



COVID-19
EVERGREEN QUESTIONS AND ANSWERS
Questions and Answers

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CANADA'S SITUATION

Q1. What is Canada doing to respond to the current pandemic situation?

Our top priority is the health and safety of Canadians. The Public Health Agency of Canada is actively monitoring the situation regarding the novel coronavirus (COVID-19) and continuously assessing the risks to adapt our response, accordingly.

The Government of Canada has created the infrastructure to respond to the public health threats of the virus, and is well prepared to act—in collaboration with provincial and territorial governments and international partners—to minimize the health, economic, and social impacts of this rapidly evolving public health issue.

Canada's response is based on plans and guidance related to pandemic preparedness, with the following guiding principles:

- **Collaboration** – all levels of government and stakeholders must work in partnership to ensure an effective and coordinated response.
- **Evidence-informed decision-making** – decisions should be based on the best available evidence.
- **Proportionality** – the response to a pandemic should be appropriate to the level of the threat.
- **Flexibility** – public health measures are tailored to the situation and can be modified as new information becomes available.
- **A precautionary principle** – timely and reasonable preventive action should be proportional to the threat and informed by evidence wherever possible.
- **Use of established practices and systems** – well-practiced strategies and processes can be rapidly ramped up to manage a pandemic.
- **Ethical decision-making** – ethical principles and societal values must be explicit and embedded in all decision-making.

These principles are based on lessons learned from past events, in particular the Severe Acute Respiratory Syndrome (SARS) outbreak in 2003, which led to special legislation and plans, infrastructure, and resources to help ensure the country would be well prepared to detect and respond to a pandemic. Here are some examples:

- The creation of the Public Health Agency of Canada, which monitors and responds to disease outbreaks that could endanger the health of Canadians.
- The appointment of a Chief Public Health Officer, who advises the Government of Canada and Canadians on the steps they should take to protect their health, working closely with the chief medical officers of health in provinces and territories.
- The development of the Canadian Pandemic Influenza Preparedness: Planning Guidance for the Health Sector, a document designed to ensure and respond to pandemic influenza preparedness.
- The improvement of diagnostic capabilities at the National Microbiology Laboratory.
- The strengthening of working relationships with the World Health Organization and other international partners, such as the United States Centers for Disease Control and Prevention.



While the Government of Canada has been focusing on containing the spread of COVID-19, it has also been undertaking coordinated planning to prepare for possible broader transmission of the virus, and to mitigate the impacts of a potential pandemic.

To support these efforts, the Prime Minister convened an **Incident Response Group on coronavirus**, which has been meeting since the end of January, and, on March 5, he created a **Cabinet Committee on the federal response to the coronavirus disease (COVID-19)**. Chaired by the Deputy Prime Minister and vice-chaired by the President of the Treasury Board, the committee meets regularly to ensure whole-of-government leadership, coordination, and preparedness to limit the health, economic and social impacts of the virus.

Q2. When and how did provinces and territories activate and implement their pandemic plans?

Activation of provincial/territorial emergency plans is at the discretion of the provinces and territories. PHAC has been actively monitoring this issue since late December. It officially activated the Health Portfolio Operations Centre (HPOC) in mid-January to ensure effective planning and coordination of the Agency's response efforts, in collaboration with international and federal, provincial and territorial partners.

The Federal/Provincial/Territorial (FPT) Public Health Response Plan for Biological Events was activated on January 28, 2020. This was a federal, provincial and territorial decision made by the FPT Special Advisory Committee. The Committee meets several times a week and as required to review the response to COVID-19, including pandemic planning, infection prevention and control guidance, and procurement and distribution of PPE.

Q3. If the Public Health Agency of Canada sets up temporary hospitals, where would they be located?

The Public Health Agency of Canada is working with provinces and territories, and other partners to continually assess community needs in response to COVID-19. Provinces and territories are responsible for the health system response in their respective jurisdictions and are taking significant actions to prepare for an increase in cases. The Government of Canada stands ready to help them deal with the pressures their health-care systems are facing.

INFORMING CANADIANS

Q4. What are Canada's projections for COVID-19?

For the latest and most up-to-date information, visit canada.ca/coronavirus. You can also follow Canada's Chief Public Health Officer, Dr. Theresa Tam, on Twitter at @CPHO_Canada.

A new toll-free telephone number (1-833-784-4397) has been set up to answer Canadians' questions about the 2019 novel coronavirus. Service is available from 7 a.m. to midnight.

Canadians travelling abroad are encouraged to consult the Travel Health Notice on travel.gc.ca.



Q5. Why is the Government of Canada running an ad campaign about COVID-19?

The Government of Canada is implementing a comprehensive national public education campaign on COVID-19 that will provide Canadians with credible information on behaviours that will protect individuals and overall public health. The campaign will include advertising, social media marketing, the development of information resources, the establishment of partnerships and targeted outreach to at-risk populations. This work will complement current Public Health Agency of Canada outreach and communications activities such as the website for information on COVID-19 with a virtual assistant to help Canadians get the information they need more efficiently, a toll-free information line, a self-assessment tool, digital advertising, social media posts, and regular updates to media.

The first elements of this campaign have begun to roll out. The pieces include two 30-second national television advertisements, a radio spot and newspaper advertisements.

Public education plays a critical role in our response to COVID-19 as it helps to:

- increase awareness and understanding about symptoms and treatment;
- provide information on preventive measures such as self-isolation; and
- address misinformation and public concerns.

For more information, you can watch the English advertisements at:

<https://www.youtube.com/watch?v=sscyXpYQ6Dk>

<https://www.youtube.com/watch?v=k7ns6t9NzXs>

The French advertisements are available at:

<https://www.youtube.com/watch?v=TS7UorOEmbW>

https://www.youtube.com/watch?v=lh3Db_Mb8OI

LAUNCH OF THE CANADA COVID-19 APP

Q6. How do I access the Canada COVID-19 app?

The app is available as a free mobile app for modern Apple iOS and Android smartphones and tablets, but is also available as a web application that can be accessed through any modern laptop or desktop computer browser.

Q7. How does the application work?

The application is user-friendly and has been designed to provide users with information and recommendations based on their personal risk. It also allows users to track their symptoms.

It includes educational information related to COVID-19 on subjects like physical distancing, handwashing, food safety, pets and other common questions, as well as links to reliable and up-to-date public health information sources.



The Canada COVID-19 app will help Canadians access the information they need, whether through email, app or online service. In addition, we are putting in place other tools to further enhance the ability of Canadians to easily receive reliable and up-to-date information on COVID-19.

Q8. How does this app relate to resources already available in some provinces?

This app builds on what provinces and territories are doing and provides another valuable resource for Canadians. This mobile platform was based on a mobile app launched by British Columbia and developed by Thrive Health.

On the national platform, where a province or territory opts in to this mobile app, users will be directed to a module specific to their province or territory.

Q9. What are the results of the self-assessment tool?

In the first week that the self-assessment tool was made available to Canadians on Canada.ca, it had over 3 million visits.

Canadians using the tool are able to get the information and guidance they need, and this is resulting in a reduction calls to 811 and telehealth lines, as well as in-person services such as family doctor visits, walk-in visits, and urgent care centres.

The new Canada COVID-19 app will further support Canadians by providing resources, evidence-based recommendations and up-to-date information.

Q10. Is the Government planning to make other COVID-19 digital tools and resources available to Canadians?

The federal government is working with provinces and territories to to make available additional digital platforms that can help governments in their response to COVID-19, including education, information, mental health supports, alerts, and screening tools.

We will continue to work with all our partners to ensure that Canadians have access to up-to-date COVID-19 information, tools and resources.

FUNDING

Q11. Can you confirm what the Public Health Agency will do with the \$50 million allocated for COVID-19 public health information work?

The funding will support the development and implementation of a comprehensive national public education campaign on COVID-19 that will provide Canadians with credible information that promotes behaviours that will protect individuals and overall public health. This will include advertising, social marketing, the development of information resources, the establishment of partnerships and targeted outreach to at-risk populations. This work will complement current Public Health Agency of Canada outreach and communications activities such as the website

for information on COVID-19, a toll-free information line, digital advertising, and regular updates to media.

Public education plays a critical role in our response to COVID-19 as it helps to:

- increase awareness and understanding about symptoms and treatments;
- provide information on preventive measures such as self-isolation;
- address misinformation and public concerns.

MENTAL HEALTH SUPPORT FOR CANADIANS

LAUNCH OF THE WELLNESS TOGETHER CANADA PORTAL

Q12. How do I access the Wellness Together Canada portal?

The portal can be found at Canada.ca/coronavirus and in the [Canada COVID-19 app](#), along with Health Canada's other virtual COVID-19 tools.

Q13. How does the portal work?

The portal will provide much-needed mental health and substance use support to Canadians in the context of the current COVID-19 pandemic. It will provide them with different levels of support based on their needs, from information and self-assessment tools to the opportunity to speak with peer support workers and other professionals. Discussions may include a limited number of live telephone sessions.

The portal is provided through a consortium of specialized mental health and substance use organizations. It is managed by Stepped Care Solutions. Partner organizations include Kids Help Phone and Homewood Health, as well as Bell Canada Enterprises, the Mental Health Commission of Canada, the Canadian Psychological Association and Facebook Canada.

Q14. Is the information I share on this portal protected?

Resources and services included in the portal are provided by accredited professionals. Any information provided will be kept strictly confidential.

Q15. Does the Government intend to make other COVID-19 digital tools and resources available to Canadians?

The portal is part of a suite of virtual products supported or funded by Health Canada to provide Canadians with information and support during the COVID-19 pandemic. The self-assessment tool and the Canada COVID-19 app have already been launched.



We will continue to work with all our partners to ensure that Canadians have access to the latest COVID-19 tools, information and resources.

Q16. Will the Government of Canada invest more in mental health and suicide prevention?

With school closures and reduced access to community resources, Kids Help Phone is experiencing increased demand for its confidential crisis support services, available 24 hours a day, online, by phone and text messaging. In response, the Government of Canada has provided \$7.5 million to Kids Help Phone to help meet this increased demand and provide youth with the mental health supports they need during this difficult time.

This additional funding will make it possible to provide electronic mental health services in English and French to children and youth across Canada who are suffering from the social and financial impacts of the COVID-19 pandemic. This will help vulnerable Canadian children and youth get the help they need when they need it most.

Q17. Does this portal take into account the specific needs of First Nations?

During the funding process for this initiative, Health Canada requested that the portal consider cultural safety and trauma. This portal is open to all Canadians.

Q18. Can people who do not have access to the Internet use the portal?

The portal is a digital tool accessible only on the Internet. If you require mental health or substance use support and do not have access to the Internet, you are encouraged to contact your local health authority or telephone help line. Thanks to the growing number of organizations that come together every day, many services are available to help Canadians during these difficult times.

Q19. There have been a lot of announcements related to mental health recently. Will people have difficulty navigating through them?

The current situation is very difficult for Canadians. We are very pleased to see so many organizations come forward to provide direct services, resources and funding in this area. Canadians should not be worried or confused, no matter who they call or what resources they use, there will be someone to help them. This portal is just one way to bring together a number of organizations that are uniquely positioned to provide a wide range of information, resources and advice in one place.

Q20. What is the situation with the pan-Canadian suicide prevention service?

Budget 2019 announced \$25 million over 5 years, and \$5 million per year ongoing, to implement



and sustain a fully operational pan-Canadian suicide prevention service. This will provide people across Canada with access to bilingual, 24/7 crisis support from trained responders, using the technology of their choice: voice, text or online chat.

In July 2019, the Public Health Agency of Canada launched a call for applications for funding for organizations interested in leading a pan-Canadian suicide prevention service. This solicitation ended on October 31, 2019. A decision is expected soon.

Q21. This initiative does not address the issue of safe drug supply. As the supply of illicit drugs continues to decline due to supply chain issues in the illicit market, those who traffic in illicit substances may begin to use harmful adulterating substances, making the drug supply even more dangerous. What is the Government of Canada doing to prevent an increase in overdose deaths during the COVID-19 pandemic?

The Government of Canada is taking action to help community health service providers and all levels of government respond to the COVID-19 pandemic. The government funds harm reduction, treatment, housing, etc. for people who use drugs. It is committed to ensuring that provinces and territories have the tools they need to address the combined effects of the opioid overdose crisis and the COVID-19 pandemic on their populations.

- On March 19, 2020, Health Canada granted a six-month exemption for prescriptions for controlled substances (such as narcotics) under the *Controlled Drugs and Substances Act* and its Regulations. This temporary exemption allows practitioners to prescribe oral prescriptions for controlled substances, allows pharmacists to extend or renew prescriptions more easily, transfer prescriptions to other pharmacies, and allows drugs to be delivered or picked up by another person.

This will ensure that people with a substance use disorder who are on opioid agonist treatment will continue to have access to their medications while maintaining the recommended physical distance.

- On April 6, 2020, Health Canada issued class exemptions allowing provinces and territories to put in place new sites to meet an urgent public health need (also referred to as temporary overdose prevention sites) at supervised consumption sites, shelters and other existing sites, as needed, to help people avoid overdoses while practicing physical distancing and complying with self-isolation measures.

The Department will also enable community health service providers to ensure that existing supervised consumption sites can quickly adapt their activities to meet public health recommendations in the context of COVID-19. This can be done without the need to notify Health Canada or seek additional authorization. Changes to operations could include, but are not limited to, new measures regarding how people move around the premises and changes to hours of operation or number of booths.

FUNDING FOR KIDS HELP PHONE IN RESPONSE TO AN INCREASED DEMAND FOR MENTAL HEALTH SERVICES FOR CHILDREN AND YOUTH IN RELATION TO



COVID-19

Q22. Why is the Government of Canada focused on support for only one of the many crisis service lines in Canada?

The demand for Kids Help Phone services increased overwhelmingly as a result of the COVID-19 pandemic, which has caused closures of schools and community services.

For example, there has been a:

- nearly 100% increase in texting conversations since March 15; and a
- nearly 350% increase in phone, text and chat conversations about COVID-19.

Without this additional support, Kids Help Phone will struggle to meet the demand and COVID-19 will have a disproportionate impact on our vulnerable youth population who have fewer resources to help them deal with the health, social, and economic impacts of the pandemic. The cumulative risks of stress, hardship, and abuse are expected to rise as young people become unable to access the social and community supports that they rely on.

This investment is an important first step in connecting Canadians across the country to the mental health resources they need.

Q23. What is the Government of Canada doing to provide crisis support for other Canadians?

Budget 2019 announced \$25 million over 5 years, and \$5 million per year ongoing, to implement and sustain a fully operational pan-Canadian suicide prevention service. This will provide people across Canada with access to bilingual, 24/7 crisis support from trained responders, using the technology of their choice: voice, text or online chat

In July 2019, the Public Health Agency of Canada launched a call for applications for funding for organizations interested in leading a pan-Canadian suicide prevention service. This solicitation ended on October 31, 2019. A decision is expected soon.

This funding builds on the current Canada Suicide Prevention Service, which is currently providing phone and text support to people across Canada.

Q24. What other resources are available for Canadians?

The COVID-19 pandemic is a new and unexpected phenomenon. This situation can be unsettling and can cause a sense of loss of control. It is normal for people and communities to feel sad, stressed, confused, scared or worried.

The Government of Canada is working with provinces and territories to spread and scale digital platforms that can help governments in their response to COVID-19, including education, information, mental health supports, alerts, and screening tools.

We will continue to work with all of our partners to ensure that Canadians have access to up-to-date information, tools and resources on COVID-19.

There are a number of resources for people in crisis, including:



Kids Help Phone 1-800-668-6868 or text CONNECT to 686868	Hope for Wellness Help Line Call toll-free at 1-855-242-3310 or go online to the chat .	Crisis Services Canada 1-833-456-4566
Available 24/7 to young Canadians aged 5 to 29 seeking confidential, anonymous care from professional psychological counsellors. For more help, download the Always There app .	Available to all Indigenous peoples in Canada who are seeking immediate crisis intervention. Telephone and online counselling is available in English and French. Telephone counselling is also available upon request in Cree, Ojibway and Inuktitut. For long-term care, contact a First Nations and Inuit Health regional office .	Available to all Canadians looking for support. For the nearest crisis centre, visit Crisis Services Canada .

LONG-TERM CARE FACILITIES

Q25. Why do you recommend that personal support workers and essential visitors and volunteers wear personal protective equipment when there is a shortage?

Personal support workers are an integral and important part of the health care system. Personal support workers provide close, direct care to patients. Every person entering a long-term care home, including essential visitors and volunteers, has a responsibility to prevent infections among residents of these facilities, who are at high risk of severe illness and death from COVID-19.

The Government of Canada is working to ensure health care workers have the personal protective equipment and medical supplies they need. We are doing this through collaborative bulk procurement with the provinces and territories, building domestic production capacity, and identifying potential alternatives and ways to extend product life.

Q26. Why are you telling workers to not to have multiple jobs when they may need to have multiple jobs to survive?

We know that seniors are more at risk of developing severe complications from COVID-19 because of their underlying medical conditions and age.

For seniors living in long-term care homes or assisted-living facilities, there is an even greater risk of infection and transmission of the virus owing to proximity. The movement of workers from one facility to another increases the risk of spread of infection, which ultimately puts seniors more at risk of contracting the virus. We need to protect seniors in these challenging times.

Therefore, the guidelines recommend identifying staff who work in more than one location and ensuring efforts are made to prevent this where possible.

Q27. How would residents' needs be met if there is a further restriction on the availability of personal support workers?

The administration of long-term care is the responsibility of provincial and territorial governments. They have put in place a number of measures to support continued quality care to residents during this crisis. For example, actions undertaken have included introducing flexibility in staffing policies and approaches, and working with third-party providers to deliver short-term care support.

The Government of Canada is working with provincial and territorial governments to respond to COVID-19. A national recruitment campaign has been developed, seeking volunteers, including individuals with health care experience, to help conduct case tracking functions and support health system surge capacity. An inventory of volunteers is being maintained from which provincial and territorial governments can draw as needed.

More information is available at <https://emploisfp-psjobs.cfp-psc.gc.ca/psrs-srfp/applicant/page1800?poster=1437722&toggleLanguage=en>

Q28. What is the Government doing to support low wage workers?

The Government of Canada is taking strong and quick action to protect our economy, and the health, safety, and jobs of all Canadians during the global COVID-19 outbreak.

The new Canada Emergency Response Benefit will support Canadian workers, whether employed or self-employed, who have stopped working and lost their income because of COVID-19. It will provide eligible workers \$2,000 a month for up to 4 months to help them pay the bills.

The Government of Canada's priority is to ensure that Canadians receive the money they are entitled to as quickly as possible. We have launched a portal to provide information and to help workers apply for the new benefit.

Q29. What is the Government of Canada doing to protect the financial security of seniors?

The Government of Canada is taking measures to ensure that the Canada Pension Plan and Old Age Security benefits that seniors rely on will continue to be paid without delay, and that new applications for these benefits will be processed in a timely fashion.

The Old Age Security pension is intended to provide a minimum income guarantee to all seniors. Therefore, the Old Age Security pension is based on age and residence and not on employment history or investment income, and it continues to be paid to seniors monthly.

The income-based Guaranteed Income Supplement is provided to all low-income seniors. Old Age Security pensioners who experience a drop in income as a result of the pandemic may be eligible to receive this additional support.



To further protect seniors' financial security, we are introducing several new measures. For low- and modest-income Canadians, including seniors, starting April 9, 2020, the Government began providing a one-time special payment through the Goods and Services Tax (GST) credit. This will provide close to \$400 to low-income single individuals and close to \$600 to low-income couples.

We are also reducing required minimum withdrawals from Registered Retirement Income Funds (RRIFs) by 25% for 2020. This will provide flexibility to seniors and help preserve RRIF assets during a volatile market.

Further, we are extending the deadline to file your income taxes to June 1, 2020, and allowing any new balances due, or instalments, to be deferred until September 1, 2020, without incurring interest or penalties.

Q30. What is the Government doing to protect seniors' pensions?

Budget 2019 introduced new measures to enhance the security of workplace pensions in the event of corporate insolvency.

Measures to make insolvency proceedings fairer, more transparent and more accessible for pensioners and workers are now in force.

Higher expectations and better oversight have also been set for corporate behaviour:

- federally incorporated businesses are now explicitly permitted to consider pensioner and worker interests when acting in the best interests of the corporation; and
- publicly traded, federally incorporated firms will be required to disclose their policies pertaining to workers and pensioners well-being and executive compensation, or explain why such policies are not in place.

Finally, measures protect Canadians' hard-earned benefits by clarifying in federal pension law that pension plan members are entitled to the same pension benefits when a plan is wound up as when it was ongoing.

Q31. What is the Government doing to protect seniors from elder abuse?

The Government of Canada is committed to protecting the safety and well-being of seniors in Canada and recognizes the devastating impact of elder abuse on seniors and their families.

We continue to provide information, resources and tools to help seniors, caregivers, service providers and the general public identify elder abuse and respond appropriately.

We will continue to work collaboratively with provinces and territories, as well as community organizations, to implement measures to help improve the lives of seniors and their families.

Q32. What is the Government doing to protect seniors from COVID-19 related fraud and scams?



The Government of Canada is working to implement measures to help improve the lives of seniors and their families and is taking the issue of financial exploitation of seniors very seriously. Indeed, fraud and theft are offences under the *Criminal Code*.

Employment and Social Development Canada has been sharing anti-fraud content from other government departments in real time on its Seniors Facebook page, as well as other departmental channels.

In the longer term, the Government will move forward with a national definition of elder abuse, invest in better data collection and law enforcement, and establish new penalties in the *Criminal Code* relating to elder abuse.

This builds on work underway, such as the National Seniors Council's examination of the issue of financial abuse of seniors and funding under the New Horizons for Seniors Program to community groups to help reduce elder abuse.

ISOLATION, QUARANTINE (SELF-ISOLATION) AND PHYSICAL DISTANCING

Q33. What is the difference for returning travellers between what they can do at home if symptomatic or if they have no symptoms?

If you are an individual entering Canada and not sick, you must quarantine (self-isolate) for 14 days.

Mandatory quarantine (mandatory isolation) means that you must:

- Go directly to your place of quarantine, without delay, and stay there for 14 days;
- Do not go to school, work, other public areas and community settings;
- Monitor their health for symptoms of COVID-19;
- Arrange to have someone pick up essentials like groceries or medication for you;
- Do not have visitors;
- Stay in a private place like your yard or balcony if you go outside for fresh air;
- Keep a distance of at least 2 arms lengths (approximately 2 metres) from others.

If you develop symptoms during the 14-day period, you should:

- isolate yourself from others;
- immediately call a healthcare professional or public health authority:
 - describe your symptoms and travel history;
 - follow their instructions carefully.

When **you have COVID-19 or symptoms** of the illness, you must **self-isolate**. It is mandatory. If required, immediate medical attention will be provided upon arrival in Canada.

Mandatory isolation means you must:

- Go directly to the place where you will isolate, without delay, and stay there for 14 days;



- Go to your place of isolation using private transportation only, such as your personal vehicle;
 - Stay **INSIDE** your place of isolation;
 - Not leave your place of isolation unless it's to seek medical attention;
 - Do not go to school, work, other public areas or use public transportation (e.g., buses, taxis);
 - Stay in a separate room and use a separate bathroom from others in your home, if possible;
 - Not have visitors and limit contact with others in the place of isolation, including children;
 - Not isolate within a place where you will have contact with vulnerable people such as older adults and individuals with underlying medical conditions.
- If your symptoms get worse, immediately contact your healthcare provider or public health authority and follow their instructions.

Q34. I have heard elsewhere that people who are asymptomatic can go outside for walks, for example, as long as they maintain physical distancing. Now you are saying they cannot leave their place of isolation. Which is correct?

For all Canadians, you can go for a walk if you:

- have not been diagnosed with COVID-19;
- do not have symptoms of COVID-19;
- have not travelled outside of Canada in the past 14 days.

If you go out for a walk, do not congregate and always practice physical (social) distancing by keeping at least two metres from others at all times.

For travellers entering Canada, during their 14-day period of isolation or quarantine:

- for those in mandatory isolation, stay inside your place of isolation;
- for those in quarantine (self-isolation), you may go outside for fresh air in a private place like your yard or on a balcony; however, you must stay on your property and not go into community settings.

Q35. Under what circumstances should Canadians use their cars? Is it acceptable to go for a drive when not picking up necessities?

We recognize that isolating at home can be difficult. To limit potential spread of COVID-19, the Public Health Agency of Canada recommends Canadians stay home as much as possible, including for meals and entertainment. Rather than going out, consider other things you can do while staying at home, such as:

- use food delivery services or make purchases online;
- exercise inside or outside;
- use technology, such as video calls, to stay in touch with family and friends through online dinners and games;
- conduct virtual meetings;
- host virtual playdates for your children;
- work from home if possible;



- go outside on your balcony or deck, walk in your yard or be creative by drawing chalk art or organizing games or obstacle courses in your yard.

If driving, exercise caution and maintain an appropriate physical distance (at least two metres from others). If you stop for gas or for any other reason, wash your hands as soon as possible.

Q36. A team of Canadian and Chinese researchers analyzed 2000+ COVID cases and found that 1 in 8 people develop symptoms more than 14 days after exposure. The research team recommends that quarantines be extended from 2 weeks to 3 weeks. Is Canada considering an extension to the quarantine period?

To our knowledge, a 14-day post-exposure isolation period has been applied with success. Further exploration on the length of the incubation period is needed to support decisions on changing the isolation recommendations.

One of the findings of the study is that approximately 12% of patients had an incubation period that they self-estimated was longer than 14 days. The incubation period is inferred from the recorded date of onset of symptoms and reported date of contact with another case. There are a number of ways these dates may be imprecise, including patients unable to remember exactly when symptoms began and certainty about when an individual actually acquired infection.

It is possible that more information will be available following the study's peer review. We continue to collect, analyze, and monitor new evidence as it becomes available.

EMERGENCY ORDER – MANDATORY ISOLATION

Q37. What is the new federal Emergency Order issued under the *Quarantine Act* and why has the Government of Canada implemented it?

Effective March 25, 2020, the Government of Canada implemented a federal Emergency Order under the *Quarantine Act* requiring anyone entering Canada, whether by air, land or sea, to self-isolate for 14 days if they have symptoms of COVID-19 or to quarantine themselves (self-isolate) if they do not have symptoms for 14 days, in order to limit the introduction and spread of COVID-19.

On April 15, an order was issued to clarify terminology. It is based on new scientific data showing that asymptomatic people can transmit the virus.

This applies to all people entering Canada with few exceptions — and captures those who have symptoms of COVID-19 and those who do not have symptoms.

These measures will help protect the health of the individuals in question, any individuals with whom they may live and Canadians in general, including seniors and medically vulnerable people who are most at risk of contracting COVID-19.

Q38. How is this Order different from the previous one?



Based on new scientific data showing that asymptomatic people can transmit the disease, any traveller now arriving in Canada—whether symptomatic or asymptomatic—is required to wear a non-medical mask or face covering (i.e. made to completely cover the nose and mouth without gaping and secured to the head by ties or ear loops) while heading to isolation (if ill) or to quarantine.

Previously, only symptomatic people could self-isolate when a vulnerable person was exposed.

This Order extends that directive to asymptomatic individuals as well. Thus, asymptomatic people cannot quarantine themselves in a place where they would be in contact with vulnerable people, such as adults aged 65 and over and people with pre-existing medical conditions. (The Order does not prevent consenting adults or parents and minor children from self-isolating or quarantining themselves, as the case may be.)

If an asymptomatic person is unable to quarantine in an appropriate location, they will be transferred to a quarantine facility selected by the Chief Public Health Officer.

In addition, the 14-day quarantine period is reset to zero if the asymptomatic person has signs and symptoms of COVID-19, is exposed to someone with signs and symptoms after arriving in Canada, or exposed to someone under this quarantine order with signs and symptoms of COVID-19.

Q39. How will travellers be notified of the protocol for this type of situation upon arrival in Canada?

Upon entering Canada, travellers will be asked questions about their health and symptoms, which they are required to report to a screening or quarantine officer. They will also be asked to acknowledge that they are required, under the *Quarantine Act*, to isolate or quarantine (self-isolation) for a 14-day period that begins on the day on which they enter Canada.

Travellers will be provided with a handout that informs them that they are subject to the Order, provides general public health advice, outlines the requirements of the Order, and provides a link to the Canada.ca/coronavirus website where they can obtain further information.

Q40. What happens if someone does not comply with the Order?

Failure to comply with the Order is an offence under the *Quarantine Act*.

Individuals who violate mandatory isolation or quarantine requirements may be subject to a range of enforcement measures under the *Quarantine Act*, including verbal and written warnings, and arrest or detention.

Spot checks will be conducted by the Government of Canada to verify compliance.



Maximum penalties include a fine of up to \$750,000 or imprisonment for six months, or both. Peace officers will use their discretion to determine the most appropriate action in each situation.

Further, a person who causes a risk of imminent death or serious bodily harm to another person while wilfully or recklessly contravening the *Quarantine Act* or the regulations could be liable for a fine of up to \$1,000,000 or imprisonment of up to three years, or to both.

As a result of regulatory amendments made under the *Contraventions Act*, police authorities, including the Royal Canadian Mounted Police and local or provincial police forces, can now issue tickets to individuals who fail to comply with orders under the *Quarantine Act*, such as orders requiring individuals to self-isolate after an international trip.

Q41. Are provinces and territories required to verify compliance with a sample of mandatory quarantine orders?

The Public Health Agency of Canada (PHAC) will work with its federal and provincial partners to verify compliance with the Order.

PHAC works with the Royal Canadian Mounted Police and provincial law enforcement agencies to verify the compliance of returning travellers to Canada with the mandatory isolation order using a risk-based approach, based on information provided by travellers at the border.

Information for follow-up with travellers is collected at the border and shared with provincial law enforcement.

Upon arrival, travellers are informed of compliance monitoring and verification activities, the potential consequences of non-compliance, and the enforcement actions and penalties they may face.

Q42. Why can some travellers self-isolate at home and others have to go to a quarantine facility or hospital?

Travellers arriving in Canada are informed that they must immediately go directly to their place of isolation (if symptomatic) or quarantine (if asymptomatic), and remain there for 14 days. If the traveller is exhibiting symptoms, the quarantine officer may arrange for the traveller to be taken to hospital, depending on the severity of the symptoms or illness. All travellers must also have an appropriate place to self-isolate or quarantine, where they will have access to basic necessities such as food and medicine.

Travellers arriving in Canada, whether or not they are symptomatic, cannot self-isolate or quarantine (respectively) in a place where they would be in contact with vulnerable people, such as adults 65 years of age and older and people with a pre-existing medical condition.

Travellers who live with vulnerable people or who do not have an appropriate place to self-isolate or quarantine must visit a quarantine facility designated by the Chief Public Health Officer of Canada.



Additionally, symptomatic travellers require private transportation to their own isolation location. If a symptomatic traveller does not have private transportation, they will have to self-isolate for 14 days at a location designated by the Chief Public Health Officer of Canada.

If the traveller is unable to comply with the conditions of the order, they must self-isolate or quarantine for 14 days in a quarantine facility selected by the Chief Public Health Officer of Canada.

Q43. If a person cannot self-isolate or quarantine at their residence, what quarantine facilities can they go to? How do people get to these places? Who provides medical assistance, food and assistance for other needs?

The Government of Canada has designated quarantine facilities, such as hotels, to prevent the possible spread of COVID-19. Quarantine facilities will be used to house symptomatic individuals who are unable to self-isolate at home for the following reasons:

- they do not have private transportation;
- they do not have access to private transportation;
- they do not have access to basic necessities (i.e., food, medicine, etc.);
- living with a vulnerable person(s), such as adults 65 years of age or older and people with underlying health conditions.

Asymptomatic travellers who do not have an appropriate place to quarantine will be subject to the same expectations as those with symptoms and will also be sent to a quarantine facility designated by the Chief Public Health Officer.

Transportation from the port of entry to the quarantine facility will be provided by the Government of Canada.

PHAC is working with its partners to provide the necessary needs, including food and medical needs, of returning travellers who will be in quarantine or isolation at a designated quarantine facility.

These measures will help protect elderly people and the medically vulnerable, who are most at risk for serious health problems related to COVID-19.

Q44. When does the 14-day period begin? Is it from the day of entry into Canada or the day the traveller arrives at the place where they will self-isolate?

The 14-day period begins on the day the person enters Canada.

Individuals should also consult their provincial or territorial health authority for additional measures or restrictions, if applicable, such as a provincial emergency order that requires individuals to self-isolate for 14 days upon entering the province from another region of Canada.



Q45. What types of masks or face coverings will be provided at border crossings? If all travellers entering Canada must wear a mask, what impact will this have on the supplies available to healthcare workers?

Upon arrival, travellers require wear a non-medical mask or face covering (i.e. made to completely cover the nose and mouth without gaping and secured to the head by ties or ear loops). Travellers may also wear homemade cloth face coverings. Masks or face coverings may be provided upon arrival, as appropriate.

If pressed on whether they are medical masks or non-medical face coverings: Currently, cloth medical masks are provided to travellers. Non-medical face coverings should soon be available.

Medical masks, including surgical masks, procedural masks, and respirators (such as N95 masks), should be reserved for healthcare workers and those providing direct care to patients with COVID-19.

Even while wearing a non-medical mask or face covering, strict hygiene and public health measures, including frequent hand-washing and physical distancing, must be maintained to reduce your chance of passing on the virus to someone else. It is also important to be aware that wearing a non-medical mask or face covering in the community has not been proven to protect the person wearing it. Wearing a non-medical mask or face covering is an additional measure for people—including those who do not have symptoms—to take to protect others.

Q46. Will the new requirements (e.g., travellers who need to confirm their self-isolation or quarantine location; receiving masks or face coverings) create delays at airports?

With the introduction of the updated Emergency Order, we are building on the measures already implemented on March 25, 2020, to reduce the introduction and spread of COVID-19 in Canada. While processing travellers at the border will likely initially increase wait times, the additional measures implemented will further contribute to the reduction and spread of COVID-19. Efforts will be made to expedite the processing of travellers at the border, while respecting public health measures and directives, such as physical distancing with two metres between travellers. All travellers are expected to contribute to the safety of Canadians.

QUARANTINE FACILITIES

Q47. What is a quarantine facility?

The Government of Canada has established quarantine facilities, for example, hotels, to prevent the potential spread of COVID-19. Quarantine facilities will be used to lodge symptomatic persons who are unable to self-isolate because they do not have private transportation or live with a vulnerable person(s). Transportation from the point of entry to the quarantine facility will be provided by the Government of Canada.



These measures will help protect older adults and the medically vulnerable people, who are most at risk of contracting COVID-19.

Q48. How will the Public Health Agency of Canada house and feed returning travellers who are not allowed to return to their homes for 14 days?

The Government of Canada has established quarantine facilities, for example, hotels, to prevent the potential spread of COVID-19. Quarantine facilities will be used to lodge symptomatic persons who are unable to self-isolate because they do not have private transportation or live with a vulnerable person(s). PHAC is working with its partners to provide the necessary needs, including food and any medical needs, of returning travellers who will be in isolation at a designated quarantine facility.

Q49. How will my medical needs be tended to if I am required to stay in a quarantine facility?

Persons requiring care for other medical conditions will have access to medical care and emergency medical services at the quarantine facility.

Q50. How many people are quarantined in federal facilities and how many reports of quarantine-related offences have there been across the country?

As of 10 p.m. on April 5, 2020, there were 23 Canadians in federally designated quarantine sites and federally supported self-quarantine lodgings. There have been no charges laid for violations against the *Quarantine Act* as of April 6, 2020.

Q51. Where are the federally designated quarantine sites? Are hotels used as quarantine sites for travellers who self-isolate for 14 days when they return from abroad?

The Government of Canada has established designated quarantine sites that provide accommodation for travellers entering Canada who either have known symptoms of COVID-19 or are asymptomatic and do not have adequate housing to self-isolate. To protect the privacy and safety of travellers, the locations of designated quarantine sites are not made public.

MODELLING AND SURVEILLANCE

Q52. What is predictive modelling?

Predictive modelling uses mathematical equations to estimate the number of cases that may occur in the coming weeks or months. Many of the variables included in the calculation are based on what we know about the affected population, the disease, the virus and its spread. We can then modify the calculations to show how public health measures would reduce transmission and assess how effectively these measures can control the epidemic.



Q53. What are the objectives of modelling? What are the projections for COVID-19 cases in Canada?

The objectives are to:

- predict the number of potential COVID-19 cases in the coming weeks or months;
- evaluate the best methods to control the epidemic in Canada.

The projections help us to decide what public health measures we need to use, and how to prepare the healthcare system for the anticipated number of patients affected by COVID-19.

Using these methods, and based on how the epidemic has developed so far, we estimate that the number of cases will reach 22,580 to 31,850 by April 16.

Q54. What factors are the modelling data based on? What information is used to make predictions?

There are two main categories of models:

- Forecasting models: The forecasting models are based on knowledge of the evolution of the epidemic in Canada and other parts of the world over the last few days and weeks, in order to predict the number of new cases we can expect to see in the coming week or so. These models assume that the number of infections will continue to increase at the same rate as in the previous days and weeks.
- Dynamic or mathematical models: Dynamic or mathematical models are based on knowledge of the virus responsible for COVID-19 (the SARS-CoV-2 virus), as well as its spread, based on studies conducted by researchers from around the world. From this knowledge, a mathematical representation (model) is derived of the potential spread of COVID-19 in the Canadian population based on public health measures taken to control the disease. These models are valuable planning tools, and are modified as data on the actual progression of the epidemic become clearer. The resulting predictions will change over time.

Q55. What public health measures are being used by communities and are modelled to anticipate their potential impacts on the epidemic?

The following are the key public health measures that the modelling attempts to measure:

- Social or physical distancing: includes measures such as closing schools, universities, gathering or meeting places, and teleworking, with the aim of reducing the chance of transmitting the virus from one person to another.
- Case detection and isolation: finding infected people through testing and public health surveillance and isolate them (at home or in hospital) so they cannot transmit the infection on to someone else.
- Contact tracing and quarantine: finding people who have been in contact with someone with COVID-19 and ensure they remain in isolation for 14 days (or longer if they develop symptoms) so they do not transmit the virus to others.



All of these public health measures are designed to stop transmission in the community.

Q56. How reliable are the data?

Our knowledge of COVID-19 continues to evolve internationally. The epidemic in Canada is also continuing to evolve, and new case data are being shared daily. The forecasts resulting from the modelling will be updated and modified as the science evolves and as new data on cases that arise in Canada are provided to us. The models will also be updated to reflect changes in public health measures used to control the epidemic.

This iterative approach to our modelling will help us assess the potential impacts of changes in public health measures over time. It will also help us prepare the healthcare system for the projected number of COVID-19 cases requiring hospital care.

The actions Canadians take every day will continue to influence forecasts and real data.

Q57. Why propose two different models? Is one not enough? What is the difference between the two models and what are their limitations?

The **forecasts** are based on data on the actual evolution of the epidemic in Canada, and allow us to understand its short-term trends based on the situation to date in Canada and other countries.

Dynamic models provide a long-term view of possible ways the epidemic may evolve and help us identify public health measures that will minimize its impact on Canadians.

Q58. Are the projections different between the provinces and territories that have published their modelling data? If so, why?

We use comparable methods to predict the number of cases that could occur in the coming weeks, and to model the effects of different public health measures. However, our forecasts and models look at Canada as a whole, while those of the provinces and territories look at what is happening at the local level. Since the provincial models are based on case data for their territory, their forecasts will be different and will relate to developments in the province.

Q59. What external experts are involved in this work?

The Public Health Agency of Canada (PHAC) has established an external advisory group to support its modelling and forecasting efforts in the COVID-19 epidemic. This advisory group comprises 37 experts on infectious disease modelling and epidemiology from provincial and territorial public health agencies and universities across Canada. The group meets twice a week.

PHAC participates in the World Health Organization modelling group to learn from studies conducted around the world and compare their results with those of our own studies.



Q60. Will these models show us whether we are achieving our objectives?

Models provide an indication of what will happen based on the different types of public health measures adopted, and the effectiveness of these measures will be revealed in the surveillance data. We continually assess the impacts of our public health measures on the number of cases reported as part of surveillance. If necessary, we work with our provincial and territorial partners to adjust these measures. Let's not forget that the effects of public health measures are only noticeable in our surveillance data after about two weeks. This is due to the length of time between when a person is infected and when the case is reported to the Public Health Agency of Canada as a confirmed case.

Q61. Will the federal modelling take into account specific demographics?

We are using a wide range of modelling methods to assess and predict the evolution of the pandemic in the coming weeks and months. Based on the data that provinces and territories have provided on their cases, we know that patterns of spread and affected populations vary from one jurisdiction to another. While we do predictive modelling across the country, we also develop models that take into account all the differences between provinces, territories and municipalities, but also between different vulnerable populations.

GPHIN'S ROLE IN SURVEILLANCE

Q62. During virus outbreaks, what data does the Global Public Health Information Network (GPHIN) collect and use for alerts and in what languages are the data made available?

The Public Health Agency of Canada's Global Public Health Intelligence Network (GPHIN) is an early-warning and situational awareness system for potential chemical, biological, radiological and nuclear public health threats worldwide—including infectious disease outbreaks.

GPHIN users include non-governmental agencies and organizations, as well as global government authorities who conduct public health surveillance. GPHIN is an important contributor to the World Health Organization's Epidemic Intelligence from Open Sources.

Each day, approximately 7,000 articles are entered in the GPHIN system. The web-based application in the GPHIN system continuously scans and acquires news sources of information worldwide in nine (9) languages (Arabic, Farsi, English, French, Portuguese, Russian, Spanish, and simplified and traditional Chinese).

GPHIN's main data provider is Factiva, a global news database and research platform that contains nearly 33,000 sources, including news wires, newspapers and academic journals. GPHIN also mines specific RSS feeds from relevant publications and Twitter accounts.

In addition, GPHIN analysts have programmed specific Google Alerts and monitor other news aggregator applications, such as ProMED and HealthMap, to further increase the variety of what is included in GPHIN.



GPHIN analysts have extensive lists of websites and social media accounts from official governmental sources, medical expert forums and other relevant sources that they monitor on a daily basis. Once the data are in the GPHIN system, they are processed, validated and assessed.

Q63. When was data first collected on the coronavirus outbreak and from what source?

On December 31, 2019, at 05:16 AM EST, an article called "China probes mystery pneumonia outbreak amid SARS fears" was published by Agence France-Presse and uploaded in the GPHIN system at 05:42 a.m. EST.

Q64. When did GPHIN first send out an alert about the coronavirus outbreak and to whom?

The GPHIN analysts conducting their daily review recognized the potential importance of this issue and highlighted it in the Daily GPHIN report, which was distributed at 07:50 EST that day to Canadian public health practitioners at the federal, provincial and territorial levels. The report included the following summary:

International events of interest

China - China probes mystery pneumonia outbreak amid SARS fears (Media)

Authorities are investigating an outbreak of viral pneumonia in central China amid online speculation that it might be linked to SARS, the flu-like virus that killed hundreds of people a decade ago. There were 27 cases of "viral pneumonia of unknown origin" reported in Wuhan, in central Hubei province, the city's health commission said in a statement. Seven (7) patients were in a critical condition.

Q65. How does GPHIN's selection of data, or analysis of data, differ from approaches taken by ProMED, HealthMap and commercial providers such as Blue Dot?

GPHIN consists of two critical components:

- a professional multidisciplinary team of life science analysts, reviewing information in nine (9) languages and conducting rapid risk assessments to detect public health threats; and
- an Information Management Tool that uses machine learning and natural language processing to facilitate the work of the analysts.

GPHIN requires a free subscription from eligible users, which include non-governmental agencies and organizations, as well as government authorities who conduct public health surveillance.



ProMED uses information from volunteer “rapporteurs”, as well as information from subscribers and from staff-conducted searches of the Internet, media, and various official and unofficial websites. Moderators assess these reports for plausibility, edit them as necessary, and often add comments or context before posting. ProMED is one of the many data sources of GPHIN.

HealthMap’s content is aggregated from freely available information (including ProMED) and automatically processed by machine learning algorithms. Unlike GPHIN, there is no human assessment of the information published, which could influence the system performance.

BlueDot is a private company for which you need to pay a subscription to access the data. The app gathers information from official and mass media sources including the WHO and ProMED-mail.

Much of this work is complementary, and organizations rely on a broad range of inputs to help identify potential threats and provide early warning.

Q66. Is the Government of Canada using BlueDot’s AI to trace individuals who have been in contact with COVID-19?

The Public Health Agency of Canada and Health Canada have contracts with BlueDot. None of these contracts involve the use of AI to trace individuals.

Q67. I have confirmed with Public Health Ontario and the Institut national de santé publique du Québec that they are not collecting race/ethnicity data in relation to COVID-19. My understanding is that the Public Health Agency of Canada does not collect this type of data either. Could you confirm that?

It is true that the COVID-19 Case Report Form does not include any questions on race or ethnicity, but it does include a section for identifying and classifying cases as Indigenous (First Nations, Metis, Inuit). This section is only completed when the affected person self-identifies as a member of one of the three Indigenous groups. Data in this section are often incomplete or missing.

Also - PHAC exploring the possibility of doing so or it is ruling that out at this time? How do we ensure that COVID-19 is not disproportionately affecting these populations?

The Case Report Form contains information on age and known risk factors, such as having a pre-existing medical condition or being a resident of a long-term care facility. These data are analyzed regularly and included in an epidemiological summary.

There are no plans at this time to add social determinants of health (education or income) as risk factors to the COVID-19 case report form used to collect data. If a revision of the form were to be considered, the Public Health Agency of Canada would call on a national advisory committee of provincial and territorial public health experts to discuss it, since responsibility for data collection rests with the provincial and territorial health authorities.



Q68. What is Health Canada's role in Ontario's health data platform? Will this become the norm in all provinces? Does Health Canada endorse this plan, which is designed to slow the spread of COVID-19?

Understanding a patient's history is essential to providing safe and appropriate care. That is why sharing health information among health care providers, safeguarded by strong privacy and data security requirements, can lead to better outcomes through more informed, coordinated and integrated care. A system that meets the needs of patients can also make it easier for them to access their own health information. Health Canada is working with provincial and territorial partners, as well as key national data agencies, to support greater patient access to health data while ensuring the protection of personal health information.

CONTACT TRACING

Q69. Can you tell me more about the federal government's program to recruit people to conduct contact tracing?

As part of the overall federal, provincial and territorial response to COVID-19, the Government of Canada is supporting provinces and territories by providing a virtual inventory for the recruitment and engagement of qualified Canadians to provide surge capacity in key areas.

To help the provinces and territories, the Government of Canada is working with them to determine their needs. They identified contact tracing and recording cases as areas where they need help. Therefore, the required skills include case management, data collection and management, public awareness and telephone interviewing skills. Further calls may be launched when administrations identify new areas requiring assistance. As needs change, support will be provided in other areas requiring assistance.

The Government of Canada is reaching out in stages. Phase one and phase two are already under way. The first step was to bring in qualified federal public servants, who are not currently performing essential functions for ongoing federal work, to work in jurisdictions that are feeling the most pressure. The second step is to leverage the inventory developed through a volunteer recruitment campaign for COVID-19 and contact health, public health and science faculties across Canada to issue a call for those interested in registering in the inventory. A third step will be for retirees or those not currently participating in the response to COVID-19 from all health professional and health science associations.

As of April 9, over 27,600 volunteers were registered in the inventory. We are unable to provide a specific number for case follow-up at this time.

Q70. Is the department considering using digital data technologies such as mobile applications to improve contact tracing? What type of numerical data model is the Department examining?

Mobile apps can help promote physical distancing by allowing Canadians to modify their activities and reduce risky behaviours. They could enhance public health measures to flatten the curve as follows:



- avoiding crowded places and non-essential gatherings;
- washing your hands often with soap and water for at least 20 seconds;
- avoiding touching your eyes, nose or mouth with unwashed hands.

However, any support from the federal government would be highly contingent on measures taken by developers to protect the privacy and security of users.

Q71. A partially Canadian-based company has developed a smartphone app that helps trace contacts, similar to the one in Singapore. Would the government adopt this type of technology to make it easier to trace contacts?

Contact tracing is an important public health measure that aims to identify and ensure that individuals potentially exposed to COVID-19 take precautions (such as self-isolation and symptom monitoring) to avoid exposing others. Contact tracing is a provincial and territorial responsibility and has been ongoing since the COVID-19 epidemic began. While this is an essential public health tool, contact tracing requires considerable resources. Telephone applications using location or proximity data to help alert those who have been in contact with patients with COVID-19 may be a useful tool to combat the epidemic. Please direct any questions you may have about specific provincial or territorial policies or regulations related to contact tracing to the appropriate provincial or territorial public health authorities.

NML'S RESPONSE TO THE OUTBREAK

Q72. What is the Public Health Agency of Canada (PHAC) National Microbiology Laboratory's (NML) response to the current COVID-19 outbreak? Were additional resources required to manage extra workload?

The Public Health Agency of Canada (PHAC) National Microbiology Laboratory's (NML) response to the current COVID-19 outbreak is a whole-of-community effort, with more than 75 staff directly contributing at this time. Almost all NML staff have training in emergency response, and all have something to contribute from their various areas of expertise.

The Influenza and Respiratory Viruses section is leading the laboratory diagnostic efforts, including the design and implementation of testing approaches. This team is directly supported by Science Technology Cores and Services (leading the genetic sequencing) and the Canadian Public Health Laboratory Network Secretariat (leading the collaboration with provinces and territories). NML scientists with broad scientific expertise in virology and response to emerging pathogens are now developing research plans to characterize the virus, to develop animal models, and to pursue collaborative studies on vaccine research and development. Scientists are also contributing expertise in knowledge synthesis and disease modelling.

The NML's Emergency Operations Centre (EOC) has also been activated. The EOC draws upon experts across all disciplines and from all areas of the NML, including administration, logistics, communications, informatics, emergency response, and our business office.



Scientists from the NML are also onsite at Canadian Forces Base Trenton to test any symptomatic individuals from the charter plane from Wuhan, China.

The NML is incredibly proud of its contribution to the outbreak response.

TRANSMISSION OF THE VIRUS

Q73. Can COVID-19 be transmitted when a person is not showing symptoms?

Now that more countries have had many cases and have analyzed transmission patterns, recent studies provide evidence that transmission of the virus can happen from infected people even before they develop symptoms. We refer to this as *pre-symptomatic transmission*.

There is also evidence that some infected people who never develop symptoms are also able to transmit the virus. This is called *asymptomatic transmission*. We do not know how much of a role pre-symptomatic and asymptomatic transmission play in driving this epidemic at this time—but we know that it is occurring among those with close contact or in close physical settings.

While the primary driver of the global pandemic of COVID-19 has been individuals with visible symptoms (coughing and respiratory droplets are key ways the virus is spread), evidence of asymptomatic or pre-symptomatic transmission points to the importance of everyone, even those who feel fine, following the proven methods of preventing transmission.

Proven methods to prevent transmission of COVID-19 include:

- staying home as much as possible;
- physical distancing;
- washing your hands;
- protecting the most vulnerable from infection and limit their exposure to others;
- covering your cough with tissues or your sleeve.

Q74. What should you do if you have been exposed to an individual who has a confirmed case of COVID-19?

If you **do not have any symptoms** but believe that you were exposed to COVID-19, the Public Health Agency of Canada asks you to take the following steps for the next 14 days:

- monitor your health for **fever, cough and difficulty breathing**;
- avoid places where you cannot easily separate yourself from others if you become ill.

To further protect those around you, wash your hands often and cover your mouth and nose with your arm when coughing or sneezing.

If **you develop symptoms of COVID-19**, isolate yourself from others as quickly as possible. Immediately call a health care professional or public health authorities in the province or territory where you are located. Describe your symptoms and travel history. They will provide advice on



what you should do.

Q75. Are Canadians at risk of contracting COVID-19 if they touch a potentially contaminated surface?

In general, coronaviruses do not survive on contaminated surfaces.

The best way to prevent COVID-19 and other respiratory illnesses is to:

- avoid touching your eyes, nose and mouth;
- consistently use good hand hygiene measures, including frequent hand washing with soap and hot water for at least 20 seconds, or the use of alcohol-based hand sanitizer if soap and water are not available;
- maintain good respiratory etiquette, such as covering your mouth and nose with your arm or sleeve when coughing or sneezing, disposing of used tissues as soon as possible and, after coughing or sneezing, immediately washing your hands with soap or alcohol-based hand sanitizer if soap and water are not available;
- regularly clean and disinfect surfaces that people touch frequently such as toilets, bedside tables, doorknobs, phones and television remotes with regular household cleaners or diluted bleach (one part bleach to nine parts water).

Q76. Are Canadians at risk for contracting COVID-19 from products shipped within or from outside of Canada?

It is not yet known how long the virus that caused COVID-19 lives on objects and surfaces, but early indications suggest it could be between a few hours and a few days.

The risk of transmission through products sent over a period of several days or weeks at room temperature is very low.

Products shipped within or from outside of Canada could be contaminated. However, because parcels generally take days or weeks to be delivered, and are shipped at room temperature, the risk of spread is **low**. There is no known risk of coronaviruses entering Canada on parcels or packages.

To protect yourself from COVID-19, make sure to do the following when handling products shipped within or outside of Canada:

- apply good hygiene;
- regularly clean and disinfect surfaces ;
- do not touch your eyes, nose and mouth.

Q77. Can COVID-19 be transmitted through food products?

There is currently no evidence that food is a likely source or route of transmission of the virus. Scientists and food safety authorities across the world are closely monitoring the spread of COVID-19.



Coronaviruses generally do not survive on surfaces after being contaminated. The risk of spread from products transported over a period of several days or weeks at room temperature is very low.

If the CFIA becomes aware of a food safety risk, appropriate measures will be taken to ensure the safety of Canada's food supply.

Q78. What is the latest information on the possible transmission of the COVID-19 virus through food or water?

-Currently, there is no evidence to suggest that COVID-19 spreads through food or water.

Current evidence suggests that COVID-19 is most commonly spread from an infected person through:

- respiratory droplets generated when coughing or sneezing;
- close personal contact, such as touching or shaking hands with an infected person;
- touching infected surfaces, then touching your mouth, nose or eyes before washing your hands.

Coronaviruses are part of a large family of viruses, some of which cause disease in humans, while they circulate among animals such as camels, cats and bats.

The virus responsible for COVID-19 is not recognized as a foodborne pathogen.

Q79. Is Canada considering following the lead of the United Kingdom and issuing an “immunity passport?”

Canada is working closely with its international partners by sharing information on measures and best practices to assess whether patients who have recovered from COVID-19 are no longer at risk and can return to work, and how they can do so, starting with essential workers.

At the moment, we simply do not know whether people who have recovered from COVID-19 will be immunized, how long that immunity could last, and whether it is possible for someone to have reduced symptoms or, perhaps, worsened symptoms, if they get COVID-19 a second time.

No decision has yet been made in Canada on whether we can attest to a person's immunity. The international community is actively working to determine whether people who have recovered from the disease can resume their daily activities safely. Other respiratory viruses do not generally provide 100% immunity to people who have recovered from an infection.

CASE TESTING AND CONFIRMATION

Q80. How is Canada currently testing patients for COVID-19?

Canadians can be confident in the methods and capabilities of Canada's NML.

The NML is internationally recognized for its scientific excellence.



Multiple provincial public health laboratories can now test for COVID-19 with a very high degree of accuracy.

British Columbia, Alberta, Saskatchewan, Ontario and Quebec are able to confirm laboratory diagnostics for the virus that causes COVID-19. For all other provinces, their results undergo additional testing at NML because this is a previously unknown virus and it is good practice to use additional tests to provide further confirmation of initial laboratory findings.

This laboratory uses a variety of methods to confirm cases. Follow-up results from the NML are expected to be available within 24 hours after receipt at the NML.

The NML provides laboratory reference services to all provinces and territories. These testing services provide various forms of support to provincial and territorial laboratories across Canada, including confirmatory testing, quality assurance, and in-depth analysis of difficult to diagnose samples.

Q81. What specific tests are currently authorized in Canada to screen for COVID-19? Is this all done through RT-PCR tests? What is the percentage accuracy rate of these COVID-19 screening tests currently used in Canada? Is the federal government aware of any false-positive or false-negative cases resulting from current testing methods? If so, how many cases of each type have been reported (as a percentage of total tests completed)? What is the government's overall position on the safety and accuracy of current COVID-19 testing methods used in Canada?

With the implementation of new diagnostic tests for the new SARS-CoV-2 virus, Canadian public health laboratories have used the collective strengths of their network to evaluate these new tests to ensure their accuracy, while promoting the ability to rapidly distribute testing capabilities across Canada.

Publication of the genetic sequence of the virus in January made it possible to immediately develop multiple molecular tests (polymerase chain reaction) that detect specific genetic traits of the virus. The Canadian laboratory network recommended that molecular tests targeting two different traits of the virus be used to diagnose infections, and that for some cases (such as travel from countries that have not yet reported COVID-19 infections), additional testing includes genetic sequencing to provide definitive evidence of SARS-CoV-2. Through the use of multiple testing methods and conducting tests at multiple sites, for example, where tests were assumed to be positive in the provinces and then confirmed by the National Microbiology Laboratory, Canada was able to ensure that each confirmed case was a real case.

We have some level of confidence in the testing, but we need to streamline their approach so that it can be done in additional labs in Canada. The case definition was therefore successively adjusted to confirm cases as positive using a single molecular test. Selecting this test was based on performance knowledge of the various tests carried out in different Canadian laboratories. The most sensitive targets are now used regularly.

Regarding false-negative results, there is a need to better understand COVID-19 infections and the course of the virus during infections. It is conceivable that very early or very late in infections, the amount of detectable virus is low and that current molecular tests do not detect



these cases. However, as evidenced by the response to this epidemic, the laboratories will continually strive to improve their evidence-based testing approach.

In addition, the current molecular tests used across Canada, and which stem from collective laboratory information and tool sharing, will soon become the reference for comparing and implementing the next testing phase, while point-of-care rapid tests will be implemented to allow for testing in healthcare facilities, as opposed to having to send specimens for laboratory testing.

Q82. Does the Public Health Agency of Canada agree that the best way to understand the transmission and progression of COVID-19 is through serological testing for antibodies? Is Canada working on a serological test for COVID-19?

Antibody-based serological testing will be key to understanding the immune response to viral infection and will play a key role in a number of public health investigations that will seek to determine the immune status of infected people. The Public Health Agency of Canada's National Microbiology Laboratory and its partners are working on the development of a number of serological tests in addition to the evaluation of various commercial serological tests for COVID-19. This pan-Canadian collaboration includes members of the Canadian Public Health Laboratory Network, clinical researchers from front line healthcare facilities and Canadian Blood Services; they are all working to develop the materials needed to assess and then implement serological testing.

A serological test detects the presence of virus-specific antibodies in patients' blood and allows public health professionals to identify people who have been infected with the virus that causes COVID-19. These studies will provide an understanding of community transmission and exposure rates to COVID-19.

It is important to note that serological testing has not been validated as a routine diagnostic approach, and molecular testing approaches will continue to be the diagnostic standard. At this time, pilot studies are planned, followed by larger-scale studies to study immunity in healthcare workers and other selected populations.

Q83. Is the Government considering the possibility of establishing serological passports or certificates to allow immunized persons to move freely again?

Every day, we learn more about COVID-19 by tracking the rapid growth of new scientific evidence as it emerges. This is essential for decision-making.

An active international effort is being made to assess whether people who have recovered from the disease can safely resume their daily activities. No decision has yet been made in Canada on the possibility of certifying the immunity status of individuals.

COVID-19 is an emerging virus, which means that we need more data before we know whether those who have recovered will have lasting protective immunity.



At present, we do not know whether people who have recovered will have immunity, how long this immunity may last and whether it is possible for people to contract COVID-19 twice, or whether they will have a milder or more severe illness if they contract COVID-19 a second time.

We recognize that waiting for scientific results can be difficult, but as we learn more about COVID-19, we must use public health measures that we believe are effective.

We continue to advise Canadians to remain at home, to practice good hand hygiene and, if they have to leave their homes, to practice physical distancing. These are proven, evidence-based public health measures that work.

We are working to improve our understanding of COVID-19 across Canada so that we can continue to adapt our response to slow the spread of the virus.

Q84. Are there enough people being screened to prevent community transmission?

The Public Health Agency of Canada is working with its provincial and territorial counterparts to monitor the situation and forecast all possible scenarios based on evidence. We want to get as clear a picture as possible of what is happening in our communities. In Canada, screening is focused on individuals with COVID-19-like symptoms, but screening strategies continue to evolve as the outbreak develops.

Front line health professionals and laboratories have carefully screened and identified potential cases. Public health authorities conducted detailed investigations and sought out contacts for all confirmed cases to identify possible sources of community transmission.

Public health laboratories across Canada are also working together to make COVID-19 screening test results public. This will allow us to monitor locations of COVID-19 cases, which will give us an initial indication of potential homes that may indicate a community spread.

We continue to work with our provincial and territorial partners to develop a national screening strategy that will maximize the impact of screening resources and impede the spread of COVID-19 in high-risk settings, particularly in hospitals and long-term care facilities.

Health Canada is also working with manufacturers to enable the release of commercial diagnostic devices to increase the diagnostic capacity of COVID-19 in Canada.

As an emergency public health measure, the Minister of Health has signed an Interim Order to expedite access to COVID-19-related medical devices.

With the Interim Order, two new diagnostic tests are made readily accessible in Canada:

- the Roche Molecular Systems Inc.'s cobas SARS-CoV-2 diagnostic test;
- the ThermoFisher Scientific TaqPath™ COVID- 19 Combo Kit.

This will improve access to medical devices that could facilitate and speed up screening of patients in Canada.

Q85. Why does it take so long to get the screening results?



All levels of government are working together to develop screening technologies, ensure access to more diagnostic kits, and accelerate the timeliness of test results.

Provincial public health laboratories can test for COVID-19 with very high accuracy, and the vast majority are able to confirm the results of laboratory tests for the virus that causes the disease.

Prince Edward Island, Manitoba and parts of the Northwest Territories and Nunavut must submit their results to the National Microbiology Laboratory (NML) for further analysis.

Results from these regions are sent to the NML for confirmatory testing, which increases the time required to obtain the results.

The NML strives to complete the additional analyses within 24 hours of receiving the results, but sometimes takes 48 to 72 hours due to increased demand. NML employees work around the clock to process results as quickly as possible.

For questions about provincial and territorial testing turnarounds, please contact the appropriate public health authority in that jurisdiction.

Q86. Do we have enough tests? What are you doing to get more?

We expect the amount of diagnostic kits to be sufficient.

Health Canada has been working with manufacturers to enable market access for commercial diagnostic devices in order to increase Canada's COVID-19 diagnostic capacity.

The Minister of Health has signed an Interim Order, as an emergency public health measure, to allow expedited access to COVID-19-related medical devices.

With the Interim Order, two new diagnostic tests are made readily accessible in Canada:

- the Roche Molecular Systems Inc. cobas SARS-CoV-2 diagnostic device;
- the ThermoFisher Scientific TaqPath™ COVID-19 Combo Kit.

This will improve access to medical devices that could facilitate and speed up screening of patients in Canada.

Point-of-care diagnostic tests are being developed and could be made available through this Interim Order, which would also facilitate and expedite patient screening.

Q87. Is Health Canada looking to the cannabis sector for additional COVID-19 testing?

A number of options are being assessed to increase screening capacity to support provincial and territorial public health authorities. As part of this, Health Canada is working to identify laboratory capacities that might be available across the country in various sectors, including licensed cannabis production sites, to help support COVID-19 testing. On March 26, Health Canada sent an email to all licensees, asking those with lab capacity who are interested in helping to inform the Department by email. Several laboratories responded indicating that they were ready to provide assistance. The department is currently confirming next steps, including

whether they have the appropriate equipment, certifications and protocols to assist.

DRUGS, HEALTH PRODUCTS AND MEDICAL SUPPLIES

Q88. Is Health Canada aware of the advertising or sale of misleading or false COVID-19 products?

As of March 31, Health Canada has received more than 60 complaints from consumers and industry about health products with false or misleading claims related to COVID-19.

The Department is addressing these cases and has directed companies to remove these claims from their websites and advertising materials. The Department will continue to monitor websites and work with online retailers to verify that products making false and misleading claims about the diagnosis and treatments of COVID-19 are removed. Selling or advertising health products making false or misleading claims is illegal since this is in contravention of Sections 9(1) and 20(1) of the *Food and Drugs Act*. The Department takes this issue seriously and will use all tools at its disposal to stop these activities.

On March 27, Health Canada issued a public communication to warn Canadians about the risks posed by health products making false and misleading claims related to COVID-19: <https://healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2020/72659a-eng.php>.

The Department encourages anyone who has information regarding the potential non-compliant sale or advertising of any health product claiming to treat, prevent or cure COVID-19 to report it using the [online complaint form](#).

Q89. Has Health Canada been made aware of any misinformation or false claims about alcohol-based hand sanitizers?

In Canada, alcohol-based hand sanitizers are considered natural health products. Hand sanitizers that have been authorized for sale by Health Canada will have an eight-digit Natural Product Number (NPN) on the product label.

Health Canada has received complaints about health products that make false or misleading claims related to COVID-19. The Department is currently addressing these cases and has directed companies to remove these claims from their websites and advertising materials. Health Canada continues to monitor websites for these claims and is working with online retailers to ensure that products making these claims are removed. Selling or advertising health products making false or misleading claims is illegal. The Department takes this issue seriously and will not hesitate to use all mechanisms and tools at its disposal to stop these activities.

On March 18, 2020, in light of the unprecedented demand and urgent need for products that can help limit the spread of COVID-19, Health Canada issued an [advisory](#) announcing that the Department is facilitating access to products that may not fully meet current regulatory requirements, as an interim measure. This includes hand sanitizers, disinfectants and personal protective equipment (e.g., masks and gowns), as well as swabs. While these products are typically subject to regulatory requirements, such as licensing and bilingual labelling, the Department is allowing certain products to be sold in Canada that may not fully meet all requirements under this interim measure. Health Canada is maintaining an [updated list of products](#) sold in Canada through this measure on its website for consumers to consult.



In addition, Health Canada is expediting approvals of products, as well as establishment and site licences related to these types of products. A list of more than 550 authorized hand sanitizer products has been published on the Department's [website](#). The list is updated daily and includes information on alcohol-based hand sanitizers. If consumers see a disinfectant or hand sanitizer for sale that is making false or misleading claims, they are encouraged to report it to Health Canada using its [online complaint form](#).

More information to help inform Canadians on buying and using drug and health products safely is available [here](#).

Q90. Has the Government of Canada discovered any fraudulent N95 or KN95 masks?

Health Canada has received information that unauthorized and fraudulent N95 respirators, which falsely claim to protect consumers from COVID-19, are being sold illegally to consumers online. Health Canada is taking action to halt this activity and has already [warned](#) Canadians about the risks of products making false and misleading claims related to COVID-19.

In Canada, N95 respirators are regulated by Health Canada as Class I [medical devices](#) and are manufactured or imported by companies that hold a medical device establishment licence. They are also certified by the National Institute for Occupational Safety and Health (NIOSH).

When properly worn, NIOSH-certified N95 respirators are designed to provide a tight face fit and reduce the risk of breathing in hazardous airborne particles and aerosols. The “N95” designation means that when subjected to thorough testing, the respirator blocks at least 95% of the very small test particles, such as pathogens. Fraudulent or uncertified N95 masks may not meet the same performance measures required by the NIOSH N95 standard and therefore do not protect consumers from COVID-19.

Health Canada monitors websites and takes action when false claims and unauthorized and uncertified products are identified. In addition, the Department is working with online retailers to ensure that these products are removed from their websites.

It is illegal to sell or advertise health products with false or misleading claims. The Department takes this issue seriously and will not hesitate to use all tools at its disposal to stop these activities.

Health Canada encourages Canadians to [report](#) to the Department information about false or misleading advertising or the sale of unauthorized and counterfeit products in Canada.

Q91. Are there any drug shortages due to COVID-19, and what is being done to monitor supply?

Health Canada is actively monitoring the impact of the COVID-19 pandemic on the supply of drugs in Canada. This includes proactively looking at the Canadian supply chain to identify areas where supply may be vulnerable and addressing those vulnerabilities before shortages develop. The Department has also increased surveillance efforts and is regularly engaging provinces and territories, industry, healthcare and patient groups—in some cases on a daily basis. Health Canada is also working with international regulatory partners, including the

European Medicines Agency, the United States Food and Drug Administration, the Australian Therapeutic Goods Administration, and the World Health Organization to share information on any signs of global supply disruptions. This engagement has enabled us to better identify early shortage signals and potential mitigation strategies, and to coordinate responses.

Health Canada is aware that an increase in demand is resulting in supply constraints for certain drugs such as sedatives, analgesics, and muscle relaxants. The Department is working with provinces and territories, companies, and other stakeholders to mitigate the impact on patients.

The Department is also aware of a shortage in hydroxychloroquine, a drug that is approved for the treatment of lupus, rheumatoid arthritis, and malaria and is being studied as a potential treatment for COVID-19. We are working with industry and health care partners to mitigate the impact of the increase in demand for this drug, including working with companies that can ramp up supply for the Canadian market.

Q92. What is Health Canada doing to limit potential Tier 3 drug shortages?

As part of the government-wide response to the COVID-19 pandemic, the *COVID-19 Emergency Response Act* was passed on March 25. The amendments to the *Food and Drugs Act* allow Health Canada to implement stronger tools to support efforts to address shortages when they occur and to prevent future shortages where possible.

For example, on March 30, the Minister of Health signed an Interim Order authorizing the exceptional importation and sale of drugs, medical devices and special dietary foods needed for preventing or mitigating the impacts of shortages directly or indirectly related to COVID-19. The Interim Order allows for the exceptional importation of certain drugs that may not fully meet Canadian regulatory requirements under the *Food and Drugs Act* and Regulations, to safeguard Canada's drug supply and protect the health of Canadians during this period. Only drugs on the List of drugs for exceptional importation and sale will be eligible for the exceptional import and sale provisions under the Interim Order. Currently, only drugs that have been designated as Tier 3 drug shortages can be added to the List of drugs for exceptional importation and sale. Although no drugs are currently on this list, Health Canada will review company proposals to access Tier 3 drugs facing shortages, including Propofol, under this new pathway and update the list as needed.

Tier 3 shortages have the greatest potential impact on Canada's drug supply and healthcare system. The impact depends on the availability of alternative supplies, ingredients or therapies. The Tier Assignment Committee (TAC), which includes federal and provincial/territorial governments, healthcare professionals, and industry stakeholders, makes recommendations on the tier assignment of drug shortages. The TAC assessment includes a review of the information gathered on the shortage, as well as an in-depth discussion of its potential impact and next steps.

Information for companies on how to apply to be added to the List of drugs for exceptional importation and sale is available on Health Canada's website.

Health Canada is aware that increased demand leads to supply constraints for certain drugs commonly used in hospital intensive care units, such as sedatives (including Propofol), analgesics and muscle relaxants. While these products are currently available, the Department is working proactively with other federal departments, provinces and territories, businesses and



other stakeholders to mitigate the impact on patients; this includes working with companies that can increase supply for the Canadian market and exploring potential access to international offerings.

Health Canada will continue to work with other federal departments, provincial and territorial governments, international partners and industry to mitigate the impact on Canadians of any COVID-19-related shortages and to ensure they have access to the medicines they need during the COVID-19 pandemic.

Q93. What is driving the potential for drug shortages?

Several factors can affect the availability of a drug and increase the risk of shortages, including a disruption in manufacturing, the availability of ingredients, disruptions in the supply chain, and increased demand. Health Canada is working with companies and partners to identify the root cause of the shortages and mitigate any impact on patients as quickly as possible. Recently, the Department urged Canadians not to buy more medications than necessary, and health professionals to avoid prescribing or dispensing larger supplies of medication than necessary, to help prevent shortages caused by increased demand.

Q94. The Government has given itself powers to pass regulations to prevent shortages. What types of regulations could prevent that from happening?

As part of the whole-of-government response to the COVID-19 pandemic, the *COVID-19 Emergency Response Act* was adopted last week. The amendments to the *Food and Drugs Act* allow Health Canada to put in place more robust tools to support efforts to alleviate shortages that occur and prevent shortages from happening when possible. For example, these amendments would allow the Government of Canada to implement a regulatory framework that would help facilitate timely access to drugs and medical devices needed to alleviate an anticipated shortage.

Q95. When you say you're working with drug suppliers, what actions does that involve?

Health Canada is working with industry, provinces and territories and other health sector partners to mitigate the impact of any COVID-19-related shortages on Canadians. When an anticipated or actual shortage is reported to Health Canada, the Department works with companies throughout the supply chain to better understand the root causes, plans to address the shortage and what can be done to mitigate the impact on Canadians. In the event of a critical national shortage, Health Canada works with the company reporting the shortage, as well as other companies supplying the Canadian market, to explore all opportunities to meet Canadian demand. This includes options to facilitate access to alternative supply sources based on needs and collaboration with companies that can increase supply for Canadians. Health Canada is working with other federal departments, provincial and territorial governments, international partners and industry to ensure that Canadians have access to the drugs and medical devices they need during the COVID-19 pandemic.



Q96. Can you confirm whether or not Health Canada is looking for alternative sources for Salbutamol or Ventolin?

Health Canada is aware that increased demand has resulted in shortages for a number of salbutamol inhalers, including Ventolin. Information about these shortages is available at <https://www.drugshortagescanada.ca>

Health Canada is working closely with businesses, other federal departments, provinces and territories, and other stakeholders such as the Canadian Thoracic Society to identify and implement mitigation options. This includes working with companies that can increase supply in the Canadian market and exploring international supply to ensure continued supply in Canada.

The Department recently [advised](#) Canadians not to stockpile medications they do not need, and asked health professionals to avoid over-prescribing quantities of medication, to ensure that all Canadians continue to have access to the medications they need and prevent shortages caused by increased demand.

Q97. What is the current supply of the following drugs: Remdesivir; Chloroquine and hydroxychloroquine; Ritonavir/lopinavir; and Ritonavir/lopinavir and interferon-beta?

Health Canada is closely monitoring the supply of any potential treatments for COVID-19 and is working with companies to ensure continued supply in Canada, including by working with companies that can increase supply to the Canadian market.

Remdesivir is a drug authorized for sale in Canada and is manufactured by Gilead Sciences Canada Inc. Due to the high global demand for Remdesivir, Gilead Sciences Canada Inc. informed Health Canada on March 23, 2020, of the transition from access to Remdesivir through Health Canada's Special Access Program to access in clinical trials developed by the company for this drug. During this transition period, Gilead is not able to accept new individual requests under the Special Access Program. However, exceptions will be made for pregnant women and children under 18 years of age who have a confirmed diagnosis of COVID-19 and have severe symptoms of the disease ([Special Access to Remdesivir for COVID-19 in Canada](#)).

Hydroxychloroquine is marketed in Canada by four companies: Apotex Inc., JAMP Pharma Corporation, Mint Pharmaceuticals Inc. and Sanofi-Aventis Canada Inc. Apotex Inc. is currently reporting a [shortage](#) of this drug due to an increase in demand, with an expected end date of April 15, 2020. The other three companies reported no shortages. Chloroquine is marketed in Canada by Teva, which reports a [shortage](#) of the drug, with an expected end date of December 31, 2022, due to a shortage of an active ingredient.

Ritonavir/lopinavir is marketed in Canada by AbbVie, which currently reports no drug shortages.

Interferon beta is marketed in Canada by EMD Serono Canada and Biogen Canada Inc. and neither company has reported a drug shortage.

Health Canada will continue to closely monitor supplies of these drugs in Canada and will take any necessary actions in collaboration with the companies, provinces and territories, and other stakeholders to help ensure continued supply in Canada. Companies are the best source for information regarding the supply of a particular drug and should be contacted for any questions



about market status and the availability of a particular drug. Canadians can also visit www.drugshortagescanada.ca for the latest information on reported drug shortages in Canada.

Q98. Is Canada seeking to increase its imports of hydroxychloroquine from India?

Health Canada is aware of a shortage of Hydroxychloroquine, a drug approved for the treatment of lupus, rheumatoid arthritis and malaria, which is being studied as a potential treatment for COVID-19.

There are currently four companies marketing Hydroxychloroquine in Canada: Apotex Inc, JAMP Pharma Corporation, Mint Pharmaceuticals Inc. and Sanofi-Aventis Canada Inc. Apotex Inc. is currently reporting a shortage due to increased demand, with an expected end date of April 15, 2020. The other three companies are not currently reporting shortages.

The Department is working with industry and healthcare partners to mitigate the impact of the shortage, including working with companies that can increase supply to the Canadian market and exploring international procurement; the priority is to maintain supply for patients who depend on it for approved treatments and to support clinical trials.

Q99. Will Immune-Tami be authorized for sale in Canada?

Health Canada has not authorized any Immune-Tami brand products, and has not received any licence applications from Meon Supplements.

Health Canada opened a case after receiving a complaint regarding this product and will take action to address any confirmed non-compliance with the *Food and Drugs Act* and/or its Regulations.

Q100. Is Health Canada aware of any medical device shortages due to COVID-19, and what is being done to monitor supply?

At this time, Health Canada has not received any medical device shortage notifications from manufacturers of medical devices as a result of COVID-19.

The Department has engaged medical device industry stakeholders to seek any early signals of potential supply issues and none have been identified to date. Health Canada continues to monitor the situation and will take appropriate action, as required, to mitigate any impact on Canadians.

Q101. Will 3D printed medical devices be allowed to be used to alleviate supply shortages in Canada during this pandemic?

Health Canada is aware that groups here in Canada and in other countries (e.g. the UK, the U.S., Italy, China) may be using various manufacturing techniques to address some supply issues.

Health Canada, together with other federal organizations and the private sector, is facilitating the assessment of existing 3D printing capacity in Canada and will help determine possible next steps to increase where needed.

It is important to note that Health Canada remains the regulatory authority for all medical devices that are intended to be sold or imported and has dedicated processes to quickly assess safety, efficacy, and quality for medical devices manufactured for the COVID-19 response, including those manufactured by 3D printing.

Health Canada has reached out to its trusted 3D printing network in the medical device industry, hospitals, universities, colleges and industrial manufacturing facilities. As of March 20, we received responses from 34 organizations with 3D printing experience who are willing to help.

Q102. Are there any concerns about the devices produced without the usual quality checks or certification processes?

Medical devices sold, imported or distributed in Canada must meet the safety, effectiveness and quality requirements of the Medical Devices Regulations or the Interim Order for devices associated with COVID-19. Regulated devices include medical devices manufactured using 3D printing. Health Canada is the regulatory authority for all medical devices intended for sale or importation and has processes in place to quickly assess the safety, efficacy and quality of medical devices manufactured in response to COVID-19.

There are risks if devices such as personal protective equipment are not of sufficient quality to adequately protect patients and health care workers. We are working with traditional medical device manufacturers and certified 3D printing organizations on the specifications required for the devices and their quality so that Canadians have timely access to safe medical devices that are effective and of high quality.

Q103. What is the scope of Canada's need for reagent chemicals used for testing COVID-19?

Canada's response to COVID-19 depends on laboratory tests to detect infection early and take effective public health measures to reduce spread. Canada's public health laboratories work together within the Canadian Public Health Laboratory Network to facilitate the diagnosis of COVID-19 in accordance with validated testing protocols. The global shortage of test reagents is impacting laboratory capacity. The Public Health Agency of Canada's National Microbiology Laboratory meets the needs of the provinces for test reagents by developing in-house test reagents as an interim solution, and working with industry to procure bulk supplies as soon as reagents are available. Our priorities are access to test reagents, assessment of point-of-service rapid tests, and access to authorized test kits so that provinces and territories are equipped to increase tests based on their needs.

Q104. How can provinces and territories guard against potential shortages in their jurisdictions?

Addressing the complex problem of drug shortages is a multilateral responsibility that requires the concerted action of the provinces and territories, manufacturers, distributors, health



professionals, and the federal government. Health Canada works closely with the provinces and territories that advise it of potential shortages.

In the event of a serious drug shortage in Canada, Health Canada works with stakeholders throughout the drug supply chain to coordinate information sharing and identify mitigation strategies. The Department analyzes factors such as the national scope of the shortage, the availability of alternative supply sources, and the medical importance of the drug to determine potential impacts and actions. You can find more information on roles and responsibilities for drug shortages on our [website](#).

Q105. Is there an estimate in terms of how many ICU beds Canada will require when the epidemic reaches its peak, and how many ICU beds are available now?

According to the Canadian Institute for Health Information (CIHI), Canada (excluding Quebec, Nunavut and Yukon) had 3,902 intensive care beds in 2017-18. This is the most recent and complete data available. More information can be downloaded from the CIHI website. Provincial and territorial health system officials are closely monitoring the capacity of their respective health systems, including the supply and demand for critical assets such as intensive care beds and ventilators, as the number of COVID-19 cases increases. The situation continues to evolve as many jurisdictions take various actions, including cancelling elective surgeries and relocating patients at other levels of care to other sites to improve acute care capacity in hospitals.

Health Canada is currently in discussion with provincial and territorial officials on the capacity of intensive care units and the availability of ventilators.

Q106. Where will medical supplies be stored before they distributed by Canada Post or Purolator to hospitals?

Amazon will work directly with Canada Post to supply warehouses and leverage its existing third-party distribution channels through Canada Post and Purolator to deliver products to provincial and territorial health authorities, across the country, which will serve frontline health care workers.

Q107. How many ventilators does Canada currently have? How many would be needed when the epidemic reaches its peak?

The supply order between the federal, provincial and territorial governments also includes ventilators. The federal government has signed contracts for more than 1,500 ventilators, and is working to facilitate the purchase of additional ventilators to assist the provinces and territories.

Global demand for these items is high, and the Public Health Agency of Canada will continue to assess needs with the provinces and territories as the pandemic evolves.

Q108. What is the federal government doing to increase the number of available ventilators and masks?



The Government of Canada is currently investing \$2 billion to purchase Personal Protective Equipment (PPE), including bulk purchases with the provinces and territories. This includes masks and face shields, gowns, ventilators, test kits and swabs, and hand sanitizer.

Within the Government of Canada (Innovation, Science and Economic Development Canada, Public Services and Procurement Canada, Health Canada and the Public Health Agency of Canada), discussions are ongoing to explore avenues for PPE supply and increased domestic production with Canadian companies such as Thornhill Medical and Medicom. To ensure that these production lines meet the appropriate technical specifications for use in frontline work, Health Canada and the Public Health Agency of Canada are conducting technical assessments. This includes the recent signing by the Minister of Health of an Interim Order to allow expedited access to medical devices related to COVID-19. The list of devices authorized for diagnosing COVID-19 (with the authorization dates) can be found [here](#), and all medical devices with an active licence in Canada appear in the [Medical Devices Active Licence Listing](#).

Q109. Has Health Canada approved the use of KN95 masks in Canada? If not, why?

Yes, Health Canada has approved the use of KN95 full respirators in the context of the pandemic as equivalent to standard N95 respirators.

Q110. Is the KN95 respirator NIOSH certified? Does it meet an equivalent alternate medical standard?

No. KN95 respirators are not NIOSH certified. They meet the standard GB2626-2006, which is equivalent to NIOSH-42CFR84. For more information on equivalents for masks and other supplies, please visit <https://buyandsell.gc.ca/specifications-for-COVID-19-products>

Q111. Can masks be sold that are advertised as being for non-medical use? Does it matter if there is no English text on the mask?

If they are not used in a clinical setting and are clearly labelled for non-medical use (for example, "not for medical use", "industrial use only"), masks and respirators are not considered medical devices and are therefore not regulated by Health Canada.

Q112. What is the status of Health Canada's review of the "WOODBRIIDGE INOAC MASK" and whether it can be used in hospitals?

Health Canada authorized the "WOODBRIIDGE INOAC MASK" on April 4, 2020. It is designed to mitigate the wearer's exposure to hazardous particles. It is not a N95 respirator, it is a level 3 surgical mask that can be used in hospitals in accordance with the manufacturer's instructions.

Q113. Is the government considering increasing the supply of influenza vaccine for the upcoming flu season in light of the demand resulting from the COVID-19 pandemic?



The Public Health Agency of Canada (PHAC) helps coordinate and monitor the distribution of influenza vaccines for public programs, in collaboration with Public Services and Procurement Canada, Health Canada, manufacturers and federal, provincial and territorial partners.

In light of the COVID-19 pandemic, provincial and territorial governments are reviewing their vaccine orders for next year's flu season to determine whether they are sufficient or should be increased. Orders can still be increased before final commitments are made.

INTERIM ORDER REGARDING DRUGS, MEDICAL DEVICES AND FOODS FOR A SPECIAL DIETARY PURPOSE IN RELATION TO COVID-19

Q114. How will Health Canada assess the safety, security and effectiveness of these health products?

The Interim Order allows for the importation and sale of drugs, medical devices, and special foods that support Canada's response to COVID-19.

As with all drugs and medical devices, Health Canada will assess and monitor the safety, quality, and efficacy of all products allowed for import and sale under this Interim Order.

Drug and medical device manufacturers will be required to follow strict post-market safety requirements.

Q115. Is Canada guaranteed to receive adequate supply of these items?

Supply issues related to drugs, medical devices, or foods for special dietary purposes could occur at any time. That's why Health Canada is monitoring supplies of prescription drugs, medical devices, and health products such as hand sanitizers, and enabling the continued supply of these products to Canadians.

Q116. How does this Interim Order compare to the interim measure the Department announced last week to allow for the importation of hand sanitizers, disinfectants, personal protective equipment and swabs that do not fully meet Health Canada requirements?

This Interim Order applies to a greater variety of products, including prescription drugs and certain special foods, and creates shortage reporting requirements for medical devices.

Q117. And how does it compare to the shortage provisions in the legislative amendments?

Both the Interim Order and the amendments have provisions to allow products that are not approved for sale to be sold in Canada with certain restrictions.

The legislative amendments provide more flexibility on what may be imported, and provide additional powers such as allowing another company to make, use or sell a drug or medical device that is protected by patent in order to meet demand, when needed supplies cannot be obtained from the patent holder, subject to certain conditions as described in the interim order.



Q118. What are the new reporting requirements for medical device shortages?

Manufacturers and importers will be required to inform the Minister of shortages of medically necessary devices during the COVID-19 pandemic. Manufacturers and importers will have to notify Health Canada within five days of becoming aware of a real or anticipated shortage. This is similar to what is already required of drug companies.

A manufacturer may allow an importer to report information on its behalf, to avoid duplication.

Having an accurate understanding of real and anticipated medical device and drug shortages will help the Minister decide which products to consider allowing for import and sale.

Q119. How will the Interim Order affect personal importation?

This Interim Order will not alter Health Canada's existing position, policies, and laws with respect to personal importation.

Q120. How do we know which COVID-19 diagnostic kits have been approved by Health Canada under the Interim Order for an expedited review of medical devices, signed March 18, 2020?

The [list of diagnostic devices](#) approved under the [Interim Order](#) is available online. The list is updated on a daily basis.

Q121. What qualifies as a “food for a special dietary purpose” under the Interim Order, other than infant formula?

Foods for a special dietary purpose could include foods that are specially formulated to meet the needs of consumers with health conditions, such as low-protein foods for those suffering with kidney disease. These could also be foods that are the primary or sole source of nutrition for a person, such as infant formulas and specially formulated liquid diets for those unable to get proper nutrition through solid food.

Q122. How will access to disinfectants and hand sanitizers be expedited?

The Interim Order changes an application requirement for biocide drugs (hard surface disinfectants and certain hand sanitizers) to allow for their expedited review and authorization. In addition, the Interim Order exempts certain hand sanitizers, regulated under the *Food and Drug Regulations*, from establishment licensing.

Q123. What is the Government currently doing to address any drug and medical device shortages related to COVID-19?

Health Canada is closely monitoring the potential impact of the COVID-19 pandemic on the supply of drugs and medical devices in Canada.

Health Canada continues to actively engage the pharmaceutical drug and medical device industry and provinces and territories to monitor for any signals of supply disruptions in Canada. Health Canada is also working in collaboration with international regulatory partners, including



the European Medicines Agency, the United States Food and Drug Administration, the Australian Therapeutic Goods Administration, and the World Health Organization (WHO) to share information on any global supply disruptions.

Drug companies are required by regulation in Canada to publicly report actual and anticipated drug shortages and discontinuations within a specified timeframe on drugshortagescanada.ca. Drug and medical device shortage signals may also be reported to Health Canada by the provinces and territories, health care professionals or the public.

Health Canada has contacted all Drug Establishment Licence holders in Canada to remind them of the requirement to report anticipated and actual drug shortages, and to notify the Department of any event that may affect the quality, safety or efficacy of a drug. Medical Device Establishment Licence holders have also been requested to report any shortages to Health Canada.

Health Canada is also closely monitoring the supply of any potential treatments for COVID-19 and working with companies to help ensure continued supply in Canada, including working with companies that can ramp up supply for the Canadian market.

The Department will continue to closely monitor this situation and take any necessary action in collaboration with companies, provinces and territories and other stakeholders to help ensure continued supply of medications in Canada.

Q124. How will these amendments enhance the Government's ability to manage drug shortages?

These amendments will allow the Government of Canada to put in place more robust tools to support efforts to help prevent and alleviate shortages. For example, it enhances the Government's ability to put in place, through the Interim Order, a regulatory framework that allows for the importation of drugs and medical devices necessary to prevent or alleviate a shortage related to COVID-19.

Q125. Will Health Canada use these amendments to the *Patent Act* to bypass patent protection (sometimes called compulsory licensing) and allow other companies to produce patented drugs?

The Government of Canada respects patent rights and their importance to business and knows that industry will do everything it can to meet the needs of As Canadians.

To deal with a pandemic such as COVID-19, the Commissioner of Patents may authorize the Minister of Health to allow another company to manufacture, use or sell a drug or medical device protected by a patent in order to meet the demand, when the necessary supplies cannot be obtained from the patent holder.

The amendments to the Patent Act that were introduced the week of March 22, 2020, would only be used in exceptional circumstances, and include several safeguards to protect the interests of patent holders, including ensuring that a patent holder receives adequate remuneration for the use of the patent and placing limitations on the duration of the authorization.



The Minister of Health's power to seek authorization for third-party manufacturers to supply needed patented inventions is in place until September 30, 2020.

EXPEDITED ACCESS TO DISINFECTANTS, HAND SANITIZERS, PERSONAL PROTECTIVE EQUIPMENT AND SWABS

Q126. Were these changes made through new regulations?

These are interim measures that have been implemented due to unprecedented demand and the urgent need for products that can help limit the spread of COVID-19, including hand sanitizers, disinfectants and personal protective equipment (e.g. masks and gowns). These are not new regulations.

Q127. What does this new rule mean?

It is an interim measure and an expedited approach. It aims to facilitate access to imported hand antiseptics and disinfectants that do not fully meet the regulatory requirements of the *Food and Drugs Act*. Health Canada will authorize the sale of certain products in Canada under this interim measure, including:

- Products that are already authorized for sale in Canada but do not fully comply with Health Canada requirements (e.g. labelling in only one official language, packaging that is different from the approved one);
- Products not authorized for sale in Canada but authorized or registered in other countries with similar regulatory and quality assurance frameworks.

Health Canada will authorize the distribution of these low-risk products in Canada to address current supply shortages. The expedited process requires that an attestation form be completed. It helps Health Canada maintain a registry of all hand antiseptics and disinfectants on the Canadian market. As with all health products, Health Canada will continue to monitor the safety of these products once they are on the market and will take appropriate action to protect the health and safety of Canadians, as appropriate.

Q128. When will these products be available on store shelves?

For hand sanitizers and hard surface disinfectants subject to this interim approach, products may be imported and sold as soon as companies have submitted a complete notification form that meets the established criteria.

For personal protective equipment (class I medical devices), products may be imported or sold immediately after Health Canada issues a medical device establishment licence. Health Canada is currently issuing these licences within 24 hours of receipt of a completed application

Products are already on the market. More information is available [here](#).

Q129. Is Health Canada trying to communicate with manufacturers to get them to import more products?

Information on this expedited process was shared with all Canadian drug, natural health product and medical device establishment licence holders and industry associations.



Products authorized for sale under this interim measure have been added to the list on Health Canada's [website](#). At the time the notice was posted on March 18, only hand sanitizers and disinfectants had met the criteria for sale under this interim measure. Since then, medical devices have been found and will be added to the list in the coming days.

Q130. Is Health Canada calling on the three Royal Canadian Mounted Police (RCMP) forensic laboratories to provide personal protective equipment to health care workers?

The Government of Canada has not asked the RCMP to provide personal protective equipment to health care workers. It is working directly with the provinces and territories to identify needs and buying in bulk to take advantage of their collective purchasing power. At the same time, the government is accepting donations, increasing domestic industrial capacity and accelerating the regulatory process to ensure urgently needed products are brought to market in Canada.

Q131. How is the federal government handling donations coming from other countries to Canada? After they arrived at our border, where were they sent to? What is the federal government's distribution procedure? Who gets them first?

The Government of Canada receives medical supplies donated by companies in Canada and abroad and is working to make them available to frontline health care workers.

Currently, the Public Health Agency of Canada (PHAC) is handling the donations. Partners are helping to deal with all donations received as efficiently as possible and distributing them as widely as possible.

When the federal government receives a donation, it must assess its quality. PHAC and Health Canada are using a pre-established list of product specifications for this purpose. They have also created a technical review team to make it easier.

Q132. Is the Government requiring that medical supplies used by local health agencies meet certain standards? If so, what are they?

PHAC invites suppliers to go [online](#) to get information about the products they are looking for, including their specifications, as well as the expedited process they must follow.

Q133. Do you ever have concerns about the quality of medical equipment donated in Canada?

An interdepartmental, multidisciplinary technical assessment committee has been established to assess donated medical supplies to verify that they meet the Government of Canada technical specifications for COVID-19 as available on the Public Services and Procurement Canada's buy and sell website. The assessment process varies depending on the medical device.

Q134. Has the Public Health Agency of Canada rejected donations of quality controlled supplies? Did any equipment fail quality control tests over the last two months?



Shipments received are always subjected to quality control. For example, items may sometimes be damaged during shipping, and the Public Health Agency of Canada (PHAC) ensures that these items are not distributed to provinces and territories. As part of the response to COVID-19, PHAC had a small amount of Personal Protective Equipment (PPE) that was not distributed as it was damaged during shipping and PHAC continues to verify PPE as it is received. Currently, no shipments have been rejected for quality reasons.

Q135. Who specifically is on the “interdepartmental, multidisciplinary technical assessment committee”?

The interdepartmental, multidisciplinary technical assessment committee consists of representatives from the Public Health Agency of Canada, including the National Microbiology Laboratory, Health Canada and the National Research Council of Canada.

Q136. When will the assessment of donated medical supplies be completed?

The Government of Canada assesses donations as soon as they are received. The goal is to complete this process as quickly as possible so that products that meet the specifications can be distributed to the provinces and territories without delay.

Q137. Did the medical supplies donated by China last week arrive in Canada? Are they being stored in Ottawa?

A number of shipments have arrived in Canada, including from China, and the Government of Canada is working to distribute supplies quickly to the provinces and territories. The Public Health Agency of Canada does not make public the location of warehouses it uses to store personal protective equipment and other medical supplies.

Q138. What is the status of quality control testing on PPE donations/purchases from China? (On March 27, the Bank of China stated that it was donating medical supplies to Canada, including 30,000 medical masks, 10,000 sets of protective clothing, 10,000 pairs of protective eyewear and 50,000 pairs of gloves, as well as N95 medical masks)

Personal protective equipment (PPE) and medical supplies received by the Public Health Agency of Canada (PHAC) are verified for compliance with technical specifications before they are allocated to the provinces and territories. The process can vary depending on the medical device and is the same for acquisitions and donations.

The Government of Canada cannot comment on the Bank of China donation, as it was received directly by the Bethune Medical Development Association of Canada.

Q139. How many of these items were subjected to quality control and how many were not?



Shipments received by PHAC are always subjected to quality control. For example, items may sometimes be damaged during shipping, and PHAC ensures that these items are not distributed to the provinces and territories. As part of the response to COVID-19, PHAC received a small amount of PPE that was not distributed as it was damaged during shipping and PHAC continues to verify PPE as it is received. The same is true for donations received by PHAC.

Q140. What happens to items that do not pass inspection? Are they destroyed? Are they sent back to the donor country?

PPE requirements for health care workers are more stringent than those for outside of health care. Equipment that does not meet the specifications of health care facilities will be further assessed for potential use in the community.

Q141. How many swabs has Canada received to date and how many have been distributed?

As of April 9, 2020, the Government of Canada, in collaboration with the provinces and territories, has confirmed orders for over 8 million swabs, as well as other medical supplies and personal protective equipment (PPE). Bulk orders for PPE and medical supplies are being delivered and the Government of Canada is working to distribute them quickly to the provinces and territories, taking into account multiple factors, including COVID-19 response needs, fairness and optimal use of PPE.

Q142. Is the federal government considering a plan to speed up the evaluation process for donations of medical supplies to address the medical equipment shortage?

PHAC and Health Canada are working closely with the Canada Border Services Agency to expedite access to donations of medical supplies.

In response to the COVID-19 pandemic, Health Canada has implemented interim measures to expedite the importation of medical equipment and products, including disinfectants, hand sanitizers, personal protective equipment (masks, gowns) and swabs. More information can be found [here](#).

Q143. If these products don't meet all of Health Canada's regulatory requirements, should Canadians be concerned about their safety?

No. While these products are typically subject to certain regulatory requirements, such as licensing and bilingual labelling, Health Canada is allowing these low-risk products to be distributed in Canada to address their current unprecedented demand to help slow the spread of COVID-19.

The expedited process requires companies to complete and submit a notification form that allows Health Canada to maintain a record of all hand sanitizers, hard surface disinfectants and personal protective equipment being sold in Canada under this interim approach.

Health Canada will continue to use all available tools to expedite the provision of safe and effective COVID-19 health products. However, the Department does not provide widespread approval for unauthorized drugs or devices.

We will inform Canadians of any new information as it becomes available.

Consumers and patients are encouraged to report any adverse events associated with a health product to Health Canada.

Q144. How are medical devices regulated in Canada? What is a Class I device?

Canada takes a risk-based approach to the regulation of medical devices, where the level of review before approval depends on the potential risk that the use of the device presents. This approach balances the need to provide the healthcare system with timely access to new and innovative technology, with the appropriate level of oversight and time required to assess safety and effectiveness.

In Canada, medical devices are categorized into four classes based on the risk associated with their use, with Class I devices presenting the lowest potential risk (e.g., a mask or gown) and Class IV devices presenting the greatest potential risk (e.g., a pacemaker). Class II, III and IV medical devices must have a Medical Device Licence to be sold in Canada. However, during this pandemic situation, Class I to IV devices can instead receive authorization under the Interim order respecting the importation and sale of medical devices for use in relation to COVID-19.

Health Canada is currently expediting its review of licensing applications related to any medical device related to COVID-19. In addition, as with hand sanitizers and disinfectants, Class I medical devices that may not fully meet all regulatory requirements and are reported to Health Canada under this interim measure are allowed on the market.

Q145. How can consumers distinguish between a fraudulent product and a product imported through this interim measure?

Health Canada will maintain an updated list of products sold in Canada as part of this measure on its website for consumers to view.

Hand sanitizers and hard surface disinfectants authorized for sale by Health Canada have an eight-digit Drug Identification Number (DIN) or Natural Product Number (NPN) on the product label. These products are listed on Health Canada's Drug Product Database or Licensed Natural Health Products Database.

Class I medical devices are not licensed by Health Canada, but companies importing or manufacturing them do require a Medical Device Establishment Licence from Health Canada. These products are available on the Health Canada website.

If consumers see a hand sanitizer or disinfectant that is offered for sale that does not have a DIN or NPN on the product label and is not listed in the Notice, or if they become aware that a company is importing or manufacturing a Class I device without the required licence, they are encouraged to report it to Health Canada.



Medical devices related to COVID-19 authorized for sale by Health Canada are listed on the Health Canada [website](#).

Q146. What else is Health Canada doing to improve the supply of health products during the COVID-19 pandemic?

The Minister of Health signed an Interim Order on March 18, 2020 to expedite access to medical devices related to COVID-19. The list of medical devices related to COVID-19 authorized under this Interim Order is available on Health Canada's [website](#).

Q147. Is it possible to have access to medical devices and drugs that are not authorized in Canada but are available in other countries?

Health professionals can request access to medical devices related to COVID-19 that have not yet been authorized in Canada and drugs related to the management of patients with COVID-19 through Health Canada's [Special Access Program \(SAP\)](#). Applications are assessed on a case-by-case basis.

If you have any questions about the SAP for medical devices, please contact the program by [email](#).

INTERIM ORDER RESPECTING COVID-19-RELATED MEDICAL DEVICES

Q148. When will Health Canada be able to approve the first test kits for COVID-19 as medical devices?

Health Canada is working with manufacturers to enable the release of commercial diagnostic devices to increase Canada's COVID-19 diagnostic capacity.

On March 13, 2020, Health Canada received two applications for diagnostic devices, one from Roche Diagnostics and the other from ThermoFisher Scientific. These applications were subjected to an expedited review before being approved. Health professionals now have access to these devices through our Special Access Program (SAP).

Health Canada will immediately inform the laboratories in question, the Public Health Agency of Canada and provincial and territorial health departments regarding the availability of these diagnostic devices.

Health Canada is also working with many other companies that are preparing information for the Department's review. These applications will also be subjected to an expedited review.

Q149. How quickly are reviews of submissions sent to Health Canada regarding COVID-19 tests being done?

Health Canada is working to increase access to diagnostic testing in Canada through an expedited review process. The list of devices authorized for diagnosing COVID-19 (with the authorization dates) can be found [here](#), and all medical devices with an active licence appear in the [Medical Devices Active Licence Listing](#).



On March 18, the Minister of Health signed an [Interim Order](#) to allow expedited access to COVID-19-related medical devices for use by health care providers, including test kits. This is an important development in the fight against COVID-19. The Interim Order will support faster and more flexible approval of the importation and sale of required medical devices as part of Canada's response to COVID-19, including test kits.

Q150. Is Health Canada exploring the idea of take-home antibody tests, in a similar vein as the UK? Can you comment on the efficacy of these tests?

On March 18, the Minister of Health signed an [Interim Order](#) to provide faster access for health care providers to COVID-19-related medical devices, including test kits. The Interim Order will allow Health Canada to more quickly and flexibly approve the importation and sale of medical devices required as part of Canada's response to COVID-19, including test kits. The list of devices authorized for diagnosing COVID-19 (with the authorization dates) can be found [here](#), and all medical devices with an active licence appear in the [Medical Devices Active Licence Listing](#).

Public health laboratories across Canada and around the world use tests that detect the presence of the virus that causes COVID-19. These tests are being reviewed on a priority basis by Health Canada to increase the number of tests available in Canada to detect any active virus infection that causes COVID-19.

Serological testing – such as the home tests that are being evaluated in the United Kingdom – have their limits. They do not detect the virus itself, but rather the antibodies produced in response to an infection. While these tests are also being accepted for review, the World Health Organization does not currently recommend the use of serological testing for clinical diagnosis, and Health Canada is implementing this recommendation. Research on serological testing is underway in Canada and around the world. The Department is working with the National Microbiology Laboratory to validate testing and research, as well as expert advice, so that we can have confidence in the test results.

Q151. How will these new kits help screen more patients?

The Interim Order facilitates and expedites the importation and sale of certain medical devices, such as laboratory diagnostic kits, in Canada. It will help provide access to medical devices that will allow for faster and more convenient screening, including the fact that samples will not have to be sent to the National Microbiology Laboratory in Winnipeg. That way, test results will be known more quickly.

Point-of-care diagnostic tests are being developed and could be used through this Interim Order. This would allow patients to be tested more quickly and practically. Timely results will allow health care professionals and patients to take prompt action to help mitigate the spread of the disease.

Q152. How often are interim orders used?



In recent years, interim orders have been necessary on a number of occasions to allow timely access to health products under exceptional circumstances, thereby mitigating a significant health or safety risk.

The last interim order was issued in August 2018 to facilitate the immediate importation and sale of AUVI-Q epinephrine auto-injectors as an emergency measure during a significant national EpiPen shortage.

Another interim order was issued in July 2016 to allow immediate temporary access to naloxone nasal sprays until a Canadian authorization review was completed.

Q153. How will Health Canada ensure that these kits are safe and effective?

The Interim Order creates an appropriate pathway for the importation and sale of medical devices that support Canada's response to COVID-19. This Interim Order and its associated approval pathway provide the Minister with full discretion to consider the urgent circumstances surrounding the need for the device, authorizations granted by foreign regulators or potential new indications for the use of previously approved medical devices in Canada.

Like any drug or medical device, Health Canada will assess and monitor the safety and effectiveness of all products authorized under this Interim Order, and will immediately take all necessary measures to protect the health and safety of Canadians, if necessary.

Manufacturers will be required to comply with strict post-market safety requirements, including the mandatory reporting of any problems, recall procedures, and complaint handling.

Q154. Does Canada have a guarantee that it will receive an adequate supply of diagnostic kits?

We expect a sufficient amount of diagnostic tests. It will be up to the company to provide kits if demand exceeds supply.

NATIONAL EMERGENCY STRATEGIC STOCKPILE (NESS)

Q155. Who manages the NESS? Where are the NESS storage facilities located?

The Public Health Agency of Canada (PHAC) manages the National Emergency Strategic Stockpile (NESS). NESS facilities consist of a central depot in the National Capital Region and warehouses strategically located across Canada. For security reasons, we do not publish their location.

Q156. How large is the stockpile and how will supplies be allocated and distributed?

It is not the practice of the Public Health Agency of Canada (PHAC) to disclose details of the stock contained in the National Emergency Strategic Stockpile (NESS).



The NESS contains personal protective equipment and ventilators. In the current situation, inventory levels are constantly changing as supplies are redistributed at the request of provinces and territories to help them meet surge demands.

Bulk orders for PPE and medical supplies have been delivered, and the Government of Canada quickly allocates supplies to the provinces and territories according to the allocation formula agreed to by the federal, provincial and territorial ministers of health. In addition to responding to requests for assistance sent to the National Emergency Strategic Stockpile (NESS), the Government of Canada supported the distribution of 6.8 million Medicom surgical masks, which were shipped directly to the provinces and territories. Ontario received its share on April 3. In addition, 1.7 million nitrile gloves are being shipped to the provinces and territories.

As per Health Canada guidance on optimizing the use of masks and respirators during the COVID-19 outbreak, NESS also shipped nearly 300,000 expired N95 masks to the provinces and territories.

Q157. Which provinces and territories have drawn on supplies from the NESS? What supplies have they taken?

To address immediate short-term needs, PHAC distributes NESS supplies based on requests for assistance. As of April 6, the National Emergency Strategic Stockpile had received and processed 23 requests for assistance from the provinces and territories. Items shipped by NESS included N95 masks, surgical masks, face shields, gloves, gowns and ventilators. To maintain NESS inventory, a portion of the federal, provincial and territorial collaborative procurement is retained at the NESS to provide additional support in response to urgent needs in the provinces and territories.

Q158. Modelling data from Alberta indicates that Alberta is expecting 6 ventilators from the Public Health Agency of Canada. Are they coming from the NESS or from some other source?

The Public Health Agency of Canada (PHAC) continues to deploy personal protective equipment and ventilators from the National Emergency Strategic Stockpile (NESS) to provinces and territories in response to requests for assistance. As part of this process, PHAC can confirm that six ventilators were sent to Alberta.

Q159. How many surgical masks and N95 respirators does Canada currently have? How many will be needed when the epidemic reaches its peak?

The National Emergency Strategic Stockpile contains personal protective equipment (PPE), including N95 respirators, to provide additional capacity to provinces and territories.

Based on the needs identified by provinces and territories, collaborative efforts by federal, provincial and territorial governments are focused on the acquisition of large quantities of PPE, such as N95 respirators. PPE orders are beginning to come in, and jurisdictions are discussing approaches to allocating this equipment to ensure an effective health system response to COVID-19.



To date, the federal government has ordered over 200 million surgical masks and N95 respirators.

The Public Health Agency of Canada is receiving shipments of PPE at various locations across Canada; over one million masks have been delivered to a warehouse in Hamilton. Once shipments have been properly validated, PPE will be distributed quickly to the provinces and territories for use by frontline health care workers.

Demand will continue to be assessed with provinces and territories as the pandemic evolves.

The safety of health care workers is a top priority. The Government of Canada continues to work with partners in the provinces and territories to address the COVID-19 outbreak, including ensuring health care workers have the PPE they need to protect themselves and the health of their patients.

Q160. How many masks and gloves have been discarded and why? Have they been replaced? If so, how many gloves and masks are currently in the Regina warehouse? If they were discarded because they were expired, why would Ottawa allow masks and gloves purchased with taxpayers' money to expire instead of injecting them into the health care system supply cycle where they could be used before they expired?

The National Emergency Stockpile System (NESS) regularly reviews its inventory of materiel and, as part of this review, obsolete materiel is disposed of in accordance with the Treasury Board's Directive on Disposal of Surplus Materiel. In 2019, approximately 2 million expired masks and 440,000 expired gloves were removed when the National Emergency Strategic Stockpile (NESS) warehouse in Regina was closed. The masks and gloves were purchased in 2009 and had exceeded the five-year limit for use as recommended by the manufacturer.

Although the World Health Organization authorizes the donation of personal protective equipment, it requires that all equipment be supported by the manufacturer for at least two years. This means that the equipment must be donated two years before it expires.

The Public Health Agency of Canada (PHAC) follows strict guidelines when deploying equipment. If the Agency cannot report on the quality of the equipment, it will not deploy it. Even under the current circumstances of the COVID-19 pandemic, where Health Canada guidance allows for the deployment of expired personal protective equipment, the Agency would take a close look at any equipment that is five years old or older. This practice is consistent with manufacturers' recommendations.

Q161. How is personal protective equipment distributed and prioritized?

The Government of Canada and the provinces and territories have agreed on a strategy for the distribution of personal protective equipment.

Based on the needs indicated by the provinces and territories, supply measures implemented together by federal, provincial and territorial (FPT) administrations are focused on the purchase of large quantities of PPE and medical supplies, including N95 respirators, surgical masks, face



shields, nitrile gloves, gowns and other protective clothing, disinfectant, ventilators and screening supplies. The allocation of these supplies is the subject of a collective decision (FPT) that assists the Canadian health system in responding to the COVID-19 outbreak.

Additionally, to provide surge support to the provinces and territories, the Public Health Agency of Canada (PHAC) has released items from the National Emergency Strategic Stockpile (NESS). This has also included specific types of PPE, such as surgical masks, gloves and N95 respirators, as well as other items, such as ventilators, disinfectants and hand sanitizers.

To receive items from the NESS, provinces and territories must submit a Request for Assistance (RFA). PHAC responds to RFA as they are received and allocates supplies to provide surge capacity to the provinces and territories while maintaining a conservative inventory at the NESS to ensure surge support. In this current environment, due to global high demand for PPE, provinces and territories are encouraged to submit RFA with shorter time frames (e.g., surge requirements for 1-2 weeks) with the option of following up with additional RFAs as this event progresses.

Q162. Is it the responsibility of the Government of Canada to maintain the National Emergency Strategic Stockpile or is it a provincial or territorial responsibility?

The NESS mandate is to provide surge support to provinces and territories, as well as to federal populations such as Correctional Service Canada.

PHAC, in conjunction with Public Services and Procurement Canada, has placed bulk orders for PPE to meet the needs of the provinces and territories, which are working very hard on their own to make sure they have the equipment they need for front line health care workers.

Canada receives orders for supplies and redistributes the majority to provinces and territories, but retains a small portion to replenish the NESS for surge support.

Q163. Has inventory been added to NESS since the COVID-19 outbreak?

Orders for Personal Protective Equipment (PPE) and medical supplies were placed early by the federal government, provinces and territories to supplement their existing stocks. On March 9, the Prime Minister and the Deputy Prime Minister wrote to all provincial and territorial premiers to announce that the federal government was planning to place a bulk order for the necessary health supplies for the COVID-19 pandemic.

PHAC has been working with Public Services and Procurement Canada to place bulk orders for PPE supplies to meet the needs of provinces and territories, which are actively trying to get the equipment they need for frontline health care.

Canada is receiving procurement orders and jurisdictions are working together to ensure an effective health system response to COVID-19 while maintaining and replenishing NESS inventory for surge support.

We continue to do our best to keep the public informed of the highly variable amounts of PPE; however, our priority is to get this protective equipment and distribute it to the provinces so that the health care workers who need it most have access to it.



Q164. Is NESS fully integrated with other medical device repositories in Canada?

The NESS is mandated to provide emergency assistance to provinces and territories, as well as to federal populations, such as Correctional Service Canada. However, in the fight against COVID-19, PHAC is also accepting donations of medical supplies from other government departments, companies or countries for distribution.

In addition, under Canada's Plan to Mobilize Industry to fight COVID-19, the Government of Canada is directly helping companies accelerate production or restructure their assembly lines so they can manufacture products in Canada such as personal protective equipment and other essential medical supplies.

The Government of Canada created the Strategic Innovation Fund to provide timely assistance to Canadian companies conducting large-scale research with promising future results and development projects to identify medical counter-measures for COVID-19, including vaccines and essential medical supplies.

Q165. Was the recent notice on the Government Buy and Sell site a call for additional NESS suppliers?

The Government of Canada is exploring all avenues to obtain medical supplies, including Personal Protective Equipment (PPE), to prepare for and respond to the COVID-19 outbreak.

The Notice that went out on Buy and Sell to identify additional suppliers will benefit federal, provincial and territorial governments, including the National Emergency Strategic Stockpile (NESS).

More information on the Government of Canada's response can be found [here](#).

Q166. Does PHAC have to go to tender to replenish NESS supplies or can it use the Emergency Rule to buy directly?

PHAC follows the appropriate legislation, policies and guidelines with respect to the procurement of supplies or goods for the NESS. Competitive procurement practices such as the use of established supply arrangements, or requests for proposals, are routinely utilized to access the supply chain.

On March 14, 2020, PHAC requested and received a national security exception for the procurement of goods and services required by the Government of Canada to respond to the COVID-19 outbreak. With this authority, PHAC will not be required to go to tender to renew NESS supplies and will work with Public Services and Procurement Canada to determine the best procurement strategy.



Q167. What has changed since the 2011 NESS evaluation report?

Since the 2011 evaluation, the NESS has evolved to better align with the ever-changing risk environment and is investing in strategic assets, such as medical counter-measures and mini-clinics, to enhance the Agency's ability to respond to surge capacity requests during health emergencies. In addition, there has been increased engagement with provincial and territorial partners and other stakeholders to increase awareness of NESS capabilities.

VACCINE AND TREATMENT

Q168. Is there a vaccine that protects humans against coronaviruses? If no vaccine is currently approved, are any being developed or tested?

Currently, there is no approved vaccine to protect humans from coronaviruses.

The World Health Organization (WHO), along with the Coalition for Epidemic Preparedness Innovations, is coordinating international collaboration to advance vaccine research and development for COVID-19.

The Public Health Agency of Canada and the Canadian Institutes of Health Research, in consultation with international partners, including the WHO and the Global Research Collaboration for Infectious Disease Preparedness, are assessing how scientists at our National Microbiology Laboratory, in conjunction with Canada's research community, will participate in global research efforts.

Q169. Could the PVC13 vaccine used for pneumonia be used for the treatment of COVID-19?

There is currently no vaccine or other health product authorized specifically for the prevention or treatment of COVID-19, given that it is a relatively new virus.

For vaccines or other health products that are promising for the treatment of COVID-19, including secondary infections associated with the disease, clinical trials are the best way to proceed, since they enable the health care community to systematically collect data on the effectiveness of treatments and associated risks. To date, Health Canada has not received any applications for clinical trials for the use of pneumonia vaccines as a treatment for infections associated with COVID-19.

Health Canada is working closely with many potential clinical trial sponsors for COVID-19 to promote access for Canadians. To facilitate faster access to therapeutic products needed to treat or prevent COVID-19, Health Canada will expedite the regulatory process for any health product associated with COVID-19, including the review and authorization of clinical trial applications, while continuing to ensure the safety of test participants. In addition to the work done by professional corporations, clinical trials are being coordinated internationally and within Canada's health portfolio.

Q170. How long will it take to develop a vaccine?



Coronaviruses are a group of viruses that can cause a wide range of illnesses, from common colds to Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS-CoV). The challenge of developing a vaccine that protects against coronavirus is that human coronavirus infection does not provide lasting immunity, which means that a person can be re-infected after recovering from an initial infection.

While the development of a vaccine with long-term immunity remains problematic, it would be possible to develop a vaccine that could offer short-term protection (similar to a pandemic flu vaccine) to respond to a new coronavirus epidemic.

In the case of a vaccine against a particular coronavirus, it could take years for researchers to develop one.

For example, there is currently no approved vaccine or specific treatment for Middle East Respiratory Syndrome (MERS-CoV), a particular coronavirus that was first identified in 2012. We know that work is being done elsewhere to better understand how to prevent MERS-CoV and to develop a vaccine against this virus. This includes vaccine development efforts coordinated by the WHO and the Coalition for Epidemic Preparedness Innovations (CEPI).

Q171. How are people being treated for this illness?

Currently, there is no drug or medication treatment for people infected with a novel coronavirus. Researchers are examining the effectiveness of existing antiviral treatments.

The World Health Organization has advised health professionals, including providing recommendations for early supportive therapies, symptom management and the prevention of complications.

The novel coronavirus causes a range of symptoms from mild to severe depending on the person. Therefore, if you have travelled abroad, it is important that you monitor your health when you return home. During your trip, you may have come into contact with the novel coronavirus. PHAC recommends that you monitor yourself for fever, cough or breathing difficulties for 14 days after you return home. If you develop any of these symptoms, contact your health care professional or local public health authority to inform them. They will provide advice on what you should do.

Q172. Is Health Canada investigating these reports and are there currently any guidelines regarding the use of Vitamin C as a defence or treatment against the coronavirus?

Since the beginning of the COVID-19 outbreak, Health Canada has taken steps to help Canadians access the health products they need to treat or prevent COVID-19. Currently, there are no drugs specifically authorized to treat COVID-19 because it is still a relatively new virus. A lot of work is being done to look at potential new therapies, including drugs that may have been authorized for the treatment of diseases other than COVID-19. For drugs that show promise in the treatment of COVID-19, the best way to access therapies is through clinical trials that allow the health care community to systematically gather information about the effectiveness of treatments and the risks associated with them.

Health Canada recently authorized a clinical trial application to study intravenous Vitamin C use in COVID-19 patients to help improve the functioning of some of the body's organs in severe cases of COVID-19 and to closely monitor its progress.

To facilitate earlier access to therapeutic products needed to treat or prevent COVID-19, Health Canada will expedite its regulatory process for any COVID-19-related health products, including the review and authorization of clinical trial applications. In addition to the work carried out by professional corporations, clinical trials are being coordinated by the entire health portfolio, both in Canada and around the world. The landscape is changing rapidly, and the health portfolio is working hard to adapt to changing needs.

Q173. Are there any safety issues related to the use of ibuprofen by in COVID-19 cases?

There is currently no scientific evidence linking ibuprofen, or other non-steroidal anti-inflammatory drugs (NSAIDs), to worsening symptoms of COVID-19.

If you are experiencing symptoms of COVID-19, talk to your health care provider about the most appropriate health products for relieving your fever or pain. If you are currently taking ibuprofen, especially for a chronic disease, continue to do so.

Q174. Can Hydroxychloroquine and Azithromycin be used to treat any patient who is infected with coronavirus? Will they be effective for everyone?

There is evidence to suggest that these drugs may be effective in some patients. However, these are preliminary findings from a few studies conducted on a very small scale. There are also significant safety risks associated with both drugs, such as QT interval prolongation, which is a serious heart rhythm disorder. A health care professional may choose to use these off-label drugs, depending on the patient's situation, including the severity of the disease, if the potential benefits outweigh the known risks of the drugs.

In Canada, a doctor's decision to prescribe a particular drug to a patient, whether for an approved or off-label indication, falls under the practice of medicine. While Health Canada ensures drug regulations, it is the responsibility of health professionals, when prescribing a drug, to take into account data published in medical journals, reports and peer-reviewed studies.

Q175. Are clinical trials underway to determine the efficacy of Hydroxychloroquine and Azithromycin?

Health Canada is aware of several clinical trials underway or planned in Canada and around the world on Hydroxychloroquine as a treatment for COVID-19 and is closely monitoring the progress of these trials.

Any company or health care professional involved in the treatment of patients with COVID-19 who would like to conduct clinical trials to evaluate the effectiveness of these drugs or other substances should contact Health Canada.



The list of approved clinical trials for the prevention or treatment of COVID-19 or its complications can be found in [Health Canada's Clinical Trials Database](#) by entering "COVID" in the "Medical condition" field.

**Q176. What are Hydroxychloroquine and Azithromycin usually used for?
What are the approved indications?**

Hydroxychloroquine is an antiparasitic drug used in the treatment of malaria and autoimmune diseases such as rheumatoid arthritis and lupus. In vitro studies have shown that Hydroxychloroquine can decrease replication of the coronavirus and thus could reduce the viral load of SARS-Cov-2 (the new coronavirus responsible for COVID-19).

Q177. Does Health Canada have an official position on hydroxychloroquine and chloroquine for the treatment of COVID-19?

Health Canada recognizes that Canadians living with COVID-19 need access to safe and effective drugs and treatments. Hydroxychloroquine and chloroquine are available on the Canadian market for the treatment of other diseases, but have not been approved for the treatment of COVID-19.

International reports have suggested that hydroxychloroquine and chloroquine are promising drugs for the treatment of COVID-19, but this remains to be confirmed. For drugs that show promise in the treatment of COVID-19, the best way to offer them to Canadians is through clinical trials. Clinical trials allow the health care community to systematically gather information about the effectiveness of treatments and the associated risks. Therefore, Health Canada is encouraging manufacturers to work with researchers to make these drugs available to patients with COVID-19 in clinical trials.

As of April 8, 2020, Health Canada has approved two clinical trials for the use of hydroxychloroquine in the treatment of COVID-19. Health Canada has also approved nine other clinical trials using other potential therapies. A list of clinical trials approved for the prevention or treatment of COVID-19 and associated complications can be found in Health Canada's [Clinical Trials Database](#). This database can be searched by entering "COVID" in the medical condition field.

Q178. Are hydroxychloroquine or chloroquine being used in Canadian hospitals for testing or treatment?

Two approved clinical trials in Canada are being conducted in several locations across the country.

Because both hydroxychloroquine and chloroquine have been approved in Canada for the treatment of other diseases, physicians may prescribe these drugs outside of their approved indications (off-label use). The use of off-label drugs falls under the practice of medicine and is regulated at the provincial level.



Q179. What is Health Canada doing about products that claim to prevent, treat or cure COVID-19?

There are currently no vaccines for COVID-19 or any natural health products, including traditional Chinese medicines, authorized to treat or prevent COVID-19.

The sale of unauthorized health products or the making of false or misleading claims to prevent, treat or cure COVID-19 is illegal in Canada. The Department is taking this issue very seriously and will take action to stop any such activity. To date, Health Canada has not approved any products to treat or cure COVID-19. Health products authorized for sale by Health Canada will bear an eight-digit Drug Identification Number (DIN), Natural Product Number (NPN) or Homeopathic Drug Number (DIN-HM). The Department is taking action to address complaints about unauthorized products on the Canadian market that contain false or misleading claims regarding the treatment, prevention or cure of COVID-19.

The Department encourages anyone who has information about the sale or potentially misleading advertising of any health product that purports to treat, prevent or cure COVID-19 to report it through our online complaint form.

When Health Canada identifies or becomes aware of a potential non-compliance with the *Food and Drugs Act* or its regulations, it takes action to confirm whether the non-compliance has occurred and takes action based on the risk to the health of Canadians. A number of compliance and enforcement options are available to address non-compliance or mitigate a risk to Canadians, including site visits, public communications, recalls, and the seizure of products and advertising materials. The primary objective of the Department's approach to compliance and enforcement is to manage risks to Canadians using the most appropriate level of response, in accordance with Health Canada's Compliance and Enforcement Policy for Health Products.

Q180. Are there any natural health products, including traditional Chinese medicines, Ayurvedic medicines and homeopathic products to protect against or treat the virus?

There are no approved natural health products to protect against, or treat COVID-19. This includes traditional Chinese medicines, Ayurvedic medicines and homeopathic products.

Q181. Are Avigan or Favipiravir approved in Canada? Is Canada taking steps to get them approved?

Avigan is the brand name for Favipiravir. This antiviral has been approved in Japan and China for the treatment of influenza. Currently, no product containing Favipiravir is approved in Canada.

Since the beginning of the COVID-19 outbreak, Health Canada has taken steps to increase Canadians' access to the health products they need to treat or prevent COVID-19. To enable faster access to a vaccine or therapy for COVID-19, Health Canada will expedite its regulatory process for all health products related to COVID-19, including the review and authorization of clinical trial applications.

Health Canada has initiated discussions with companies whose products appear promising in the fight against COVID-19, including the company that makes Favipiravir. However, Health



Canada has not to date received any submissions for products containing Favipiravir. It is ultimately up to the manufacturer to decide whether it wants to get market authorization for their product in Canada.

For drugs that have some potential for the treatment of COVID-19, such as Favipiravir, Health Canada is encouraging sponsors to work with researchers and offer drugs to patients in clinical trials. This would ensure the informed consent of patients and allow the health care community to know if treatments are effective and if there are associated risks.

Q182. Will Health Canada or Public Health Agency of Canada be issuing treatment guidelines if drugs like favipiravir or other antivirals, or any other drug, is found effective in another country/jurisdiction at treating COVID-19?

Currently, there is insufficient evidence to recommend specific treatment for COVID-19 in patients with a confirmed COVID-19 diagnosis who are not in clinical trials. Clinical trials are underway to test various experimental antivirals listed on <https://clinicaltrials.gov/> or the Chinese clinical trials registry (<http://www.chictr.org.cn/abouten.aspx>). The development of clinical guidelines is underway with the support of the Association of Medical Microbiology and Infectious Disease Canada and the Canadian Critical Care Society.

Drugs that are not available in Canada can be accessed through clinical trials or the Special Access Program. In the event that there is sufficient data to support the efficacy of a drug in the treatment of COVID-19 in order to make a submission to Health Canada and that this application is approved, the instructions for use would be included in the product monograph. Other organizations may also develop guidelines for the off-label use of other products that have been shown to be effective.

TEMPORARY EXEMPTIONS FOR MEDICAL TREATMENT UNDER THE CONTROLLED DRUGS AND SUBSTANCES ACT

Q183. Was this exemption requested by provinces and territories?

Health Canada received inquiries from a few jurisdictions regarding measures that would facilitate access to certain medical treatments during the pandemic. The Department has taken quick action to respond to their concerns and to prevent potential issues related to accessing medical treatment during the pandemic.

Q184. When will pharmacists and practitioners be able to begin doing these new activities?

In response to the COVID-19 outbreak, Health Canada has temporarily exempted certain new activities that apply to pharmacists who are registered and entitled to practice pharmacy under the laws of their province or territory and are entitled to conduct activities with controlled substances. The availability of these new activities depends on the province or territory and licensing authority adopting these measures. Health Canada recommends contacting the provincial and territorial licensing authorities for more information.



Given the severity of the COVID-19 outbreak, Health Canada is working to take prompt action to help jurisdictions ensure continued access to medications for Canadians.

Q185. What activities are currently authorized for pharmacists?

Pharmacists are medication experts and play an important role in monitoring patients and medication to ensure safe and optimal use, while contributing to outcome-focused patient care. Regulations under the *Controlled Drugs and Substances Act* state that a pharmacist is authorized to sell or provide a controlled substance to a person if they have received a prescription or a written order from a practitioner.

While these regulations do not permit pharmacists to prescribe, other related activities included in the meaning of the words “sell” and “provide” are allowed as long as the quantity dispensed does not exceed the amount originally authorized. These activities include, but are not limited to:

- **Adjusting the formulation:** adjusting the dosage form of medication prescribed
 - e.g. liquid formulation rather than a pill;
- **Adjusting dose and dosage regimen:** a structured plan that specifies the frequency at which a dose of medication should be ingested
 - e.g. increasing from 20 mg per day for 5 weeks to 10 mg per day for 10 weeks;
- **De-prescribing:** a planned and supervised process of reducing or stopping a medication; and
- **Part-filling:** dispensing a quantity of a medication that is less than the total amount of the drug specified by a practitioner
 - For greater clarity, this includes part-fills requested by a patient, when a pharmacy is dealing with an inventory shortage or other situations where the nature of the part-fill is a matter of discussion between the pharmacist and patient.

With the goal of supporting better medication management and protecting the health and safety of Canadians, Health Canada has shared with pharmacists an interpretive guide related to prescribing activities with substances regulated under the *Narcotic Control Regulations*, the *Benzodiazepines and Other Targeted Substances Regulations* and Part G of the *Food and Drug Regulations*.

Q186. If a patient doesn't have a prescription, can a pharmacist now prescribe new medications for patients?

With this exemption, pharmacists can be authorized to renew or extend prescriptions in order to maintain a patient on a medication. Pharmacists are not authorized to initiate a new medical treatment with controlled substances (e.g., narcotics).

Q187. Will this exemption apply to other healthcare professionals?

This exemption will apply to other healthcare professionals, including nurse practitioners, dentists and veterinarians, allowing them to verbally prescribe narcotics (depending on the prescriber's scope of practice and provincial and territorial authorization).

Q188. Has there been any consideration of permanently giving pharmacists extended authorities?

Pharmacists are medication experts and play a significant role in monitoring patients and medication to ensure safe and optimal use in patient care.

To ensure better drug management and protect the health and safety of Canadians, in March 2019, Health Canada launched a formal consultation to seek input on how to modernize the role of pharmacists in the health care system. The Department is currently reviewing all the comments received. There will be another opportunity to comment on any draft regulations in Part I of the *Canada Gazette*. Health Canada is inviting everyone to participate in the consultation.

Q189. Are there any special provisions being made to assist supervised consumption sites during the COVID-19 pandemic?

Health Canada recognizes that local pandemic precautions could impact the operating of supervised consumption sites and services. The Department continues to work directly with site operators to assess situations on a case-by-case basis and determine appropriate modifications to their protocols and practices. Operators are encouraged to contact the Office of Controlled Substances' Exemptions Section at hc.exemption.sc@canada.ca.

PREVENTION AND RISKS

Q190. How can I protect myself from this virus?

Here are some tips for staying healthy and preventing the spread of infections:

- Wash your hands often with warm running water and soap for at least 20 seconds;
- Use an alcohol-based hand sanitizer only if water and soap are not available;
- Avoid touching your eyes, nose or mouth without first washing your hands;
- Avoid contact with sick people, especially if they have a fever, cough or difficulty breathing;
- Cough or sneeze into your arm to reduce the risk of spreading germs;
- Stay home if you get sick to avoid infecting others.

Q191. In Canada, should people wear a mask to protect themselves against this virus?

Proven methods to prevent the transmission of COVID-19 include:

- Stay home as much as possible;
- Practice physical distancing;
- Wash your hands;
- Protect the most vulnerable from infection and limit their exposure to others;
- Cough into a tissue or your sleeve.

Health care workers require medical masks, including surgical masks, procedural masks and respiratory masks such as N95 masks. It is extremely important that these masks be reserved for health care workers, who urgently need them to perform medical procedures and to care for people with COVID-19.



There is no evidence that wearing non-medical mask or face covering (i.e. made to completely cover the nose and mouth without gaping and secured to the head by ties or ear loops) in the community will protect the person wearing it. However, wearing a non-medical mask or face covering is an additional step you can take to protect those around you.

Wearing a non-medical mask is another way to cover your mouth and nose to prevent your respiratory droplets from contaminating others or landing on surfaces. Like covering your mouth with a tissue or sleeve when coughing, a cloth mask or face covering can reduce the risk of other people being exposed to your respiratory droplets.

During short periods when it is not possible to practice physical distancing in public (e.g. at the grocery store or in cramped areas such as public transit), wearing a non-medical mask is one way to protect those around you.

Young children under two years of age and people with breathing problems, who are unconscious, or who are unable to remove a mask on their own should not wear a non-medical mask or other face covering.

Q192. Can vaping/smoking/drug use damage the lungs – making someone more vulnerable to COVID-19?

No direct evidence has been published on vaping or drug use and associations with COVID-19 disease outcomes.

Studies that examined the association between smoking and the severity of COVID-19 indicate that smokers may be more susceptible than non-smokers.

Q193. In the U.S., people under age 44 account for a large portion of hospitalizations. What are we seeing with younger people in Canada?

In Canada, people under age 40 make up 31% of cases. Compared to other age groups, people under 40 suffer less from the disease, with only 9% of hospitalizations and 4% of ICU admissions reported in this age group. (These numbers are subject to change as new cases are identified and the situation evolves.)

Q194. What is your message to young people (especially those who smoke/vape/use drugs) who think they are immune to COVID-19?

Everyone is susceptible to this virus – you are not immune. Vaping can increase your exposure to chemicals that could affect your health (e.g. lung damage). It is also important to remember that equipment for vaping or drug use should never be used by more than one person. At this moment in time, maintaining a healthy lifestyle is particularly important.

ANIMALS

Q195. Is it possible to get the virus from animals in Canada?

No. At this time, there is no indication that this coronavirus is circulating in animals in Canada (wild animals, livestock or pets).

Q196. Can pets and other domestic animals get the virus?

It is possible that certain types of animals could be infected with the coronavirus that causes the disease, but we do not yet know whether they would get sick.

A pet dog in Hong Kong has recently tested positive for COVID-19 virus, following close exposure to an infected person. Although the test used can't tell us for certain that the dog is infected (only that virus genetic material was found in its nose and mouth), experts believe that this dog has a low level of infection. The dog showed no signs of illness. The most likely explanation is that the coronavirus had spread from the owner, a confirmed case, to his pet dog. There is currently no evidence that pets, including dogs, can transmit the coronavirus that causes the disease.

To date, there have been no reported cases of coronavirus infection in livestock.

It's important to remember that the highest risk for COVID-19 infection is through contact with an infected person, and not through animal contact. However, until we know more, you must follow the same recommendations to reduce the risk of infection for other people if you have been diagnosed with COVID-19 and have a pet or other animal:

- Avoid close contact with the animal:
 - Avoid hugging or kissing them, or letting them lick you, sit on you or sleep in your bed.
- Practice good cough etiquette:
 - Avoid coughing or sneezing on your animal;
- If possible, have another person at home look after your pet:
 - If this is not possible, always wash your hands before touching or feeding them;
- Limit contact between your animal and other people and animals:
 - Keep them indoors if necessary.

As always, livestock producers must follow normal biosecurity measures, including restricting access for visitors or workers who have visited an affected area or been in contact with someone from an affected area. For more information on farm-level disease prevention, producers are encouraged to consult the National Biosecurity Standards and Biosecurity Principles and the National Farm-Level Biosecurity Planning Guide.

These recommendations will be updated as more information becomes available.

Q197. Am I at risk of contracting COVID-19 if I have been in contact with an animal recently imported from an affected area (e.g. a dog imported by a rescue organization)?

All animals entering Canada must meet the importation requirements set by the Canadian Food Inspection Agency. Currently, there is no requirement in Canada to restrict the importation of animals in light of the COVID-19 outbreak, as there is no evidence that pets or other domestic animals can spread this virus. However, until we know more, importers, rescue organizations and adoption families are encouraged to limit or delay the importation of animals from affected areas.



Any animal imported from an affected area must be closely monitored for signs of disease. If an animal becomes ill, contact your veterinarian and inform them of the situation. Contact your veterinarian by phone first to ensure they are aware of the circumstances.

Animals imported from other countries can carry a variety of diseases that do not exist in Canada and that can spread between animals and between animals and humans. Therefore, it is always desirable that a recently imported animal be examined by a veterinarian so that the veterinarian can advise you on the care and vaccines required to keep it healthy and to protect the health of your family.

Take the following precautions to prevent the transmission of disease from the animal to humans:

- Always wash your hands after touching an animal, their food or supplies or after cleaning up after them.
- Do not kiss animals, share food or let them lick your face.
- Regularly clean and disinfect areas where animals live.

For more information on animals and COVID-19, visit:

- https://www.oie.int/fileadmin/Home/eng/Our_scientific_expertise/docs/pdf/COVID-19/COVID19_21Feb.pdf
- https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters?utm_source%3dutm_source%3dba-notification&utm_campaign=ogfx-326-FR&utm_medium=desktop

BORDER CONTROL AND MEASURES

Q198. Is the Canadian government serious about trying to bar sick Canadians from boarding flights home?

Yes. As part of the Government of Canada's enhanced border measures to limit the introduction and spread of COVID-19, airlines conduct health checks on all travellers before they board a flight to Canada. This health assessment is based on information from the Public Health Agency of Canada, as recommended by the World Health Organization. Airline personnel will screen for fever, cough and difficulty breathing and ask the following questions:

1. Do you have a fever or feel like you have a fever?
2. Do you have a cough?; "Is this normal for you?"
3. Do you have difficulty breathing? "Is this normal for you?"
4. Have you been refused boarding in the past 14 days for medical reasons related to COVID-19?

If airlines observe a traveller with symptoms or if the traveller answers "yes" to any of the questions on the health check, they will be refused boarding for a period of 14 days or until they provide a medical certificate confirming that their symptoms are not related to COVID-19.



Further instructions and advice will be provided to travellers who are denied boarding, advising them to follow the instructions of local public health authorities. These travellers will also be referred to the appropriate consular services.

Any traveller who gives false or misleading answers about their health during screening could be subject to a fine of up to \$5,000 under the *Aeronautics Act*.

These measures will help protect the health of all Canadians.

Q199. If so, why aren't you taking temperatures to screen for the disease?

The Severe Acute Respiratory Syndrome (SARS) outbreak in 2003 taught us that temperature checks at airports are not an effective measure to prevent the introduction of infectious disease across borders. Over 6.5 million screening operations were conducted at Canadian airports, which included inbound and outbound travellers. Of these, 2.3 million passengers were screened using thermal scanners. Despite this intensive screening effort, no cases of SARS were detected using these methods.

Border measures alone are not a guarantee against the spread of this new virus. This is why Canada maintains a multilayered system with all levels of government and health authorities across the country working together to prevent and control infectious diseases. In addition to border measures, our system includes:

- A comprehensive surveillance infrastructure to rapidly identify emerging events and infectious diseases, including respiratory diseases;
- Infection prevention and control precautions in all Canadian hospitals;
- A well-equipped public health laboratory capacity to rapidly detect serious infectious diseases.

Q200. Has any consideration been given to allowing sick Canadians to fly home?

Travellers who are denied boarding will be provided with further instructions and advised to follow the guidance of local public health authorities. These travellers will also be referred to the appropriate consular services to assist with isolation.

Q201. Have additional screening measures been implemented at all airports?

On January 22, 2020, enhanced screening measures were put in place at the Vancouver, Toronto and Montreal international airports. As of February 9, 2020, additional measures were put in place at the following airports:

- Calgary International Airport;
- Edmonton International Airport;
- Winnipeg Richardson International Airport;
- Billy Bishop Toronto City Airport;
- Ottawa International Airport;
- Québec City Jean Lesage International Airport;
- Halifax Stanfield International Airport.

The Public Health Agency of Canada (PHAC) and the Canada Border Services Agency (CBSA) have collaborated to implement enhanced screening measures at these airports to identify



travellers who may present symptoms upon arrival, but more importantly, to provide specific reference materials to travellers who may become ill after their return.

Q202. Will Canada close its borders or start banning flights from other countries?

- A travel ban is currently in effect for most people entering Canada, including:
 - All foreign nationals entering Canada by air;
 - All travellers arriving from the United States, by whatever means, for tourism or pleasure;
 - Foreign nationals entering Canada from a foreign country other than the United States, with some exceptions, including temporary foreign workers and international students;
 - Foreign nationals arriving from the United States who exhibit signs or symptoms of respiratory illness.

There are exemptions to the travel bans, which are described in the orders in council.

Q203. What can travellers arriving at airports expect?

Enhanced screening measures are in place at Canada's 10 international airports. Travellers arriving at these airports will see additional signs in English and French asking them to inform a border services officer if they have a fever, cough or difficulty breathing. Additional information, in the form of a handout, advises travellers what to do if they experience these symptoms before or after they reach their destination or arrive home.

All international travellers at these 10 airports must respond to a screening question that has been added to the electronic kiosks. This question is available in 15 languages.

Anyone entering Canada, regardless of country of origin and mode of transportation, **MUST** self-isolate for 14 days.

Upon returning to Canada, travellers are also being asked to monitor their health for fever, cough or difficulty breathing, wash their hands often for 20 seconds, and cover their mouth and nose with their arm when coughing or sneezing.

In addition, some provinces and territories may have specific recommendations for certain groups such as health care workers.

All travellers entering Canada are provided with documentation from the Public Health Agency of Canada that includes instructions for a 14-day self-isolation. People with symptoms receive a red pamphlet while people without symptoms receive a green pamphlet.

All travellers assessed on a flight that are symptomatic upon arrival at a Canadian airport are expected and escorted away from other travellers by border services officers to be attended to by public health personnel.

A PHAC Quarantine Officer then conducts a more in-depth assessment. If deemed necessary, the Quarantine Officer may then take additional measures to address the potential risk to public



health, by ordering the traveller to be transported to hospital for a medical examination or to report to the local public health authority.

These measures complement routine traveller screening procedures already in place to prevent, prepare for, and respond to the spread of serious infectious diseases in Canada.

If pressed on the use of thermal analyzers:

It is important to remember that during the Severe Acute Respiratory Syndrome (SARS) outbreak in 2003, over 6.5 million screening operations were conducted at Canadian airports on inbound and outbound travellers. Of these, 2.3 million travellers were screened using thermal analyzers. Despite this intensive screening effort, no cases of SARS were detected using these methods.

Q204. Are passengers being isolated at airports?

Measures are in place to identify and isolate potentially ill travellers to minimize the spread of the novel 2019 coronavirus in Canada.

All travellers assessed on a flight that are symptomatic upon arrival at a Canadian airport are expected and escorted away from other travellers by border services officers to be attended to by public health personnel.

Q205. How many quarantine officers are on duty at Canadian airports?

To prevent the introduction and spread of communicable diseases in Canada that pose a significant risk to public health, the Public Health Agency of Canada (PHAC) works with its border partners, such as the Canada Border Services Agency (CBSA), to enforce the Quarantine Act at all times at all points of entry into Canada.

All travellers assessed on a flight that are symptomatic upon arrival at a Canadian airport are expected and escorted by border services officers to be treated by public health staff away from other travellers.

The PHAC Quarantine Officer then conducts a more detailed assessment by asking questions about the symptoms presented by the traveller and confirming travel information and all possible high-risk exposure to a communicable disease, such as close contact with a sick person. If deemed necessary, the quarantine officer may then take appropriate action to address a potential public health risk (e.g. order the traveller to be transported to hospital for a medical examination or require the traveller to report to local public health authorities).

PHAC has increased the number of public health officers at major airports to join the team of border services officers, also designated as screening officers under the *Quarantine Act*. Trained quarantine officers with experience in screening and assessing ill travellers are also available during business hours or upon the arrival of flights from China. The number of employees at each airport is being adjusted to meet the growing number of required passenger assessments. PHAC employees also act as resource persons for CBSA officers and for airline and airport staff. They also facilitate communication and coordinate response activities with partners.

Q206. Are public health officers stationed at land border crossings? If not, please explain why.



To prevent the introduction and spread of communicable diseases in Canada that pose a significant risk to public health, the Public Health Agency of Canada (PHAC) works with its border partners, such as the Canada Border Services Agency (CBSA), to enforce the *Quarantine Act* at all times at all ports of entry into Canada.

Border measures are one element of our multi-layered response. Canada has a number of standard border measures in place to mitigate the potential risk of introduction and spread of communicable diseases into Canada. These measures include access to a PHAC Quarantine Officer 24/7 from any point of entry into Canada. CBSA officers are highly trained to identify travellers seeking entry to Canada who may pose a health and safety risk. If an officer believes that a traveller has symptoms of concern (e.g. fever, cough or difficulty breathing), they may contact a Quarantine Officer who will then conduct an assessment of the ill traveller. If deemed necessary, the quarantine officer may then take additional measures to mitigate the risk to public health, such as ordering the traveller to undergo a medical examination. These measures are complementary to the usual traveller screening procedures already in place to prevent, prepare for, and respond to the spread of serious infectious diseases in Canada.

Q207. What about people arriving in Canada through other airports? What about at land border crossings?

To protect Canadians and ease the burden that non-essential travel could place on our health care system and its frontline workers, the CBSA implemented new travel restrictions at all ports of entry and for all modes of transportation, including land, sea, air and rail.

Q208. Do we know how many Canadians from the Costa Luminosa tested positive, if any?

None of the Canadian passengers on the Costa Luminosa were among the confirmed cases of COVID-19.

Passengers who became ill disembarked at the first opportunity. The others landed in Marseille, France, and were sent on charter flights to their country of origin. Canadian passengers travelled through Atlanta, Georgia.

The Government of Canada worked closely with the provinces and territories to ensure that appropriate measures were in place to minimize the risk of exposure to COVID-19. This included conducting health assessments at each stage of the trip, ensuring that a Quarantine Officer assessed all passengers at the port of entry into Canada, obtaining contact information for follow-up and having all passengers self-isolate for 14 days in Canada.

The Government of Canada will continue to use various quarantine options, based on risk assessments, from self-isolation at home to federally-designated quarantine facilities.

To date, the Government of Canada is not aware of any Canadian passengers on the Costa Luminosa who have tested positive for COVID-19.

CARGO SHIP SIEM CICERO

Q209. Under what authorities can the ship be denied entry?

The *Quarantine Act* (the Act) is enforced 24 hours a day, 7 days a week at all ports of entry into Canada, including marine ports. Under the *Quarantine Act*, all ship operators are required to



report to PHAC any passengers or crew onboard who may have a communicable illness before arrival in Canada.

The Act also gives PHAC the authority to inspect and implement quarantine measures on ships entering Canadian waters where it suspects that someone on board could cause the spread of a communicable disease that poses a significant risk to public health.

On March 17, the Public Health Agency of Canada learned that several crew members from the *Siem Cicero* had symptoms similar to those of COVID-19.

According to section 39 of the *Quarantine Act*, if a health officer has reasonable grounds to believe that the cargo ship may be a source of communicable disease, the officer may take any reasonable steps to prevent the cargo ship from entering Canada.

Q210. Why was the cargo ship denied entry into Canada? When will it be allowed in?

The ship did enter Canadian waters but was denied access to the port and is currently being held off shore. The Government of Canada took these steps to prevent the potential introduction of the novel coronavirus and prevent any supply chain disruptions at the Port of Halifax.

The ship will be held and not allowed to dock until 14 days after the date the last person started to have symptoms.

Q211. Is there a public health risk if the ship docks? What are the potential impacts?

In considering whether the cargo ship should dock, some of the general considerations were:

- Is there a public health risk on board the ship?
- Is there potential for Canadians to interact with ship-based crew?
- Are the goods deemed “essential” or “non-essential”?

For this particular cargo ship, several crew members had symptoms similar to those of COVID-19, posing a risk to public health in Canada.

Because the ship was carrying vehicles, Canadian longshoremen are required to board to the vessel to off-load each car, and they would have potential interaction with some crew. The cargo on board is considered non-essential.

Allowing the ship to dock could also impact the supply chain, as the Halifax Port Authority has indicated that it may result in a closure of the Port.

It is important that we focus on allowing healthy workers in the trade and transportation section to cross the border when they are contributing to essential services. We need essential trade and transportation to continue, such as in areas supporting health (food and medical services), and critical infrastructure.

At this time, when there is a concern of workers with symptoms consistent with COVID-19 and it is not for essential services, but rather for optional or discretionary purposes, such as tourism, recreation and entertainment, we must not allow this movement across the border.



CRUISE SHIPS MS ZAANDAM AND MS ROTTERDAM

Q212. Why are asymptomatic Canadian passengers from the MS *Zaandam* and MS *Rotterdam* allowed to return home to quarantine when hundreds of other Canadians returning from other cruise ships were sent to mandatory quarantine facilities in Trenton and Cornwall?

The COVID-19 pandemic is rapidly evolving and, as such, the public health actions are also changing. The focus of Canada's response was different in early February when the first cruise ships with COVID-19 outbreaks were identified. The public health measures in place for the MS *Zaandam* and MS *Rotterdam* are consistent with measures currently in place for Canadian citizens returning from travel outside Canada. At this time, no COVID-19 cases have been confirmed among Canadian citizens from the MS *Zaandam* and MS *Rotterdam*.

Also, no one who is symptomatic will be permitted to return to Canada nor be permitted to quarantine in a place where they would be in contact with people who are particularly vulnerable, such as adults 65 years or older and people of all ages with underlying medical conditions.

Q213. You are letting travellers who have no symptoms continue on home by public transportation or on domestic flights. But they could be at risk of developing symptoms and infecting others. How will you protect the health of those they may come into contact with?

Every potential passenger will be screened before boarding the aircraft destined for Canada. Symptomatic passengers will not be permitted to fly back to Canada.

Upon entry in Canada, all travellers will be required to undergo a health assessment by the Public Health Agency of Canada. If a person is deemed symptomatic, they will be immediately isolated from other travellers and transported to a quarantine facility.

Travellers who continue to be asymptomatic upon arrival in Toronto will be allowed to take public transportation (air, train, car, bus, etc.) to their destination to complete their 14-day quarantine period.

Various public health measures will be available to passengers, such as hand sanitizer, mask kits and mask-changing stations. Those who are asymptomatic will be given instructions regarding mandatory quarantine and self-monitoring and told to go directly to their home or the place where they will quarantine. Physical distancing practices will be in place at the terminal, and emphasized to all travellers in their travel ahead. Returning travellers who were asymptomatic but were not able to quarantine at home are being housed at a designated quarantine facility for 14 days.

DISINFECTION AND SANITATION PRACTICES FOR AIRLINES AND AIRPORTS



Q214. Do airlines have a role in preventing the spread of infectious diseases?

Airlines are important partners in mitigating the potential introduction and spreading risks of communicable diseases. In addition, airlines will prevent all travellers who present COVID-19 symptoms, regardless of their citizenship, from boarding international flights to Canada. Airlines will be required to conduct a basic health assessment of all air travellers based on guidance from the Public Health Agency of Canada.

Q215. Are planes carrying passengers who had symptoms of the virus in-flight provided guidance on decontamination?

As part of the Government of Canada's efforts to mitigate the spread of the novel coronavirus 2019 (COVID-19), the Public Health Agency of Canada (PHAC) provided guidance regarding disinfection and sanitation practices for airlines with direct flights arriving from China.

PHAC recommends that in addition to regular cleaning practices, airlines thoroughly clean and disinfect frequently touched areas. Increasing the frequency of routine cleaning and disinfection of frequently touched areas is an important measure in controlling the spread of infection during any outbreak. The guidance includes recommended cleaning equipment and disinfectants, frequently touched areas and cleaning and disinfection instructions.

In addition, if a passenger on a flight has been identified as suspected of being ill, PHAC will advise the airline so that the area within a two-metre radius of the passenger's seat can be thoroughly cleaned and disinfected, in addition to the enhanced routine sanitation practices.

Q216. Are touch screen kiosks and other communal area surfaces at airports being cleaned and sanitized on a regular basis?

Cleaning of touchscreen kiosks and other communal areas happens regularly throughout the day. The best way to prevent the disease after touching a common surface that might be contaminated by a virus is to avoid touching your eyes, mouth or nose until you can wash your hands with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer if there is no water and soap nearby. The responsibility of maintaining and cleaning communal areas and kiosks falls under the individual airport authority.

For traveller screening areas such as the Canada Border Services Agency (CBSA) hall and Public Health Agency of Canada assessment rooms, the CBSA has been using a specialized cleaning solution to sanitize these areas multiple times daily.

Q217. What precautions is PHAC recommending to flight attendants who may be in close quarters with sick people for extended periods of time?

Protecting the health of Canadians, frontline workers, and in this case flight attendants, is extremely important. As part of the Government of Canada's efforts to mitigate the spread of COVID-19, the Public Health Agency of Canada (PHAC) has provided guidance on hand hygiene and respiratory etiquette and for disinfection and sanitation practices for airlines. Beyond normal cleaning practices, PHAC recommends the complete cleaning and sanitization of frequently touched surfaces.



Increasing the frequency of routine cleaning and disinfecting of frequently touched areas is an important measure in controlling the spread of infection during any outbreak. Guidelines include recommendations for equipment and disinfectants, frequently touched surfaces, and disinfection instructions. In addition, if a passenger on a flight has been identified as suspected of being ill, PHAC will advise the airline so that the area within a two-metre radius of the passenger's seat can be thoroughly cleaned and disinfected, in addition to the enhanced routine sanitation practices.

Like any other Canadian, flight attendants must self-monitor for any symptoms, quickly isolate themselves if symptoms develop, and contact local public health authorities for more information – where to go for care, which mode of transportation to use and what precautions to take.

In addition, Transport Canada is working with airlines to strengthen current practices to ensure that if a passenger is exhibiting symptoms during a flight, that the passenger is quickly isolated, in accordance with international standards, and that flight personnel wear appropriate personal protective equipment. In addition, personnel must notify air traffic control of the passenger showing symptoms of COVID-19.

SAFETY OF EMPLOYEES

Q218. What is Health Canada doing to ensure that federal employees are taking the appropriate precautions?

Health Canada's Public Service Occupational Health Program (PSOHP) provides occupational health services and workplace hygiene advisory services to the various departments.

In accordance with the usual protocols for such situations, PSOHP has issued a general Occupational Health Advisory to departments and agencies, which contains information on the novel coronavirus and recommended precautions for employees, such as frequent hand washing, proper cough and sneeze etiquette, and self-monitoring for symptoms.

Advice and information is based on science and the level of risk assessed by the Public Health Agency of Canada and the World Health Organization.

In addition, given the diversity of federal workplaces, PSOHP has developed additional guidance for specific workplaces. The first priority was advice for employees based at airports who interact with travellers and included what personal protective equipment should be used when searching luggage or escorting an ill traveller. Health Canada's occupational health nurses have also assisted our departmental partners with information sessions for airport staff and CFB Trenton personnel.

The Department is also working with Global Affairs Canada to ensure that departments and agencies with employees in affected countries have all the information they need regarding occupational health.

Health Canada's occupational health experts will continue to work closely with departments to ensure the health and safety of federal public service employees.



Q219. What protocols did Health Canada follow after receiving confirmation that an employee tested positive for COVID-19?

A Health Canada employee working at Tunney's Pasture tested positive for COVID-19. The employee is self-isolating and following the direction of local public health authorities.

The Department followed established protocols.

- The area where the employee works, including common areas, has been properly cleaned, according to Public Services and Procurement Canada standards. This was done in collaboration with Statistics Canada since both departments share a common workspace.

In addition, local public health authorities have been in contact with the employee for any relevant contact tracing. This involved contacting colleagues who were advised by local public health authorities to self-isolate.

The Government of Canada is requesting that telework be used when and where possible, while taking into account the operational requirements of each department. Departments, along with other federal agencies, are actively using this flexible work option. We are constantly re-evaluating the situation and trying to strike a balance between our duty to Canadians and the health and safety of all public servants.

The government is developing a mechanism to centralize information on confirmed cases in the public service. The Treasury Board Secretariat is working closely with Health Canada and the Public Health Agency of Canada to provide departments and agencies with workplace information and advice so that they can manage their workforce accordingly.

Q220. Can you confirm that a number of employees working at the National Microbiology Laboratory of Canada in Winnipeg have tested positive for COVID-19?

Two employees working at the National Microbiology Laboratory of Canada in Winnipeg have tested positive for COVID-19. Employees are self-isolating and following the direction of the local public health authority. Contact tracing is underway by local public health authorities who will implement all necessary follow-up procedures to prevent the spread of the virus.

In accordance with usual laboratory protocols, cleaning and disinfection procedures were implemented for work areas and common areas. Our employees continue to practice effective public health measures, including social distancing, hand washing and respiratory etiquette. It is not surprising to see cases in our workforce as COVID-19 infection is circulating in our community. We are prepared for such circumstances thanks to business continuity plans that ensure critical NML operations continue in circumstances where employees are ill or absent. For federal employees whose duties permit them to work from home, this arrangement is supported by Government of Canada policy during the COVID-19 pandemic. We wish our employees a speedy recovery and we are thinking of them and their families during this difficult time.

