

## **COVID-19 QUESTIONS AND ANSWERS UPDATED REGULARLY**

### **Questions and Answers**

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## **PUBLIC HEALTH EMERGENCY AND PREPAREDNESS**

### **Q1. Will Canada declare a public health emergency for the COVID-19 outbreak like the United States?**

No, Canada will not declare a public health emergency for this virus based on the science and data that are available at this time. We cannot speculate on the United States' decision-making process that led to its new restrictions on travellers.

The Government of Canada has been following the temporary recommendations of the WHO under the *International Health Regulations*. We continue to work with the international community and the provinces and territories to align our practices with the PHEIC recommendations.

While some jurisdictions have legislation to declare public health emergencies in order to provide access to additional powers and authorities, such as new funding, travel restrictions, and streamlined decision-making, legislation is not required at the federal level in Canada to access similar additional powers.

Canada has multiple systems in place to prepare for, detect and limit the spread of infectious disease, including COVID-19, in Canada. These include the following:

- The Public Health Agency of Canada (PHAC) activated the Health Portfolio Operations Centre (HPOC) to ensure effective planning and coordination of the Agency's response efforts, in collaboration with international and federal, provincial and territorial partners. Public Safety Canada has activated the Government of Canada Operations Centre to coordinate activities across federal departments and agencies.
- PHAC, through Canada's Chief Public Health Officer, is in close contact with provincial and territorial chief medical officers of health to share information, coordinate response efforts, and support informed vigilance as the situation evolves.
- A special advisory committee of Canada's chief medical officers of health and senior public health officials has been activated to focus on coordination of federal, provincial and territorial preparedness and response across Canada's health systems.
- Routine traveller screening procedures are in place at all of Canada's ports of entry, and additional border measures have been put in place at all international airports to help identify any travellers returning to Canada who may be ill, and to raise awareness among travellers about what they should do if they become sick.

The Government of Canada maintains continual preparedness for public health emergencies, taking precautions to mitigate the potential risk of introduction and spread of infectious diseases. These precautions include:

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

### **Q2. What is Canada doing in response 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 need to work in partnership to produce 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** - actions taken should be tailored to the situation and evolve as new information becomes available.
- **A precautionary approach** - timely and reasonable preventive action should be proportional to the threat and informed by evidence to the extent possible.
- **Use of established practices and systems** - well-practised strategies and processes can be rapidly ramped up to manage a pandemic.
- **Ethical decision-making** - ethical principles and societal values should be explicit and embedded in all decision-making.

These principles build on lessons learned from past events, particularly the Severe Acute Respiratory Syndrome (SARS) outbreak in 2003, which led to dedicated legislation, plans, infrastructure and resources to help ensure that the country would be well prepared to detect and respond to a pandemic outbreak. Some examples include:

- 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 in close collaboration 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](#), which sets out guidance to prepare for and respond to a pandemic.
- The enhancement of diagnostic capacity in 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 the 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.

### **Q3. What are Canada’s projections for COVID-19?**

Modelling COVID-19 and its impact on communities and health systems is an important part of Canada’s response to the pandemic. The models help us plan and anticipate the impact on health care systems, levels of community spread and the impact of public health measures on the dynamics of the spread. They support decisions about efforts to control the disease, such as physical distancing, by projecting how these might change the course of COVID-19 and when we could safely relax these measures.

The comprehensiveness and quality of the data determine the accuracy of the models. The Public Health Agency of Canada (PHAC) is working with the provinces and territories to continuously integrate more data into the models we develop.

PHAC is working to release modelling data over the next week to contribute to the ongoing analysis of what Canada might expect to see in the coming weeks and the potential impact on “flattening the curve.”

### **Q4. What are Canada’s projections for COVID-19?**

For the most up-to-date information, visit [Canada.ca/coronavirus](https://Canada.ca/coronavirus). You can also follow Canada’s Chief Public Health Officer, Dr. Teresa Tam, on Twitter (@CPHO\_Canada).

A new toll-free phone number (1-833-784-4397) has been established to answer questions from Canadians 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](https://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 for 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 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 to 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. They 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.
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For more information, you can view the English advertisements here:

<https://www.youtube.com/watch?v=sscyXpYQ6Dk>;  
<https://www.youtube.com/watch?v=k7ns6t9NzXs>.

And the French advertisements here:

<https://www.youtube.com/watch?v=TS7UorOEmbW>;  
[https://www.youtube.com/watch?v=Ih3Db\\_Mb8OI](https://www.youtube.com/watch?v=Ih3Db_Mb8OI).

### **EMERGENCY ORDER – MANDATORY ISOLATION**

#### **Q6. What is the new federal Emergency Order made pursuant to the *Quarantine Act* and why has the Government of Canada implemented it?**

Effective March 25, 2020, the Government of Canada has implemented a federal Emergency Order under the *Quarantine Act* requiring anyone entering Canada, whether by air, land or sea, to 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.

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 older adults and medically vulnerable people who are at greatest risk of severe COVID-19 disease.

#### **Q7. How will travellers be notified of the protocol for this type of situation upon re-entry?**

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-isolate) for a 14-day period that begins on the day on which they enter Canada.

Travellers will be provided with a hand-out that informs them that they are subject to the Emergency Order, provides general public health advice, outlines the requirements of the order, and provides a link to the [Canada.ca/coronavirus](https://www.canada.ca/coronavirus) website where they can obtain further information.

#### **Q8. What happens if someone does not comply with the Order?**

Failure to comply with this order is an offence under the *Quarantine Act*. Maximum penalties include a fine of up to \$750,000 and/or imprisonment for up to six months.



Further, a person who causes a risk of imminent death or serious bodily harm to another person while wilfully or recklessly contravening this 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. Spot checks will be conducted by the Government of Canada to verify compliance.

### **Q9. Who will verify compliance with the order (i.e. spot checks)?**

The Public Health Agency of Canada will work with federal and provincial partners to verify compliance with the order.

### **Q10. What does the Emergency Order made pursuant to the *Quarantine Act* require of persons entering Canada?**

Persons who do not have symptoms are subject to the federal Emergency Order and are mandated to **mandatory quarantine (self-isolation)** for 14 days, beginning on the day on which they enter Canada, because they are at risk of developing symptoms and/or infecting others.

Mandatory quarantine (self-isolation) means that they must:

- go directly to their place of quarantine, without delay, and stay there for 14 days
- not go into community settings
- monitor their health for symptoms of COVID-19
- arrange to have someone pick up essentials like groceries or medication
- not have visitors
- stay in a private place like their yard or balcony if they go outside for fresh air
- keep a distance of at least 2 arms lengths (approximately 2 m) from others

Individuals can take public transportation but must not make any stops on the way home and practise physical (social) distancing at all times.

#### ***If you develop symptoms within 14 days:***

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

Persons who have COVID-19 illness or symptoms of COVID-19 are required to follow **mandatory isolation** for 14 days in accordance with instructions provided when they entered Canada and/or on the [Canada.ca/coronavirus](https://www.canada.ca/coronavirus) website, and remain in isolation until the expiry of the 14-day period that begins on the day on which they enter Canada.

Persons with symptoms may be directed to a quarantine facility for isolation or allowed to isolate at home. If required, immediate medical attention will be provided upon arrival in Canada.

If they are going home to isolate, mandatory isolation means that they must:

- go directly to the place where they will isolate, without delay, and stay there for 14 days
- go to their place of isolation using private transportation only, such as their personal vehicle



- stay **inside** their place of isolation
- not leave their place of isolation unless it is to seek medical attention
- not have visitors and limit contact with others in the place of isolation, including children
- not isolate in a place where they will have contact with vulnerable people, such as older adults and individuals with underlying medical conditions

It is important to underscore that individuals entering Canada may be asymptomatic on entry. There are individuals who may subsequently fall ill. There are unfortunate cases where an asymptomatic individual can develop symptoms and deteriorate quite quickly. All, even those exempted from the order, are reminded to monitor themselves for symptoms for a 14-day period.

### **Q11. How do I monitor for signs and symptoms of COVID-19?**

Symptoms of COVID-19 include cough, difficulty breathing, or fever equal to or greater than 38 °C (signs of fever could include shivering, flushed skin and excessive sweating). Information about COVID-19 is also available at [canada.ca/coronavirus](https://canada.ca/coronavirus) and by calling 1-833-784-4397.

Visit the provincial or territorial health authority website where you are located for more information, including when to contact the public health authority.

### **Q12. Why can some people with symptoms isolate at home and others must go to a quarantine facility or hospital?**

People entering Canada who have reported having symptoms or who a quarantine officer observes with symptoms will be instructed to go directly home, without delay, to isolate for 14 days or will be sent to a quarantine facility or transported to hospital, at the discretion of the quarantine officer.

Considerations include the severity of symptoms or illness, whether they have a place in which to isolate, and if they have private transportation to get to their home or place of isolation.

For example, if they have onward connections, or the distance to get home is too far for PHAC-arranged medical transportation, or if they live with one or more vulnerable persons, travellers will be required to complete their 14-day isolation in a quarantine facility established by the Government of Canada.

### **Q13. Why did it take the government so long to implement this order?**

Earlier this month, the Government of Canada began asking all international travellers entering Canada to isolate for 14 days. This voluntary measure was put in place to contain the spread of COVID-19.

There have been reports of travellers returning from abroad who do not understand that 14 days of isolation or self-isolation is essential to help slow the spread of COVID-19 in communities and protect their health and that of all Canadians.

That is why the Government of Canada has implemented this mandatory Order—to provide clarity around the need for people entering Canada to isolate or quarantine (self-isolate) when



they enter Canada. These additional measures will contribute to containing the outbreak and preventing further spread of COVID-19 in Canada.

**Q14.        When does the 14-day period start? Is it from the day of entry into Canada or the day the traveller arrives at the place where they will isolate or quarantine?**

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

**TRAVELLERS WITH NO SYMPTOMS**

**Q15.        Why do travellers with no symptoms have to quarantine (self-isolate) themselves? Is it mandatory?**

Yes, the order to quarantine (self-isolate) is mandatory for travellers without symptoms. Given the rapid spread of COVID-19 around the world, with widespread transmission in an increasing number of countries, people who travelled outside of Canada are considered to be at risk of exposure to COVID-19. The Government of Canada has implemented an order requiring anyone entering Canada, whether by air, land or sea, to quarantine for 14 days in order to limit the introduction and spread of COVID-19.

There are numerous examples of asymptomatic individuals arriving in Canada and falling ill. In fact, sometimes the health of individuals can deteriorate quite quickly. It is extremely important for their own health and that of others for persons entering Canada to quarantine (self-isolate) and monitor their symptoms.

**Q16.        Can travellers with no symptoms take public transportation (including taxi) or rent a car (from the airport) to get home?**

Yes. Persons not exhibiting symptoms may take public transportation and/or rent a car to get to a place to isolate. However, they must go directly to their home or the place where they will isolate without delay.

While in transit, people need to follow the instructions of the quarantine officer and screening officers to avoid spreading the infection to others. For example, this means avoiding contact with others as much as possible, maintaining a distance of 2 m from others, and practising hand hygiene and cough etiquette.

Under the terms of the order, public transportation includes an aircraft, bus, train, taxi, subway or ride-sharing service.

**Q17.        Can travellers with no symptoms be allowed to take connecting flights?**

Yes. Persons not exhibiting symptoms may take connecting flights to their final destination to quarantine (self-isolate). Under the terms of the order, public transportation includes an aircraft, bus, train, taxi, subway or ride-sharing service.



Travellers will be instructed by quarantine officers or screening officers to follow precautions to avoid spreading the infection to others. For example, practising physical distancing—maintain a distance of 2 m—hand hygiene and cough etiquette.

**Q18.        What happens if a Canadian traveller, not exhibiting symptoms, misses their connecting flight and has to stay overnight in a city, before getting on their connecting flight the next day? Can they stay at a hotel or with friends or family?**

People entering Canada not exhibiting symptoms may be permitted by the instructions of a quarantine officer or screening officer to stay at a hotel for an overnight layover before making their connecting flight the next day. They should go directly to their hotel without any unnecessary stops along the way.

While staying at a hotel, travellers should stay in their room to avoid contact with others, practise physical distancing (maintain a distance of 2 m) and practise good hand hygiene and cough etiquette at all times. To get a meal, they should use a drive-thru or room service as long as the meal is delivered and left outside the door of their hotel room.

It is not recommended to stay with friends or family where it could be harder to avoid contact with people compared to a hotel room.

**Q19.        What about people entering Canada by land—can they stay overnight in a hotel during their drive home?**

Asymptomatic individuals may be permitted by the instructions of a quarantine or screening officer to stay in a hotel overnight if necessary, but should go directly to their hotel without any unnecessary stops along the way.

While staying at a hotel, travellers should stay in their room to avoid contact with others, practise physical distancing (maintain a distance of 2 m) and practise good hand hygiene and cough etiquette at all times. To get a meal, they should use a drive-thru or room service as long as the meal is delivered and left outside the door of their hotel room.

It is important that travellers avoid any unnecessary stops on their way home and contact with others.

**Q20.        There are reports of RVs being spotted in store parking lots near the border. Are they allowed to stop there to shop on their return home?**

Asymptomatic people travelling in an RV will generally receive instructions that it is permissible for them to stay in their RV overnight. Their RV is, essentially, their first place of self-isolation. They must avoid going into stores to make purchases.

**Q21.        Can people stop to get gas, use a washroom or acquire essential items on their way home to isolate?**



It is important for asymptomatic travellers entering Canada to avoid contact with others. As per the instructions provided upon entry into Canada, go to the place where you will isolate without delay.

If you must stop, follow precautions to avoid spreading the infection to others. Avoid contact with others (maintain a distance of 2 m), and practise hand hygiene and cough etiquette at all times.

If getting gas, pay at the pump. Use a drive-thru to get a meal. If you need to stop to rest, use rest areas or other places where you can park and rest in your vehicle.

Once home, use food delivery services or online shopping to purchase essential items, and ask family, a neighbour or friend to help with essential errands, if possible.

### **TRAVELLERS WITH SYMPTOMS**

#### **Q22. How is symptomatic being defined?**

Persons entering Canada who have a fever and cough, or a fever and difficulty breathing, or where there are reasonable grounds for them to believe they have these symptoms, are considered to be symptomatic and will not be able to continue onward travel using public transportation.

#### **Q23. I am symptomatic and was told I cannot isolate at home because I live with a vulnerable person(s). Who is considered vulnerable?**

Persons aged 65 and over, and those of all ages with compromised immune systems or underlying medical conditions, are at an increased risk of more severe illness.

#### **Q24. If I am symptomatic, can I stop at a hotel while I'm driving home?**

No. It is important that you avoid contact with others. Go to the place where you will mandatorily isolate without delay. This 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 is to seek medical attention
- not have visitors and limit contact with others in the place of isolation, including children
- not isolate with in a place where you will have contact with vulnerable people, such as older adults and individuals with underlying medical conditions

If you must stop, follow precautions to avoid spreading the infection to others. Wear the mask given to you at the border and avoid contact with others (maintain a distance of 2 m) and practise good hand hygiene and cough etiquette.

If getting gas, pay at the pump. Use a drive-thru to get a meal. If you need to stop to rest, use rest areas or other places where you can park and rest in your vehicle.



Once home, use food delivery services or online shopping to purchase essential items, and ask family, a neighbour or friend to help with essential errands, if possible.

**Q25.      Can I stop at the store to acquire essential items on my way to isolate?**

No. It is important that you follow the instructions of the quarantine officer or screening officer and avoid contact with others.

Once home, use food delivery services or online shopping to purchase essential items, and ask family, a neighbour or friend to help with essential errands, if possible.

**Q26.      What happens if a traveller with symptoms is unable to get to a place to isolate?**

If private transportation is unavailable, PHAC-arranged medical transportation, up to a distance requiring 12 hours to travel, may be provided to get the traveller to their home or place of isolation.

If the traveller has onward connections, the distance to get home is too far for the PHAC-arranged medical transportation, or if they live with one or more vulnerable persons, travellers will be required to complete their 14-day isolation in a quarantine facility designated by the Chief Public Health Officer of Canada.

Transportation from the point of entry into Canada to the quarantine facility will be arranged by the Government of Canada. Quarantine facilities, for example, hotels designated by the Government of Canada, will be used to lodge symptomatic persons who are unable to isolate because they do not have private transportation or they live with a vulnerable person(s).

**QUARANTINE FACILITIES**

**Q27.      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 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 medically vulnerable people, who are at the greatest risk of severe COVID-19 disease.

**Q28.      How will the Public Health Agency of Canada house and feed people who enter Canada 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 isolate because they do not have private transportation or live with a vulnerable person(s). PHAC is working with partners to provide the necessary needs, including



food and any medical needs, for travellers who will be in isolation at a designated quarantine facility.

**Q29. 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.

**ISOLATION, QUARANTINE (SELF-ISOLATION) AND PHYSICAL DISTANCING**

**Q30. What is the difference for travellers between what they can do at home if symptomatic or if they have no symptoms?**

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

Mandatory quarantine (mandatory self-isolation) means you must:

- go directly to your place of quarantine, without delay, and stay there for 14 days
- not go to school, work, other public areas or community settings
- monitor your health for symptoms of COVID-19
- arrange to have someone pick up essentials like groceries or medication for you
- 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 m) from others

***If you develop symptoms within 14 days:***

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

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

Mandatory isolation means that 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 is to seek medical attention
- 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 in 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 health care provider or public health authority and follow their instructions.

**Q31. I have heard elsewhere that people who are asymptomatic can go outside for walks, for example, as long as they maintain physical distancing, but now you are saying they cannot leave their place of isolation. Which is correct?**

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

- have not been diagnosed with COVID-9
- 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 practise 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:

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

**Q32. Under what circumstances should Canadians use their cars? Can we drive around without picking up basic necessities?**

We understand that it can be difficult to self-isolate at home. To limit the potential spread of COVID-19, the Public Health Agency of Canada recommends that Canadians stay home as much as possible, including for meals and entertainment. Consider options that will allow you to do things while avoiding going out, for example:

- use food delivery services or make purchases online
- exercise indoors or outdoors
- use technology, such as video calls, to stay in touch with family and friends by eating together or playing games virtually
- hold virtual meetings
- host virtual play dates for your children
- work from home, if possible
- get out on your balcony or deck, walk in your yard or be creative by drawing with chalk or playing games or running obstacle courses in your backyard

If going for a drive, exercise caution and maintain an appropriate physical distance (at least 2 m from others). If you stop for gas or for any other reason, wash your hands as soon as possible.

**Q33. A team of Canadian and Chinese researchers analyzed 2,000+ 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 extending 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 by which these dates may be imprecise, including patients being unable to precisely remember 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.

**Q34. Why did the Prime Minister send his family to a cottage in Quebec if the Government of Canada is recommending that Canadians stay home?**

The Prime Minister's wife and children are staying at the official residence of Harrington Lake, a 20-minute drive from Ottawa, while the Prime Minister continues to self-isolate in Ottawa.

**LAUNCH OF THE CANADA COVID-19 APP**

**Q35. How do I access the Canada COVID-19 app?**

The application is available as a free mobile app for modern Apple iOS and Android smartphones and tablets, and as a web-based application accessible from any modern laptop or desktop.

**Q36. How does the application work?**

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

It provides educational information on topics related to COVID-19, such as physical (or social) distancing, hand washing, food safety, pets and other common issues, as well as links to reliable and up-to-date sources of public health information.

The Canada COVID-19 app will help Canadians access the information they need, whether by email or through an online application or service. Furthermore, we are implementing other tools to further improve Canadians' ability to easily receive reliable and up-to-date information on COVID-19.



**Q37. How does this application relate to resources already available in some provinces?**

This app is based on tools developed by the provinces and territories and is another valuable resource for Canadians. The mobile platform is based on a mobile app launched by British Columbia and developed by Thrive Health.

Provincial and territorial users adopting the mobile app on the national platform will be directed to a module specific to their province or territory.

**Q38. What are the results of the self-assessment tool?**

Over 3 million visits were recorded in the first week that the self-assessment tool was made available to Canadians on Canada.ca.

Canadians using this tool can get the information and advice they need, resulting in fewer calls to 811 and telehealth lines, as well as fewer in-person visits to health care providers, such as family physicians, walk-in clinics and emergency care centres.

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

**Q39. Does the government plan on making other COVID-19 digital tools and resources available to Canadians?**

The government is working with provinces and territories to provide Canadians with other digital platforms that can help governments in their response to COVID-19, including education resources, information, mental health support services, alerts and screening tools.

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

**GPHIN'S ROLE IN SURVEILLANCE**

**Q40. During virus outbreaks, what data does GPHIN collect and use for alerts and in what languages is the data disseminated?**

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 outbreaks of infectious disease.

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

Every given day, about 7,000 articles are captured in the GPHIN system. The web-based application in the GPHIN system continuously scans and acquires news sources of information worldwide in nine 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 newswires, newspapers and trade publications. 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.

**Q41. When was data first collected on the coronavirus outbreak and from what source?**

On December 31, 2019, at 5:16 a.m. 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 5:42 a.m. EST.

**Q42. 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 7:50 a.m. 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 patients were in a critical condition.

**Q43. 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 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 analysts' work.

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 GPHIN's many data sources.

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. It 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.

### **NML'S RESPONSE TO THE OUTBREAK**

#### **Q44. 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 employees 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 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 exceptionally proud of its contribution in response to this outbreak.

### **NATIONAL EMERGENCY STRATEGIC STOCKPILE (NESS)**

**Q45. Is it true that the Public Health Agency of Canada has not released any of its National Emergency Strategic Stockpile of personal protective equipment?**

This is not true. The Public Health Agency of Canada (PHAC) has released items from the National Emergency Strategic Stockpile (NESS) in support of provincial and territorial COVID-19 response efforts. This has included specific types of personal protective equipment, such as surgical masks, gloves and N95 respirators, as well as other items, such as disinfectant and hand sanitizer.

Canada's stockpile has always offered support in instances when a jurisdiction may have run out of equipment while waiting for orders to come in and facilitates transfers of personal protective equipment between jurisdictions. In addition, PHAC is actively working with Public Services and Procurement Canada to advance bulk procurement orders on behalf of jurisdictions. A number of requests have been actioned and others are underway. The federal government is working to enhance its own stockpile to support provincial requests or those from other federal partners that may also be in need of equipment.

**Q46. How large is the stockpile and how will the supplies be allocated and distributed?**

It is not the practice of the National Emergency Strategic Stockpile (NESS) to divulge details about the specific type and quantity of stock in its holdings. The NESS contains supplies of personal protective equipment and ventilators. Allocation and distribution are always determined based on need.

In addition to ventilators that have already been procured and are held within the NESS, the federal government has contracted for more than 600 ventilators and is also working to support the acquisition of additional ventilators in response to provincial/territorial requests. The demand for ventilators globally is high and the government is pursuing a variety of purchasing strategies to increase the number of ventilators available for use should there be a need to augment existing supply in the short term.

**Q47. What adjustments, if any, were made to NESS supply levels after the outbreak in Wuhan was identified?**

Orders for personal protective equipment (PPE) and medical supplies were placed early on by federal, provincial and territorial governments to supplement their existing stocks.

**Q48. Is there an effort underway to add to the stockpile?**



The Government of Canada is working closely with its provincial and territorial counterparts to plan for the adequate supply of ventilators.

The government uses several strategies to plan for resource requirements, including looking at the dynamics of the outbreak (e.g. how many people are infected, the affected age groups and other characteristics of the population) as well as the impact of public health interventions (e.g. physical distancing) on the observed trends.

Based on the science to date, about 80% of COVID-19 cases are relatively mild and can be treated at home. However, there is a smaller percentage of individuals who may need medical care and hospitalization. In the worst cases, assisted breathing through a ventilator may be required.

In addition to ventilators that have already been procured and are held within the National Emergency Strategic Stockpile (NESS), the federal government has contracted for more than 600 ventilators and is also working to support the acquisition of additional ventilators in response to provincial/territorial requests. The demand for ventilators globally is high and the government is pursuing a variety of purchasing strategies to increase the number of ventilators available for use should there be a need to augment existing supply in the short term.

There is also a mutual provincial and territorial assistance agreement in place should there be a need for ventilators or even personnel or other resources from one province to another.

**Q49. Was a recent notice on the government's Buy and Sell site a call out to identify additional suppliers for NESS?**

The Government of Canada is exploring all avenues to secure medical supplies, including personal protective equipment (PPE), in order 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](#).

**Q50. Does PHAC have to go to tender to replenish NESS supplies or can it use the Emergency Rule to buy directly?**

PHAC follows appropriate laws, policies and guidelines with respect to the procurement of supplies or assets for the NESS. Competitive procurement practices, such as the use of established supply arrangements or requests for proposal, are routinely used 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 replenish



NESS supplies and will work with Public Services and Procurement Canada to determine the best procurement strategy.

**Q51. What has changed since the 2011 evaluation report of the NESS?**

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 support surge 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.

**Q52. 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 U.K., 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 augment capacity 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 the safety, efficacy and quality of 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 have received responses from 34 organizations with 3D printing experience who are willing to help.

**Q53. Are there any concerns about the devices produced without the usual quality control 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* in cases of devices involving COVID-19. These regulated devices include medical devices manufactured via 3D printing. Health Canada is the regulatory authority for all medical devices and has dedicated processes to quickly assess the safety, efficacy and quality of medical devices manufactured for the COVID-19 response.

There are risks if devices such as personal protective equipment are not of high enough quality to properly protect patients and health care workers. We are working with conventional medical device manufacturers and certified 3D printing organizations regarding required device specifications and quality so Canadians can have timely access to medical devices that are safe, efficacious and of high quality.



## **DRUGS, HEALTH PRODUCTS AND MEDICAL SUPPLIES**

### **Q54. Is Health Canada aware of the advertising or sale of products containing false or misleading claims related to COVID-19?**

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.

To resolve these non-compliant cases, the department ordered companies to remove the claims from their websites and advertising materials. It will continue to monitor websites and work with online retailers to ensure that products with false or misleading claims regarding the diagnosis and treatment of COVID-19 are removed. Selling or advertising of health products making false or misleading claims contravenes subsections 9(1) and 20(1) of the *Food and Drugs Act*. The department takes this issue very seriously and will use all available means to stop these activities.

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

The department encourages anyone with information about the potential non-compliant sale or advertising of a health product claiming to treat, prevent or cure COVID-19 to report it using the [online complaint form](#).

### **Q55. 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](#).

**Q56.        The WHO has reported a global shortage of personal protective equipment, including masks. Has Canada sent such equipment to China? Does Canada have enough for people in Canada? [Note: shipment led by Global Affairs Canada—some of the content was provided by PHAC]**

The Government of Canada has sent personal protective equipment (PPE) to China to support the ongoing response to the novel coronavirus outbreak in that country.

The equipment consists of protective clothing, face shields, respirators (masks), goggles and gloves, and has been provided in collaboration with the Canadian Red Cross and the Red Cross Society of China.

The additional PPE sent to support response efforts in China did not diminish the supplies available within Canada of items on the potential shortage list.

**Q57.        Why did the Government of Canada send equipment to China in February when, at that time, it was apparent that Canada would likely need this equipment ourselves in the coming months?**

The Government of Canada sent personal protective equipment to China in February 2020 in response to the World Health Organization's call for donations in support of global efforts to contain the outbreak of COVID-19 in that country. The equipment consisted of protective clothing, face shields and gloves. It was provided in collaboration with the Canadian Red Cross and the Red Cross Society of China. Given the dire situation China found itself in, Canada felt it important to offer support. Not only was this important for China, but it was also extremely important for Canada, given our commitment to helping to contain the global spread of the virus. While small, Canada's donation assisted China in helping address the situation locally and prevent further exportation of cases to the rest of the world.

This donation did not impact Canada's domestic response. Canada continues to work with international partners, such as China, to secure additional supplies as needed.

**Q58.        Is there a drug shortage because of COVID-19, and what is being done to monitor the supply?**

Health Canada is actively monitoring the impact of the COVID-19 pandemic on the drug supply in Canada. This includes looking proactively at the Canadian supply chain to identify areas where supply may be more vulnerable and addressing this vulnerability before a shortage occurs. In addition, the department has increased surveillance efforts and regularly engages

with provinces and territories, industry, the health sector and patient groups, sometimes daily. Health Canada is also working with its international regulatory partners, including the European Medicines Agency, the U.S. 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 commitment has allowed us to better identify early signs of shortages, and possible mitigation strategies, and to coordinate responses.

Health Canada is aware that increased demand leads to supply constraints for certain drugs, such as sedatives, analgesics and muscle relaxants. The department is working with provinces and territories, businesses and other stakeholders to mitigate the impact on patients.

Health Canada is also aware of the 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. We are working with industry and health partners to mitigate the impact of the increased demand for this drug, including working with companies that can increase the supply for the Canadian market.

**Q59.        What is driving the risk of 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 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.

**Q60.        The government has given itself the power to pass regulations to prevent shortages. What kinds of regulations could do this?**

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 implement stronger tools to support efforts to address shortages when they occur and to prevent future shortages where possible. For example, these amendments would allow the Government of Canada to put a regulatory framework in place to help facilitate timely access to drugs and medical devices needed to address an anticipated shortage.

**Q61.        When you say you work with drug suppliers, what are you doing?**

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 across the supply chain to better understand the root causes, plans to address the shortage and measures that can be taken 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 options to meet



Canadian demand. This includes options to facilitate access to alternative supply sources as needed 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.

**Q62. What is the supply of the following drugs: Remdesivir; chloroquine and hydroxychloroquine; Ritonavir/lopinavir; and interferon beta?**

Health Canada is closely monitoring the supply of any potential treatment for COVID-19 and is working with companies to ensure continued supply in Canada, including by working with companies that can increase supply for 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, that it was transitioning access to Remdesivir from Health Canada's Special Access Program to access through clinical trials developed by the company for this drug. During this transition period, Gilead is unable 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 are not reporting shortages. Chloroquine is marketed in Canada by Teva is reported to be in [shortage](#), 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 the supply of these drugs in Canada and will take the necessary steps in collaboration with businesses, provinces, territories and other stakeholders to ensure that the drug supply in Canada is not interrupted. Manufacturers are in the best position to provide information on the supply of a specific drug and should be contacted for any questions about the market situation and the availability of a specific drug. Canadians can also visit [www.drugshortagescanada.ca](http://www.drugshortagescanada.ca) for the latest information on reported drug shortages in Canada.

**Q63. Will Immune-Tami be authorized for sale in Canada?**

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



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

**Q64. 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.

**Q65. What is the scope of Canada's needs for chemical reagents used in testing for COVID-19?**

Canada's response to COVID-19 depends on laboratory tests to quickly detect infection 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 is supporting provincial requirements for testing reagents by developing in-house reagents as an interim solution and by working with the industry to procure supplies in bulk as soon as reagents are available. Our priorities are accessing testing reagents, assessing rapid point-of-service tests and accessing authorized test kits so that provinces and territories are equipped to increase testing based on their needs.

**Q66. Is there a shortage of masks for private clinics or family doctors?**

The safety of health care workers remains our top priority and the Government of Canada continues to work with provincial and territorial partners to prepare for and respond to the COVID-19 outbreak.

Orders for personal protective equipment and medical supplies were placed early on by federal, provincial and territorial governments to supplement their existing stocks.

Federal, provincial and territorial governments continue to work together to promote the appropriate use of personal protective equipment, assess potential shortfalls, identify priority items and collaborate on procurement.

Initial collaborative and bulk purchase orders are underway with a number of jurisdictions. We anticipate that this will be an ongoing process, with a variety of partners, as demand for and supply of products will change as the situation evolves.

Products are being sourced from a number of suppliers from a number of countries.

**Q67. What role do provinces and territories play in being alert to potential shortages in their jurisdictions?**

Addressing the complex issue of drug shortages is a multi-stakeholder responsibility requiring collaborative action from provinces and territories, manufacturers, distributors, health care professionals and the federal government. Health Canada works closely with the provinces and territories, which notify the department of shortages of concern.

When a critical national shortage occurs, Health Canada works with stakeholders across the drug supply chain to coordinate information sharing and identify mitigation strategies. Factors such as whether the shortage is national in scope, whether alternative supplies are available and whether the product is considered medically necessary are considered in determining the potential impact and any necessary actions by Health Canada. More information on the roles and responsibilities in addressing drug shortages can be found on our [website](#).

**Q68. Is there an estimate of the number of intensive care beds Canada will need when the epidemic reaches its peak? How many intensive care beds are currently available?**

According to the Canadian Institute for Health Information (CIHI), Canada (excluding Quebec, Nunavut and Yukon) had 3,902 intensive care beds in 2017–2018. 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 discussions with provincial and territorial officials on the capacity of intensive care units and the availability of ventilators.

**Q69. How many surgical and N95 masks 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 surge capacity to provinces and territories.

Based on the needs identified by provinces and territories, collaborative efforts by the federal, provincial and territorial governments are focused on procuring large quantities of PPE, such as N95 respirators. PPE orders are beginning to come in, and jurisdictions are discussing approaches for 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 these



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 the provinces and territories as the epidemic 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 that health care workers have the PPE they need to protect themselves and the health of their patients.

**Q70. 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 PPE.

Based on the needs indicated by the provinces and territories, collaborative procurement measures implemented by federal, provincial and territorial administrations (FPT) are focused on procuring large quantities of PPE and medical supplies, including N95 respirators, surgical masks, face shields, nitrile gloves, gowns and other protective clothing, sanitizers, ventilators, and testing supplies. The allocation of these supplies is the subject of a collective FPT decision that helps the Canadian health system respond to the COVID-19 outbreak.

In addition, to provide surge support to the provinces and territories, the Public Health Agency of Canada (PHAC) has distributed stock from the National Emergency Strategic Stockpile (NESS). These have 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 stock from the NESS, the provinces and territories must submit a request for assistance (RFA). PHAC responds to RFAs as they are received and allocates supplies to provide surge support to the provinces and territories while maintaining a conservative inventory at the NESS to ensure surge support. In the current situation, due to global high demand for PPE, it is recommended that the provinces and territories submit RFAs with shorter time frames (e.g. surge needs for 1–2 weeks) with the option of following up with additional RFAs as the pandemic unfolds.

**Q71. How many ventilators does Canada currently have? How many will be needed when the epidemic reaches its peak?**

The collaborative federal, provincial and territorial procurement order also includes ventilators. The federal government has contracted for more than 1,500 ventilators and is working to support the acquisition of additional ventilators to help 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.

**Q72. 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 for bulk purchases with the provinces and territories. This includes masks and face shields, gowns, ventilators, test kits and swabs, and hand sanitizer.

Discussions are ongoing 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) to explore alternative PPE supply routes and to scale up 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 Minister of Health's recent signing 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](#).

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

#### **Q73. How will Health Canada assess the safety and effectiveness of these health products?**

The interim order allows the import and sale of drugs, medical devices and foods for a special dietary purpose that support Canada's response to the COVID-19 pandemic.

As with all drugs and medical devices, Health Canada will assess and monitor the safety, quality and effectiveness of all products that may be imported and sold under the interim order.

Drug and medical device manufacturers will be required to meet strict monitoring requirements.

#### **Q74. Is Canada guaranteed to receive an adequate supply of these items?**

Difficulties in supplying drugs, medical devices or foods for a special dietary purpose can occur at any time. As a result, Health Canada is monitoring the supply of prescription drugs, medical devices and various other health products, such as hand sanitizers, to provide Canadians with continued access to these products.

#### **Q75. How does the interim order compare with the interim measure the department announced last week to allow for the importation of disinfectants, hand sanitizers, personal protective equipment and swabs that do not fully meet Health Canada requirements?**

This interim order applies to a wider range of products, including prescription drugs and foods for a special dietary purpose, and makes the reporting of medical device shortages mandatory.

#### **Q76. And how does the order compare with the shortage provisions in the legislative amendments?**



Both the interim order and the legislative amendments contain provisions that permit the sale of products that are not normally authorized for sale in Canada, subject to certain restrictions.

The legislative amendments provide greater flexibility in terms of products that can be imported and provide additional powers, such as allowing another company to make, use or sell a patent-protected drug or medical device in order to meet demand when the necessary supplies cannot be obtained from the patent holder, subject to certain conditions, as indicated in the interim order.

**Q77. What are the new reporting requirements for medical device shortages?**

Manufacturers and importers will be required to inform the Minister of shortages of devices considered essential 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 the information on its behalf to avoid duplication.

Understanding the real and anticipated shortages of medical devices and drugs will help the Minister decide which products to consider allowing for import and sale.

**Q78. How will the interim order affect personal importation?**

The interim order will not affect Health Canada's position, its policies or existing legislation with respect to personal importation.

**Q79. How do I know which COVID-19 diagnostic kits have been approved by Health Canada under the Interim Order for the Expedited Review of Medical Devices, signed on March 18, 2020?**

The [list of diagnostic devices](#) approved under the [interim order](#) is available online. The list is updated daily.

**Q80. What does the term “foods for a special dietary purpose” used in the interim order refer to, other than infant formula?**

Foods for a special dietary purpose include foods that are specifically formulated to meet the needs of consumers with various health conditions, such as low-protein foods for people with kidney disease. It can also include foods that are a person's primary or only source of nutrition, such as infant formula and specially formulated liquid diets for those unable to get proper nutrition through solid food.

**Q81. How will access to hand sanitizers and disinfectants be expedited?**

The interim order amends a requirement that applied to applications for biocide drug licences (hard surface disinfectants and certain hand sanitizers) to expedite the review and authorization



process. In addition, the interim order exempts certain hand sanitizers, regulated under the *Food and Drug Regulations*, from establishment licensing.

**Q82. What is the government currently doing to address any drug and medical device shortages that may be linked 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.

The department continues to engage with the pharmaceutical and medical device industry and the provinces and territories to detect any signs of supply disruption in Canada. The department is also working with its international regulatory partners, including the European Medicines Agency, the U.S. Food and Drug Administration, the Australian Therapeutic Goods Administration and the World Health Organization, to share information on any signs of global supply disruptions.

Canadian regulations require drug companies to publicly report on anticipated and real drug shortages and discontinuations within a specified time frame on [drugshortagescanada.ca](http://drugshortagescanada.ca). Provinces and territories, health professionals or the public can also inform Health Canada of signs of drug and medical device shortages.

Health Canada has contacted all drug establishment licence holders in Canada to remind them that they are required to report actual or anticipated drug shortages and to inform the department of any situation that may affect the quality, safety or efficacy of a drug. Medical device establishment licence holders were also asked to report shortages to Health Canada.

In addition, Health Canada is closely monitoring the availability of any potential treatment for COVID-19 and is working with companies to ensure continued supply in Canada, including by working with companies that can ramp up supply to the Canadian market.

The department will continue to monitor this situation and take the necessary steps in collaboration with businesses, provinces, territories and other stakeholders to ensure the continued supply of medications in Canada.

**Q83. How will these changes help the government increase its capacity to manage drug shortages?**

These changes will allow the Canadian government to put in place better tools to help prevent and address shortages. For example, they will help the government put in place, through the interim order, a regulatory framework to allow for the importation of drugs and medical devices required to prevent or address a COVID-19 shortage.

**Q84. Will Health Canada use amendments to the *Patent Act* to bypass patent protections (sometimes referred to as a compulsory licence) and allow other companies to produce patented drugs?**

The Government of Canada respects patent rights and their importance to businesses, and knows that the industry will do everything in its power to meet the needs of 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 make, use or sell a drug or medical device protected by a patent to meet the demand when the necessary supplies cannot be obtained from the patent holder.

The amendments to the *Patent Act* made during the week of March 22, 2020, will only be used under exceptional circumstances and they include several safeguards to protect the interests of the 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 will be able to apply for authorization for third-party manufacturers to supply any necessary patented inventions until September 30, 2020.

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

#### **Q85.        Were these changes made through new regulations?**

These are interim measures implemented given the 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). This is not a new regulation.

#### **Q86.        What does this new rule mean?**

It is an interim measure and expedited approach. It is meant to facilitate access to imported hand sanitizers and disinfectants that do not fully meet the regulatory requirements under the *Food and Drugs Act*. Health Canada will allow certain products to be sold in Canada under this interim measure, including:

- products that are already authorized for sale in Canada but are not fully compliant with Health Canada requirements (e.g. labelling in one official language, different packaging from what was authorized); and
- products that are not authorized for sale in Canada, but are authorized or registered in other jurisdictions with similar regulatory frameworks and quality assurances.

Health Canada will allow these low-risk products to be distributed in Canada to address the current shortage in supplies. The expedited process requires an attestation form that helps Health Canada maintain a record of all hand sanitizers 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 action to protect the health and safety of Canadians, if necessary.

#### **Q87.        When will these products be made 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 from 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.

There are products already on the market. More information can be found [here](#).

**Q88. Is Health Canada actively reaching out to manufacturers to get more products imported?**

Information about this expedited process was shared with all drugs, natural health products and medical device establishment licence holders and product licence holders in Canada and with relevant industry associations.

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

**Q89. Is Health Canada calling on the three Royal Canadian Mounted Police (RCMP) forensic labs 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 buy in bulk to take advantage of their collective purchasing power. Moreover, the government is accepting donations, increasing domestic industrial capacity and expediting the regulatory process to it can get critically needed products to Canadian markets.

**Q90. How is the federal government managing the donations made to Canada by other countries? After donations arrive at our border, where are they sent? What is the federal government's distribution procedure? Who gets the donations first?**

The Government of Canada is receiving donations of medical supplies from companies both internationally and domestically, and is working to make them available for use by frontline health care workers.

Currently, the Public Health Agency of Canada (PHAC) is managing 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.

**Q91. Is the government requiring that medical supplies used by local health organizations meet certain standards? If so, what are they?**

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



**Q92. Do you ever doubt the quality of medical equipment donated to Canada?**

An interdepartmental, multidisciplinary technical assessment committee was established to assess the medical supplies donated. This committee verifies compliance with Government of Canada technical specifications for COVID-19 found on the Public Services and Procurement Canada Buy and Sell website. The assessment process varies depending on the medical device.

**Q93. At this time, the Canada Border Services Agency (CBSA) does not appear to be expediting the release of foreign medical supply donations. Is the federal government considering a plan to speed up the process to address the medical equipment shortage?**

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

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 antiseptics, personal protective equipment (masks, gowns) and swabs. More information can be found [here](#).

**Q94. 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. 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 action to protect the health and safety of Canadians, if necessary.

Health Canada will continue to use all tools at its disposal to expedite the supply of safe and effective health products related to COVID-19. However, the department is not providing blanket approval of unauthorized drugs or devices.

We will update Canadians with any new information as it arises.

Consumers and patients are encouraged to [report](#) any health product adverse events to Health Canada.

**Q95. How are medical devices regulated in Canada? What are Class I devices?**



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 health care 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. Companies selling Class I medical devices in Canada are required to have a medical device establishment licence. 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 notified to Health Canada under this interim measure are being allowed on the market.

**Q96.      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 through this measure on its website for consumers to consult.

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 are listed on Health Canada's website.

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

COVID-19-specific medical devices authorized for sale by Health Canada are listed on Health Canada's website.

**Q97.      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 speed up access to medical devices for COVID-19. The list of COVID-19 medical devices authorized under the interim order is available on Health Canada's website.



**Q98.      Can people obtain access to medical devices and drugs that have not been authorized in Canada, but are available in other countries?**

Health care professionals can request access to COVID-19-related medical devices not yet licensed in Canada and drugs related to the management of patients with COVID-19 through Health Canada's special access program (SAP). Applications are considered on a case-by-case basis.

For questions related to the SAP for medical devices, please contact the program via email.

**INTERIM ORDER RESPECTING COVID-19-RELATED MEDICAL DEVICES**

**Q99.      When will Health Canada be able to approve the first test kits for COVID-19 as medical devices?**

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

On March 13, 2020, Health Canada received two applications for a diagnostic device: one from Roche Diagnostics and one from ThermoFisher Scientific. These applications have received expedited review and are now approved for access by health care professionals through our special access program (SAP).

Health Canada will immediately communicate the availability of these diagnostic devices to the concerned laboratories, the Public Health Agency of Canada and the provincial and territorial ministries of health.

Health Canada is also working with a number of other companies that are in the process of preparing and submitting information for review and will expedite those applications as well.

**Q100.     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 tests in Canada through an expedited review process. The list of authorized COVID-19 devices (with 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. It will help ensure quicker and more flexible approval of the importation and sale of medical devices that are necessary for Canada's response to COVID-19, including test kits.

**Q101.     Is Health Canada considering allowing home antibody testing, as is being done in the United Kingdom? Can you comment on the efficacy of those 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 diagnostic test kits. The interim order will allow Health Canada to more quickly and flexibly approve the import 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 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 active infections of 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.

#### **Q102. How will these new test kits help test more patients?**

This interim order makes it easier and faster for certain medical devices, such as laboratory diagnostic test kits, to be imported and sold in Canada. This would help improve access to medical devices that could permit faster and more convenient testing of patients, which would avoid needing to send samples to the NML lab in Winnipeg, facilitating quicker test results.

Point-of-care diagnostic tests are in development and may become available through this Interim Order, which would permit quicker and more convenient testing of patients. Quicker test results would enable health care providers and patients to take appropriate actions more quickly in order to help reduce the spread of the disease.

#### **Q103. How often are interim orders used?**

Interim orders have been needed a few times in recent years to permit access to health products quickly in exceptional circumstances to deal with a significant risk to health or safety.

The last use of an Interim Order was in August 2018 to facilitate the immediate importation and sale of AUVI-Q epinephrine auto-injectors as an emergency measure during a national critical shortage of EpiPens.

An interim order was also issued to allow immediate temporary access to naloxone nasal spray in July 2016 until a review for Canadian authorization was completed.

#### **Q104. How will Health Canada ensure that these kits are safe and effective?**



The interim order creates a tailored approval pathway for the importation and sale of medical devices that support Canada's response to COVID-19. This interim order, and the tailored approval pathway it creates, provides the Minister with flexibility to consider the urgent circumstances relating to the need for the medical device, authorizations granted by foreign regulatory authorities, or possible new indications of use for medical devices that are already approved in Canada.

As with all drugs and medical devices, Health Canada will assess and monitor the safety and effectiveness of all products authorized under this interim order, and will take immediate action if required to protect the health and safety of Canadians.

Manufacturers will still be required to follow strict post-market safety requirements, such as mandatory problem reporting, recall procedures and complaint handling.

**Q105. Is Canada guaranteed to receive adequate supply of diagnostic test kits?**

We anticipate that there will be adequate supply of diagnostic tests. It would be at the company's discretion to allocate kits if demand exceeds supply.

**VACCINE AND TREATMENT**

**Q106. Is there a vaccine that protects humans from coronavirus? If no vaccine is currently approved, are any being developed or tested?**

Currently, there is no approved vaccine that protects humans from coronavirus.

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, assess how scientists at the National Microbiology Laboratory, in conjunction with Canada's research community, will participate in global research efforts.

**Q107. How long will it take to develop a vaccine?**

Coronaviruses are a group of viruses that can cause a wide range of illness, ranging from the common cold to Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS-CoV). The challenge of developing a vaccine that protects against coronaviruses is that infection by human coronaviruses does not provide long-lasting immunity, meaning someone can be re-infected in the future following recovery from an initial infection.



Although a vaccine that provides long-term immunity remains a challenge, an outbreak vaccine aimed to provide short-term protection (similar to a pandemic influenza vaccine) to respond to a novel coronavirus outbreak could potentially be developed.

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

For example, there are currently no licensed vaccines or specific treatments for Middle East Respiratory Syndrome coronavirus (MERS-CoV)—a particular coronavirus that was first identified in 2012. We are aware of work being conducted elsewhere to better understand how MERS-CoV infections might be prevented and to develop a MERS-CoV vaccine. This includes vaccine development efforts being coordinated by WHO and the Coalition for Epidemic Preparedness (CEPI).

### **Q108.     How are infected people treated?**

Currently, there are no medical treatments or drugs available to treat people with novel coronavirus. Researchers are examining the effectiveness of existing antiviral treatments.

The World Health Organization has advised health professionals, including 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. You may have come into contact with the novel coronavirus while abroad. PHAC asks that you monitor 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.

### **Q109.     Is Health Canada investigating these reports, and are there currently any guidelines regarding the use of vitamin C as a defence or treatment for coronavirus?**

Since 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 on the effectiveness of treatments and the risks associated with them.

Health Canada recently approved a clinical trial application to study intravenous vitamin C use in patients with COVID-19 to help improve the functioning of certain affected organs in severe cases of COVID-19 and to closely monitor its progress.

To facilitate faster 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 of submissions and the authorization of clinical trial applications. In addition to the



work carried out by professional associations, clinical trials are coordinated by the health portfolio in Canada and elsewhere in the world. The situation is changing rapidly, and the health portfolio is striving to adapt to new needs.

**Q110. Are there any safety issues related to the use of ibuprofen by persons with COVID-19?**

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

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

**Q111. Can hydroxychloroquine and azithromycin be used to treat any patient infected with coronavirus? Will they work for everyone?**

There is some evidence that these drugs may be effective in some patients. However, these are preliminary findings, from a few, very small studies. There are also significant safety risks associated with both drugs, including increasing the QT prolongation, which is a serious heart rhythm condition. 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 a labelled indication or off label, is part of the practice of medicine. While Health Canada regulates drugs, it is the responsibility of health care professionals to consider information from medical journals, reports, and peer-reviewed studies when prescribing medication.

**Q112. Are clinical trials underway to determine the efficacy of hydroxychloroquine and azithromycin?**

Health Canada is aware of several ongoing or planned clinical studies with hydroxychloroquine in Canada and internationally for the treatment of COVID-19, and is closely monitoring their developments.

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

**Q113. What are hydroxychloroquine and azithromycin usually used for? What are the approved indications?**

Hydroxychloroquine is an antiparasitic drug indicated in the treatment of malaria and autoimmune diseases, such as rheumatoid arthritis and lupus. Hydroxychloroquine has been shown in in vitro studies to decrease replication of the coronavirus and thus could reduce the viral load of SARS-CoV-2 (the novel coronavirus responsible for COVID-19).



**Q114. What is Health Canada doing about products that claim to prevent, treat or cure COVID-19?**

There are currently no COVID-19 vaccines or 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 takes this issue very seriously and will take action to stop this 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 a 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 misleading sale or advertising of any health product that purports to treat, prevent or cure COVID-19, to report it through the online complaint form.

When Health Canada identifies or becomes aware of potential non-compliance with the *Food and Drugs Act* or its regulations, it takes measures to confirm whether 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 intervention, in accordance with Health Canada's [Compliance and enforcement policy for health products](#).

**Q115. Are there any natural health products, including traditional Chinese medicines, Ayurvedic remedies, and homeopathic products, to protect against or treat this virus?**

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

**Q116. Are Avigan or favipiravir approved in Canada? Is Canada taking steps to have 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 of submissions and authorization of clinical trial applications.



Health Canada has initiated discussions with companies whose products have shown potential in fighting COVID-19, including the company that makes favipiravir. However, Health Canada has not received any product submissions containing favipiravir to date. It is ultimately up to the manufacturer to decide whether it wants to get market authorization for its product in Canada.

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

**Q117. Will Health Canada or the Public Health Agency of Canada publish clinical guidelines if it is proven in other countries or administrations that antivirals such as favipiravir or other drugs are effective for the treatment of 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. Should there be data available to support a submission to Health Canada concerning the efficacy of a drug in treating COVID-19, if approved, directions 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**

**Q118. Was this exemption requested by the provinces and territories?**

Several administrations have asked Health Canada if measures would be put in place to facilitate access to certain medical treatments during the pandemic. The department responded quickly to address their concerns and to avoid potential problems in accessing medical treatment during the pandemic.

**Q119. When will pharmacists and practitioners be able to carry out 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 practise 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 administrations ensure continued access to drugs for Canadians.

### **Q120. What activities are pharmacists currently authorized to perform?**

Pharmacists are medication experts and play a significant 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 that are included in the meaning of *sell or provide* are permitted 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 in which the drug is prescribed
  - e.g. change from pill to liquid formulations;
- **Adjusting the dose and regimen:** a structured plan that specifies the frequency in which a dose of medication should be ingested
  - e.g. change from 20 mg per day for 5 weeks to 10 mg per day for 10 weeks;
- **De-prescribing:** the 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*, Benzodiazepines and Other Targeted Substances and Part G of the *Food and Drug Regulations*.

### **Q121. If a patient does not have a prescription, can a pharmacist now prescribe a new drug?**

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).

### **Q122. Are other health care professionals covered by this exemption?**

Other health professionals, such as nurse practitioners, dentists and veterinarians, are covered by this exemption, which allows them to prescribe drugs orally (based on the prescriber's practice framework and provincial/territorial authorization).



**Q123.    Is any consideration being given to expanding pharmacists' activities on a permanent basis?**

Pharmacists are drug experts and play an important role in monitoring patients and drugs to ensure they are used safely and optimally.

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 feedback received. Any draft regulations will still be available for comment in the *Canada Gazette*, Part I. Health Canada invites everyone to participate in the consultation.

**Q124.    Are specific measures being taken to assist supervised consumption sites during the COVID-19 pandemic?**

Health Canada recognizes that local pandemic precautions could impact the operation 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 Exemptions section of the Office of Controlled Substances by email ([hc.exemption.sc@canada.ca](mailto:hc.exemption.sc@canada.ca)).

**PREVENTION AND RISKS**

**Q125.    How can I protect myself from this virus?**

You can stay healthy and prevent the spread of infections by:

- washing your hands often with soap under warm running water for at least 20 seconds;
- using alcohol-based hand sanitizer only if soap and water are not available;
- avoiding touching your eyes, nose or mouth with unwashed hands;
- avoiding contact with sick people, especially if they have fever, cough, or difficulty breathing;
- covering your mouth and nose with your arm to reduce the spread of germs;
- staying home if you become sick to avoid spreading illness to others.

**Q126.    In Canada, should members of the public wear a mask to protect themselves against this virus?**

Proven methods to prevent transmission of COVID-19 include:

- Staying home as much as possible
- Practising physical distancing
- Washing hands
- Protecting the most vulnerable from infection and limit their exposure to others
- Coughing into a handkerchief or sleeve



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

There is no evidence that wearing a non-medical mask (e.g. a homemade fabric mask) in the community protects the wearer. 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. Just like covering your mouth with a handkerchief 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 practise 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.

**Q127. Can vaping/smoking/drug use damage the lungs, making a person more vulnerable to COVID-19?**

No direct evidence has been published on vaping or drug use and its association 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.

**Q128. In the U.S., people under the age of 44 account for a large portion of hospitalizations. What do we notice about younger Canadians?**

In Canada, people under the age of 40 account for 31% of cases. Compared to other age groups, people under 40 have milder illnesses, 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 as the situation evolves.)

**Q129. What is your message for youth (specifically those who smoke/vape/use drugs) who believe 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. cause lung damage). It is also important to remember that equipment for vaping or drug use should never be shared. At this time, maintaining a healthy lifestyle is particularly important.

**TESTING AND CONFIRMING CASES**

**Q130. How does Canada currently detect COVID-19 in patients?**



Canadians can have confidence in the methods and capabilities of Canada's NML.

The NML is recognized worldwide for its scientific excellence.

Several 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 tests for the virus that causes COVID-19. For all other provinces, their results are subject to additional testing by the NML, as this is a virus that was previously unknown and it is good practice to conduct additional testing to confirm initial laboratory results.

There are multiple testing approaches that will be used by the laboratory to confirm cases. Follow-up results from the NML are expected to be available within 24 hours after receipt at the NML.

The NML is providing all provinces and territories with laboratory reference services. These testing services provide a variety of support to provincial and territorial laboratories across Canada including confirmatory testing, quality assurance, and in-depth analysis of difficult to diagnose specimens.

### **Q131.    Are enough people being testing to prevent community spread?**

The Public Health Agency of Canada is working with provincial and territorial colleagues to monitor the situation and plan for all possible scenarios based on evidence. We want to have the most accurate picture of what is happening in our communities. While testing in Canada is focused on people who present with symptoms consistent with COVID-19, Canada's testing strategies continue to evolve as the outbreak of COVID-19 spreads.

Frontline health providers and laboratories have been vigilantly triaging and testing possible cases. Public health authorities have carried out detailed investigations and contact tracing on all confirmed cases to identify possible community spread.

Public health laboratories across Canada are also working together to report COVID-19 test results. These reports will allow us to monitor where COVID-19 is occurring, which can provide us with an early signal of potential clusters that can indicate community spread.

We continue to work with our provincial and territorial partners on a national testing strategy that will help us maximize the impact of our testing resources and delay the spread of COVID-19 in high-risk settings, such as hospitals and long-term care facilities.

At the same time, 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.

Thanks to the interim order, two new diagnostic tests are readily available in Canada:

- the Roche Molecular Systems Inc. cobas SARS-CoV-2 diagnostic device; and

- the ThermoFisher Scientific TaqPath™ COVID-19 Combo Kit.

This will help improve access to medical devices that could permit faster and more convenient testing of patients in Canada.

### **Q132. Why does it take so long to get test results back?**

All levels of government are working together to advance testing technologies, secure access to more test kits and accelerate test results.

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

For Prince Edward Island, Manitoba, and parts of Northwest Territories and Nunavut, their results undergo additional testing at the National Microbiology Laboratory (NML).

The results from these jurisdictions are shipped to the NML for confirmatory testing. This adds additional time to receive results.

The NML strives to have follow-up results within 24 hours of receipt; however, because of increased volume, some results may take 48 to 72 hours. The NML is working 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.

### **Q133. Do we have enough tests? What are you doing to get more?**

We anticipate that there will be adequate supply of diagnostic tests.

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; and
- the ThermoFisher Scientific TaqPath™ COVID-19 Combo Kit.

This will help improve access to medical devices that could permit faster and more convenient testing of patients in Canada.

Point-of-care diagnostic tests are in development and may become available through this interim order, which would also permit quicker and more convenient testing of patients.



### **Q134. Is Health Canada looking to the cannabis sector for additional COVID-19 testing?**

A number of options are being assessed to increase testing capacity to support provincial and territorial public health authorities. As part of this, Health Canada is working to identify lab capacity that might be available across the country in various sectors, including at licensed cannabis production sites, to assist with supporting COVID-19 testing. On March 26, Health Canada sent an email to all licence holders, asking those with lab capacity that are interested in assisting to notify the Department by email. Several labs have responded indicating their willingness to assist. The department is currently confirming next steps, including confirming whether they have the appropriate equipment, certifications and protocols to assist.

## **VIRUS TRANSMISSION**

### **Q135. Can COVID-19 be transmitted even when no symptoms are present?**

Now that more countries have had large numbers of cases and have analyzed transmission patterns, recent studies provide evidence that transmission of the virus can happen from infected people—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 of preventing the transmission of COVID-19 include:

- Staying home as much as possible
- Practising physical distancing
- Washing hands
- Protecting the most vulnerable from infection and limiting their exposure to others
- Coughing into a handkerchief or sleeve

### **Q136. What should you do if you have been exposed to a confirmed case of COVID-19?**

If you **do not have any symptoms** but believe that you have been exposed to a source of COVID-19, the Public Health Agency of Canada asks you to take the measures below for the next 14 days:

- monitor your health for the appearance of a **fever, cough** and **breathing difficulties**
- avoid areas where you cannot easily get away 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 COVID-19 symptoms**, isolate yourself from others as soon as possible. Immediately call a health care professional or the public health authorities in your province or territory. Describe your symptoms and travel history. They will advise you on what to do.

**Q137. Are Canadians at risk of contracting COVID-19 if they touch a potentially contaminated surface?**

In general, coronaviruses do not survive on surfaces that have been contaminated.

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

- Avoid touching your eyes, nose and mouth with your hands
- Consistently use good hand hygiene, including frequent hand washing with soap and hot water for at least 20 seconds, or the use of alcohol-based hand sanitizer when soap and water are not available
- Practise good respiratory etiquette, such as covering your mouth and nose with your arm or sleeve when coughing or sneezing, throwing away used tissues as soon as possible, and washing your hands immediately after coughing or sneezing with soap or alcohol-based hand sanitizer when 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).

**Q138. Can Canadians get a novel coronavirus infection from products shipped within Canada or from abroad?**

It is not yet known how long the virus that causes COVID-19 lives on objects and surfaces, but early evidence suggests it could be between hours and days.

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

Products shipped within Canada or from abroad may also be contaminated. However, since parcels typically take several days or weeks to be delivered and are shipped at room temperature, the risk of spread is **low**. There is no evidence that coronaviruses could enter Canada simply by being present on parcels or packages.

To protect yourself from COVID-19, be sure to do the following when handling products that have been shipped within Canada or from abroad:

- Use good hygiene
- Clean and disinfect surfaces regularly
- Do not touch your eyes, nose and mouth

**Q139. Can COVID-19 be transmitted through food products?**

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

Coronaviruses generally do not survive on contaminated surfaces. The risk of spread from products transported over a period of 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.

**Q140. What is the latest information on the possibility of transmission of the COVID-19 virus through food or water?**

Currently, there is no evidence that COVID-19 is spread by food or water.

Based on current data, COVID-19 is most commonly transmitted from an infected person through:

- respiratory droplets generated when they cough or sneeze
- close personal contact, such as touching or shaking hands
- touching something with the virus on it, then touching your mouth, nose or eyes before washing your hands

In general, coronaviruses are a large family of viruses, some that causes illness in people and others that circulate among animals, including camels, cats and bats.

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

**ANIMALS**

**Q141. Is it possible to get the virus from an animal in Canada?**

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

**Q142. Can pets and other domestic animals get the virus?**

It is possible that certain types of animals may be able to get 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 tested positive for COVID-19 virus, following close exposure to an infected person. Although the test used cannot 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 did not show any signs of illness. The most likely explanation is that the virus spread from the owner, a confirmed case, to his pet dog. At this time, there is no evidence that pets, including dogs, can spread COVID-19.

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



It is 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, similar to the recommendations for reducing the risk of infection to other people, if you have been diagnosed with COVID-19 and have a pet or other animals:

- avoid close contact with animals
  - do not snuggle or kiss them, or let them lick you, sit on your lap, or sleep in your bed
- practise good cough etiquette
  - avoid coughing and sneezing on your animals
- if possible, have another member of your household care for your animals
  - if this is not possible, always wash your hands before touching or feeding them
- limit your animal's contact with other people and animals
  - this may mean keeping them indoors

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 on-farm 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.

**Q143. Am I at risk of contracting COVID-19 if I have been in contact with a recently imported animal from an affected area (e.g. a dog imported by a rescues organization)?**

All animals entering Canada must meet import requirements set out by the Canadian Food Inspection Agency. There are currently no specific requirements in place in Canada restricting animal importation related to the COVID-19 outbreak as there is no evidence that pets or other domestic animals can spread the virus. However, until we know more, importers, rescue organizations and adoptive families should consider limiting or postponing importing animals from affected areas.

Any animals that are imported from an affected area should be closely monitored for signs of illness. If an animal becomes sick, contact your veterinarian and inform them of the situation. Call ahead 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 people. Therefore, it is always a good idea to have a recently imported animal examined by a veterinarian so that they can advise you on appropriate treatments and vaccinations to keep them and your family healthy.

Take these precautions to prevent infectious diseases from spreading between animals and people:

- Always wash your hands after touching animals, their food or items, and after collecting feces or cleaning litter
- Do not kiss animals, share food with them, 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/COV-19/COVID19\\_21Feb.pdf](https://www.oie.int/fileadmin/Home/eng/Our_scientific_expertise/docs/pdf/COV-19/COVID19_21Feb.pdf)
- <https://www.who.int/fr/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters>

## **SCREENING AND BORDER MEASURES**

### **Q144. Does the Canadian government really want to prevent sick Canadians from boarding return flights?**

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 breathing difficulties and ask the following questions:

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

If the airlines find that a traveller is exhibiting symptoms or if the passenger answers "yes" to any of the questions on the health check, boarding will be denied for a period of 14 days or until a medical certificate is provided confirming that the symptoms are not related to COVID-19.

Additional instructions and advice will be provided to passengers 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.

### **Q145. If so, why aren't you taking temperatures to screen for the disease?**

We learned from the Severe Acute Respiratory Syndrome (SARS) outbreak in 2003 that temperature checks at airports are not an effective measure to prevent the introduction of infectious diseases across borders. Over 6.5 million screening operations were conducted at Canadian airports, including for travellers arriving and departing. 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 detect emerging events and infectious diseases, including respiratory diseases
- infection prevention and control precautions in all Canadian hospitals
- a public health laboratory capacity that is well equipped to rapidly detect serious infectious diseases

**Q146. What considerations have been given to ways and means that would allow 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 directed to the appropriate consular services to assist with isolation.

**Q147. Have additional screening measures been put in place at all airports?**

On January 22, 2020, enhanced screening measures were implemented at the Vancouver, Toronto and Montréal international airports. As of February 9, 2020, additional measures are also 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 material to travellers who may become ill after their return.

**Q148. Will Canada close its border 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 U.S., by all modes, for recreation or tourism
  - foreign nationals entering Canada from a foreign country other than the U.S., with some exceptions, including temporary foreign workers and international students
  - foreign nationals arriving from the U.S. who have signs or symptoms of respiratory illness

There are exemptions to travel bans, which are described in the Orders in Council.

**Q149. What can travellers arriving at airports expect?**



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

All international travellers at these 10 airports must answer 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 to be symptomatic upon arrival at a Canadian airport are met 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 in-depth assessment. If deemed necessary, the quarantine officer may then take additional measures to address the potential risk to public health, such as ordering the traveller to be transported to the hospital for a medical examination or to report to the local public health authority.

These measures are complementary to the usual traveller screening procedures already in place to prepare for, detect and respond to the spread of serious infectious diseases in Canada.

***If the use of thermal analyzers is insisted upon:***

It is important to note 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.

**Q150. Are passengers being isolated at airports?**

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

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



**Q151. 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 to be symptomatic upon arrival at a Canadian airport are met 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 exposures 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 the 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, who are 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 arrival of flights from China. The number of employees at each airport is adjusted to meet the growing number of passenger assessments required. PHAC employees also act as resource persons for CBSA officers and airline and airport staff, facilitate communication, and coordinate response activities with partners.

**Q152. What about people coming to Canada through other airports? What about land border crossings?**

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

**Q153. Do we know how many Canadians from the Costa Luminosa have 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 disembarked 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, ranging 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 has tested positive with COVID-19.

### **CARGO SHIP SIEM CICERO**

#### **Q154. Under what authorities can the ship be denied entry?**

The *Quarantine Act* is enforced 24 hours a day, 7 days a week, at all ports of entry into Canada, including marine ports. It requires all ship operators to notify PHAC of passengers or crew members who may have a communicable disease prior to arrival in Canada.

The act also authorizes PHAC to conduct inspections and implement quarantine measures on ships entering Canadian waters if it suspects that a person on board may cause the spread of a communicable disease that poses a serious public health risk.

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

According to section 39 of the *Quarantine Act*, if an environmental 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.

#### **Q155. Why was the cargo ship denied entry into Canada? When will it be allowed entry?**

The ship entered Canadian waters but was denied access to the port and is currently being held off the coast. The Government of Canada has taken these steps to prevent the potential introduction of the novel coronavirus and 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.

#### **Q156. Is there a public health risk if the ship docks? What are the potential impacts?**

The general considerations we took into account when deciding whether the cargo ship should dock were:

- Is there a public health risk on board the ship?
- Is there potential for Canadians to interact with ship-based crew?
- Is the cargo considered “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.



As it is a car-carrying ship, Canadian longshoremen are required to board the vessel to off-load each car, and they would have potential interaction with some crew. The cargo on board is considered non-essential.

The Halifax Port Authority indicated that allowing the ship to dock could result in the closure of the port, which would disrupt the supply chain.

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.

For now, if workers are thought to have symptoms similar to COVID-19 and want to cross the border for optional or discretionary services (tourism, recreation, entertainment) rather than essential services, they must be prohibited from doing so.

### **MS ZAANDAM AND MS ROTTERDAM CRUISE SHIPS**

**Q157. Why can asymptomatic Canadian passengers on MS *Zaandam* and MV *Rotterdam* quarantine themselves at home when hundreds of other Canadians returning from other cruises were sent to mandatory quarantine facilities in Trenton and Cornwall?**

As the COVID-19 pandemic is evolving rapidly, public health measures must also be adapted. Canada's response had a different focus in early February when outbreaks of COVID-19 were reported aboard the first cruise ships. The public health measures for passengers of MS *Zaandam* and MS *Rotterdam* are consistent with those in effect for Canadian citizens returning from abroad. At this time, there have been no confirmed cases of COVID-19 among Canadians on board MS *Zaandam* and MS *Rotterdam*.

People with symptoms will not be able to return to Canada or self-isolate in a place where they are in contact with particularly vulnerable people, such as adults 65 years of age or older and people of all ages with underlying medical conditions.

**Q158. You are letting passengers with no symptoms take public transportation or a domestic flight to get home. They may start to feel ill and infect other people. What will you do to protect the health of those who may come into contact with them?**

All persons wanting to fly to Canada will be assessed prior to boarding. Those with symptoms will not be able to return to the country.

Upon arrival in Canada, all travellers will be required to undergo a health assessment by the Public Health Agency of Canada. If a person is considered symptomatic, they will be immediately isolated from other travellers and transported to a quarantine facility.



Travellers who still have no symptoms upon arrival in Toronto will be allowed to take public transportation (air, train, car, bus, etc.) to their final destination for their 14-day quarantine period.

Travellers will have access to a variety of public health measures (hand sanitizer, masks and mask-changing stations). Those who are asymptomatic will be given instructions regarding mandatory quarantine and self-monitoring and will be instructed to go directly to their home or quarantine location. Physical distancing practices will be established at the airport, and travellers will be asked to apply them throughout their travels. Returning travellers who do not exhibit symptoms but are unable to quarantine at their home will be referred to a designated quarantine facility where they will remain for 14 days.

### **NOTICE TO PASSENGERS / CONTACT TRACING**

#### **Q159. Are passengers on the same flight as patients with confirmed COVID-19 notified?**

The Public Health Agency of Canada supports local public health authorities in following up with individuals who may have been exposed during the flight.

For the time being, we consider that passengers who were seated within 2 m of the case, as well as the crew who served them, are likely to have been exposed.

As part of the follow-up, we provide them with information about self-monitoring of symptoms and what passengers should do if they start to experience symptoms.

This information is also available on [Canada.ca/coronavirus](https://Canada.ca/coronavirus). A new toll-free telephone number (1-833-784-4397) has been established to answer Canadians' questions about COVID-19. Service is available from 7 a.m. to midnight.

We urge all travellers to Canada with symptoms associated with COVID-19 within 14 days of their return to Canada to contact health care professionals immediately.

Be sure to inform health services of any recent travel before contacting health care professionals so that appropriate protocols can be adopted as a precaution.

#### **Q160. Should each passenger on these flights see a doctor or other health care professional to get tested for the virus just in case they have been infected?**

No, if a person is not experiencing any symptoms there is no need to see a health care provider. Instead, passengers on these flights should monitor themselves for symptoms, which include fever, cough and difficulty breathing. If they develop symptoms, they should avoid contact with others and follow-up with their health care professional.

In addition, accessing health care services when there are no signs of being sick can impact the availability of services for those who are sick and need treatment.

More information about symptoms and treatment can be found at [Canada.ca/coronavirus](https://Canada.ca/coronavirus).



### **Q161. Why has PHAC issued a directive to no longer conduct follow-up investigations into cases reported on aircraft?**

The Public Health Agency of Canada (PHAC) continues to support local and provincial public health authorities in their efforts to follow up with individuals who may have been exposed to COVID-19 while travelling abroad. PHAC, on behalf of the Government of Canada, continues to facilitate the exchange of information, including information on potential exposures to COVID-19 related to international travel, to inform public health measures. PHAC receives notifications from provincial, territorial and international public health authorities on COVID-19 cases that travelled to, from or within Canada while infectious and shares this information with public health partners.

Additional measures have been put in place at the border to protect Canadians. On March 25, 2020, the Government of Canada implemented a federal Emergency Order under the Quarantine Act that requires anyone entering Canada by air, land or water to self-isolate for 14 days to limit the introduction and spread of COVID-19.

In addition, as part of the Government of Canada's efforts to prevent the spread of COVID-19 and protect the health of Canadians, PHAC has recently begun publishing on its website a list of flights, cruise ships, trains and mass gatherings where it is known that a confirmed case of COVID-19 was present. The information is intended to allow Canadians who have travelled or attended major events to assess their risk of exposure to COVID-19. We continue to update the webpage every day as new information becomes available.

Contact tracing is an important public health measure to identify individuals who may have been exposed to COVID-19 and to ensure that these individuals take precautions (e.g. self-isolation, symptom monitoring) to prevent further exposure. It takes a lot of resources and is a provincial and territorial responsibility. Please address your questions about specific provincial or territorial policies or regulations with respect to contact tracing to the relevant provincial and territorial public health authorities.

Finally, as part of the enhanced border measures put in place by the Government of Canada to limit the introduction of new COVID-19 cases and the spread of the disease, airlines conduct a health check of all travellers before they board an aircraft bound for Canada. Health check procedures are based on advice from PHAC, as recommended by the World Health Organization. Airline staff will ask passengers questions to determine whether they have fever, cough or shortness of breath. On March 30, 2020, health checks became mandatory for domestic and outbound flights from Canada, as well as passenger trains. No one who has symptoms of COVID-19 should travel, as this endangers the safety of other passengers and crew.

From the beginning, PHAC, together with public health authorities at all levels of government across the country, has been working to ensure that our preparedness and response measures are appropriate and adaptable, based on the latest science and developments.

### **DISINFECTION AND SANITATION MEASURES FOR AIRLINES AND AIRPORTS**



**Q162. Do airlines have a role to play in preventing the spread of infectious diseases?**

Airlines are important partners in mitigating the potential risk of introduction and spread 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.

**Q163. Are planes carrying passengers who had symptoms of the virus in-flight provided guidance on decontamination of the vessel?**

As part of the Government of Canada's efforts to limit the spread of COVID-19, the Public Health Agency of Canada (PHAC) has provided guidance on disinfection and sanitation measures to airlines with direct flights from China.

In addition to normal cleaning procedures, PHAC recommends that airlines thoroughly clean and disinfect frequently touched surfaces. During an outbreak, it is important to increase the frequency of routine cleaning and disinfection of these surfaces to stop the spread of infection. The instructions indicate which cleaning equipment and disinfectants are recommended, which surfaces are frequently touched, and how to clean and disinfect.

In addition, if a passenger on board an aircraft is suspected of being ill, PHAC will inform the airline so that, in addition to the improved routine sanitation measures, the airline can thoroughly clean and disinfect the area within 2 m of the passenger's seat.

**Q164. Are touch screen terminals and other surfaces in common areas of airports cleaned and disinfected on a regular basis?**

Touch screen terminals and other common areas are cleaned regularly throughout the day. The best way to prevent illness after touching a common area that could be contaminated with 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 soap and water available. Responsibility for maintaining and cleaning common areas and kiosks rests with individual airport authorities.

Several times a day, the Canada Border Services Agency (CBSA) uses a specialized cleaning solution to disinfect traveller screening areas, such as the CBSA customs hall and Public Health Agency of Canada assessment rooms.

**Q165. What precautions does PHAC recommend to flight attendants who may be in close proximity to sick persons for extended periods of time?**

Protecting the health of Canadians, front-line workers, and in this case flight attendants, is extremely important. As part of the Government of Canada's efforts to contain the spread of COVID-19, the Public Health Agency of Canada (PHAC) has provided guidelines on hand hygiene and respiratory etiquette and on airline disinfection and sanitation practices. In addition to normal cleaning practices, PHAC recommends that 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 is suspected of being ill, PHAC will advise the airline so that the airline can contact staff from that flight to closely self-monitor and so that the area within a 2-m radius of the passenger's seat can be thoroughly cleaned and disinfected, in addition to the enhanced routine sanitation practices.

Like all Canadians, airline crew should closely self-monitor for symptoms, isolate as quickly as possible should symptoms develop and contact their local public health authority for further direction, which will include where to go for care, the appropriate mode of transportation to use and precautions to be followed.

In addition, Transport Canada is working with air carriers to strengthen current practices in order to ensure that if a traveller becomes symptomatic in-flight, air carriers isolate the passenger quickly according to international standards, and flight crews don appropriate personal protective equipment. In addition, the flight crew would have to notify air traffic control of a passenger presenting COVID-19 symptoms.

## **EMPLOYEE SAFETY**

### **Q166. What is Health Canada doing to ensure that federal employees take the appropriate precautions?**

Health Canada's Public Service Occupational Health Program (PSOHP) provides occupational health and occupational 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 that contains information on the novel coronavirus and recommended precautions for employees, such as frequent hand washing, proper cough and sneeze hygiene, and self-monitoring for symptoms.

Advice and information is based on the science and 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 to advise airport employees who interact with travellers, for example, on personal protective equipment to be used to search baggage or escort a sick traveller. Health Canada's occupational health nurses have also helped our departmental partners with information sessions for airport staff and at CFB Trenton.

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 about 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.



**Q167.    What protocols does Health Canada follow after receiving confirmation that an employee has been diagnosed with COVID-19?**

A Health Canada employee working at Tunney's Pasture tested positive for COVID-19. The employee self-isolated and followed instructions from local public health authorities.

The department followed established protocols.

- The area where the employee works, including common areas, was properly cleaned in accordance with Public Services and Procurement Canada standards. This was done in collaboration with Statistics Canada, as both departments share a common workspace.

In addition, local public health authorities contacted the employee to identify any relevant contact. This involved contacting some colleagues, who were advised by local public health authorities to self-isolate.

The Government of Canada requests that telework be used when and where possible, while taking into account the operational requirements of each department. Departments and agencies are actively exercising this flexibility. We are constantly re-assessing 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 within the public service. The Treasury Board Secretariat works 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.

**FUNDING**

**Q168.    Can you confirm what CPHA will do with the \$50 million allocated for public health information on COVID-19?**

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 protect individual health and overall public health. The campaign will include advertising, social media posts, information resource development, partnership development and outreach activities targeting at-risk populations. This work will complement the Public Health Agency of Canada's existing outreach and communication activities (e.g. COVID-19 information website, toll-free hotline, digital advertising, regular media updates).

Public education plays a key role in our response to COVID-19 by helping to:

- increase awareness of symptoms and treatments and the understanding of symptoms and treatments
- provide information on prevention measures such as self-isolation
- address misinformation and public concerns



## **FUNDING FOR KIDS HELP PHONE TO MEET INCREASED DEMAND FOR MENTAL HEALTH SERVICES FOR CHILDREN AND YOUTH IN RELATION TO COVID-19**

### **Q169. Why is the government supporting just one of the many crisis hotlines in Canada?**

The demand for Kids Help Phone services has increased dramatically as a result of the COVID-19 pandemic, which has resulted in the closure of schools and community services. For example, there has been:

- a nearly 100% increase in text message conversations since March 15
- an almost 350% increase in phone, text and chat conversations about COVID-19

Without the additional support, Kids Help Phone would have difficulty meeting demand, and COVID-19 would have a disproportionate impact on the vulnerable youth population, which has 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 with the mental health resources they need.

### **Q170. What is the Government of Canada doing for other Canadians in terms of emergency support?**

Budget 2019 provided \$25 million over five years and \$5 million per year ongoing to implement and maintain 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 implementing the pan-Canadian suicide prevention service. The process ended on October 31, 2019. A decision is expected soon.

The funding complements the Canadian Suicide Prevention Service, which currently provides telephone and text messaging support to people across Canada.

### **Q171. What other resources are available to Canadians?**

The COVID-19 pandemic is new and unexpected. 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 the provinces and territories to expand and adapt digital platforms that can help governments in their responses to COVID-19 through education, information, psychological support, alerts and screening tools.

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

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



<p><b><a href="#">Kids Help Phone</a></b> 1-800-668-6868 or text the word CONNECT to 686868</p>	<p><b><a href="#">Hope for Wellness Help Line</a></b> Call the toll-free help line at 1-855-242-3310 or connect to the <a href="#">chat</a>.</p>	<p><b><a href="#">Crisis Services Canada</a></b> 1-833-456-4566</p>
<p>Available at all times to <b>young Canadians aged 5 to 29</b> seeking confidential, anonymous care from professional psychological counsellors.</p> <p>For more help, download the <a href="#">Always There</a> app.</p>	<p>Available to all <b>Indigenous people in Canada</b> who are seeking immediate crisis intervention. Telephone and online counselling are available in English and French. Telephone counselling is also available on request in Cree, Ojibway and Inuktitut.</p> <p>For long-term care, contact a <a href="#">First Nations and Inuit Health Regional Office</a>.</p>	<p>Available to <b>all Canadians</b> looking for support. For the nearest crisis centre, visit <a href="#">Crisis Services Canada</a>.</p>