because they don't die, but they don't get better. They're stuck between the two," Marquis said in an interview with Radio-Canada.
"That's a reality the population has not understood and that young people, unfortunately, have not understood."
Dr. Matthew Oughton, a physician of infectious diseases at Montreal's Jewish General Hospital, said he expects hospitalizations to increase more rapidly in about a month, as young people transmit the virus to older generations.

"We're going to be back into the sort of crunch that we know many hospitals in Quebec were in back in the later part of March and April," Oughton said.
Concern again about long-term care

Another area of concern as cases rise is the fate of long-term care homes.
In the first wave of the pandemic, hundreds of publicly run facilities (known as CHSLDs) had outbreaks, which killed nearly 4,000 people.

The government promised sweeping changes to protocol and staffing levels to prevent a similar disaster from taking place again. But in recent days, outbreaks at a number of CHSLDs and seniors homes have worried observers.

Visits had to be suspended at the CHSLD Idola Saint-Jean in Laval Saturday, after 11 patients and seven employees tested positive for the virus.

Meanwhile, 10 people tested positive at Residence l'Initial in the Outouais region and patients at the CHSLD Herron —where 38 people died in the spring — are once again in insolation after a staff member tested positive there.

"This is extremely concerning. This shouldn't be happening anymore," said Dr. Cécile Tremblay, an infectious disease specialist at the Université de Montréal hospital.

"The government was firm on this and said it wouldn't happen anymore, but it is happening again." Tremblay said that while the government did hire more patient care attendants, long-term care homes are still dealing with a shortage of nurses and staff-to-patient ratios are less than ideal.

Need tougher measures, experts say

In an effort to slow the spread of COVID-19, the Quebec government has been urging people to avoid all social gatherings, especially in private homes, for the next month.

"The high increase in cases is mainly associated to community transmission of the virus," Health Minister Christian Dubé wrote on Twitter, Sunday.

Tremblay said the virus is spreading out of control, and suggested the government consider taking tougher measures to prevent the death toll from increasing. Making masks mandatory for students inside the classroom was among the measures she proposed.

"It is extremely important that people understand we are heading straight for a second wave that will be at least as bad as the first one, if not worse," she said.

Oughton also said the government needs to do more. Simply asking people to reduce their contacts, he said, hasn't been enough.

"It's a request, but it doesn't have any force to it. And as a result, I have a feeling that some people don't see this as being anything more than a suggestion or a recommendation," he said.

"Right now the message isn't getting through with sufficient clarity. The government needs to take firm and clear action to explain to people why this is such an issue."

With files from Valeria Cori-Manocchio and Radio-Canada

https://www.cbc.ca/news/canada/montreal/covid-19-cases-on-the-rise-in-quebec-900-new-cases-1.5740915?cmp=rss

Canada

New COVID-19 cases in Ontario surge to highest level in nearly five months

ID: 1007925311

Source: CTV News

Sunday, September 27, 2020 11:28AM EDT

People wait in line for hours at a COVID assessment centre at Mount Sinai Hospital during the COVID-19 pandemic in Toronto on Thursday, September 24, 2020. THE CANADIAN PRESS/Nathan Denette

TORONTO -- **Ontario** is reporting the highest number of new COVID-19 cases since early May.

Health officials added 491 lab-confirmed cases on Sunday, the highest daily total since May 2 when 511 cases were confirmed.

The province also recorded two COVID-19-related deaths in the last 24-hour period as well as 289 cases which are now considered to be resolved.

Sunday's report pushes the province's lab-confirmed case count to 49,831, including 2,839 deaths and 42,796 recoveries.

Right now, there are 4,196 active cases of the disease in **Ontario**.

The new cases represent an increase over Saturday's total when 435 new infections were logged and mark the fourth straight day in which the province has recorded more than 400 new cases.

On Tuesday, **Ontario** Premier Doug Ford warned of a "more challenging" and "more complicated" second wave of COVID-19 as he announced the government's first part of a fall preparedness plan.

Days later, the premier would impose stricter rules on restaurants and bars to control "outbreak clusters" of COVID-19 in the province. The new restrictions mean that all food and drink establishments can no longer sell alcohol after 11 p.m. and the consumption of alcohol on these premises will be prohibited after 12 a.m.

In a tweet published Sunday morning, **Ontario** Health Minister Christine Elliott said that most of the new cases are in people under the age of 40.
According to the province's daily epidemiologic summary, 236 of the new infections were reported in people between the ages of 20 and 39. That age group now accounts for 17,000 lab-confirmed infections, the most of any age group in **Ontario**.
Another 118 cases were reported in people between the ages of 40 and 59. Seventy-five cases were reported in people 19 years of age and younger and 51 cases were reported in people between the ages of 60 and 79.
Thirteen new cases were reported in people 80 years of age and older.
Where are the new COVID-19 cases?

Most of the new cases of COVID-19 in **Ontario** continue to be reported by just four regions.
There are 137 new cases in Toronto, 131 in Peel Region and 58 in both Ottawa and York Region.

At least five other public health units are also reporting new case numbers in the double digits, including Niagara, Halton and Waterloo.
The number of hospitalizations has also increased to 112, up from the 100 reported a day earlier.
However, the ministry of health says that number will likely increase as approximately 5 **Ontario** hospitals did not report patient data on Sunday.
Of those 112 patients, 28 are being treated in an intensive care unit, 16 of which are breathing with the assistance of a ventilator.
Update on COVID-19 testing in **Ontario**
Testing for COVID-19 in **Ontario** remains high with 42,509 tests completed since yesterday. A day earlier, the province would set a new record for most tests completed in a single day with 43,238 tests completed.
Since the beginning of the pandemic, the province has processed more than 3.8 million tests for the disease.
There are 65,061 tests currently under investigation.
https://toronto.ctvnews.ca/new-covid-19-cases-in-ontario-surge-to-highest-level-in-nearly-five-months-1.5122106

Canada
Trudeau announces purchase of 20 million doses of Oxford University COVID-19 vaccine
Source: Ottawa Citizen
ID: 1007914068
Prime Minister Justin Trudeau announced Friday the government has reached a deal to get 20 million doses of the Oxford University COVID-19 vaccine, which is being produced by the company AstraZeneca.
The government has signed multiple agreements for more than 150 million doses of COVID-19 vaccines, from several of the leading candidates, but until Friday had not signed a deal with AstraZeneca.
The U.K., U.S., Japan and several European countries have already announced orders for hundreds of millions of doses of this vaccine.
The company's vaccine is seen as one of the most promising candidates and has entered the third and final phase of trials to test its efficacy.
More to come …
https://ottawacitizen.com/news/politics/trudeau-announces-purchase-of-20-million-doses-of-oxford-university-covid-19-vaccine

Canada
People can now be tested for COVID-19 at some Ontario pharmacies
Source: Toronto CTV News
ID: 1007913967

People can now be tested for COVID-19 at some Ontario pharmacies
Contact

Published Friday, September 25, 2020 7:41AM EDT Last Updated Friday, September 25, 2020 8:41AM EDT
People pass by a Shoppers Drug Mart in downtown Toronto on Monday, July 15, 2013. (THE CANADIAN PRESS/Graeme Roy)
SHARE
TORONTO -- Some Ontario pharmacies will begin offering COVID-19 tests today as the province tries to ease the burden on busy assessment centres.
Up to 60 pharmacies are offering the appointment-only tests to certain asymptomatic individuals, such as those with loved ones in long-term care homes, close contacts of a case or high-risk workers.
Starting today, you can get tested for #COVID19 at select pharmacies if you are not showing symptoms and by appointment only, with further locations coming online in the coming weeks. See the updated testing guidelines here: https://t.co/8TJ2S7XOUF pic.twitter.com/XArilP2l8F
https://toronto.ctvnews.ca/people-can-now-be-tested-for-covid-19-at-some-ontario-pharmacies-1.5119802

Canada
Experts call for lockdown measures now to deal with COVID-19 surge
Source: CBC
ID: 1007912465
As a second wave of COVID-19 hits Ottawa, experts in the region are calling on the province to shut down activities again and bring the virus under control.
An open letter signed by nearly 40 doctors from across Ontario released Thursday says Ontario must restrict non-essential businesses and activities that cause people to gather, such as dine-in restaurants and bars, gyms, theatres, nightclubs and churches.
Raywat Deonandan, an epidemiologist at the University of Ottawa who wasn't part of the letter, agrees the province must act.
"Non-essential, entertainment types of things should close right away," he said on Wednesday.
The shutdown may not need to be as severe as the steps taken in March, said Deonandan, citing mask and distancing policies as examples of progress.
Ontario may be able to avoid closing all non-essential businesses, he said, holding out hope places such as museums and gyms can stay open.
He predicts with some confidence that many schools in Ottawa will be closed by December.
"I'm being pessimistic when I say I don't anticipate them staying open, but I'm rooting for them to stay open."
According to a draft of Ontario's pandemic preparedness plan leaked to CBC, Ontario wants to avoid imposing lockdown-style measures to combat a second wave of COVID-19, but is prepared to take "targeted action" such as closing certain higher-risk businesses.
Draconian measures needed, says modeller
Robert Smith? (the question mark is part of his name) is a mathematician at the University of Ottawa who models infectious diseases.
He is calling for "draconian" thinking and a full-scale lockdown now, with greater travel restrictions than in the spring.
"You kind of have to be kind of ruthless," said Smith? on Wednesday.
Ontario faces a choice, he said, between long-term or short-term pain.
If it goes into lockdown for a few months, he said the province could bring numbers down to zero new infections.
In that situation, through testing and contact tracing, the province would have the chance to stamp out any outbreaks that pop up.
"The best opportunity you have to deal with the disease is in the early stages."
If we carry on as we have been he said infections will surge again and again, foiling contact tracers and making more people sick.
"We have lots of leaks and the more leaks you have, the more the chances are that something is going to slip through."
His vision of an effective lockdown goes a step further than what Deonandan and others are calling for, saying that school closures are necessary because they keep both kids and parents largely at home.
In the future, bars and schools should only be allowed to reopen after two weeks without new cases, argues Smith?.

September surge predicted months ago
Smith?, Deonandan and many others foresaw a second wave coming this month.
In May, CBC Ottawa published a story that included Smith? with the headline "Epidemiologists brace for 2nd wave of COVID-19 — and it may come in September."
In the future, both think Ontario should take a more aggressive approach to lockdowns and trend more conservative in reopening.
"I think what they should be doing is taking the worst case scenario, maybe taking a political risk and overreacting," said Deonandan, who holds out hope for a vaccine by 2021.
"People have to remember, this is not the rest of your lives. This is just for a number of months."
While a lockdown's costs to the economy, mental health and physical activity are part of the equation, Deonandan and Smith? say acting on a more pessimistic view of COVID-19 prevents tragic outcomes.
With some statistics around case numbers at or near their highest point in Ottawa, they expect its rise in deaths to continue over the next few weeks.
"I totally understand this has been very, very frustrating for people," said Smith?.
"I get all the arguments. You don't want to ruin the economy. But the problem is, you're going to ruin the economy if you don't deal with the disease immediately."
https://www.cbc.ca/news/canada/ottawa/september-shutdown-second-wave-covid19-1.5738201?cmp=rss

Canada
Alberta's top health official says province is not in a second wave of COVID-19
Source: The Star
ID: 1007912148

EDMONTON—Alberta's chief medical officer of health says the province is not in a second wave of COVID-19 despite increased daily case numbers in recent months.
Dr. Deena Hinshaw said Thursday that Alberta had identified 158 new cases in the province.
She said that doesn't mean Alberta is seeing a surge in infections, although some provinces may have determined their second wave has begun.
"In Alberta, I don't think that's where we're at right now. We have seen increased daily case counts for the past few months, but those have remained relatively stable," Hinshaw told a news conference.
"When I think about a second wave, I think about a very large spike of uncontrolled spread and that's not our only possible future."
Prime Minister Justin Trudeau painted a bleaker picture in a national address Wednesday, saying a second wave is already underway in Canada's four largest provinces, referring to Ontario, Quebec, British Columbia and Alberta.
"We're on the brink of a fall that could be much worse than the spring," Trudeau said. "It's all too likely we won't be gathering for Thanksgiving, but we still have a shot at Christmas."
Hinshaw said Thanksgiving in Alberta is not going to be the same as it would be pre-pandemic but it can still happen as long as people show a proper amount of caution.
"It's natural for people to want to come together and celebrate Thanksgiving with a new level of appreciation. We all want Thanksgiving to be a safe holiday that keeps everyone healthy," Hinshaw said.
"It's best to keep gatherings within your established cohorts of up to 15 people outside your household. Smaller is safer. This is not the time for large gatherings."
Hinshaw said there are currently active alerts or outbreaks at 97 Alberta schools, including 163 active cases.
She said the peak of weekly cases for students aged five to 19 was 216 back in April. But since the current school year began at the beginning of September, the numbers have dropped.
"We have actually seen a week-over-week decrease from 205 to 183 to 122 cases per week in school-aged children. This is despite a significant increase in testing."
https://www.thestar.com/news/canada/2020/09/24/albertas-top-health-official-says-province-is-not-in-a-second-wave-of-covid-19.html

Canada
A few weeks after back-to-school, COVID-19 cases are down among kids and teens in Alberta
Source: CBC
ID: 1007913119

Alberta students have been back in class for a few weeks now and, so far, there hasn't been an increase in COVID-19 cases among school-aged kids.
Data from Alberta Health shows the number of new daily cases among 10- to 19-year-olds has actually been trending downward, while it's stayed relatively flat among those aged five to nine.
At the same time, far more kids and teens have been getting tested for COVID-19 in September, compared with earlier in the pandemic.
In-person classes resumed at many schools in Alberta on Sept. 1, while others welcomed students back several days later.
Since classes resumed, Chief Medical Officer of Health Dr. Deena Hinshaw said the following weekly results were observed among those aged five to 19:
1st week after classes resumed: 205 cases on more than 11,000 tests.
2nd week after classes resumed: 183 cases on more than 18,000 tests.
3rd week after classes resumed: 122 cases on more than 14,000 tests.
Looking across all the COVID-19 data dating back to the beginning of the pandemic, Hinshaw noted the infection rates for school-aged kids have reflected what was happening in the community.
"The weekly number of cases in those aged five to 19 has been most impacted by community transition trends," Hinshaw said.
The peak in cases among school-aged kids came in April, she said, when COVID-19 cases, in general, were at their height.
During a single week in April, 216 cases were detected out of 2,257 tests on people aged five to 19, she said.
"I want to highlight these numbers not to minimize the importance of school safety but rather to stress, once again, the importance of limiting community transmission to make school re-entry successful," Hinshaw said.
As of Thursday, she said, there were active alerts or outbreaks at 97 schools across Alberta, with 163 active cases among students.
"This represents about four per cent of schools in the province," she said.
"There are 32 school outbreaks, seven of which have had likely transmission within the school in at least one cases, and four of which have five or more cases," she added.
Alberta Health defines an outbreak as two or more cases among students at a school.
An outbreak declaration is "not a sign a school is unsafe," Hinshaw said, noting the vast majority of students with COVID-19, to date, have acquired it outside of school.
https://www.cbc.ca/news/canada/calgary/alberta-school-aged-covid-19-cases-late-september-1.5738030?cmp=rss

Canada
COVID-19: Ontario sets 11 p.m. last call for bars, shuts strip clubs; 409 new cases in Ontario, 41 in Ottawa
Source: Ottawa Citizen
ID: 1007914450

Ontario sets 11 p.m. last call for bars, shuts strip clubs; 409 new cases in Ontario, 41 in Ottawa Back to video
Starting Saturday, Ontario restaurants and bars will have to stop selling alcohol at 11 p.m. and close by midnight, while all strip clubs will have to close.
The province announced the new rules Friday in response to growing COVID-19 case numbers, noting that “Private social gatherings continue to be a significant source of transmission in many local communities, along with outbreak clusters in restaurants, bars, and other food and drink establishments, including strip clubs, with most cases in the 20-39 age group.”
Food and drink establishments will be allowed to continue with takeout and delivery after midnight.
“I don’t think it’s the end of the world that people stop drinking at 11 and close it down at 12 o’clock, it’s precautionary measures,” Premier Doug Ford said at an afternoon news conference. “It won’t be forever.”
Businesses and other organizations will also have to “comply with any advice, recommendations, and instructions issued by the office of the chief medical officer of health on screening for COVID-19, including screening individuals who wish to enter their premises.”

Last week, the province announced tighter limits on private social gatherings – 10 people indoors, 25 outdoors – to try to curb COVID-19 transmission.
“As the number of cases have continued to rise, it is evident that despite the tremendous efforts of Ontarians further action is required to prevent the spread of the virus,” said Health Minister Christine Elliott, in a prepared statement.
“On the advice of Ontario’s public health officials, we are moving forward with these measures to help keep Ontarians safe by limiting the potential for exposure in locations where the current risk of transmission is higher, and to avoid future lockdowns.”
The Ontario government is pouring $741 million into efforts to clear the backlog of surgeries and medical procedures that has accumulated across the province, and to expand access to care outside of hospitals to reduce pressure on the system and ensure continuity of care, particularly in the event that a second wave demands significant hospital resources
This investment and the efforts it’s backing form another element of the province’s plan for managing a second and subsequent waves of COVID-19, which is being revealed in chunks this week.
The $741 million investment includes up to $283.7 million for “additional priority surgeries including cancer, cardiac, cataract, and orthopaedic procedures”; extended hours for MRIs, CT scans and other procedures; 1,349 more hospital beds and 139 critical care beds across the province to support more surgeries; and work to create a centralized waitlist and program “to optimize the use of the operating rooms.”
Approximately $457 million is being used to increase community health care capacity, including expanded access to virtual emergency services and pre- and post-surgery appointments, and $100 million for additional home and community care nursing and therapy visits as well as extra PSW hours.
Meanwhile, Ontario’s top health officials have been asked to reconsider the list of symptoms that would see children kept away from school because of the possibility of COVID-19, Health Minister Christine Elliott said Friday.
She acknowledged that many children regularly have runny noses, for example, that have nothing to do with COVID.
Elliott said she expects public health nurses assigned to work at schools should also be able to help with determining if child’s symptoms actually require staying home from school and getting testing for COVID-19.
“We’re working on that now, because we recognize some of the challenges that this is posing in our educational system,” said Elliott.
Ontario reported 409 new cases of COVID-19 on Friday.
Over the last seven days, daily case growth at the provincial level has been as high as 478 and as low as 335 new cases in a 24-hour period.
Toronto accounted for 204 of the province’s new cases Friday, while Peel saw 66.
One more Ontarian has died after contracting COVID-19, bringing the province’s pandemic death toll to 2,837.
The number of active cases across Ontario now sits at 3,899. That includes 87 people hospitalized with COVID-19, with 25 in ICU and 13 on ventilators.
Friday marks the launch of asymptomatic, appointment-based COVID-19 testing in up to 60 Ontario pharmacies, a new testing model announced by the province earlier this week that’s intended to provide “convenient and timely access” to testing.

You can find a full list of those pharmacies here.
Local
Ottawa Public Health reported 41 new cases on Friday, bringing to 3,960 the number of cases since the pandemic was declared.
The total represents a significant drop from the 93 new cases reported Tuesday, the largest single-day increase to Ottawa’s case count since the beginning of the pandemic.
There are 13 people in hospital, three of them in ICU.
There were no new deaths, and the toll remains at 280.
Two more Ottawa schools are dealing with outbreaks of COVID-19: Séraphin-Marion, a French public elementary school and Louis-Riel, a French public high school. Both involve two cases among students.
This brings the total number of local school outbreaks to seven, while 11 outbreaks in child care centres are also ongoing.

[APG]

Meanwhile, there are now 17 ongoing outbreaks of COVID-19 in local health and congregate living faciltiies, including a new outbreaks at the Villagia in the Glebe retirement home involving one staff case.
In the regions surrounding Ottawa, the Eastern Ontario Health Unit, Leeds, Grenville & Lanark and Renfrew County and District all reported one new cases of COVID-19 Friday. Kingston, Frontenac and Lennox & Addington reported two cases, while Hastings Prince Edward recorded none.
According to a provincial webpage tracking COVID-19 in schools, 49 schools in Ottawa now have at least one active case.
In more positive news, Pembroke's Fellowes High School will reopen for classes Monday after the area health unit declared an outbreak at the school to be over, effective Saturday. Staff and students will no longer have to self-isolate.
The whole school closed last week after three cases of COVID-19 were identified among staff – the first school in the province to do so. In all, there were five cases at the school (four staff and one student) and four other cases detected through contact tracing.
"It has been two weeks since an individual with COVID-19 was in the school, and I am now confident that school can safely resume on Monday," said Renfrew County and District's acting medical officer of health Dr. Robert Cushman, in a prepared statement.
"A prompt school closure followed by aggressive contact tracing and testing as well as strict compliance with public health directives have successfully contained the outbreak," the statement notes.
NOTICE: #RCDHU is declaring the Outbreak at Fellowes High School over, effective September 26th, 2020. Please remember to complete the #COVID19 self-assessment tool or school screening tool daily before going to work, school or daycare. https://t.co/RMD7GRsyJr pic.twitter.com/5ey9TZLiVP
— Renfrew County and District Health Unit (@RCDHealthUnit) September 25, 2020
CHEO, which operates COVID-19 testing for children and youth at the Brewer assessment centre, tweeted out Friday morning that their walk-in capacity for the day has been reached.
Quebec
Quebec Health Minister Christian Dubé Friday asked Quebecers to avoid all social contacts for the next 28 days.
It's part of Quebec's effort to break the second wave of COVID-19, he said.
The province reported 637 new cases of COVID-19, the province's biggest one-day jump since May 23.
Four new deaths were reported, all of which occurred between Sept. 17 and 24.
The number of hospitalizations increased by 15 to reach 199.
Quebec has not had this many people in hospital with COVID-19 since July 30.
Among those in hospital, 33 are in intensive care – two more than the previous day.
The Outaouais region reported 36 new cases, for a total of 1,230 since the pandemic began. The death toll remains unchaged at 34.
National
The Canadian government has secured yet another agreement to procure doses of a COVID-19 vaccine candidate if it proves successful, in this case with AstraZeneca for up to 20 million doses of the vaccine it's working on with the University of Oxford, the prime minister announced Friday.
Trudeau also announced that Canada is investing an additional $440 million into a facility that will distribute doses of COVID-19 vaccine around the world, including in Canada.
"This pandemic can't be solved by any one county alone, because to eliminate the virus anywhere we need to eliminate it everywhere," said Trudeau.
There are now active cases of COVID-19 in every province in Canada, Trudeau noted, urging every Canadian to follow public health guidance and download the COVID Alert app.
"I must note that these vaccines will only be distributed once the hard work of trials and studies is completed, and Health Canada grants regulatory approval after it reviews the vaccines for safety, efficacy and manufacturing quality," said Public Services and Procurement Minister Anita Anand. "Only then will vaccines be offered to Canadians."
Ontario Premier Doug Ford and others have made repeated calls in recent days for Health Canada to speed up investigating "rapid testing" solutions, including the saliva tests that are less invasive and faster than the nasal swabs.
Health Canada has received applications for 14 different tests that can be done quickly, right at the place where the sample is taken, using faster technology that can produce results in just minutes.
Trudeau repeated statements from Health Minister Patty Hajdu who has said her department isn't satisfied that the testing systems submitted for approval yield accurate enough results.

[APG]

Dr. Theresa Tam, Canada's chief public health officer, added that some of the solutions looked promising in labs, but didn't work properly "in the real world."
The government introduced legislation Thursday aimed at producing a more generous, flexible employment insurance system, along with the creation of three new temporary benefits to help those who've lost their jobs or had their hours drastically reduced due to the pandemic.
https://ottawacitizen.com/news/local-news/covid-19-ontario-sees-409-new-cases-40-in-ottawa-asymptomatic-pharmacy-testing-launches-friday

Canada
Canada signs deal to obtain 20M doses of Oxford coronavirus vaccine candidate
Source: globalnews
ID: 1007915191

Trudeau announces agreement with AstraZeneca for 20 million vaccine doses if trials successful
Prime Minister Justin Trudeau says Canada has inked a deal to obtain up to 20 million doses of another coronavirus vaccine candidate.
The vaccine is being developed by AstraZeneca and Oxford University.
It's one of several potential vaccines that the government has signed deals to procure in the event they are successful.

Agreements were previously reached with major pharmaceutical companies including Sanofi, GlaxoSmithKline, Pfizer, Moderna, Johnson & Johnson and Novavax.
"Canadians must have access to a safe and effective vaccine against COVID-19 as quickly as possible, no matter where it was developed," Trudeau said during a press conference in Ottawa on Friday.
Trudeau also announced that Canada is joining an international coalition on vaccine distribution.
Canada will contribute $440 million toward the COVID-19 Vaccine Global Access Facility, known as COVAX.
Canada is joining both parts of the initiative: one which secures access to millions of doses of vaccines for Canada, and the other which has wealthier nations pooling their funds to help lower and middle-income countries secure doses as well.
The deal will give Canada the option to buy up to 15 million doses, Trudeau said.

Joining the program will allow Canada to help ensure the successful vaccine is distributed "quickly and fairly" around the world, according to the prime minister.
"This pandemic cannot be solved by any one country alone because to eliminate the virus anywhere, we need to eliminate it everywhere," he said.
https://globalnews.ca/news/7358801/coronavirus-vaccine-oxford-canada/

Canada
Canada: Protests planned in Toronto, Edmonton, and Saskatoon September 26
Source: www.garda.com
Unique ID: 1007915122

Activists have announced that protests associated with The Line Canada civil liberties group will take place in Toronto, Edmonton, and Saskatoon on Saturday, September 26, against restrictions imposed due to the coronavirus disease (COVID-19). Thousands of protesters are expected to meet in Toronto's Dundas Square between 12:00 and 15:00 (local time). Hundreds of others are expected to gather in Edmonton in front of Alberta Legislature Building between 13:00 and 15:00, while demonstrations in Saskatoon will take place at Kiwanis Park between 14:00 and 17:00.
A heightened police presence and localized disruptions to transport are to be expected in the vicinity of any demonstrations.

Those in Toronto, Edmonton, and Saskatoon are advised to monitor the situation, anticipate transportation disruptions, and adhere to all instructions issued by local authorities.

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

United States
COVID-19 Science Update released: September 25, 2020
Source: CDC

Excerpt

From the Office of the Chief Medical Officer, CDC COVID-19 Response, and the CDC Library, Atlanta GA. Intended for use by public health professionals responding to the COVID-19 pandemic.

***** Available on-line at http://www.cdc.gov/library/covid19 *****
PEER-REVIEWED

Association of daily wear of eyeglasses with susceptibility to coronavirus disease 2019 infection external icon **disease 2019 infection. Zeng *et al.* JAMA Ophthalmology (September 16, 2020).**

Key findings:

- A review of 276 COVID-19 patients found 16 (5.8%; 95% CI, 3.04% – 8.55%) wore glasses.
- The prevalence of SARS-CoV-2 infection for people who wear glasses (5.8%) was lower than the population prevalence described in a previous study (31.5%).
- Underlying diseases as well as COVID-19 symptoms and severity were not significantly different between patients who did and did not wear eyeglasses.

Methods: Cross-sectional evaluation of 276 hospitalized patients with SARS-CoV-2 infection in Suizhou, China between January 27 and March 13, 2020. The proportion of hospitalized persons who wore eyeglasses for more than 8 hours a day (wearing glasses for an extended period) were compared with the regional proportion of people with myopia from a 1985 study of 7 to 22-year-old students who by 2020 comprised an age-matched comparison cohort. *Limitations*: Single center study with small sample size; comparison to previous study of youth rather than a contemporary age-matched comparison group.

Implications: Whether SARS-CoV-2 is transmitted through the ocular route and what protective measures are needed remain a source of debate. This study suggests eyeglasses may provide some protection, however, as noted in an accompanying editorialexternal icon, caution is needed as association may not imply causation, and additional data are needed to confirm this finding.

Case-control study of use of personal protective measures and risk for severe acute respiratory syndrome coronavirus 2 infection, Thailand. Doung-ngern *et al.* Emerging Infectious Diseases (September 14, 2020).

Key findings:

- Among 1,050 persons in three clusters, 211 (20.1%) tested positive for SARS-CoV-2 and were classified as cases, while 839 (79.9%) never tested positive and were classified as controls (Figure).
- Multivariate analysis showed low odds ratios for developing COVID-19 among those who maintained ≥1m distance from a contact (adjusted OR 0.15, 95% CI 0.04 –63) and who frequently washed their hands (aOR 0.33, 95% CI 0.13 – 0.87) (Figure).
    - Always wearing a mask was more protective than sometimes wearing a mask (aOR 0.23, 95% CI 0.09 –60 vs aOR 0.78, 95% CI 0.41 – 1.84, respectively).

Methods: A retrospective case-control study of 1,050 asymptomatic people in 3 large COVID-19 clusters in Thailand between March and April 2020. People who had contact with COVID-19 index patients were questioned on mask wearing, social distancing, and hand hygiene. *Limitations*: Analysis from three settings might not be generalizable; estimated odds ratios were based on reported contact with the primary index case and did not evaluate the probability of having contact with other infected individuals; only 89% of defined controls were tested and the remainder could have been positive and confounded results.

Implications: This analysis supports recommendations for consistent and correct mask-wearing, proper social distancing and hand washing to lower risk of SARS-CoV-2 infection.

Epidemiological and clinical findings of short-term recurrence of SARS-CoV-2 RNA PCR positivity in 1282 discharged COVID-19 cases: A multi-center, retrospective, observational studyexternal icon. Chen *et al.* Open Forum Infectious Diseases (September 13, 2020).

Key findings:

- 189 (14.7%) discharged patients re-tested positive for SARS-CoV-2 RNA.
    - 90.5% tested re-positive within 15 days of discharge (Figure 1).
    - Compared with patients who did not test re-positive, re-positive patients were more likely to be <40 years (63.5% vs 40.4%), had more moderate symptoms initially (95.8% vs 84.4%, p <0.001), were less likely to report comorbidities (11.1% vs 22.7%, p <0.001), and had shorter median length of primary hospitalization (17 days vs 19 days, p = 0.013).
- Most patients (80.4%) were readmitted only because of a positive test and had no symptoms.
    - 87.8% of re-positive patients had a negative test following the re-positive test within 20 days of hospital readmission (median 8 days) (Figure 2).
- No close contacts of re-positive patients developed symptoms and all tested negative for SARS-CoV-2.

Methods: Retrospective observational study of 1,282 COVID-19 patients discharged from 32 hospitals in China between January 14 and March 10, 2020 and followed for 28 days. All COVID-19 patients were discharged after 2 consecutive negative RT-PCR tests and thereafter tested at least weekly and reported symptoms daily, per provincial policy. *Limitations*: Viral genotyping was not conducted; the small number of close contacts may not be enough to look at risk of transmission from re-positive patients.

Implications: This study suggests that short-term recurrence of detectable SARS-CoV-2 RNA in discharged patients is not a relapse of COVID-19 and risk of ongoing transmission was not demonstrated.

Projected health-care resource needs for an effective response to COVID-19 in 73 low-income and middle-income countries: A modelling study.external icon Tan-Torres Edejer *et al*. Lancet Global Health (September 9, 2020).

Key findings:

- In a model exercise, investigators found the main cost drivers for an effective COVID-19 response were case management (52%), maintaining essential services (21%), rapid response and case investigation (14%), and infection prevention and control (9%).
- Total healthcare cost estimates at baseline for 4 weeks was $52 billion (US$) for the status quo scenario, $33 billion for 50% decrease in transmission scenario, and $62 billion for the 50% increase in transmission scenario (Figure).
- At 12 weeks, under the 50% reduction in transmission scenario, costs were projected to be equivalent to the 4-week status quo scenario costs.

- Under the status quo or increasing transmission scenarios, costs were projected to triple the 4-week costs (Figure).
  Methods: Cost analysis model of COVID-19 strategic preparedness and response costs in 73 low and middle-income countries at two time periods: baseline for 4 weeks (June, 2020 to July, 2020) and 12 weeks (July, 2020 to September, 2020) under 3 scenarios regarding transmission (status quo, 50% increase, 50% decrease). Costs included costs for laboratories and health facilities, personal protective equipment, diagnostic supplies, pharmaceuticals, and labor costs. *Limitations:* Only costs borne by healthcare sector were included; costs for quarantine and isolation for mild to moderate COVID-19 cases not included; sensitivity analyses were limited to 50% changes in transmission.
  Implications: COVID-19 response costs quickly escalate if public health measures are relaxed and transmission increases. Public health measures to reduce transmission can reduce these future costs to sustain the response. Costs for case management services were the biggest drivers of COVID-19 response costs in low- and middle-income countries.
  PEER-REVIEWED

A. Associations of type 1 and type 2 diabetes with COVID-19 related mortality in England: A whole-population study.external icon Barron *et al.* Lancet Diabetes & Endocrinology (August 13, 2020).

Key findings:

- Persons with diabetes comprise 5.2% of the population in England but comprised 33.6% (7,867/23,698) of all COVID-19 deaths.
- Both type 1 and type 2 diabetes were independently associated with increased odds of COVID-19 death after adjusting for age, sex, ethnicity, socioeconomic status, and region: type 1 diabetes adjusted OR 3.51 (95% CI 3.16 – 3.90), type 2 diabetes aOR 2.03 (95% CI 1.97 – 2.09).
- There was a strong association between death and age; this effect was more pronounced among those with type 1 diabetes compared with type 2 diabetes (Figure).

  Methods: Whole-population study looking at risk of COVID-19-related in-hospital death associated with diabetes status in the England from March 1 to May 11, 2020 in all individuals registered with a general practice. *Limitations*: Because the outcome was in-hospital death, the association of diabetes with COVID-19 mortality was likely underestimated.

B. Risk factors for COVID-19-related mortality in people with type 1 and type 2 diabetes in England: A population-based cohort studyexternal icon. Holman *et al.* Lancet Diabetes & Endocrinology (August 13, 2020).

Key findings:

- During early 2020, the number of deaths among persons with type 1 and type 2 diabetes increased by 50.9% and 64.3% respectively, compared with the mean number of deaths during the previous three years for that period (Figure 1).
  - There were 464 (69%) additional deaths in persons with type 1 diabetes and 10,525 (65.5%) additional deaths in persons with type 2 diabetes listed as COVID-19-related.
- Factors identified that increased risk for mortality included BMI, renal function, and blood sugar control.

  Methods: Population-based cohort study and survival analysis among people with diabetes registered in 6,774 general practices, from January 2, 2017, to May 11, 2020. The weekly number of deaths among persons with diabetes was calculated for the first 19 weeks of 2020 and compared to the same time period in 2017, 2018, and 2019. During the 2020 study period, potential risk factors for COVID-19-related deaths were examined. *Limitations*: Possible under-recognition of COVID-19-related mortality; cohort in this study may be part of Barron *et al*. studyexternal icon, summarized above.

Implications for 2 studies (Barron *et al*. & Holman *et al*.): During the COVID-19 pandemic, diabetes has been associated with increased risk for death with mortality largely attributable to COVID-19. However, rates of non-COVID-19 mortality for diabetics have also increased, possibly due to avoidance of care, other demographic and social factors in diabetic patients or under-recognition of contribution of COVID-19 as a cause of death. As discussed in COVID-19 and diabetes: a co-conspiracyexternal icon, poor blood sugar control impairs host immunity and has been associated with infections in general and worse outcomes with COVID-19. Supporting people with diabetes in effective self-management during the pandemic is an important measure to aid in mitigating the effects of SARS-CoV-2 infection.
PEER-REVIEWED

Pediatric lung imaging features of COVID-19: A systematic review and meta-analysis. external iconNino *et al*. Pediatric Pulmonology (September 14, 2020).

Key findings:

- 35.7% of pediatric COVID-19 patients had normal chest CT scans.
- Most common chest CT findings in pediatric COVID-19 patients were ground-glass opacities 37.2%, (95% CI 29.3% – 45%), pneumonic infiltrates or consolidations 22.3%, (95% CI 17.8% –9%), and bilateral involvement 27.7% (95% CI 19.9% – 35.6%) (Table).
- Typical lung imaging features of viral infections in the pediatric population, such as perihilar markings and hyperinflation, were not present in pediatric COVID-19 patients.

Methods: A meta-analysis of 29 studies including 1,026 children 0-18 years with RT-PCR-confirmed SARS-CoV-2 to obtain the pooled chest CT scan features. *Limitations*: Variation in CT reporting practices could have influenced results; only one database was included in the systematic search limiting the inclusion of international studies; a risk-of-bias assessment was not done; authors did not describe methods for data transformation or synthesis.

Implications: CT scan abnormalities in the pediatric COVID-19 population are distinct from typical lung images of viral respiratory infections. When compared with adults, children with COVID-19 had greater variability in CT findings and more commonly had normal chest CT scans.

Note: Adapted from Nino *et al*. Comparison between most common pediatric and adult CT findings. Permission request in process.

Convalescent plasma treatment of severe COVID-19: A propensity score–matched control study.external icon Liu *et al.* Nature Medicine (September 15, 2020).

Key findings:

- Fewer patients who received convalescent plasma (CP) died (5/39, 12.8%) than matched controls (38/156, 24.4%).
- CP was associated with improved survival in patients who were not intubated (HR 0.23; 95% CI 0.05 –98, p = 0.046), had symptoms for less than 1 week (HR 0.33; 95% CI 0.11 – 0.93, p = 0.035), or received anticoagulation (HR 0.28; 95% CI 0.10 – 0.80, p = 0.018).
    - Patients who were intubated showed no improved survival (HR 0.79; 95% CI 0.22 –79, p = 0.716).
- Survival rates improved in CP recipients compared with the control patients (HR 0.34; 95% CI 0.13 – 0.89, p = 0.027).

Methods: Retrospective case-control study analyzing the effectiveness of CP treatment in patients hospitalized at Mount Sinai Hospital with severe COVID-19 between March 24 and April 8, 2020. Propensity-score matched analysis was performed on data from baseline, up to the day of CP transfusion and from the day of CP transfusion forward while in care. *Limitations*: Cannot exclude the possibility that CP recipients benefitted from more assertive clinical management.

Implications: Results from nonrandomized case series such as this one suggests a benefit of CP in selected patients; high quality data from randomized controlled trials are needed to confirm these findings.

Figure:

resize iconView Larger

Note: Modified from Liu *et al*. Survival probability of patients receiving CP transfusion vs control arm. Solid lines represent the survival curve, dashed lines represent 95% CI. Reprinted by permission from Springer Nature Customer Service Centre GmbH: Springer Nature, Nature Medicine. Liu *et al*. Convalescent plasma treatment of severe COVID-19: a propensity score–matched control study. https://doi.org/10.1038/s41591-020-1088-9, COPYRIGHT 2020.

PEER-REVIEWED

Detection and infectivity potential of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) environmental contamination in isolation units and quarantine facilitiesexternal icon. Ben-Shmuel *et al.* Clinical Microbiology and Infection (September 9, 2020).

Key findings:

- At room temperature, SARS-CoV-2 lost infectivity on inoculated non-porous surfaces by day 4, and the rate of viral decay increased at higher temperatures (Figure).
- Viral RNA was detected in 46% (45/97) of environmental surface and air samples from three facilities housing COVID-19 patients; none of the samples contained infectious SARS-CoV-2.

Methods: Plastic and metal surfaces were inoculated with virus and infectivity was assessed at varying times and temperatures. Air and surface samples were collected from two hospital COVID-19 isolation wards and one hotel quarantine facility in Israel. RT-PCR identified viral RNA, and Vero E6 cytopathic assay assessed infectivity. *Limitations*: When rooms were being sampled, some patients may not have been shedding viable virus; very low levels of viable virus may not have been detected; remnants of surface cleaning materials and disinfectants may have inactivated virus; small sample size.
Implications: The lack of infectious SARS-CoV-2 detected from environmental samples in healthcare facilities suggests environmental contamination plays a minor role in the spread of infection in this setting. Staff should prioritize strengthening prevention measures interrupting direct person-to-person and droplet transmission.
Note: From Ben-Shmuel et al. **A:** Reduction in SARS-CoV-2 titers over time (days) at 22°C (room temperature) following inoculation on **plastic** and **metal**. **B:** Reduction in SARS-CoV-2 titers over time (minutes) at (**40°C**, **50°C**, **60°C**, **70°C**) following inoculation on plastic. Licensed under CC-BY-NC-ND.

https://www.cdc.gov/library/covid19/092520_covidupdate.html

COVIDView
A weekly Surveillance Summary of U.S. COVID-19 Activity
Updated Sept. 25, 2020

Excerpt
Download Weekly Summary pdf icon[13 pages, 1 MB]

Key Updates for Week 38, ending September 19, 2020
Nationally, indicators that track COVID-19 activity continued to decline or remain stable (change of ≤0.1%); however, three regions reported an increase in the percentage of specimens testing positive for SARS-CoV-2, the virus causing COVID-19, and one of those regions also reported an increase in the percentage of visits for influenza-like illness (ILI) and COVID-like illness (CLI) to emergency departments (EDs). Mortality attributed to COVID-19 declined but remains above the epidemic threshold.
Virus
Public Health, Commercial and Clinical Laboratories
Nationally, the percentage of respiratory specimens testing positive for SARS-CoV-2 decreased from 5.1% during week 37 to 4.8% during week 38. National percentages of specimens testing positive for SARS-CoV-2 by type of laboratory are listed.

- Public health laboratories – increased from 4.6% during week 37 to 5.1% during week 38
- Clinical laboratories – decreased from 6.0% during week 37 to 5.4% during week 38
- Commercial laboratories – decreased from 5.0% during week 37 to 4.6% during week 38

Outpatient and Emergency Department Visits
Outpatient Influenza-Like Illness Network (ILINet) and National Syndromic Surveillance Program (NSSP)
Two surveillance networks are being used to track outpatient or emergency department (ED) visits for illness with symptoms compatible with COVID-19.

- Nationally, ILI activity remains below baseline for the 23rd consecutive week and is at levels that are typical for this time of year.
- Nationally, the percentage of visits for ILI reported by ILINet participants and the percentage of visits for COVID-like illness (CLI) reported to NSSP remained stable (change of ≤0.1%) in week 38 compared with week 37.
- Recent changes in health care seeking behavior, including increasing use of telemedicine, recommendations to limit ED visits to severe illnesses, and increased social distancing, are likely affecting both networks, making it difficult to draw conclusions at this time. Tracking these systems moving forward will give additional insight into illness related to COVID-19.

Severe Disease
Hospitalizations
Cumulative COVID-19-associated hospitalization rates since March 1, 2020, are updated weekly. The overall cumulative COVID-19 hospitalization rate is 174.8 per 100,000, with the highest rates in people aged 65 years and older (472.3 per 100,000) and 50–64 years (261.5 per 100,000).

Mortality

Based on death certificate data, the percentage of deaths attributed to pneumonia, influenza, or COVID-19 (PIC) for week 38 is 6.6%. This is currently lower than the percentage during week 37 (9.8%); however, the percentage remains above the epidemic threshold and will likely increase as more death certificates are processed.

All data are preliminary and may change as more reports are received.

A description of the surveillance systems summarized in COVIDView, including methodology and detailed descriptions of each data component, is available on the surveillance methods page.

Key Points

- Nationally, since mid-July, there has been an overall decreasing trend in the percentage of specimens testing positive for SARS-CoV-2 and a decreasing or stable (change of ≤0.1%) trend in the percentage of visits for ILI and CLI; however, there has been some regional variation.
- Using combined data from the three laboratory types, the national percentage of respiratory specimens testing positive for SARS-CoV-2 with a molecular assay decreased from 5.1% during week 37 to 4.8% during week 38.
  - Regionally, the percentage of respiratory specimens testing positive for SARS-CoV-2 increased in Regions 7 (Central), 8 (Mountain) and 10 (Pacific Northwest) and decreased or remained stable in the remaining seven regions.
  - The highest percentage of specimens testing positive for SARS-CoV-2 were seen in Regions 6 (South Central, 8.3%) and 7 (Central, 9.0%).
- The percentage of outpatient or ED visits to ILINet providers for ILI is below baseline nationally and in all 10 regions of the country.
  - Compared with week 37, the percentage of visits for ILI during week 38 remained stable nationally and decreased or was stable (change of ≤0.1%) in all 10 regions.
- Nationally, the percentage of visits to EDs for CLI and ILI remained stable (change of ≤0.1%) in week 38 compared with week 37. This is the tenth consecutive week of a declining or stable percentage of visits for CLI and ILI.
  - Region 8 (Mountain) reported an increase in the percentage of visits for both CLI and ILI in week 38 compared to week 37. The remaining nine regions reported a stable (change of ≤0.1%) or decreasing percentage.
- The overall cumulative COVID-19-associated hospitalization rate was 174.8 per 100,000; rates were highest in people 65 years of age and older (472.3 per 100,000) followed by people 50–64 years (261.5 per 100,000).
  - From the week ending August 1 (MMWR week 31) to the week ending September 19 (MMWR week 38), weekly hospitalization rates declined for all adult age groups. However, over this same time period, weekly rates remained steady for the pediatric age groups. Data for the most recent weeks may change as additional admissions occurring during those weeks are reported.
  - Age-adjusted hospitalization rates for Hispanic or Latino persons and non-Hispanic Black persons were both approximately 4.6 times that of non-Hispanic White persons. The age-adjusted hospitalization rate for non-Hispanic American Indian or Alaska Native persons was approximately 4.5 times that of non-Hispanic White persons.
- Based on death certificate data, the percentage of deaths attributed to pneumonia, influenza, or COVID-19 (PIC) for week 38 was 6.6%, which was lower than the percentage during week 37 (9.8%), but above the epidemic threshold. These percentages will likely increase as more death certificates are processed.
- All surveillance systems aim to provide the most complete data available. Estimates from previous weeks are subject to change as data are updated with the most complete data available.

U.S. Virologic Surveillance

The number of specimens tested for SARS-CoV-2 using a molecular assay and reported to CDC by public health laboratories and a subset of clinical and commercial laboratories in the United States are summarized below. All laboratories are performing primary diagnostic functions; therefore, the percentage of specimens testing positive across laboratory types can be used to monitor overall trends in COVID-19 activity. As the outbreak progresses, it is possible that different types of laboratories will take on different roles, and the data interpretation may need to change.

https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html

United States

Coronavirus (COVID-19) Update: Daily Roundup September 25, 2020
Source: FDA

For Immediate Release:

September 25, 2020

The U.S. Food and Drug Administration (FDA) continued to take action in the ongoing response to the COVID-19 pandemic:

- The FDA issued an updated FDA COVID-19 Response At-A-Glance Summary which provides a quick look at facts, figures and highlights of the agency's response efforts.
- Testing updates:
    - As of today, 255 tests are authorized by FDA under EUAs; these include 204 molecular tests, 47 antibody tests, and 4 antigen tests.

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

https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-daily-roundup-september-25-2020

WHO

WHO Director-General's opening remarks at the media briefing on COVID-19 - 25 September 2020

25 September 2020

Today, WHO and our partners are publishing a detailed strategic plan and investment case for the urgent scale-up phase of the ACT Accelerator, building on the success of the start-up phase.

- *By the end of next year, the ACT Accelerator aims to deliver 2 billion doses of vaccine; 245 million courses of treatment; and 500 million diagnostic tests to low- and middle-income countries.*
- *The number of countries joining the COVAX facility grows every day. As of today, 67 high-income countries have formally joined and another 34 are expected to sign, joining 92 lower-income countries who are eligible for financial support through Gavi.*
- *The current financing gap for the ACT Accelerator stands at 35 billion dollars. Of the 35 billion dollars, 15 billion dollars is needed immediately to exploit the ACT-A progress to fund research and development, scale up manufacturing, secure procurement and strengthen delivery systems.*

Good morning, good afternoon and good evening.

With the northern hemisphere flu season approaching, and with cases and hospitalizations increasing, many countries find themselves struggling to strike the right balance between protecting public health, protecting personal liberty and protecting their economies.

So-called lockdowns and the impact on global travel and trade have already taken such a heavy toll.
The global economy is expected to contract by trillions of US dollars this year.
Many countries have poured money into domestic stimulus packages. But these investments will not on their own address the root cause of the economic crisis – which is the disease that paralyses health systems, disrupts economies and drives fear and uncertainty.

We continue to urge countries to focus on four essential priorities.

First, prevent amplifying events.
Second, protect the vulnerable.
Third, educate, empower and enable communities to protect themselves and others, using every tool at their disposal.
And fourth, get the basics right: find, isolate, test and care for cases, and trace and quarantine their contacts.
This is what works.

Effective vaccines, diagnostics and therapeutics will also be vital for ending the pandemic and accelerating the global recovery.

But these life-saving tools will only be effective if they are available for the most vulnerable equitably and simultaneously in all countries.

The Access to COVID-19 Tools Accelerator is the best bet for speeding up the development of the tools we need to save lives as fast as possible, and to make them available for as many as possible, as equitably as possible. Today, WHO and our partners are publishing a detailed strategic plan and investment case for the urgent scale-up phase of the ACT Accelerator, building on the success of the start-up phase.

The investment case illustrates some of the considerable economic benefits from accelerating the development and deployment of tools to rapidly reduce the risk of severe COVID-19 disease globally. By the end of next year, the ACT Accelerator aims to deliver 2 billion doses of vaccine; 245 million courses of treatment; and 500 million diagnostic tests to low- and middle-income countries.

Today's status report shows that in just 5 months, the ACT Accelerator has made remarkable progress. The diagnostics pillar is evaluating more than 50 tests, including rapid and accurate diagnostics, and we expect to have more news on that next week.

The therapeutics pillar is analysing more than 1,700 clinical trials for promising treatments, and has secured courses of dexamethasone for up to 4.5 million patients in lower-income countries – the only medicine shown to reduce the risk of death so far.

And COVAX – the largest and most varied portfolio of COVID-19 vaccines globally – is supporting the development of 9 vaccines, with several more in the pipeline.

The number of countries joining the COVAX Facility grows every day. As of today, 67 high-income economies have formally joined and another 34 are expected to sign, joining 92 lower-income countries who are eligible for financial support through Gavi.

Investing in COVAX increases the probability of being able to access the best vaccine and hedges the risk that countries that have entered into bilateral agreements end up with products that are not viable. The ACT Accelerator is an unprecedented global effort.

Of course, realizing its vision needs investment.

The current financing gap for the ACT Accelerator stands at US$35 billion.
US$35 billion is a lot of money. But in the context of arresting a global pandemic and supporting the global economic recovery, it's a bargain.

To put it in perspective, US$35 billion is less than 1% of what G20 governments have already committed to domestic economic stimulus packages.

Or to put it another way, it's roughly equivalent to what the world spends on cigarettes every 2 weeks.
Of the US$35 billion, US$15 billion is needed immediately to fund research and development, scale up manufacturing, secure procurement and strengthen delivery systems.

[APG]

Normally these steps are done sequentially. We're doing them all at the same time, so that as soon as a product is ready to go, we can get it to the people who need it immediately.

We are not asking for an act of charity. We are asking for an investment in the global recovery. The economic benefits from restoring international travel and trade alone would repay this investment very quickly.

Next Wednesday, world leaders will meet virtually for a high-level side event during the United Nations General Assembly to discuss the work of the ACT Accelerator, and to call for the financial commitments to realize its promise.

The window of opportunity is now. We must act now, and act together to end COVID-19.
I thank you.
https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---25-september-2020

PAHO

Ministers of Health of the Americas will meet virtually in PAHO's Directing Council to address health priorities

25 Sep 2020

Health authorities will discuss the region's response to the COVID-19 pandemic and other challenges on Sept.28-29. Colombia's President Ivan Duque and Barbados Prime Minister Mia Mottley are among the officials scheduled to open the virtual event.

Washington, D.C., 25 September 2020 (PAHO/WHO) - Ministers of Health and other senior authorities from countries and territories will meet virtually from September 28-29, 2020 to address the critical health challenges facing the Region of the Americas with the COVID-19 pandemic, at the 58th Directing Council of the Pan American Health Organization (PAHO).

The opening ceremony on Monday, 28 September, will be attended by the Prime Minister of Barbados, Mia Mottley, and the President of Colombia, Ivan Duque, as well as PAHO Director Carissa F. Etienne; the Secretary General of the Organization of American States, Luis Almagro; and the president of the Inter-American Development Bank, Luis Alberto Moreno.

Costa Rican Minister of Health Daniel Salas and Alex Azar, U.S. Department of Health and Human Services Secretary will also participate. The Director-General of the World Health Organization, Tedros Adhanom Ghebreyesus, will deliver a message at the event. The opening ceremony of the Directing Council will begin at 9:00 am EST (Washington D.C.), and will be broadcast on livestream.

Discussions will focus mainly on countries' response to the COVID-19 pandemic and the impact COVID-19 has had on national health systems and services, which will be addressed in-depth on Tuesday, 29 September. Implementation of the International Health Regulations (IHR) will also be discussed.

PAHO's Director will present her annual report for 2019, focusing on progress made in a range of technical cooperation strategies and actions. The report also reflects how the COVID-19 pandemic is impacting longstanding health gains of the Region, and these may be placed at risk for the future, including in such areas immunization programs, the resiliency of health systems, and progress made in communicable diseases. Equally important are areas of emerging importance within the pandemic, such as mental health, noncommunicable diseases and digital health.

The participants in the Directing Council will also discuss the region's health achievements from 2014 to 2019, as a review of PAHO's strategic plan for those years; PAHO finances and programmatic priorities, among other topics.

The virtual debate during the two-day Directing Council Directors will be broadcast live at the following link: https://www.paho.org/en/governing-bodies

The Pan American Health Organization (PAHO) works with the countries of the Americas to improve the health and quality of life of their populations. The PAHO Directing Council brings together ministers of health and high-level delegates from its Member States to discuss and analyze regional health policies, and to set priorities for technical cooperation and cross-country collaboration.

https://www.paho.org/en/news/25-9-2020-ministers-health-americas-will-meet-virtually-pahos-directing-council-address-health

IHR Announcement

Additional health measures in relation to the COVID-19 outbreak
Announcement Displayed From: Friday, September 25, 2020 - 19:11

Official statements by States Parties to the International Health Regulations (2005) (IHR)

On 30 January 2020, the Director-General determined that the outbreak of 2019-nCoV, constitutes a Public Health Emergency of International Concern (PHEIC) and issued Temporary Recommendations[1]. On 11 March 2020 the Director-General characterized the COVID-19 situation as a pandemic[2]. Following the 4th IHR Emergency Committee for COVID-19 on 31 July 2020, the Director-General confirmed that the COVID-19 pandemic continues to constitute a PHEIC and issued the following Temporary Recommendations for States Parties:

Share best practices, including from intra-action reviews, with WHO; apply lessons learned from countries that are successfully re-opening their societies (including businesses, schools, and other services) and mitigating resurgence of COVID-19.

Support multilateral regional and global organizations and encourage global solidarity in COVID-19 response.

Enhance and sustain political commitment and leadership for national strategies and localized response activities driven by science, data, and experience; engage all sectors in addressing the impacts of the pandemic.

Continue to enhance capacity for public health surveillance, testing, and contact tracing.

Share timely information and data with WHO on COVID-19 epidemiology and severity, response measures, and on concurrent disease outbreaks through platforms such as the Global Influenza Surveillance and Response System.

Strengthen community engagement, empower individuals, and build trust by addressing mis/disinformation and providing clear guidance, rationales, and resources for public health and social measures to be accepted and implemented.

Engage in the Access to COVID-19 Tools (ACT) Accelerator, participate in relevant trials, and prepare for safe and effective therapeutic and vaccine introduction.

Implement, regularly update, and share information with WHO on appropriate and proportionate travel measures and advice, based on risk assessments; implement necessary capacities, including at points of

entry, to mitigate the potential risks of international transmission of COVID-19 and to facilitate international contact tracing.

Maintain essential health services with sufficient funding, supplies, and human resources; prepare health systems to cope with seasonal influenza, other concurrent disease outbreaks, and natural disasters.

In line with provisions of Article 43, WHO is sharing the information officially provided to WHO by States Parties and, since 12 March 2020 also information published by country government websites to reduce the gap between the information reported through the IHR mechanism and the one published by countries on official sources.

As of 25 September 2020, there has been no new State Party that reported on additional health measures that significantly interfere with international traffic since the last announcement published on 18 September 2020. A total of 194 out of 196 States Parties reported to date with Mexico and Nicaragua not reporting any measure.

Moreover, 24 countries provided updates to their previously implemented measures. The distribution by WHO Regions is as follows: AFR: 0 (0 updates), AMR: 0 (1 update), EMR: 0 (0 updates), EUR: 0 (20 updates), SRO: 0 (3 updates), WPR: 0 (0 updates). See table 1.

Regional links below provide for more details on the measures. The information is divided by region, cumulative since the beginning of the EIS updates on travel measures and by country in alphabetical order. Text highlighted in red represents updates to the previously published EIS.

Table 1. States Parties that provided WHO with official reports on additional health measures that significantly interfere with international traffic under Article 43 of the IHR (2005) as of 18 September 2020

EIS post. 2020	AFRO	AMRO	EMRO	EURO	SEARO	WPRO	TOTAL NEW COUNT.
6 Feb	-	Antigua and Barbuda, (The) Bahamas, El Salvador, Grenada, Guatemala, Jamaica, Paraguay, Saint Kitts and Nevis, Trinidad and Tobago, United States of America (incl Com. Of the Northern Mariana Islands) (10)	-	Italy, Russian Federation (2)	Democratic People's Republic of Korea (1)	Australia, Japan, Mongolia, New Zealand, Niue, People's Republic of China, Republic of Marshall Islands, Singapore, Tonga (9)	22
13 Feb	Seychelles (Rep. of) (1)	Belize, Saint Lucia (2)	Kuwait (1)	Ukraine (1)	-	Cook, Islands, Republic of Korea, Republic of Palau (3)	8

21 Feb	-	-	-	Czech Republic, Kazakhstan (2)	-	Papua New Guinea, Viet Nam (2)	4
28 Feb	-	-	Kingdom of Saudi Arabia* (1) Kuwait* (1 update)	Georgia*, Finland, Israel, Kyrgyzstan*, Turkey*, (5) Kazakhstan * (1 update)	-	Federate States of Micronesia (1) Australia, China Hong Kong SAR*, Japan*, New Zealand*, Republic of Marshall Islands*, Singapore* (6 updates)	7
5 Mar	-	Saint Vincent and the Grenadines * (1) El Salvador*, Jamaica*, Saint Lucia*, Trinidad and Tobago*, United States of America* (5 updates)	Jordan* (1)	Montenegro*, Sweden* (2)	-	- Australia*, Japan*, Micronesia (Federated States of)*, Mongolia*, New Zealand*, Republic of Marshall Islands*, Singapore*, Viet Nam* (8 updates)	4
12 Mar	-	Haiti (1)	-	Germany*, Portugal*, Romania* Turkmenistan*, Uzbekistan*(5) Israel, Russian Federation, Kazakhstan (3 updates)	-	Japan, Marshal Islands, New Zealand (3 updates)	6
19 Mar	-	Argentina, Bolivia,	Lebanon (1)	Albania, Armenia,	Bangladesh, Bhutan,	Cambodia, Philippines,	38

		Canada, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, Honduras, Panama, Venezuela (11) Antigua and Barbuda, Argentina, (The) Bahamas, Belize, El Salvador, Grenada, Guatemala, Honduras, Jamaica, Saint Lucia, Trinidad and Tobago, United States of America (12 updates)	Lebanon (1 update)	Austria, Azerbaijan, Bosnia and Herzegovina, Cyprus, Estonia, Denmark, Latvia, Lithuania, North Macedonia, Poland, Serbia, Slovakia, Slovenia, Spain, Switzerland, Uzbekistan (18) Armenia, Austria, Bosnia and Herzegovina, Czech Republic, Estonia, Georgia, Germany, Hungary, Israel, Montenegro, North Macedonia, Portugal, Romania, Russian Federation, Slovakia,	Maldives, Myanmar, Nepal, Sri Lanka (6)	(2) Australia, New Zealand, Marshall Islands, Singapore (4 updates)	

				Sweden, Switzerland, Turkey, Ukraine (19 updates)			
26 Mar	Benin, Ethiopia, Namibia, Tanzania, Zambia (#): Angola, Botswana, Cabo Verde, Congo, Cameroon, Comoros Islands, Côte d'Ivoire, Gabon, Ghana, Kenya, Madagascar, Malawi, Mauritius, Nigeria, Sierra Leone, South Africa, Uganda (22 new) Seychelles (1 update)	Barbados, Brazil, Cuba, Peru, Suriname, Uruguay (6) Bahamas (The), Barbados, Barbados, Belize, Canada, Colombia, Costa Rica, Dominican Republic, Grenada, Guatemala, Paraguay, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Trinidad and Tobago, United States of America (inc. A. Samoa, CNMI, Guam), Uruguay (17 updates)	Syrian Arab Republic (1)	Bulgaria France Greece Iceland Malta Norway (6) Albania Armenia Austria Bulgaria Finland, Germany Italy Kyrgyzstan Montenegro Norway Poland Portugal Romania Russian Federation Serbia Slovakia Spain Turkey Turkmenistan Ukraine Uzbekistan (20 updates)	India, Indonesia, Thailand, Timor Leste (4) Bhutan, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka Timor Leste (8 updates)	Lao (PDR) Kiribati, Fiji, Micronesia (Federated States of), Nauru, Samoa, Solomon Islands, Vanatu (8) Australia, China, Japan, Kiribati, Lao (PDR), Marshall Islands Republic, Mongolia, New Zealand, Singapore, Solomon Islands, Tonga, Viet Nam (12 updates)	47
3 Apr	Eswatini, Lesotho,	Dominica, Guyana (2)	Bahrain#, Egypt#, Morocco#,	Belarus, Belgium, Croatia,	-	-	22

	Liberia, Mozambique, Senegal, Zimbabwe (6) Nigeria, South Africa (2 updates) Provided sup. Docs: Angola, Botswana, Cameroon, Kenya, Madagascar, Nigeria, South Africa, Uganda		Oman#, Pakistan#, Qatar#, Sudan#, Tunisia#, United Arab Emirates (9) Pakistan, Tunisia (2 updates)	Netherlands, Tajikistan (5) Albania, Belgium, Czech Republic, Finland, Israel, Italy, Kazakhstan, Lithuania, North Macedonia, Portugal, Romania, Russian Federation, Tajikistan, Turkey, Turkmenistan (15 updates)	Bangladesh, Myanmar, Nepal, Sri Lanka, Thailand (5 Updates)	Cambodia, Republic of Korea (2 updates)	
11 April	-	-	Afghanistan, Iran (Islamic Republic of), Iraq (3) Jordan, Saudi Arabia, United Arab Emirates (3 updates)	Andorra, Ireland, Luxembourg, San Marino (4) Armenia, Austria, Azerbaijan, Croatia, Czech Republic, Denmark, Iceland, Italy, Kazakhstan, Poland, Portugal, Romania, Slovakia, Slovenia, Switzerland, Turkey, Turkmenistan (17 updates)	- Bangladesh, Bhutan, Maldives, Nepal, Sri Lanka, Thailand, Timor Leste (7 updates)	Brunei Darussalam, Malaysia (2) Japan, Republic of Marshal Islands (2 updates)	9
17 April	Burkina Faso, Central African Republic, Chad,	-	Djibouti (1)	Moldova, Monaco (2) Austria, Bulgaria,	- Bangladesh, Myanmar,	- Brunei Darussalam,	16

	Dem. Rep. of Congo, Equatorial Guinea, Gambia, Guinea, Guinea-Bissau, Mali, Mauritania, Niger, Sao Tome and Principe, Togo (13) Updates: Cameroon, Congo, Côte d'Ivoire, Equatorial Guinea, Gabon Ghana Liberia Nigeria Senegal Seychelles Sierra Leone (11 updates) Provided sup. Docs: Cabo Verde			Czech Republic, Finland, Georgia, Hungary, Lithuania, Moldova, Monaco, Netherlands, North Macedonia, Romania, Slovakia, Spain, Turkmenistan, Ukraine, Uzbekistan (17 updates)	Nepal (3 updates)	New Zealand, Republic of Marshal Islands (3 updates)	
24 April	Algeria (1)	- Canada (1 update from 17 April announcement)%	Somalia (1)	Holy See (1) Austria Belgium Bulgaria Croatia	- Indonesia (1 update)	- Fiji Philippines (2 updates)	3

				Cyprus Georgia Germany Greece Ireland Lithuania Malta Montenegro The Netherlands Portugal Romania Serbia Slovenia Sweden Tajikistan Turkey Ukraine (21 updates)			
8th May	-	-	-	- Albania, Armenia, Austria, Azerbaijan, Belgium, Bosnia and Herzegovina, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, France, Georgia, Greece, Hungary, Iceland, Israel, Latvia, Lithuania, Luxembourg, Malta, Moldova, Monaco, Montenegro, Netherlands, North	- Democratic People's Republic of Korea, Indonesia, Myanmar, Nepal, Thailand (5 updates)	- Australia, Japan, Republic of Marshall Islands (3 updates)	0

				Macedonia, Norway, Poland, Portugal, Romania, Serbia, Slovakia, Slovenia, Sweden, Switzerland, T urkey, Ukraine (37 updates)			
15 May	-	-	-	- Armenia, Belgium, Bosnia and Herzegovina, Bulgaria, Cyprus, Czech Republic, Greece, Poland, Romania, San Marino, Spain, Switzerland, Uzbekistan (13 updates)	- Indonesia, Nepal (2 updates)	-	0
25 May	-	-	-	- Andorra, Armenia, Austria, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Finland, Germany, Greece, Hungary, Ireland, Israel, Italy, Lithuania, Malta, Moldova,	- Bangladesh, Myanmar, Thailand (3 updates)	- Australia, Japan, Republic of Marshal Islands (3 updates)	0

				Monaco, North Macedonia, Portugal, Romania, San Marino, Serbia, Slovenia, Switzerland, Turkmenistan (26 updates)			
1st June	-	- Canada, Unites States of America (2 updates)	-	- Armenia, Bulgaria, Cyprus, Denmark, Estonia, Finland, France, Greece, Iceland, Israel, Lithuania, Montenegro, Netherlands, Norway, Portugal, Serbia, Slovakia, Slovenia, Slovenia, Turkey (20 updates)	- India (1 update)	- Japan, Republic of Korea, Samoa (3 updates)	0
5 June	Burundi, Eritrea, South Sudan (3) Cabo Verde, Comoros, Lesotho, Madagascar, Malawi,	- Canada (1 update)	-	United Kingdom of Great Britain and Northern Ireland (1) Albania, Andorra, Azerbaijan, Belarus, Bosnia and Herzegovina,	- Bangladesh, Indonesia, Myanmar, Timor Leste (4 updates)	-	4

	Mauritius, Namibia, Sao Tome and Principe, Seychelles, South Africa, Uganda, (11 updates)			Croatia, Cyprus, Czech Republic, Estonia, Finland, France, Georgia, Hungary, Iceland, Israel, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Luxembourg, Moldova, Norway, Romania, Russian Federation, Serbia, Slovenia, Turkey, Ukraine (28 updates)			
12 June	-	-	-	Liechtenstein (1) Albania, Andorra, Austria, Azerbaijan, Belgium, Bosnia and Herzegovina, Bulgaria, Czech Republic, France, Greece, Hungary, Israel, Italy, Kazakhstan, Latvia, Liechtenstein, Lithuania, Monaco, Montenegro, North Macedonia, Poland, Russian Federation, Slovakia, Slovenia, Switzerland, Turkmenistan, Ukraine, United Kingdom of	-	- Republic of Marshal Islands, Singapore (2 updates)	1

				Great Britain and Northern Ireland (28 updates)			
19 June	-	-	-	- Austria, Azerbaijan, Belarus, Bosnia and Herzegovina, Czech Republic, Germany, Hungary, Kazakhstan, Liechtenstein, Lithuania, Malta, Monaco, North Macedonia, Norway, Portugal, Switzerland, Ukraine (17 updates)	- Bangladesh, Myanmar (2 updates)	-	0
26 June	-	- Canada (1 update)	- Lebanon (1 update)	- Albania, Andorra, Austria, Azerbaijan, Belarus, Belgium, Bulgaria, Croatia, Cyprus, Denmark, Estonia, Finland, France,	-	-	0

				Germany, Greece, Iceland, Israel, Italy, Kyrgyzstan, Latvia, Lithuania, Moldova, Netherlands, North Macedonia, Norway, Poland, Romania, Spain, Sweden, Tajikistan, Turkmenistan, Ukraine, Uzbekistan (33 updates)			
3 July	- Cameroon, Tanzania, Zambia (3 updates)	- Canada (1 update)	-	- Austria, Bosnia and Herzegovina, Bulgaria, Denmark, Estonia, France, Hungary, Lithuania, Moldova, Montenegro, North Macedonia, Poland, Portugal, Romania, Russian Federation, Slovakia, Slovenia, Spain, Sweden, Uzbekistan (20 updates)	- Maldives, Myanmar, Thailand (3 updates)	- Cambodia, Japan (2 updates)	0
13 July	- Equatorial Guinea, Ethiopia (2 updates)	-	- Tunisia, United Arab Emirates (2 updates)	- Andorra, Austria, Bulgaria, Croatia, Cyprus,	- Bangladesh, Nepal (2 updates)	- Republic of Marshal Islands (1 update)	0

				Czech Republic, Hungary, Iceland, Ireland, Italy, Montenegro, Portugal, Slovakia, Turkmenistan (14 updates)			
17 July		-	Yemen, Libya (2) Afghanistan, Egypt, Iran, Iraq, Jordan, Kuwait, Qatar, Saudi Arabia, Sudan, Syria (10 updates)	- Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, North Macedonia, Poland, Romania, Russian Federation, San Marino, Serbia, Slovakia, Spain, Switzerland, United Kingdom of Great Britain and Northern Ireland (26 updates)	- Timor Leste (1 update)	-	2

24 July	- Ethiopia (1 update)	- Canada, United States of America (inc. A. Samoa, CNMI, Guam) (2 updates)	-	- Austria, Belarus, Bulgaria, Finland, France (inc. French Polynesia), Georgia, Greece, Hungary, Iceland, Italy, Latvia, Lithuania, Luxembourg, Malta, Moldova, Montenegro, Norway, Portugal, Russian Federation, San Marino, Slovenia, Tajikistan (22 updates)	- Bangladesh, Maldives (2 updates)	- Australia, People's Republic of China (inc. Hong Kong SAR, Macao SAR), Republic of Korea (3 updates)	
6 Aug	-	- Canada (1 update)	- Lebanon (1 update)	- Andorra, Austria, Belarus, Cyprus, Czech Republic, Denmark, Estonia,	- Bangladesh, Democratic People's Republic of Korea, India, Myanmar, Nepal, Thailand (6 updates)	- Japan, Papua New Guinea, Republic of Marshal Islands, Viet Nam (4 updates)	0

				Finland, Germany, Greece, Hungary, Israel, Italy, Latvia, Lithuania, Malta, Moldova, Norway, Poland, Portugal, Romania, Russian Federation, Slovakia, Spain, Switzerland, Tajikistan, Turkey, Turkmenistan, Ukraine, United Kingdom of Great Britain and Northern Ireland, Uzbekistan (31 updates)			
13 Aug	-	-	-	- Albania, Austria, Belarus, Belgium, Finland, France,	- Timor Leste (1 update)	- Australia (1 update)	0

				Iceland, The Netherlands, Norway, Portugal, Romania, Slovakia, Slovenia, Switzerland, Turkey, Turkmenistan, United Kingdom of Great Britain and Northern Ireland (17 updates)			
28 Aug	-	- Canada, United States of America (inc. CNMI, Guam) (2 updates)	-	- All 27 European Union countries, All 5 Eurasian Economic Commission countries Azerbaijan, Bulgaria, Iceland, Israel, Liechtenstein, North Macedonia, Norway, Serbia, Turkey, Ukraine, United Kingdom of Great Britain	- Nepal (1 update)	- (3 updates on US and French territories)	0

				and Northern Ireland, Uzbekistan (44 updates)			
4 Sep	Rwanda (1) Algeria Angola Benin Botswana Burkina Faso Burundi Cameroon Cape Verde Central African Republic Chad Comoros Congo, Republic of Côte d'Ivoire Equatorial Guinea Eritrea Eswatini Ethiopia Gabon Gambia Ghana Guinea Guinea Bissau Kenya Lesotho Liberia Madagascar Malawi	- Canada (1 update)	- Jordan (1 update)	- All 5 Eurasian Economic Commission Countries5 Belgium, Croatia, Georgia, Greece, Hungary, Iceland, Latvia, Luxembourg, Montenegro, Norway, Portugal, Romania, Slovakia, Slovenia, Sweden, Switzerland, Ukraine, United Kingdom of Great Britain and Northern Ireland (23 updates)	- Myanmar (1 update)	-	1

	Mali Mauritania Mauritius Mozambique Namibia Niger Nigeria Democratic Republic of Congo Rwanda Sao Tome and Principe Senegal Seychelles Sierra Leone South Africa South Sudan Tanzania Togo Uganda Zambia Zimbabwe (47 updates)						
18 Sep	- Namibia, Nigeria, South Africa (3 updates)	-	-	- Austria, Azerbaijan, Belarus, Belgium, Bulgaria, Cyprus, Denmark, Estonia, Finland, France, Georgia,	- Bhutan, Democratic People's Republic of Korea, Indonesia, Maldives, Thailand (5 updates)	- Republic of Marshal Islands, Singapore (2 updates)	0

				Germany, Greece, Hungary, Israel, Latvia, Lithuania, Malta, Moldova, Montenegro, The Netherlands, North Macedonia, Norway, Poland, Portugal, Switzerland, Tajikistan, Turkey, Turkmenistan, Ukraine, United Kingdom of Great Britain and Northern Ireland, Uzbekistan (32 updates)			
25 Sep	-	- Canada (1 update)	-	- Armenia, Azerbaijan, Belgium, Cyprus, Estonia, Finland,	- Myanmar, Sri Lanka, Thailand (3 updates)	-	0

				Georgia, Germany, Greece, Ireland, Israel, Italy, Latvia, Lithuania, Luxembourg, Norway, Portugal, Slovakia, Slovenia, United Kingdom of Great Britain and Northern Ireland (20 updates)			

NOTE1: numbers in parenthesis illustrate the number of reports – new or updates - received since 26 March 2020

NOTE 2: (*) designates that the State Party reports on measures directed to other countries in addition to China. As of 17 March, all countries reporting measures, direct these measures to more than one country or to all countries (ie: closure of borders)
NOTE 3: (#) Supporting document to be provided by Country or Regional Office.
NOTE 4%: Measure for Canada was updated in the country report for AMRO on 17 April but not reflected in the respective EIS.
NOTE 5:Eurasian Economic Commission countries: Armenia, Belarus, Kazakhstan, Kyrgyzstan and Russian Federation.

---

[1] https://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov)

[2] https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020

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

Caribbean leaders call for strengthened cooperation against COVID-19

Source: Infosurhoy
ID: 1007926189

26 (Xinhua) — Leaders from the Caribbean have called for strengthened global cooperation and financing mechanisms to overcome the health crisis sparked by the COVID-19 pandemic and recover from its massive socio-economic fallout. The fund supports low and middle-income countries in overcoming the health and development crisis caused by the pandemic and support those most vulnerable to economic hardship and social disruption.

UNITED NATIONS, Sept. 26 (Xinhua) — Leaders from the Caribbean have called for strengthened global cooperation and financing mechanisms to overcome the health crisis sparked by the COVID-19 pandemic and recover from its massive socio-economic fallout.

They made the appeal in their pre-recorded addresses to the general debate of the 75th session of the UN General Assembly.

Nations have to re-imagine the ways they cooperate as they respond to COVID-19, said Jamaican Prime Minister Andrew Holness on Saturday.
“Persistent global problems require consistent cooperation to achieve strategic global solutions,” he said, citing the UN COVID-19 Response and Recovery Fund as an excellent example of such effective multilateral cooperation.

The fund supports low and middle-income countries in overcoming the health and development crisis caused by the pandemic and support those most vulnerable to economic hardship and social disruption.

Prime Minister Keith Rowley of Trinidad and Tobago told world leaders on Saturday that as with other small island developing states battling the impact of COVID-19, his country had to “walk a thin line” between saving lives and preserving livelihoods. It closed its borders and implemented physical distancing, making adjustments as needed to protect the most vulnerable.

He applauded the World Health Organization for its leadership and commended healthcare and frontline workers everywhere for saving lives.

“The COVID-19 pandemic presents an existential threat of unmatched proportions to human health and safety around the world,” he said.
Hubert Minnis, prime minister of the Bahamas, on Friday expressed his solidarity with all other nations in fighting COVID-19 and his condolences over the loss of lives.

“Little did we know that just a few months later, an even greater challenge would emerge, forcing the world to come to a grinding halt, at a proportion not witnessed since the Second World War,” he said.

The Bahamas, like so many others, had to act decisively to keep the COVID-19 pandemic from spreading, but with tourism as the main earner for the islands, the closure of borders led to the sharpest decline of visitors, precipitating widespread economic slowdown and unprecedented unemployment, he said.

In response, his government rolled out unemployment benefit and social security programs, including national food distribution initiative.
The prime minister applauded the G20 for suspending debt service payments for the least developed countries.
In terms of vaccines, the prime minister said developing countries should be able to access vaccines “via a transparent procurement process at affordable market rates.” Enditem
https://infosurhoy.com/news/caribbean-leaders-call-for-strengthened-cooperation-against-covid-19/

Greece

[APG]

Greece says first migrant dies of COVID-19 since the pandemic

Source: National Post
ID: 1007926167

ATHENS — A male migrant died of COVID-19 on Sunday, the first reported death of an asylum seeker since the pandemic broke out in Greece in late February, a government official told Reuters.
The 61-year-old Afghan, a father of two children, who lived at the migrant camp of Malakasa north of Athens, was treated and died at a hospital in Athens, the official said, adding that authorities were tracing his contacts.
It was not immediately clear how long he had been at the hospital.
The Malakasa camp, which hosts about 3,000 migrants, has been quarantined since Sept. 7 after positive tests for the new coronavirus.
Many other migrant facilities in Greece have been sealed off or movement has been restricted to stem the spread of the virus.
Greece has been the main gateway into the European Union for people fleeing conflict in the Middle East and beyond. More than a million people reached its shores from Turkey in 2015-16.
At least 110,000 people currently live in migrant facilities – 40,000 of them in overcrowded camps on five islands.
A fire burnt to the ground a migrant camp on Greece's biggest, on island of Lesbos this month, leaving about 12,000 people stranded. Most of them have now moved to a temporary tent camp on the island.
Greece reported 218 COVID-19 cases on Sunday and three deaths, bringing the total number of infections to 17,444 since the first case surfaced late February. (Reporting by Angeliki Koutantou; editing by David Evans)
https://nationalpost.com/pmn/health-pmn/greece-says-first-migrant-dies-of-covid-19-since-the-pandemic

Iran

Concerns mount as Iran gripped by third major COVID-19 wave

Source: RSS24.news
ID: 1007926529

Tehran, Iran – Iran is now in the grip of a third major wave of COVID-19 infections and most of its 32 provinces are classified as red on a colour-coded scale denoting the severity, with the capital experiencing the severest outbreak.
The official tally shows Iran recorded 195 new deaths on Sunday, bringing the total to 25,589 in the country battling the worst coronavirus pandemic in the Middle East.
Health ministry spokeswoman Sima Sadat Lari also announced during her daily COVID-19 briefing that 3,362 more daily infections were registered, upping the total to 446,448. Hospitals are caring for 1,377 patients at the moment, Lari said.
On Friday, the number of daily infections rose above 3,500 for the first time since the start of the pandemic in Iran in February and the number of deaths was above 200 for the first time in almost two months.
In the past week, Supreme Leader Ayatollah Ali Khamenei and President Hassan Rouhani have issued direct warnings for people to better adhere to public health guidelines.
"Do not underestimate corona," Khamenei said in a live televised speech last week.
"The solution for this is in our own hands," he said, calling on people to follow public health guidelines, including social distancing, using masks and washing hands regularly.
Khamenei's remarks come shortly after the president also warned of rising cases because of people failing to follow guidelines.
"We need to assume this will last throughout the year, and even next year we might have to adhere to all these public health guidelines," Rouhani said in a televised meeting of the national coronavirus task force last week.
"Even if we have access to a vaccine I believe we need to maintain this lifestyle," he said.

According to officials, Iran has joined COVAX, a global initiative aimed at working with vaccine manufacturers to provide countries equitable access to safe and effective vaccines once they are licensed and approved.
Iran has also said it will buy 20 million doses of a vaccine made by an unnamed Indian company run by an Iran-born man.
Iran officially recognised its first coronavirus presence on February 19 by announcing two people were dead in the Shia holy city of Qom just south of Tehran. It implemented quarantine measures in parts of March and April.
The country underwent another large wave of infections in mid-summer, but the number of cases, hospitalisations and deaths had dropped in recent weeks.
Government restrictions
Now, as the country heads towards influenza and allergy season, top officials are considering a mandatory mask rule and potential penalties.
On Saturday, Rouhani said a current proposal under review is to stop offering public services to people who refuse to wear masks and impose penalties for publicly flouting the rules, without mentioning what the punishments might entail.
The president also said a list of activities and business categories have been devised and handed to provinces, and provincial leaders will have the authority to request one-week shutdown periods if required.
“We will have no religious marches this year, we will have no pilgrimages to Iraq,” Rouhani asserted as the end of Safar – or the second month of the Islamic calendar – approaches, when Muslims observe a number of mourning periods and millions embark on a pilgrimage to Karbala.
Iraq has officially announced it will not accept pilgrims this year because of the pandemic and Iranian authorities, including the supreme leader, have called on mourners to observe upcoming religious occasions at home.
Changing dynamics
As also reported in other countries, the coronavirus is constantly mutating, which changes infection patterns and demographics.
According to Deputy Health Minister Iraj Harirchi, who in February became one of the first Iranian officials to contract COVID-19, the virus is now more potent.
“In the first and second waves, people who contracted the virus would often get it in the society and not in families,” he said during a live televised interview last week.
“But now in many families where one person contracts the virus the entire family is infected.”
Hadi Yazdani, a 38-year-old physician based in Isfahan who visits COVID-19 patients on a daily basis, confirmed the changing trends and said he continues to see more clusters form within families and move to others.
“Unlike the start of the pandemic, we also receive a large number of younger patients and those without pre-existing conditions,” he told Al Jazeera.
Yazdani, who has his private practice but currently dedicates most of his time to private and charity clinics in the metropolis, said it appears a partial reopening of schools and large public gatherings to observe mourning ceremonies in Muharram, the first month of the Islamic calendar, had an effect on the number of infections.
Iran is contemplating making wearing masks mandatory in public [Fatemeh Bahrami/Anadolu Agency]
Officials maintain that Muharram gatherings were organised in strict adherence to public health protocols and say there is no evidence to prove that reopening schools in early September has had any effect on the number of cases.
“There are no official reports indicating that students have become infected with the coronavirus after schools reopened,” Minister of Education Mohsen Haji Mirzaei said on Saturday.
Families were also concerned in August when university entrance exams were held and close to 1.5 million students vied for places in universities.
Impediments
So far, the authorities have tried to contain the virus using partial restrictions, including temporary closure

of gyms, banquet halls and public pools, and temporary lifting of traffic control rules to discourage widespread use of public transport.
But as local officials and tireless public health workers sound the alarm across Iran, more may need to be done – especially during the flu season.
Yazdani, also a politician and a member of the reformist Union of Islamic Iran People Party, said a mix of inefficiency among managing officials, an inherently slow Iranian bureaucracy, and wide-reaching United States sanctions are contributing to the current situation.
“Imposing serious restrictions require a financial foothold, which has been destroyed by sanctions and mismanagement,” he said. “But either way, there might even be a need for case-by-case quarantines for cities and provinces.”
After unilaterally abandoning a landmark 2015 nuclear deal signed between Iran and world powers, the US imposed layers of harsh economic sanctions with the aim of crippling the Iranian economy. Among other things, the sanctions have impeded Iran’s access to medicine and its foreign reserves.
Just as the economy was relatively stabilising, the pandemic hit Iran, increasing the pressure on the cash-strapped economy in tandem with sanctions.
This has meant that Iran, which was already facing significant budget hurdles before the pandemic, has been unable to mobilise cash handouts to help those affected by the coronavirus. It has instead had to resort to relatively low-interest loans to affected people and businesses.
Iranian Foreign Minister Javad Zarif, in a recent interview, accused the US of “medical terrorism” for choking Iran’s financial resources during the pandemic.
In early April, the supreme leader approved a proposal to withdraw one billion euros ($1.16bn) from the National Development Fund of Iran, the country’s sovereign wealth fund, to manage the implications of COVID-19.
But Health Minister Saeed Namaki bemoaned last week “only a fraction” of the funds have so far been allocated to the ministry, and asked, “For what more important purpose have they put it aside?”
‘Tool to wield power’
In late March, a number of Iranian authorities criticised the move by Doctors Without Borders (Medecins Sans Frontieres, or MSF) in Isfahan to build an inflatable 50-bed treatment unit, and rescinded approval for its intervention, a move that made the non-governmental organisation say it was “deeply surprised”.
Yazdani said, in a global pandemic there needs to be a global consensus on problem-solving.
“Just as we criticise Iran for not allowing MSF in the country and our city Isfahan, we criticise the US government for imposing sanctions that have prevented Iran from accessing its financial resources and helping its people,” he said.
“We need to have an assurance that if a vaccine is produced, it will reach all people around the world, including our people who are under sanctions, and no country, government or company could use this as a tool to wield its power.”
Read the full article at: aljazeera.com

https://rss24.news/concerns-mount-as-iran-gripped-by-third-major-covid-19-wave/

China

China aims to make 1 billion COVID-19 vaccine doses a year - CanadianManufacturing.com
Source: CanadianManufacturing.com
Unique ID: 1007915784
A Chinese health official said Sept. 25 that the country’s annual production capacity for coronavirus vaccines will top 1 billion doses next year, following an aggressive government support program for construction of new factories.
Capacity is expected to reach 610 million doses by the end of this year, Zheng Zhongwei from the National Health Commission said.
“Next year, our annual capacity will reach more than 1 billion doses,” he said at a news conference.
American pharmaceutical giants Pfizer and Moderna aim to produce a billion doses each in 2021 as well.
Advertisment

Zheng said distribution of the vaccines would prioritize groups such as medical workers, border personnel and the elderly before they are made available to the general public.
China has promoted the construction of vaccine testing facilities and manufacturing plants, and assigned independent monitors for their assembly. China has 11 vaccine candidates in human trials, with four of them currently in the third and final trials.
One of those is CoronaVac, made by the private company SinoVac, which is already rolling off the factory floor at a bio-secure facility outside Beijing. SinoVac's chairman, Yin Weidong, said Thursday that the factory was built in months, and more could be constructed if demand is sufficient.
Some nations are pooling vaccine efforts to ensure success against the disease. More than 150 countries are setting up the COVID-19 Vaccines Global Access Facility, or COVAX, under the World Health Organization.
Their target is to make 2 billion doses to inoculate 20% of the world's population.
The director-general of WHO, Tedros Ghebreyesus, said earlier this month that "the goal must be to vaccinate some people in all countries, rather than all the people in some countries."
— AP video producer Olivia Zhang in Beijing and writer Huizhong Wu in Taipei, Taiwan, contributed to this report.
https://www.canadianmanufacturing.com/manufacturing/china-aims-to-make-1-billion-covid-19-vaccine-doses-a-year-261163/

United States
Novavax enters late-stage clinical trials
Source: ABC News
Unique ID: 1007912520

US biotech firm Novavax said Thursday it was initiating its final Phase 3 clinical trial for its experimental COVID-19 vaccine.
The trial will be carried out in the United Kingdom and aims to enroll 10,000 volunteers, aged 18-84, with and without underlying conditions, over the next four to six weeks.
"With a high level of SARS-CoV-2 transmission observed and expected to continue in the UK, we are optimistic that this pivotal Phase 3 clinical trial will enroll quickly and provide a near-term view of NVX-CoV2373's efficacy," said Gregory Glenn, the company's president of research and development, using the technical name for the formulation.
It is the eleventh COVID-19 vaccine candidate to reach the Phase 3 stage globally.
The company has been awarded $1.6 billion by the US government to develop and fund the drug, which is administered by two intramuscular injections.
The Maryland-based company uses insect cells to grow synthesized pieces of the spike protein of the virus, which it hopes will evoke a robust human immune response.
It also uses an "adjuvant," a compound that boosts the production of neutralizing antibodies.
The company says the drug, which is a liquid formulation, can be stored at two degrees celsius to eight degrees celsius, refrigerator temperature.
In the spring, the company said it had proven the efficacy of a seasonal flu vaccine it had developed using the same technology.
https://infosurhoy.com/news-summary/novavax-enters-late-stage-clinical-trials/

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

United States
Arrhythmic safety of hydroxychloroquine in COVID-19 patients from different clinical settings
Source: Oxford Academic Journals, Oxford University Press
ID: 1007926105

Published: 24 September 2020

Abstract

Aims
The aim of the study was to describe ECG modifications and arrhythmic events in COVID-19 patients undergoing hydroxychloroquine (HCQ) therapy in different clinical settings.

Methods and results
COVID-19 patients at seven institutions receiving HCQ therapy from whom a baseline and at least one ECG at 48+ h were available were enrolled in the study. QT/QTc prolongation, QT-associated and QT-independent arrhythmic events, arrhythmic mortality, and overall mortality during HCQ therapy were assessed. A total of 649 COVID-19 patients (61.9 ± 18.7 years, 46.1% males) were enrolled. HCQ therapy was administrated as a home therapy regimen in 126 (19.4%) patients, and as an in-hospital-treatment to 495 (76.3%) hospitalized and 28 (4.3%) intensive care unit (ICU) patients. At 36–72 and at 96+ h after the first HCQ dose, 358 and 404 ECGs were obtained, respectively. A significant QT/QTc interval prolongation was observed ($P < 0.001$), but the magnitude of the increase was modest [+13 (9–16) ms]. Baseline QT/QTc length and presence of fever ($P = 0.001$) at admission represented the most important determinants of QT/QTc prolongation. No arrhythmic-related deaths were reported. The overall major ventricular arrhythmia rate was low (1.1%), with all events found not to be related to QT or HCQ therapy at a centralized event evaluation. No differences in QT/QTc prolongation and QT-related arrhythmias were observed across different clinical settings, with non-QT-related arrhythmias being more common in the intensive care setting.

Conclusion
HCQ administration is safe for a short-term treatment for patients with COVID-19 infection regardless of the clinical setting of delivery, causing only modest QTc prolongation and no directly attributable arrhythmic deaths.
Keywords: SARS-CoV-2, COVID-19, Hydroxychloroquine, QT interval, Arrhythmias
Topic: cardiac arrhythmia, fever, hydroxychloroquine, intensive care unit, safety, qtc, covid-19
Issue Section: Clinical Research
What's new?
•Arrhythmic safety data from a large cohort of patients with COVID-19 infection treated with hydroxychloroquine (HCQ) alone or in combination with other QT-prolonging drugs were reported.
•The use of HCQ was associated with a significant QT and QTc interval prolongation, but the magnitude of the increase was modest [median +13 (9–16) ms]
•Over a median follow-up of 16 days, no arrhythmia-related deaths were reported. The overall major ventricular arrhythmia rate was low, with all events being reported in critical patients, and these were found not to be QT or HCQ therapy related.
•Baseline QT/QTc length and presence of fever at admission represent the most important determinants for QT/QTc prolongation.
https://academic.oup.com/europace/advance-article/doi/10.1093/europace/euaa216/5910968

Children, adolescents less susceptible to COVID-19, meta-analysis finds
Source: CIDRAP
ID: 1007926492

A systemic review and meta-analysis in JAMA Pediatrics today found that children and adolescents have a significantly lower susceptibility to COVID-19 than adults do. Previous studies have reached similar conclusions, but this study pools data from 32 studies to get a clearer overall picture.
Children and adolescents younger than 20 years were nearly half as likely to be infected than adults (odds ratio, 0.56; 95% confidence interval, 0.37 to 0.85) in the review of studies that involved contact tracing or population screening through Jul 28 and included a total of 41,640 children and adolescents and 268,945 adults. The decreased risk of infection was most pronounced in children younger than 10 to 14 years, "with adolescents appearing to have similar susceptibility to adults," the study authors write.

Infection and transmission rates in children have important implications for public health decisions regarding lockdowns and school closures. While available studies show evidence of transmission of SARS-CoV-2, the virus that causes, COVID-19, from children to other age-groups, the review contained

relatively few data on transmission and was unable to elucidate a clear role.

The authors conclude, "Preliminary evidence suggests that children have a lower susceptibility to SARS-CoV-2 infection compared with adults, but the role that children and adolescents play in transmission of this virus remains unclear."
In a commentary in the same publication, Saul Faust, MD, writes, "In spite of everything we have known and understood about respiratory viral infections to date, it does now appear that children overall are relatively less susceptible to becoming infected as well [as] having less severe infection itself. How infectious children are once they have acquired the SARS-CoV-2 virus remains unclear. Studies have confirmed children carry viable virus in their nasopharynx, so children are almost certainly infectious."
Faust advocates for prioritizing the needs of children and young people in policy decisions around reopening of society, including ongoing studies of the role of transmission in schools, and making data-driven decisions that avoid politicization and take local community data, resources, and specific community needs into account.
https://www.cidrap.umn.edu/news-perspective/2020/09/covid-19-scan-sep-25-2020
https://jamanetwork.com/journals/jamapediatrics/fullarticle/2771181

SARS-CoV-2 during pregnancy was not associated with complications in neonates
Source: CIDRAP
ID: 1007926481

A Swedish study of pregnant COVID-19 patients giving birth at Karolinska University Hospital in Stockholm from Mar 25 to Jul 24 found a higher likelihood of labor complications, but no significant differences in outcomes in newborns compared with COVID-19–negative women.

Published in JAMA this week, the study tested women in labor using reverse-transcriptase polymerase chain reaction (RT-PCR) on nasopharyngeal swabs to identify COVID-19–positive patients. Among 2,682 women, 156 (5.8%) were SARS-CoV-2 positive and 65% of those who tested positive were asymptomatic—meaning they had no symptoms compatible with COVID-19.

COVID-19–positive laboring women were more likely to experience preeclampsia—a serious labor complication characterized by high blood pressure and protein in the urine—and less likely to undergo labor induction for reasons that are yet unclear. Lead author Mia Ahlberg, RNM, PhD, of Karolinska said in a university news release, "One possible reason for the latter is that both preeclampsia and COVID-19 impact several organs and can present similar symptoms."

No significant differences were noted for other maternal outcomes (mode of delivery, postpartum hemorrhage, and preterm birth) between COVID-19–positive and –negative groups. Neonatal outcomes, including 5-minute Apgar scores, birth weight for gestational age, prevalence of birth defects, and stillborn births, did not differ significantly between the groups.

The study authors write, "In light of other accumulating data, it is already clear that COVID-19 is less severe in pregnancy than the 2 previous coronavirus infections: severe acute respiratory syndrome–related coronavirus (SARS) and Middle East respiratory syndrome–related coronavirus (MERS). Nevertheless, there are reports of pregnant persons requiring critical care, and there have been other reports of both mother and infant deaths in association with COVID-19."
While encouraging, the study was limited by the number of laboring women presenting with COVID-19 symptoms, which restricts the ability to generalize to larger populations and different locations.
Ahlberg says, "Larger studies should be conducted to be able to identify if women with symptoms and different degrees of symptoms constitute a risk group for adverse outcomes such as preterm birth.
https://www.cidrap.umn.edu/news-perspective/2020/09/covid-19-scan-sep-25-2020
https://jamanetwork.com/journals/jama/fullarticle/2771110

United Kingdom

New study reveals flaws in UK coronavirus testing system after comparison with other countries

Source: Medical Xpress
Unique ID: 1007915768

A new research study comparing the UK's COVID testing response to five other nations suggests the failure of NHS Test and Trace to provide medical oversight over access to testing explains the faltering coronavirus testing program, rather than frivolous overuse by members of the public.

The UK is the only country of those studied to both provide tests without first going through healthcare experts and to heavily rely on self-sample collection rather than have experts take swabs for patients, explains a study led by Prof Michael Hopkins in the Science Policy Research Unit (SPRU) at the University of Sussex Business School.

Study authors at SPRU, Prof Hopkins and Dr. Joshua Moon, add that the UK has neglected citizens in isolation and quarantine by failing to follow WHO guidelines that suggest maintaining of contact, ensuring compliance, and overseeing physical and mental wellbeing.

Prof Hopkins, from the Science Policy Research Unit at the University of Sussex Business School, said: "There is a lack of proper supervision in the UK testing system. Tests are offered without suitable triage by medical experts. The UK is an outlier internationally because primary healthcare are not involved in coronavirus testing. Instead the use of DIY self-swabbing by patients may lead to false negative tests and void tests where proper procedures are not followed. The result is that NHS Test and Trace is processing many more tests than other countries, yet many of these should not have been offered in the first place."

A new preprint article published this week on SSRN presents early results from a comparative analysis led by SPRU academics at the University of Sussex Business School of the five elements of Find, Test, Trace, Isolate, Support (FTTIS) systems of six countries; Germany, Ireland, Spain, South Africa, South Korea, and the UK.

The authors find that no single study country has a fully optimized FTTIS system, with lessons to be learned for all from international comparisons. In particular, the need for openness and evaluation is emphasized as an integral part of the FTTIS system, to support continual assessment, learning, evolution and international sharing of good practice.

With particular reference to the UK, the study has the following key findings:

Coronavirus testing in the community in the UK is being delivered outside of the usual NHS structures, with access to testing and sample collection undertaken without the high levels of medical supervision seen in other countries (e.g. Germany, Ireland, S. Korea)

In most study countries, testing has been undertaken in accredited laboratories with experience of clinical testing for infectious diseases, overseen by a nominated laboratory. Notably in the UK, the commissioning of new, private, large scale testing in Lighthouse Laboratories has bypassed accreditation and raises quality concerns.

The UK has the highest proven test capacity with 12,985 tests recorded per week per million capita in July (and rising).

In the UK there appears to be no systematic follow-up of isolating or quarantining individuals, except for travelers returning from designated countries. This is against WHO advice.

Low levels of sick pay may not be enough to prevent the financially insecure from continuing to work, even when unwell. The daily maximum levels of sick pay for isolating employees in Germany are equivalent to the UK's weekly rate.

Dr. Moon, research fellow in the Science Policy Research Unit at the University of Sussex Business School, said: "It is not right to point the finger of blame at the public for using NHS test and trace when their reaction is the logical step in trying to rule out COVID-19 so they can get back to work, school etc. The Lighthouse labs are struggling to cope with demand because they are newly established, unaccredited and inexperienced compared to more well-established labs mainly used in other countries, and indeed in the UK. These and other policy failures, such as the lack of monitoring isolation in those quarantining and limited material support for those isolating, means the UK currently lacks the tools it needs to effectively fight the coronavirus pandemic. Remedying this will require policies which extend isolation support, improve follow-up on quarantine, and better leverage existing decentralized capacities."

https://medicalxpress.com/news/2020-09-reveals-flaws-uk-coronavirus-comparison.html

United States

COVID-19 discovery in children may inform development of vaccines, treatments
Source: infosurhoy
ID: 1007914095

New discoveries about the immune response made against a particular part of the COVID-19 virus in children who have the rare but dangerous multisystem inflammatory syndrome in children, or MIS-C, may have important implications for the development of vaccines and immune therapies for COVID-19, according to a new commentary from Dr. Steven Zeichner of UVA Children's and Dr. Andrea Cruz of Baylor College of Medicine in Houston, published in the scientific journal Pediatrics. Both Zeichner and Cruz are associate editors of Pediatrics.
Zeichner and Cruz's commentary accompanies an article written by Christina A. Rostad and colleagues, from Emory University and the University of Texas Medical Branch, Galveston, outlining new insights into MIS-C, a serious complication of COVID-19 that occurs in a small, but still significant number of children. Why a particular child develops MIS-C is not known, nor is it known what may place a child at increased risk for MIS-C.
Rostad and colleagues found that children with MIS-C had substantially higher levels of antibodies against a particular part of the COVID-virus known as the receptor binding domain, or RBD, part of the virus' spike protein that lets the virus invade cells. While not definitive proof, the findings suggest that a stronger immune response against RBD may be associated with MIS-C, either as simply an indicator or potentially in some sort of causal relationship.
The discovery that high levels of antibodies against RBD are associated with MIS-C could prove helpful in diagnosing MIS-C, Zeichner and Cruz note. But there may also be other implications. If antibodies against RBD—or some subset of antibodies against RBD—contribute to causing MIS-C, there may be some subtype or amount of antibodies against RBD that are unhelpful, or even dangerous. For example, doctors may need to consider this when treating COVID-19 patients with convalescent plasma from other patients recovering from COVID-19.
Ensuring Safe COVID-19 Vaccines
RBD is a component of many of the COVID-19 vaccines in development, Zeichner and Cruz write, so the new findings may prove important there as well. If some antibodies against RBD are associated with MIS-C or increased inflammation, it would be essential to carefully evaluate subjects enrolled in the vaccine clinical trials for evidence of increased inflammatory responses, particularly if and when those research subjects are exposed to and infected with the COVID-19 virus.
The possibility is an important reminder, they write, that the urgent desire for a vaccine must not eclipse the need for thoughtful, thorough testing.
https://infosurhoy.com/news-summary/covid-19-discovery-in-children-may-inform-development-of-vaccines-treatments/

Study

Study Finds COVID-19 Is Mutating To Become More Contagious - HotNewHipHop
Source: HotNewHipHop
Unique ID: 1007927630

A study in Houston found that the coronavirus is mutating to become more contagious.
A study of more than 5,000 genetic sequences of the coronavirus conducted in Houston has revealed the virus is mutating in a way that will make it more contagious.
George Frey / Getty Images
David Morens, senior adviser to Anthony S. Fauci, and the director of the National Institute of Allergy and Infectious Diseases, says that COVID-19 could find a way around our immunity: "Although we don't know yet, it is well within the realm of possibility that this coronavirus, when our population-level immunity gets high enough, this coronavirus will find a way to get around our immunity," Morens said. "If that happened, we'd be in the same situation as with flu. We'll have to chase the virus and, as it mutates, we'll have to tinker with our vaccine.
"Wearing masks, washing our hands, all those things are barriers to transmissibility, or contagion, but as the virus becomes more contagious it statistically is better at getting around those barriers."

The study analyzed two different strains of COVID-19 taken during the spring and summer. It found that the summer strain bore more viral particles, causing it to be more infectious.
“We’ll have to chase the virus and, as it mutates, we’ll have to tinker with our vaccine,” Morens said.
https://www.medrxiv.org/content/10.1101/2020.09.22.20199125v2
https://www.hotnewhiphop.com/study-finds-covid-19-is-mutating-to-become-more-contagious-news.118561.html

Study
Covid-19 Live Updates: Under 10 Percent of Americans Have Coronavirus Antibodies, Study Finds
Source: NYT
Unique ID: 1007916251

Less than 10 percent of Americans have antibodies to the new coronavirus, suggesting that the nation is even further from herd immunity than had been previously estimated, according to a study published Friday in The Lancet. Mr. DeSantis, a Republican and avid supporter of President Trump who spoke at the president’s rally in Jacksonville on Thursday, signed the order, allowing restaurants and many other businesses as soon as Friday afternoon to operate at full capacity as part of Phase 3 of his administration’s reopening plan. Most public health experts say that such a policy would lead to hundreds of thousands more deaths, as it is impossible to protect all Americans who are elderly or have one of a dozen underlying conditions, including diabetes and heart disease, that render a person more likely to become seriously ill or to die.
Less than 10 percent of Americans have antibodies to the new coronavirus, suggesting that the nation is even further from herd immunity than had been previously estimated, according to a study published Friday in The Lancet.
The study looked at blood samples from 28,500 patients on dialysis in 46 states, the first such nationwide analysis.
The results roughly matched those of an analysis to be released next week by the Centers for Disease Control and Prevention, which found that about 10 percent of blood samples from sites across the country contained antibodies to the virus.
Dr. Robert R. Redfield, the director of the C.D.C., was referring to that analysis when he told a congressional committee this week that 90 percent of all Americans were still vulnerable to the virus, a C.D.C. spokeswoman said.
An accurate estimate of the country’s immunity is important because President Trump, in collaboration with his new medical adviser, Dr. Scott Atlas, has tentatively promoted the idea of reaching herd immunity by canceling lockdowns, mask-wearing campaigns and social-distancing mandates. The plan would be to let the virus wash through the population while attempting to protect the people deemed most vulnerable. Most public health experts say that such a policy would lead to hundreds of thousands more deaths, as it is impossible to protect all Americans who are elderly or have one of a dozen underlying conditions, including diabetes and heart disease, that render a person more likely to become seriously ill or to die.
The study of dialysis patients was done by scientists from Stanford University and published in The Lancet.
It found wide variances in antibody levels around the country. In the New York metropolitan area, including New Jersey, antibody levels were higher than 25 percent of samples tested. In the western United States, they were below 5 percent.
Over all, the researchers estimated the prevalence to be about 9.3 percent.
Dialysis patients are not necessarily representative of the whole population, and the study is just one of many attempts to land on an accurate estimate of seroprevalence.
The C.D.C. study, which has not yet been released, was described by a C.D.C. spokeswoman. It involved testing blood samples collected at 52 commercial laboratories between early July and mid-August in all 50 states, the District of Columbia and Puerto Rico.
Based on 46 sites with the most data, C.D.C. researchers concluded that the overall national prevalence rate was less than 10 percent. The prevalence rate ranged from lows of less than 1 percent in some states to about 22.5 percent in New York State.
The implication of the antibody studies, Dr. Redfield said in a statement, is that the vast majority of Americans are still susceptible to the virus and therefore should continue to take steps such as wearing masks, staying six feet away from other people, washing hands frequently, staying home when sick and

“being smart about crowds.”
In the U.S., the virus is spreading fastest in the heartland.
The heart of the American outbreak is shifting to the heartland. As the coronavirus crisis drags on, less populous states in the Midwest and the Great Plains are seeing furious growth, while dense states in the Northeast are experiencing some of the slowest rates of new infection.
In South Dakota, cases have risen steadily throughout the month of September. In the past week, more new cases have been diagnosed than in any other seven-day stretch of the pandemic and twice broken a record for coronavirus hospitalizations. Officials announced 457 new cases Friday.
Gov. Kristi Noem, a Republican, has never issued a stay-at-home order or a statewide masking ordinance. She has encouraged large gatherings to continue unabated, including the president’s campaign rally at Mount Rushmore on the Fourth of July and the famous Sturgis motorcycle rally, which led to hundreds of new infections in neighboring states.
Across state lines, North Dakota is experiencing the single fastest rate of growth of coronavirus cases per capita in the country. In the past week, the state has averaged 390 new cases per day — a 50 percent increase from the average two weeks ago.
An effort to bring things under control in North Dakota imploded on Friday, when the state’s chief health officer resigned after less than a month on the job. The officer, Dr. Paul Mariani, had issued and then rescinded an order requiring residents to quarantine if exposed to the virus, or risk a misdemeanor charge. Gov. Doug Burgum accepted the resignation, saying the penalty had become a “large and unforeseen distraction.”
In Wisconsin cases have more than doubled since the beginning of September. The state, a critical battleground in the presidential election, has had an average of more than 2,000 cases per day in the past week.
More information: https://www.nytimes.com/2020/09/25/world/covid-coronavirus.html
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32009-2/fulltext

Domestic Events of Interest

Saskatchewan

FSIN, Sask. government and federal government sign letter of commitment for suicide prevention
ID: 1007926495
Source: CBC

Agreement is important because it commits every level of government: FSIN
The federal and provincial governments signed a letter of commitment with the Federation of Sovereign Indigenous Nations (FSIN) to support mental health and wellness services for Indigenous youth in Saskatchewan.
FSIN Vice Chief David Pratt said the agreement is important because it commits every level of government.
"What we have is our suicide prevention strategy, we got about nine recommendations in there that we're looking to implement with our partners, Canada and Saskatchewan."

The letter was signed on Thursday in Saskatoon by Pratt, Rural and Remote Health Minister Warren Kaeding and a representative for Indigenous Services Canada Minister Marc Miller.
Pratt said in spite of everything Indigenous people have had to face, ceremonies and cultural teachings have been the most important guides.
FSIN Chief Bobby Cameron said in a statement that the commitment will address suicide from a "holistic perspective," which includes "strengthening our identity and connection to our cultures, reconnecting with our Elders, Knowledge keepers and the land."
Provincial promises
Kaeding said suicide is a serious and complex issue.

"We recognize that it will take the commitment of governments, communities and agencies working together to reduce the risk factors and prevent suicide," Kaeding said.

Kaeding said this joint commitment with the FSIN fulfils a promise laid out in the government's Pillars For Life bill.
The commitment signing comes two weeks after the province lost an application to remove the Walking With Our Angels teepee camp set up in front of the Saskatchewan Legislature building. Métis man Tristen Durocher walked from Air Ronge to Regina to raise awareness about suicide among Indigenous youth in Saskatchewan.

Regina protest camp calls for suicide prevention legislation, calls Sask. plan 'vague, meaningless'
Chiefs, families rally around Tristen Durocher as fast continues to push for suicide prevention
Durocher said he wanted to do the walk after the Saskatchewan assembly turned down a bill by the opposition that promised to consult with Indigenous leaders, communities and families in suicide prevention.

"We are committing to knowledge sharing, transparency and accountability as we work together to build upon and improve suicide prevention initiatives in this province," Kaeding said.

Kaeding said the declaration will bring together families and communities affected by suicide to hear ideas on what is needed to prevent suicide in the province.

"While these conversations are underway our government will continue to advance the many other actions that are identified in our suicide prevention plan including engaging with other ministries, community organizations, mental health professionals and many others," Kaeding said.

Pillars for Life plan
Kaeding said the provincial government is spending $435 million on mental health and addictions support and services this year. Included in this total, Kaeding said, is over $1.2 million to support the year one actions of the Pillars for Life plan.

Along with the Pillars for Life plan, the commitment is part of the FSIN suicide prevention strategy and the First Nations Mental Wellness Continuum Framework.
A statement from Miller said the elevated suicide rates among Indigenous youth in Saskatchewan are "deeply concerning."
"It is essential that all jurisdictions work collaboratively to enhance the delivery of culturally appropriate mental wellness supports and effective interventions that respects Indigenous perspectives and guidance," Miller said in a statement.
https://www.cbc.ca/news/canada/saskatchewan/fsin-provincial-federal-government-letter-of-agreement-1.5741126

Saskatchewan
HIV cases rising in east central Sask., SHA warns
Source: CTV News - Saskatoon
ID: 1007926908

SASKATOON -- The Saskatchewan Health Authority (SHA) is warning that there has been an increase in HIV infections in the east central area of the province over the last few months. Knowing your status means that treatment can be provided and individuals can be helped to reduce the risk of spreading the illness.” However, most people who get it don’t have any symptoms and don’t know they have it, according to the SHA.

SASKATOON -- The Saskatchewan Health Authority (SHA) is warning that there has been an increase in HIV infections in the east central area of the province over the last few months.
HIV, which stands for human immunodeficiency virus, is spread from person-to-person through unprotected sexual activity and by sharing needles and other drug equipment. A mother can also transmit HIV to her child during pregnancy, delivery or breastfeeding, the SHA said in a news release.
Some people have flu-like symptoms such as fever, sore throat or swollen glands when they first get HIV. However, most people who get it don’t have any symptoms and don’t know they have it, according to the

SHA.
“We want the public to be aware of the risks associated with these infections, and how they can be prevented and treated,” said Dr. Ashok Chhetri, Medical Health Officer with the SHA in the release.
“HIV is treatable. It is important that individuals who are sexually active or use drugs know their status for HIV. Knowing your status means that treatment can be provided and individuals can be helped to reduce the risk of spreading the illness.”
The SHA said HIV can be prevented by not sharing drug use equipment and by practicing safer sex.
It adds that the only way to know if you have HIV is to get tested, which is free and confidential.
The SHA said treatment is offered immediately to infected individuals and that the sooner treatment is started, the better it is for your health.
Anyone can request HIV and sexual health testing by visiting their physician or nurse practitioner or by attending a walk-in clinic or sexual health clinic.
https://saskatoon.ctvnews.ca/hiv-cases-rising-in-east-central-sask-sha-warns-1.5121610

Saskatchewan
Three newborns diagnosed with syphilis as disease surges in Saskatchewan
Source: Saskatoon StarPhoenix
ID: 1007926906

Margaret Kisikaw Piyesis, the CEO of the Canadian Aboriginal AIDS Network, said the numbers reflect the ongoing struggle to stem Saskatchewan’s high STI rates and provide screening and testing to the province’s most marginalized communities. The Public Health Agency of Canada said rates rose more than 800 per cent in Alberta and nearly 400 per cent in Saskatchewan between 2014 and 2018.
University of Alberta professor and epidemiologist Dr. Ameeta Singh said the diseases that spread are often rooted in social and economic determinants of health like poverty, unstable housing and substance use.
Newborn children have been diagnosed with syphilis in Saskatchewan this year as an ongoing outbreak reaches more and more women of child-bearing age.
The provincial health ministry reported 435 new cases of infectious syphilis in 2020 as of Sept. 22, compared to 381 cases in the entirety of 2019 and 140 in 2018.
Three of this year’s new cases are congenital, meaning babies were born with syphilis after their mothers contracted it. Zero such cases were reported in Saskatchewan from 2000 to 2017, according to communicable disease reports published by the ministry.

Margaret Kisikaw Piyesis, the CEO of the Canadian Aboriginal AIDS Network, said the numbers reflect the ongoing struggle to stem Saskatchewan’s high STI rates and provide screening and testing to the province’s most marginalized communities.
“We’re still having babies born with these diseases, which are diseases we shouldn’t see in a developed country,” Piyesis said.
Syphilis rates are rising across the country, particularly on the Prairies. The Public Health Agency of Canada said rates rose more than 800 per cent in Alberta and nearly 400 per cent in Saskatchewan between 2014 and 2018. In Saskatchewan, there are ongoing outbreaks of syphilis on reserves, in the northwest, and in Prince Albert, Saskatoon and Regina. University of Alberta professor and epidemiologist Dr. Ameeta Singh said the diseases that spread are often rooted in social and economic determinants of health like poverty, unstable housing and substance use. Increasingly, methamphetamine use has become a risk factor in Alberta, a trend also reported in Saskatchewan.
“While syphilis can affect anyone … there are certain behaviours that put you at risk, like having sex without condoms or having sex with multiple partners. Methamphetamine also stimulates your sex drive and makes you do riskier things to get that drug,” Singh said. Saskatchewan Prevention Institute program manager Jody Shynkaruk said part of the problem is an education and resource gap for at-risk women.
“I think some people assumed syphilis was gone,” she said.
“If it’s a new infection, the chance of the baby being infected is quite high, and if the woman is not treated there is a risk of miscarriage.”
While there fortunately have not been any reports of stillbirths caused by syphilis in Saskatchewan this year, the Edmonton Journal reported six in Alberta over the first six months of 2020.

Sanctum Care Group interim executive director Jamesy Patrick said agencies in Saskatoon are worried. Sanctum runs a home for HIV-positive expectant moms that aims to keep them united with their children without the involvement of social services.

Patrick said syphilis poses a new threat to clients.
“We have quite a few prenatal women on our radar right now who are in the community who may fall into that group.”
People with syphilis may not know they have it. The disease can take months to incubate, and initial symptoms can fade quickly before more serious ones take hold. Luckily, risk can be reduced by using protection during sex, and the disease is curable once discovered.
Piyesis said stopping syphilis requires a judgment-free approach with a focus on reaching people with the least access to health care. She said a lack of screening and health services tailored to Indigenous communities has played a role in the disease’s spread.
Patrick said the rise of syphilis is another argument for a prenatal case management team in Saskatchewan, which could help identify and support mothers at risk. Sanctum is proposing such a team as part of a larger expansion of its neonatal services this month.

Singh said the parallels between syphilis and social problems like meth use are impossible to ignore. She said tackling root issues like housing stability and mental health will be the most lasting way to fight the disease.
“What we’re seeing with syphilis and methamphetamine is just the tip of the iceberg.”
https://thestarphoenix.com/news/local-news/three-newborns-diagnosed-with-syphilis-as-disease-surges-in-saskatchewan

Quebec
Recall issued on Quebec spaghetti sauce that could contain botulism bacteria
Source: CBC | Montreal News
ID: 1007926615

A brand of spaghetti sauce made by Érablière Godbout and sold in Quebec is the subject of a food recall by the Canada Food Inspection Agency.
On Sunday, the agency put out a news release saying that the product "may permit the growth of Clostridium botulinum" which is the bacteria that causes botulism.
The recall is for the spaghetti sauce sold in 500 ml and 1 L formats. It applies to all units not marked "keep refrigerated."
According to the release, "food contaminated with Clostridium botulinum toxin may not look or smell spoiled but can still make you sick."
Symptoms can include facial paralysis or loss of facial expression, unreactive or fixed pupils, difficulty swallowing, drooping eyelids, blurred or double vision, difficulty speaking or including slurred speech, and a change in sound of voice, including hoarseness.
Anyone who has this product should return it to the store or throw it out. The sauce was made by the Érablière Godbout located near Quebec City.
So far, there have been no reported illnesses associated with the consumption of this product.

https://www.cbc.ca/news/canada/montreal/recall-issued-on-quebec-spaghetti-sauce-1.5741184?cmp=rss

International Events of Interest

Mongolia
Mongolia recorded a new case of bubonic plague

28 September 2020

Almaty. September 28. Information Center - A new case of bubonic plague has been reported in Mongolia, which borders Russia. This is reported by Lenta.ru with reference to Xinhua.

According to the agency, a 25-year-old woman from Khovd province who ate groundhog meat was infected. She was hospitalized in a local medical facility, the disease was confirmed by laboratory tests. Another 19 people who came into contact with her are isolated.
Since the beginning of the year, 22 cases of suspected bubonic plague have been detected in Mongolia, and six diagnoses have been confirmed by laboratory studies. The country has recently recorded three deaths from bubonic plague: in September 2020, one of the infected in the province of zavhan died, in August a 42-year-old man died of infection in the province of Khovd, in July a 15-year-old boy died in Gov Altai province.

Earlier, Russian infectious disease doctor Ivan Konovalov reminded that outbreaks of plague periodically occur in the territories of Russia. These are regions where the traditions of local peoples imply eating raw meat. At the same time, he recalled that there was a vaccine for the plague.
https://ic24.kz/news/v-mongolii-zafiksirovali-novyy-sluchay-bubonnoy-chumy-u43737

PAHO
PAHO celebrates reduction in new cases of rabies in the Americas and calls for maintaining efforts to achieve elimination by 2022

25 Sep 2020

In 2019, there were 3 cases of human rabies, almost 98% less than in 1983, and Mexico became the first disease-free country. PAHO highlights the non-disruption of rabies programs during the pandemic
PANAFTOSA/PAHO/WHO, 25 September 2020 – "**End Rabies: Collaborate and Vaccinate**" is the theme of World Rabies Day 2020, observed every 28 September to promote the fight against rabies, raise awareness of its prevention and celebrate achievements. This year also highlights the importance of canine vaccination and the need for a joint effort to achieve its elimination.

"On our continent, the incidence of dog-mediated human rabies has been reduced by almost 98%, from a record of 300 cases in 1983 to just 3 cases in 2019," said Dr Ottorino Cosivi, director of the Pan American Centre for Foot and Mouth Disease and Veterinary Public Health (PANAFTOSA) of the Pan American Health Organization (PAHO/WHO).

Cosivi said this achievement "has been made possible by solidarity between countries, the exchange of lessons learned, the identification and prioritization of risks, as well as epidemiological monitoring and monitoring actions in people and reservoirs."

A continental milestone in the fight against rabies took place in 2019 when Mexico became the first country in the world to receive official validation as a country free from human rabies transmitted by dogs.
"These achievements are due to the commitment of country health authorities, the technical dedication of health workers, population awareness and the coordination of PAHO/WHO's Regional Elimination Program," said Dr. Julio Cesar Pompei, PANAFTOSA's Zoonosis Coordinator.
Because of its lethality and the non-existence of a cure, rabies is important for public health. Globally, 60,000 people die each year from the disease, mainly in Asia and Africa. However, it can be eliminated in its urban cycle, where it is transmitted by dogs and cats, through efficient prevention measures such as animal vaccination, health education and medical care with preventive treatment in people attacked by animals.

"The current COVID-19 pandemic and its inherent public health restrictions inherent did not prevent countries from maintaining commitments to rabies surveillance and prevention actions, as they are considered priority and unpostponable activities," Pompei said.

[APG]

The elimination of human rabies transmitted by dogs, planned in the Americas by 2022, is very close. PANAFTOSA recommends ensuring timely access to pre- and post-exposure prophylaxis to 100% of people attacked by suspicious animals, as well as maintaining high coverage of canine and feline vaccination, efficient epidemiological surveillance, raising community awareness, and promoting actions to prevent reintroduction in countries where it has been controlled.

PAHO, through PANAFTOSA, has been providing technical cooperation to all countries in the region since 1983, when the Regional Program for the Elimination of Dog Transmitted Human Rabies was created.
https://www.paho.org/en/news/25-9-2020-paho-celebrates-reduction-new-cases-rabies-americas-and-calls-maintaining-efforts

IHR Announcement
Poliomyelitis (Circulating vaccine-derived poliovirus and Wild Poliovirus) – Global update
Announcement Displayed From: Friday, September 25, 2020 - 14:51
Poliomyelitis (Circulating vaccine-derived poliovirus and Wild Poliovirus) – Global update
25 September 2020

Between 1 January and 23 September 2020, there have been several countries affected by poliomyelitis including circulating vaccine-derived poliomyelitis type 1 and 2 (cVDPV1 and cVDPV2) and wild poliovirus type 1 (WPV1) globally. This announcement is a weekly update on the status of cVDPV and WPV1 in these affected countries.
Between 17 and 23 September 2020, there have been four WPV1 in Acute Flaccid Paralysis (AFP) cases and 11 WPV1 positive environmental samples reported in Afghanistan and Pakistan. Moreover, during the same period, there have been 12 cVDPV2 in AFP cases and 22 cVDPV2 positive environmental samples reported in Afghanistan, Pakistan, Cameroon, Chad, Guinea, Nigeria, and South Sudan. Below is the description of the reported cases by country:

- Afghanistan: one WPV1in AFP case, one cVDPV2 in AFP case and 20 cVDPV2 positive environmental samples
- Pakistan: three WPV1 in AFP cases, 11 WPV1 positive environmental samples and two cVDPV2 in AFP cases
- Cameroon: one cVDPV2 positive environmental sample
- Chad: three cVDPV2 in AFP cases
- Guinea: three cVDPV2 in AFP cases
- Nigeria: one cVDPV2 positive environmental sample
- South Sudan: three cVDPV2 in AFP cases

Please find below the link to the weekly global polio update published by the global polio eradication initiative (GPEI) that includes an update on polio (WPV 1, cVDPV1, and cVDPV2) case count for this week (between 17 and 23 September 2020) and cumulative case count by country since 1 January 2019.
http://polioeradication.org/polio-today/polio-now/this-week/
Public Health Response
The Global Polio Eradication Initiative (GPEI) is continuing to support countries in their response implementation, including field, virological, and epidemiological investigations, strengthening surveillance for acute flaccid paralysis and evaluating the extent of virus circulation. GPEI staff in countries are supporting on adjusting routine immunization and outbreak response to the prevailing COVID-19 situation.
In 2019 and early 2020, the Global Polio Eradication Initiative developed the Strategy for the Response to Type 2 Circulating Vaccine-derived Poliovirus 2020-2021, an addendum to the Polio Endgame Strategy 2019-2023 to more effectively address the evolving cVDPV2 epidemiology, which will drive outbreak

response in 2020 and 2021. Necessary adaptations of delivery strategy and timelines are continuously being made.
Accelerating the development of novel oral polio vaccine type 2 (nOPV2) and enabling its use is an important step forward for GPEI. The new vaccine is anticipated to have a substantially lower risk of seeding new type 2 vaccine-derived polioviruses compared to mOPV2.

WHO risk assessment

The continued spread of existing outbreaks due to circulating vaccine-derived poliovirus type 2 as well as the emergence of new type 2 circulating vaccine-derived polioviruses points to gaps in routine immunization coverage as well as the insufficient quality of outbreak response with monovalent oral polio vaccine type 2. The risk of further spread of such strains, or the emergence of new strains, is magnified by an ever-increasing mucosal-immunity gap to type 2 poliovirus on the continent, following the switch from trivalent to bivalent oral polio vaccine in 2016.
The detection of cVDPV2s underscores the importance of maintaining high routine vaccination coverage everywhere to minimize the risk and consequences of any poliovirus circulation. These events also underscore the risk posed by any low-level transmission of the virus. A robust outbreak response is needed to rapidly stop circulation and ensure sufficient vaccination coverage in the affected areas to prevent similar outbreaks in the future. WHO will continue to evaluate the epidemiological situation and outbreak response measures being implemented.
The COVID-19 pandemic is continuing to affect the global polio eradication effort. Given that operationally polio vaccination campaigns are close-contact activities, they are incompatible with the current global guidance on physical distancing regarding the COVID-19 response efforts. As such, the programme has taken a very difficult decision to temporarily delay immunization campaigns. The overriding priority is to ensure the health and safety of health workers as well as communities. All GPEI recommendations are in line with those on essential immunization and are available here.
The programme has implemented a two-pronged approach to minimise the risk of an increase in polio cases, particularly in areas which are affected by the disease and possibly a spread of the virus to other areas.
i) The programme will continue, to the extent possible, its surveillance activities to monitor the evolution of the situation.
ii) The programme aims to return to action in full strength including with vaccination campaigns, as rapidly as is safely feasible. The timing will depend on the local situation and the programme will then need to operate in the context of the respective countries national health systems risk assessments and priorities. Comprehensive, context-specific plans to resume efforts are being developed, to be launched whenever and wherever the situation allows.
In many countries, polio assets (e.g., personnel, logistics, operations) are assisting national health systems to respond to the COVID-19 pandemic and help ensure the crisis is dealt with as rapidly and effectively as possible.

WHO advice

It is important that all countries, in particular those with frequent travels and contacts with polio-affected countries and areas, strengthen surveillance for acute flaccid paralysis (AFP) cases in order to rapidly detect any new virus importation and to facilitate a rapid response. Countries, territories and areas should also maintain uniformly high routine immunization coverage at the district level to minimize the consequences of any new virus introduction.
WHO's International Travel and Health recommends that all travellers to polio-affected areas be fully vaccinated against polio. Residents (and visitors for more than 4 weeks) from infected areas should receive an additional dose of OPV or inactivated polio vaccine (IPV) within 4 weeks to 12 months of travel.
As per the advice of an Emergency Committee convened under the International Health Regulations (2005), efforts to limit the international spread of poliovirus remains a Public Health Emergency of International Concern (PHEIC). Countries affected by poliovirus transmission are subject to Temporary Recommendations. To comply with the Temporary Recommendations issued under the PHEIC, any country infected by poliovirus should declare the outbreak as a national public health emergency and consider vaccination of all international travelers.

For more information:

- Global Polio Eradication Initiative: http://polioeradication.org/
- Polio Factsheet: https://www.who.int/topics/poliomyelitis/en/
- WHO/UNICEF estimates of national routine immunization: https://apps.who.int/immunization_monitoring/globalsummary/timeseries/tswucoveragedtp3.html
- GPEI Public health emergency status: http://polioeradication.org/polio-today/polio-now/public-health-emergency-status/
- International travel and health: https://www.who.int/ith/en/
- Vaccine-derived polioviruses: http://polioeradication.org/polio-today/polio-prevention/the-virus/vaccine-derived-polio-viruses/
- Use of OPV in the context of COVID-19: http://polioeradication.org/wp-content/uploads/2020/03/Use-of-OPV-and-COVID-20200421.pdf
- Guiding principles for immunization activities during the COVID-19 pandemic: https://apps.who.int/iris/handle/10665/331590
- WHO guidance document - COVID-19: Operational guidance for maintaining essential health services during an outbreak: https://www.who.int/publications-detail/covid-19-operational-

Sudan

Unidentified fever kills 45 people in Sudan - Health Statement - Recent – Statement
Source: Al Bayan
ID: 1007930001

The number of people who died of an unknown fever in the Sudanese city of Marwi has risen to 45, as well as 120 suspected cases of the disease, which some have suggested to be hemorrhagic rift valley fever.
"Russia Today", the Association of Socialist Doctors (Rush) confirmed that it had detected cases of dietary epidemiology in the city of Maroui, accompanied by a severe decrease in platelets, bleeding of the rectum and sometimes from the gums.
The Northern State Ministry of Health had announced a suspected outbreak of haemorrhagic fever, after which it had transferred samples for examination in Khartoum because there were no specialized laboratories in the state.
The Federal Ministry of Health announced in a statement Tuesday that 16 deaths were reported in only two hospitals in Marwa, indicating that it had sent a specialized team to identify the unknown fevers.
The city of Marwi has experienced a major flood that has swept through most villages and led to an environmental disaster and a massive proliferation of multiple types of mosquitoes causing the fever.
https://www.albayan.ae/health/last-page/2020-09-23-1.3967819

Researches, Policies and Guidelines

United States

FDA Finalizes Canadian Drug Importation Rule, Includes Insulin
Source: Inside Health Policy
ID: 1007912497

The Trump administration on Thursday (Sept. 24) finalized a rule laying out steps for states to create programs to import certain prescription drugs from Canada and will now allow states to import biologic products, such as insulin.

Trump said during a campaign rally in North Carolina Thursday that the rule goes into effect immediately. But states need to apply to participate and then must set up their importation programs.
The rule, first proposed in December, would allow states and other non-federal entities to submit importation programs for FDA review, implementing a provision in current law. The plans would have to show promise of significant savings for consumers and undergo testing in order to be approved. The importation programs could be co-sponsored by pharmacies, wholesalers, or state or non-federal entities.
The proposed version of the import rule excluded controlled substances, intravenous drugs, such as insulin, and biologics, even though HHS Secretary Alex Azar supported allowing insulin imports.
But the final rule allows for importation of biological products, such as insulin and the popular drug Humira.
“Eligible prescription drugs would have to be relabeled with the required U.S. labeling and undergo testing for authenticity, degradation and to ensure that the drugs meet established specifications and standards,” FDA says.
FDA also put out a final guidance that lays out procedures for a drug manufacturer to obtain a National Drug Code for certain FDA-approved prescription drugs, including biological products and combination products, that were originally manufactured and intended for sale in that foreign country.
FDA says the use of an additional National Drug Code could allow drug makers to offer products at a lower price than what their current distribution contracts require.
Imported prescription drugs and biological products could be made available to patients in several settings, such as hospitals, health care providers’ offices or licensed pharmacies, FDA says.
FDA Commissioner Stephen Hahn said the order allows states to import drugs at lower prices while maintaining high quality and safety standards. The policy is also meant to promote choice and competition that could eventually bring down drug costs.
It’s unclear how many states will take advantage of the rule, but so far four states have taken steps to import Canadian drugs -- Vermont, Colorado, Florida and Maine. New Mexico and New York also plan to import Canadian drugs and are working on those plans.
But drug makers, pharmacists and Canadians all detest the rule and will likely battle it in court.
Drug makers are fighting the rule with all their might, and some argue the proposal is unconstitutional and exceeds FDA's authority. U.S. pharmacists also warn the proposal would create broad safety concerns due to lack of supply chain oversight and labeling issues.
Canadians say their country already faces drug shortages without Americans raiding their medicine cabinets, and if populous states such as Florida or New York were to import Canadian drugs, Canadians would have no prescription drugs left for themselves. -- Ariel Cohen (acohen@iwpnews.com)
Tags: drug-import Author: Ariel Cohen

Australia
Study identifies potential drug target for dangerous E. coli infections
Source: News Medical Net
ID: 1007914103

Escherichia coli, known as E. coli, are bacteria which many people associate with causing mild food poisoning, but some types of E. coli can be fatal.
UNSW Science microbiologists studied an E. coli strain that causes a severe intestinal infection in humans: enterohemorrhagic E. coli (EHEC). Their findings were published this week in the journal PNAS (Proceedings of the National Academy of Sciences).
EHEC is a food-borne pathogen that releases Shiga toxins during infection, resulting in kidney and neurological damage.
Dr Jai Tree, the study's senior author, said the researchers' discovery of a new molecular pathway that controls Shiga toxin production was important because there was no commercially available treatment for EHEC infections.
Antibiotic treatment of these infections is generally not recommended because antibiotics stimulate production of the Shiga toxin, leading to an increased risk of kidney failure, neurological damage, and death.
The new pathway that we have found reduces toxin production and is not expected to be stimulated by

antibiotic treatment. So, our results identify a potential new target for the development of drugs that can suppress Shiga toxin production during EHEC infection.
It's still early days, however, and we need to conduct a lot more research to understand if our findings apply to a broad range of clinical EHEC isolates and to both types of Shiga toxins produced by human EHEC isolates."
Dr Jai Tree, study's senior author

How EHEC infections start

Dr Tree said there were several ways in which people could become infected with EHEC.
"EHEC is mainly found in the faeces of cows and sheep and people can become infected through contact with farm animals and their faeces, or via person-to-person infection if people come into contact with tiny amounts of faeces from a sick person - for example, directly or indirectly by touching contaminated surfaces," he said.
"This strain of E. coli can also spread through ingesting the bacteria by eating undercooked minced meat (for example, in hamburgers), eating contaminated fresh produce like salad vegetables, or drinking contaminated water or unpasteurised milk.
"Children under five years old and older people are at greatest risk of developing an EHEC infection."

EHEC outbreaks less common but deadly

Dr Tree said while the prevalence of EHEC was low compared to other foodborne pathogens, the disease could be very severe or even fatal. EHEC is a type of STEC (Shiga toxin-producing Escherichia coli).
"EHEC outbreaks occur sporadically in Australia and worldwide. The most significant outbreak occurred in South Australia in 1995 and was caused by contaminated mettwurst, a semi-dry fermented sausage made from raw minced pork preserved by curing and smoking," he said.
"In that outbreak, 143 people were infected - 23 of them suffered kidney and neurological damage. Many of these severe cases were in infants who suffered permanent kidney damage and later required kidney transplants.
"A four-year-old girl suffered multiple strokes and died three days after admission to hospital. This episode triggered a major food safety investigation and outbreaks since 1995 have been smaller."
Dr Tree said globally, Shiga toxin-producing E. coli was still a major food safety concern after a large outbreak in Germany in 2011.
"The strain in Germany was spread mostly via consumption of contaminated sprouts and in several cases, from close contact with an infected person," he said.
"During this outbreak more than 4000 people were infected and 50 people died."

New pathway 'hiding in plain sight'

Dr Tree said the UNSW research was the first discovery of a new pathway that controls the Shiga toxins in almost 20 years.
"In 2001, researchers at Tufts and Harvard universities first showed how production of the Shiga toxin was controlled by a bacterial virus, known as a bacteriophage, within the genome. This has been the only known pathway that controls Shiga toxin production for almost two decades," he said.
"We have extended that work to show a new mechanism of toxin control that is, surprisingly, buried within the start of the DNA sequence that encodes the Shiga-toxin messenger RNA - a working copy of the gene.
"We discovered a very short piece of the toxin messenger RNA is made into a regulatory non-coding RNA that silences the toxin and promotes growth of the pathogen."
Dr Tree said their findings were a surprise because Shiga toxin genes have been well studied, with almost 7000 published studies in the past 40 years.
"Only recently have we been able use advances in RNA sequencing technology to detect the presence of the new regulatory non-coding RNA embedded within the Shiga toxin messenger RNA," he said.
"This new regulatory non-coding RNA had been hiding in plain sight for almost 20 years."

Implications for treating EHEC infections

Dr Tree said the researchers' findings opened up new possibilities for the treatment of EHEC infections.
"Patients largely receive supportive care to manage disease symptoms and to reduce the effects of the toxin on the kidneys," he said.
"Our work shows a new mechanism for controlling toxin production that may be amenable to new RNA-based therapeutics to inhibit toxin production during an infection. We anticipate this would expand intervention options and potentially allow use of antibiotics that are currently not recommended because they stimulate Shiga toxin production.

"New treatments could therefore reduce the risk of kidney damage, neurological complications and death. We look forward to testing these new interventions in the next stage of our research."
Posted in: Molecular & Structural Biology | Microbiology
https://www.news-medical.net/news/20200925/Study-identifies-potential-drug-target-for-dangerous-E-coli-infections.aspx

United States

New study highlights success of a mobile clinical and outreach van in helping people on the street with opioid addiction
Source: medicalxpress.com
Unique ID: 1007914104

A novel mobile health program created in early 2018 by the Kraft Center for Community Health at Massachusetts General Hospital (MGH) has proven to be an effective model for bringing opioid addiction treatment services directly to marginalized individuals, particularly the homeless, a population that faces the highest risk of near-term death from drug overdose. The early success of the program, known as Community Care in Reach, in breaking down traditional barriers of care and serving as an entry point for people disconnected from the healthcare system was detailed in a community case study published in Frontiers in Public Health. The program, made possible by contributions from Robert K. Kraft and family, brings together the resources of the Kraft Center, the Boston Health Care for the Homeless Program (BHCHP) and the Boston Public Health Commission's (BPHC) syringe access program, AHOPE.
"Through a non-traditional combination of clinical care and harm reduction services, the program's clinical van and street outreach have produced a model that flips the notion of 'the doctor will see you now' on its head," says Craig Regis, MPH, investigator with the Kraft Center for Community Health and lead author of the study. "Community Care in Reach has shown a unique ability to improve access to evidence-based services among a vulnerable population that must cope routinely with barriers to essential healthcare."
By the end of 2019, the program's 24-foot mobile medical unit had recorded 9,098 contacts with people living with addiction in areas identified as overdose hot spots in and around Boston, distributing 96,600 syringes and 2,956 naloxone kits to rapidly reverse opioid overdose. Addiction care medications prescribed and administered on the van by primary care physicians from BHCHP include buprenorphine, used to reduce substance craving, and naltrexone, a synthetic opioid antagonist taken orally or through injection. Other services offered to people with opioid use disorders are naloxone training, disposal of used syringes, HIV/HCV testing, education around safe injection practices, wound care management and referrals to various substance use treatment facilities. Outreach and harm reduction work are conducted by BPHC's Access Harm Reduction, Overdose Prevention and Education (AHOPE) program.
"Our analyses of Community Care in Reach showed a high demand for addiction services among people with opioid use disorders, particularly as the program became more established and built trust within the community," reports Elsie Taveras, MD, MPH, executive director of the Kraft Center for Community Health and senior author of the study. "Patients said they appreciated the convenience and ease of accessing the program, along with the compassionate care and proactive street outreach initiated by our team of experienced clinicians." Helping to confirm the success of the model was the recent decision by the Massachusetts Department of Public Health to expand mobile addiction services, including the Kraft Center's program, as well as a report in March 2019 by the state's Harm Reduction Commission that praised Community Care in Reach as a best practice program for addressing opioid addiction.
A major contributor to the success of the mobile treatment program, according to its organizers, is a data-driven approach that ensures its addiction care services are reaching areas of the city where they are most needed. "We constantly monitor EMS and population health data to determine where sustained high levels of overdose exist in the Greater Boston area," explains Regis. "This gives us the flexibility to rapidly deploy the van to opioid hot spots. Just as importantly, it allows us to develop data to demonstrate to others that this model can be just as effective as a brick-and-mortar setting for treating individuals with opioid use disorder."
If the healthcare system is truly committed to helping some of society's most vulnerable members—statistics show the rate of death from opioid overuse among the homeless is 20 times higher than the general population—then it must create innovative approaches that leapfrog the traditional models of healthcare delivery, maintains Taveras. "As we've shown, one potential solution to this massive challenge is to shift some addiction care services to a mobile health setting," she says. "That way, we're able to not

only increase access to these essential services, but customize them to the needs of patients most critically in need."

More information: Craig Regis et al. Community Care in Reach: Mobilizing Harm Reduction and Addiction Treatment Services for Vulnerable Populations, Frontiers in Public Health (2020). DOI: 10.3389/fpubh.2020.00501

https://medicalxpress.com/news/2020-09-highlights-success-mobile-clinical-outreach.html

https://www.frontiersin.org/articles/10.3389/fpubh.2020.00501/full

http://www.kraftcommunityhealth.org/CommunityCareInReach