



EVERGREEN KEY MESSAGES

2019 Novel Coronavirus (COVID-19) – Wuhan, China

Issue Statement: On December 31, 2019, the Wuhan Municipal Health Commission in Hubei province, Central China, issued a public statement that they had identified an outbreak of pneumonia of unknown cause. China determined that a novel coronavirus (coronavirus disease referred to as COVID-19) was responsible for cases of pneumonia in the Wuhan outbreak.

For the most up-to-date information about COVID-19, including the latest number of confirmed cases, visit Canada.ca/coronavirus.

These media lines have been prepared for use by media relations and senior officials to respond to requests for information.

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COVID-19 key messages

- 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 planning for all possible scenarios based on evidence as the science of the novel coronavirus continues to emerge.
- Canada has multiple systems in place to prepare for, detect and limit the spread of infectious disease, including COVID-19, in Canada.
- This is a serious public health issue, and there is the possibility that the virus is present in countries that do not have the capacity to detect or contain it.
- The Government of Canada is collaborating with partners at all levels of government to respond to COVID-19, and to plan and prepare should the situation escalate.
- There are, however, a number of things that we can all do to stay healthy and prevent the spread of respiratory infections: Practise frequent hygiene, which includes proper hand washing and coughing and sneezing etiquette. Clean and disinfect frequently touched objects and surfaces, such as toys and doorknobs.
- For the latest and most up-to-date information, visit Canada.ca/coronavirus or call the new toll-free phone line (1-833-784-4397) to get answers to your questions about the 2019 novel coronavirus.

Global spread and preparedness

- COVID-19 is a global issue, and there is the possibility that the virus could be present in countries that do not have the capacity to detect or contain it.
- Our response must be based on evidence as our understanding of the science of COVID-19 continues to grow.
- On March 11, 2020, the World Health Organization (WHO) assessed COVID-19 as a pandemic.
- The assessment by the WHO is not unexpected.
- In Canada, our health system is prepared for such a situation.
- From the outset, the Public Health Agency of Canada has been collaborating with public health authorities at all levels of government across the country to ensure that our preparedness and response measures are appropriate and adaptable, based on the latest science and the evolving situation.



- Our public health efforts will continue to focus on containment to delay community spread by rapidly identifying cases, meticulously tracing close contacts and using tried and true public health measures, such as isolation and physical distancing.
- In the event of community transmission, these actions will continue as long as feasible to interrupt chains of transmission in the community and to delay and reduce an outbreak where possible.
- The Public Health Agency of Canada and the Chief Public Health Officer are in close contact with the World Health Organization (WHO) and other international partners, as well as with provincial and territorial counterparts.
- A Special Advisory Committee of Canada's Chief Medical Officers of Health is in place to respond to COVID-19. This Committee will focus its attention on coordination of federal, provincial and territorial preparedness and response across Canada's health sector.
- This is a critical time, with global efforts focused on containment of the outbreak and the prevention of further spread.
- This is an evolving situation, and we will provide Canadians with new information as it becomes available.

Canada's domestic preparedness and response

- Canada has multiple systems activated and in place to prepare for, prevent, detect, and respond to the spread of the novel coronavirus. 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 screening measures have been expanded to all international airports in Canada 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.
- Everyone must contribute to flattening the epidemic curve. We have to modify our behaviours, including personal hygiene measures, like frequent hand washing, covering our coughs, and practising physical distancing.

Risks to Canadians

- COVID-19 is a serious health threat, and the situation is evolving daily.
- The risk will vary between and within communities, but given the increasing number of cases in Canada, the risk to Canadians is considered **high**.
- This does not mean that all Canadians will get the disease.
- However, it does mean that there is already a significant impact on our health care system that could limit health care resources available to Canadians with or without COVID-19 if we do not flatten the epidemic curve now.
- The risk of severe illness and outcomes is higher for older adults and those of all ages with underlying medical conditions.
- This is why we are advising Canadians to stay home, if possible. If you must leave your home, practise physical distancing.
- Public health authorities across the country are working hard to slow the spread of COVID-19 in our communities and to reduce its impact.
- The Public Health Agency of Canada, along with provincial, territorial and community partners, continues to reassess the public health risk, based on the best available evidence as the situation evolves.

Keeping Canadians informed

COVID-19 Situational Awareness Dashboard

- On April 4, 2020, the Government of Canada launched a new Canada COVID-19 Situational Awareness Dashboard.



- In Canada, the situation is evolving rapidly, and knowledge about COVID-19 is growing by the day. Canadians need easy access to online resources to find answers to their questions about COVID-19.
- This online dashboard presents Canadians and researchers with the latest data on COVID-19 in a user-friendly format to help them gain a better understanding of how the epidemic is evolving in Canada.
- The Situational Awareness Dashboard provides an interactive overview of the number of cases and deaths in Canada, with details on the most affected populations by age group and gender, and how the epidemic is evolving over time.
- This tool does not provide any modelling or forecasts of what could happen in the coming weeks and months.
- Every day, new data are released by the provinces and territories. While the dashboard will be continually updated to reflect new data, there may be discrepancies between the number of cases across the country and in the provinces and territories: in such cases, provincial and territorial data should be considered the most recent.
- The Government of Canada will continue to work with its partners at all levels of government to respond to the COVID-19 pandemic, including to ensure the early detection and management of infections to protect the health of Canadians.

The Canada COVID-19 App

- Canadians need easy access to digital tools and resources to obtain the information they need about COVID-19.
- The Canada COVID-19 mobile app gives users access to reliable sources of health information and enables them to track their COVID-19 symptoms, if any, on a daily basis.
- It allows Canadians to consult the latest updates on COVID-19 and Canada's response to the pandemic in real time and gives them personalized recommendations and resources.
- This app is based on the tools developed by the provinces and territories and is another valuable resource for Canadians.
- Health Canada continues to work closely with the provinces and territories, providers and stakeholders to make additional tools available to Canadians and their families.



- The Canada COVID-19 App is a central resource for accessing reliable, evidence-based information about the COVID-19 pandemic in Canada. It does not contain any personal information and is not used for surveillance purposes.
- Protecting Canadians' information is a priority for the Government of Canada. If a tool were to be used to collect health care information, it would have to undergo a rigorous privacy impact assessment.

Federal funding for the COVID-19 response

- On March 11, Prime Minister Justin Trudeau announced Canada's more than \$1-billion whole-of-government COVID-19 Response Fund.
- Funding provided to PHAC and Health Canada includes:
 - \$50 million for the Public Health Agency of Canada to support ongoing communications to keep Canadians informed and a national public education campaign to encourage the adoption of personal protective behaviours.
 - \$100 million to support federal public health measures, such as enhanced surveillance, increased testing at the National Microbiology Laboratory (NML) and ongoing support for preparedness in First Nations and Inuit communities.
 - This is in addition to an initial \$50 million that was provided to support the immediate public health response.
 - \$275 million to enhance our capacity to explore antivirals, develop vaccines and support clinical trials.
 - This is in addition to the \$27 million for coronavirus research announced in early March through the Canadian Institutes of Health Research, which will support 47 research teams from across Canada.
 - \$50 million to the Public Health Agency of Canada to support the purchase of personal protective equipment—such as surgical masks, face shields and gowns—and medical supplies to address federal needs and supplement stocks of the provinces and territories that require it.

The Government of Canada's COVID-19 research

- Our top priority is the health and safety of Canadians.
- Canada is home to some of the world's most skilled and eminent researchers, who are working hard to support the international response to the current pandemic.
- Every day, we learn more about COVID-19 by keeping abreast of new scientific data that is being released at a rapid pace.
- To slow and ultimately stop the spread of COVID-19, we need to mobilize Canada's scientific and research community to advance research and technology development.



- That is why in March 2020, the Government of Canada announced the creation of a \$1-billion whole-of-government COVID-19 Response Fund, of which \$275 million will be used to enhance our capacity to explore antivirals, develop vaccines and fund clinical trials.
- Through the Rapid Research program of the Canadian Institutes of Health Research (CIHR), the Government of Canada invested a total of \$54.2 million to support 99 research teams from across Canada. These teams are working to develop and implement measures to rapidly detect, control and reduce the transmission of COVID-19. Their activities include research to develop a vaccine and strategies to combat stigma, misinformation and fear.
- In addition to the CIHR, funding for the Rapid Research program comes from the Natural Sciences and Engineering Research Council of Canada, the Social Sciences and Humanities Research Council of Canada, the Canada Research Coordinating Committee, the International Development Research Centre and Genome Canada. Research Manitoba, Research Nova Scotia and Alberta Innovates also made contributions.
- The report that has been released outlines critical and innovative research being conducted across Canada, including solutions and tools being developed to combat and treat COVID-19.
- The goal is to leverage the capacity and expertise of Government of Canada research institutions and make strategic investments to support and enhance the research capabilities of Canada's academic community and industry.
- Many of the funded projects involve collaborations and partnerships with the academic community, government departments and industry of other countries.
- We are working together to turn important research findings and results into action that will save lives across the country.

Examples of projects

- The Government of Canada is investing \$150 million to support federal public health measures, such as enhanced surveillance, increased testing at the National Microbiology Laboratory (NML) of the Public Health Agency of Canada (PHAC) and ongoing support for preparedness in First Nations and Inuit communities.
- This important work will support the performance of diagnostic tests across Canada, as well as research, testing and implementation of new diagnostic tests and methods. It will also support the coordination of the procurement and distribution of reagents and laboratory supplies with provincial and territorial authorities to increase testing capacity across the country.
- PHAC's NML is improving its understanding of the epidemiology of COVID-19 across Canada, which will allow us to enhance our response. This important work includes evaluating blood tests to determine the immune status of Canadian populations and developing methods to perform them, as well as modelling to evaluate various projections that will guide actions to minimize the incidence of the virus.



- The National Research Council (NRC) Pandemic Response Challenge program will bring together Canada's top researchers from the government, academia and the private sector to develop medical countermeasures to combat COVID-19. Program members will work with Canadian health experts to identify the most pressing needs. They will target tools for the diagnosis and rapid detection of the virus, drugs and vaccines to treat and prevent the disease, and digital health solutions to help manage Canada's pandemic response.

Collaboration on vaccine development

- At the time of this document, there is no vaccine that protects against COVID-19. Research supporting the development of vaccines against COVID-19 is being conducted around the world, including in Canada, and is at various stages of completion.
- We are taking the necessary steps to ensure that Canadians have access to a vaccine or medication to prevent or treat COVID-19 once it becomes available.
- These steps include investments in the following organizations:
 - Medicago (Quebec City) for pre-clinical and clinical testing of a plant-based, virus-like particle vaccine, with expansion of manufacturing capacity;
 - The University of Saskatchewan's Vaccine and Infectious Disease Organization – International Vaccine Centre (VIDO-InterVac) to strengthen VIDO-InterVac's existing expertise on coronavirus research and upgrade its manufacturing facilities to Good Manufacturing Practice (GMP) standards; to support this effort, the NML and the Canadian Food Inspection Agency (CFIA) are collaborating with VIDO-InterVac and with the National Research Council to develop and test vaccine candidates against COVID-19;
 - The National Research Council of Canada (NRC) to upgrade the facilities at the Human Health Therapeutics Research Centre in Montreal to meet GMP standards. As of late spring 2020, these facilities will be available to produce clinical trial lots as soon as vaccine candidates become available.
- Health Canada is also working with vaccine developers and manufacturers to accelerate the evaluation of vaccines to prevent COVID-19. This includes support for clinical trials and preparation for expedited reviews once they are developed.
- The Government of Canada will continue to work with international health product regulators, including the European Medicines Agency, the United States Food and Drug Administration, its partners in Australia, Canada, Singapore and Switzerland, and other organizations, such as the International Coalition of Medicines Regulatory Authorities and the World Health Organization (WHO), to support and coordinate rapid regulatory action on potential vaccines and other medical countermeasures.
- The NRC is also working with several companies to develop investigational vaccines.



- Canada is participating in the multinational “**SOLIDARITY**” trial, coordinated by the WHO, which is testing a number of potential drugs for the control of COVID-19. Patient recruitment for the Canadian arm of this trial has already begun and is expected to take place at up to 20 sites across Canada.
- This unprecedented mega-trial of potential treatments for COVID-19 is truly a new model of global collaboration, aimed at quickly finding treatments that could reduce the number of COVID-19 victims.

Working with industry to advance research and bring innovative products to market

- The Government of Canada, through Innovation, Science and Economic Development Canada and the National Research Council of Canada, is also working with industry to support research and manufacturing capabilities.
- This includes funding for the development of patient monitoring systems and home diagnostic kits.
- The Government of Canada is also providing funding to Canadian small and medium-sized businesses to help them increase their capacity to innovate and bring their ideas to market, particularly in the manufacture of personal protective equipment and sanitizing products.

Collaboration with the international research community

- The Government of Canada is contributing to the global research effort to respond to COVID-19. It works with its international partners, including the WHO through its collaborating centres and its R&D Blueprint, to coordinate efforts and share data and research results to advance knowledge worldwide.
- One example is the collaboration between the Canadian Food Inspection Agency (CFIA), Defence Research and Development Canada (DRDC) and PHAC to establish the Biosafety Level 4 Zoonotic Laboratory Network (BSL4ZNet).
- This network is made up of 15 government agencies from five different countries (Canada, the United States, the United Kingdom, Germany and Australia), all responsible for regulating human, animal and zoonotic pathogens with pandemic potential.
- The BSL4ZNet has been holding emergency meetings on COVID-19 since early January with its international partners to facilitate the exchange of scientific information and the communication of research capacity needs to intensify global efforts to combat the spread of COVID-19.
- PHAC and DRDC, in partnership with the Department of National Defence, are also members of the Medical Countermeasures Consortium, where they engage with the



United States, United Kingdom and Australian governments to promote collaboration in research, development and acquisition.

- The CMA, NRC, PHAC and CFIA regularly consult with the Coalition for Epidemic Preparedness Innovations (CEPI), one of the main international funding mechanisms for vaccine development. Canada has contributed \$54 million to CEPI, which is leading efforts to develop investigational COVID-19 vaccines for clinical trials to take place by late spring 2020.
- CIHR's response to the COVID-19 pandemic is guided by input from international partners, such as the WHO and the Global Research Collaboration for Infectious Disease Preparedness (GloPID-R).
- CIHR, in partnership with PHAC, is building on the existing Canadian Immunization Research Network (CIRN) to respond to the COVID-19 pandemic. The CIRN received a direct grant of \$1 million to collect data on the symptoms of COVID-19, as well as on potential treatments and risk factors, to inform Canada's public health response to the disease.
- Health Canada, as a member of the International Pharmaceutical Regulators Programme, is working with other international regulators to monitor the impact of COVID-19 on the global supply chain.

Mental health support for Canadians

Wellness Together Canada

- Canadians need easy access to digital tools and resources to get the information they need during the COVID-19 pandemic.
- In these challenging times, it is essential that Canadians have access to effective tools to support their mental health and well-being, obtain credible and reliable information about mental health and substance use, and access services.
- That is why the Government of Canada launched Wellness Together Canada, a portal providing mental health and substance use support. It is a central resource for accessing confidential mental health and substance use support during the time of COVID-19.
- Health Canada is pleased to have worked with a wide range of organizations that have a long history of providing high-quality mental health and substance use support to Canadians: Stepped Care Solutions, Kids Help Phone, Homewood Health, Greenspace Health, the Mental Health Commission of Canada and the Canadian Psychological Association.
- This web portal provides Canadians with a virtual network of psychosocial information and support services and is available at Canada.ca/coronavirus and in the Canada COVID-19 App.



- The Wellness Together Canada mental health and substance use support portal was designed to support services already offered by the provinces and territories.
- Health Canada is working closely with the provinces and territories, providers and stakeholders to ensure that Canadians and their families have easy access to additional tools.

Funding to Kids Help Phone in response to increased demand for child and youth mental health services related to COVID-19

- The COVID-19 pandemic is a new and unexpected phenomenon that is having a major impact on Canadians, including children and youth. Supporting the mental health and well-being of Canadians during the COVID-19 pandemic is a priority for the Government of Canada.
- With schools closed and access to community resources limited, Kids Help Phone is experiencing an increased demand for confidential crisis support services that are available 24/7 online, by phone and text messaging.
- As a result, the Government of Canada is providing Kids Help Phone with \$7.5 million in funding so that the organization can meet the increased demand and provide young people with the emotional support they need during this difficult time.
- With this additional support, it will be possible to offer electronic mental health services in English and French to children and youth across Canada who are experiencing the social and financial effects of the COVID-19 pandemic. In this way, vulnerable Canadian children and youth will get the help they need when they need it.
- This investment is an important first step in connecting Canadians across the country with the mental health resources they need.

Immunization schedules during COVID-19

- Immunization is one of the most effective ways to prevent the spread of infectious diseases.
- Although public health is a shared responsibility in Canada, issues related to immunization programs fall under provincial and territorial jurisdiction.
- Canadians should contact their health care provider or public health authorities to find out if there have been any changes to their recommended immunization schedule or that of their family members as a result of the COVID-19 pandemic.



- In the context of the current pandemic, it is normal to be concerned about attending routine medical and clinical appointments, including for immunization.
- Canadians should consult their health care provider or public health authorities for the following reasons:
 - to find out whether there have been any changes to their recommended immunization schedule or that of their family members as a result of the COVID-19 pandemic;
 - to find out the timing of their visit;
 - to find out what measures have been implemented for the safe delivery of immunization services during the crisis.
- Health care providers have taken precautions to prevent the spread of the infection during appointments. These precautions include:
 - screening patients for symptoms or other risk factors before their appointment and upon their arrival;
 - placing signage in the office;
 - promoting the use of alcohol-based hand sanitizer to patients;
 - supplying patients with masks upon their arrival;
 - spreading out appointments to promote physical distancing in the office.

Infection prevention and control for acute care facilities

- Protecting Canada's health care workers against COVID-19 is essential. These health care providers are on the front lines of the pandemic, caring for the most vulnerable Canadians.
- Public Health Agency of Canada (PHAC) infection prevention and control guidance complements provincial and territorial public health policies and procedures.
- PHAC's National Advisory Committee on Infection Prevention and Control, which is comprised of subject matter experts and front-line health care providers, worked with PHAC to develop this guidance.
- The FPT Special Advisory Committee on COVID-19 approved the guidance and the technical summary.
- PHAC guidance does not have the force of law. It should be consulted in conjunction with existing provincial, territorial and local laws, regulations and policies.

Revised infection prevention and control guidance for acute care facilities

- The guidance has been revised in accordance with our approach aimed at ensuring that it is up-to-date and providing comprehensive recommendations based on the best available data.



- The guidance highlights the need for environmental and administrative controls in facilities to protect health care workers and patients and the importance of providing training on the use of personal protective equipment (PPE).
- Droplet and contact precautions are appropriate for most patient care. Aerosol-generating medical procedures require the use of an N95 mask and other PPE.
- The guidance will remain provisional, as it may be modified as new scientific data become available.

Technical summary of the new guidance on wearing masks, eye protection and face shields during shifts

- PHAC recommends that all health care workers in acute care hospitals wear a medical mask and eye protection or a face shield for the duration of their shifts in an acute care facility.
- This recommendation is based on new data indicating that COVID-19 can be transmitted by asymptomatic and pre-symptomatic carriers.
- Wearing a medical mask for the entire duration of the shift is an important measure that helps reduce the risk of transmission from health care workers to patients.
- Wearing a medical mask and eye protection or a face shield for the entire duration of the shift is an important measure that helps reduce the risk of transmission from patients to health care workers.
- This recommendation applies to health care workers who are in direct contact with patients as well as to environmental services workers who need to enter patient care areas.
- To keep the coronavirus out of health care facilities, it is also important that health care workers who develop symptoms associated with COVID-19 return home immediately and resume work only on the advice of their local public health authority.



- Health care workers should consult their provincial or territorial guidance and their institutional policies regarding the wearing of masks, eye protection and other PPE, as well as any PPE preservation strategies that have been put in place.

Canada's supply of PPE and medical supplies

- Health care workers wear medical masks, including surgical masks, procedure masks and respirators (e.g., N95 masks). It is extremely important to maintain the supply of medical masks on an as-needed basis.
- The Government of Canada is working to ensure that health care workers have the PPE and medical supplies they need, through bulk procurement in cooperation with the provinces and territories, building national production capacity, and researching alternatives and ways to extend product life.
- Canada strives to allocate PPE and medical supplies to the provinces and territories in a timely manner, in accordance with an approach agreed to by the federal, provincial and territorial health ministers.

Canadian Federation of Nurses Unions guidance and concerns

- We have been in regular contact with the Canadian Federation of Nurses Unions regarding their concerns about aspects of the revised guidance.
- The Government of Canada has developed the guidance based on the best available evidence to protect the health and safety of health care workers.
- We will continue to reassess and update the guidance as the situation evolves and as we learn more about COVID-19.

Point-of-care risk assessment

- Before interacting with or caring for a patient, health care workers should assess the risk of infection to themselves, other workers and patients. This procedure, called a point-of-care risk assessment, dictates the appropriate PPE for the situation.

Inclusion of cleaning staff and food providers potentially exposed to COVID-19

- The advice in the current guidance is intended for anyone working in an acute care facility, including cleaning staff and food providers.

Wearing surgical masks instead of N95 respirators

- The decision to wear a surgical mask or N95 mask should always be based on a point-of-care risk assessment.



Re-use of PPE and guidance for health care facilities

- N95 masks are normally single-use products intended for health care workers.
- Canada is exploring ways to extend the life of N95 masks by decontaminating and reusing them. Decontamination of N95 masks has proven effective in other countries, including the United States.
- Canada is asking the provinces and territories to set aside their used N95 masks until an effective decontamination process can be tested.
- Extending the life of PPE through decontamination is one way to ensure that Canada has sufficient reserves.

Long-term care facilities

- We are calling on all Canadians to help protect seniors and medically vulnerable individuals, who are at the greatest risk of suffering serious complications from COVID-19.
- We must all work to stop the spread of the virus among residents of long-term care facilities and the workers who care for them.
- A no-visit policy should be seriously considered. If visits are permitted, they should be strictly limited to those that are essential, i.e., those necessary to meet the basic personal medical or compassionate needs of residents. Essential visits should be limited to one person at a time for each resident.
- Like all Canadians, the residents and staff in long-term care facilities are expected to practise physical distancing as much as possible, including during meal times.
- Because they have direct contact with the most vulnerable people in our society, who are most likely to become seriously ill, health care workers should not go to work if they have symptoms.
- We understand that in order to stop the spread of COVID-19 and protect the most vulnerable, Canadians must make difficult decisions and personal sacrifices.

Guidance

- The Public Health Agency of Canada (PHAC) develops evidence-informed infection prevention and control guidance to complement provincial and territorial public health efforts in monitoring, preventing, and controlling healthcare-associated infections.
- The Government of Canada has released the document *Infection prevention and control for COVID-19: Interim guidance for long term care homes* to assist employees and residents of these facilities.



- This interim guidance is based on previous Canadian guidance developed for the coronavirus pandemic, lessons learned from the COVID-19 outbreak in China and other countries, and interim guidance from other Canadian and international organizations.

Public health guidance for long-term care facilities

- Extreme vigilance is required in long-term care facilities to prevent employees from reporting to work if they have symptoms.
- Employees should be screened for symptoms of COVID-19 before each shift, and those who develop symptoms during their shift should be managed immediately.
- Wherever possible, employers should work with their employees to restrict work to a single facility and limit the number of areas of the facility in which employees work.
- All employees and visitors must wear a mask throughout their shift or visit to prevent transmission of the virus, even before they know they are sick.
- If visitors must come, they should be screened for fever, cough or breathing difficulties, and they should not be permitted to enter if they have symptoms related to COVID-19.
- Many facilities have already taken measures, such as prohibiting visits or other non-essential services on site.
- Long-term care facilities and assisted living facilities should also follow the recommendations of their provincial/territorial health authorities regarding the prevention of transmission of infections, including COVID-19.

Guidance on death care services and mass deaths

- The Public Health Agency of Canada (PHAC) has developed guidance on the safe handling of human remains during the COVID-19 pandemic. All information presented in the guidance is based on the latest scientific evidence.
- We know it can be difficult to hear about guidance of this nature, especially for those who have lost a loved one, and we extend our deepest condolences to all those who have lost a family member, friend or colleague to the disease.
- However, this guidance for funeral services and mass deaths is an important part of pandemic planning and preparedness.
- Our understanding of the virus is constantly evolving, and the risk of transmission of COVID-19 through human remains is not yet known.



- In collaboration with public health and infection prevention and control experts and the Funeral Service Association of Canada, we have developed this guidance to ensure the safe delivery of services to families and to protect the health of those who provide these services to the public.

If pressed on the development of guidance in response to recent outbreaks in long-term care facilities

- This guidance has been developed to support proactive planning by the funeral services industry for a variety of possible scenarios during the pandemic.

If pressed on practices for funerals and the treatment of bodies of Indigenous peoples and members of various ethnic, religious and cultural groups

- Various religious, ethnic and cultural groups have specific practices for the treatment of the bodies of the deceased. It is important to respect and accommodate these practices to the extent possible while protecting community health and safety.
- We recommend that leaders of religious and cultural communities be involved in the planning of funeral services to ensure that funeral arrangements continue to respect cultural and religious values.
- Leaders may also be able to provide or facilitate cultural or religious support, such as grief counselling, for the bereaved.

If pressed on what happens if a Canadian dies of COVID-19 while outside Canada

- The remains of a person whose death is attributed to COVID-19 may be safely repatriated to Canada, provided that certain conditions are met.
- In all cases, appropriate documentation must be provided, including a death certificate.
- Two options for repatriation of remains exist for people who were suspected or confirmed to have had COVID-19:
 - the body is cremated; or
 - the body is transported in a hermetically sealed container.
- We recognize that this may place some restrictions on families seeking to return home with the remains of a loved one. These restrictions are necessary for the protection of those who come into contact with the remains during the repatriation process.
- You can find general information on what to do if someone dies while outside Canada by contacting funeral service providers in your community or by visiting <https://travel.gc.ca/assistance/emergency-info/death-abroad> on the Government of Canada's website.



If pressed on managing mass deaths

- Based on experiences in other countries, it is important to be prepared for an increase in the number of deaths caused by COVID-19 in Canada that may overwhelm the usual capacity to provide funeral services.
- PHAC has issued guidance to help local and regional planners, community leaders, funeral industry workers, medical examiners and coroners prepare to manage any sudden increase in the number of deaths associated with the pandemic.
- The guidance is based on the latest scientific evidence and provides recommendations on transportation of bodies, planning, storage capacity and other technical factors.

Isolation, quarantine (voluntary isolation) and physical distancing

- There is a difference between advice to quarantine (self-isolate) and advice to isolate. It is important to note that these measures are in place to protect the health and safety of Canadians.

Isolation

- Isolation means staying at home when you have a symptom of COVID-19 and it is possible that you have been exposed to the virus. By avoiding contact with other people, you help prevent the spread of the disease to others in your home and community.

You must:

- **go directly home and/or stay at home** if you have:
 - been diagnosed with COVID-19, or are waiting to hear the results of a lab test for COVID-19;
 - any symptom of COVID-19, even if mild, and have:
 - been in contact with a suspected, probable or confirmed case of COVID-19;
 - been told by public health (directly, through public communications or through a self-assessment tool) that you may have been exposed to COVID-19;
 - returned from travel outside Canada with symptoms of COVID-19 (mandatory).
- [Footnote*](#)
- monitor your symptoms as directed by your health care provider or [public health authority](#) until they advise you that you are no longer at risk of spreading the virus to others;
- immediately contact your health care provider or [public health authority](#) and follow their instructions if your symptoms get worse.
- **Limit contact with others**
 - Do not leave home unless it is to seek medical services.
 - Do not use public transportation (such as buses and taxis).



- Arrange to have groceries and supplies dropped off at your door to minimize contact.
 - Stay in a separate room and use a separate bathroom from others in your home, if possible.
 - If you need to be in contact with another person, practise physical distancing and keep at least two metres between yourself and the other person.
 - Avoid contact with people who have chronic conditions, people with weakened immune systems and older adults.
 - Keep any interactions brief and wear a medical mask, or a non-medical mask or face covering (i.e., made to cover the nose and mouth completely without gaping, secured by ear loops or ties behind the head and neck) if a medical mask is not available, when you need to be in the same room with others in the home, or when coughing or sneezing.
 - Follow the instructions of your public health authority regarding the safe use and disposal or washing of masks.
 - Avoid contact with animals, as there have been several reports of people transmitting COVID-19 to their pets.
- **Keep your hands clean**
 - Wash your hands often with soap and water for at least 20 seconds and dry them with disposable paper towels or a dry reusable towel, replacing it when it becomes wet.
 - You can also remove dirt with a wet wipe and then use an alcohol-based hand sanitizer.
 - Avoid touching your eyes, nose and mouth.
 - Cough or sneeze into the bend of your arm or into a tissue.
- **Avoid contaminating common items and surfaces**
 - At least once daily, clean and disinfect surfaces that you touch often, like toilets, bedside tables, doorknobs, phones and television remotes.
 - Do not share personal items with others, such as toothbrushes, towels, bed linen, utensils or electronic devices.
 - To disinfect items and surfaces, use only approved hard-surface disinfectants that have a Drug Identification Number (DIN). A DIN is an 8-digit number given by Health Canada that confirms the disinfectant product is approved and safe for use in Canada.
 - Place contaminated items that cannot be cleaned in a plastic-lined container, seal the container tightly and dispose of it with other household waste.
 - Close the toilet lid before flushing.
 - Masks, including non-medical masks and other face coverings, may trap respiratory droplets and stop them from contaminating surfaces around you. However, wearing a mask does not reduce the need for cleaning.
- **Take care of yourself**
 - Monitor your symptoms as directed by your health care provider or public health authority.



- If your symptoms get worse, immediately contact your health care provider or public health authority and follow their instructions.
- Rest, eat a balanced diet and stay in touch with others through communication devices.

- **Supplies to have at home when isolating**

- Medical masks, if available, for people who are sick and for caregivers Alternatively, a non-medical mask or face covering (i.e., made to cover the nose and mouth completely without gaping, secured by ear loops or ties behind the head and neck)
- Eye protection (face shield or goggles) for use by caregiver
- Disposable gloves (do not re-use) for use by caregiver
- Disposable paper towels
- Tissues
- Waste container with plastic liner
- Thermometer
- Over-the-counter medications to reduce fever (e.g., ibuprofen or acetaminophen)
- Running water
- Hand soap
- Alcohol-based sanitizer containing at least 60% alcohol
- Dish soap
- Regular laundry soap
- Regular household cleaning products
- Hard-surface disinfectant; if unavailable, use concentrated (5%) liquid bleach and a separate container for dilution
- Alcohol prep wipes or appropriate cleaning products for high-touch electronics

Quarantine (voluntary isolation)

- You must quarantine for 14 days if you have **no symptoms** and **one** of the following situations applies to you:
 - You are returning from travel **outside of Canada** (mandatory self-isolation);
 - You had close contact with someone who has or is suspected to have COVID-19;
 - You have been told by a public health authority that you may have been exposed to COVID-19 and need to quarantine.
- Quarantine means that for 14 days you need to:
 - **stay home** and monitor your symptoms, even if they are mild;
 - avoid contact with others to prevent transmission of the virus in the early stages of the disease; and
 - practise physical distancing in your home and community.
- If you develop symptoms, even mild ones, stay home and self-isolate immediately from other people who live with you. Immediately call a public health professional or the public health authority.

Physical distancing

- We are advising Canadians to stay home, if possible. If you must leave your home, practise physical distancing.



- Physical distancing is proven to be one of the most effective ways to reduce the spread of illness during an epidemic.
- Everyone must follow physical distancing instructions, even if they:
 - have no COVID-19 symptoms;
 - have no known risk of having been exposed to the virus;
 - have not travelled outside Canada in the last 14 days.
- You can practise physical distancing by making changes to your daily routine to minimize close contact with others. For example:
 - Avoid crowded areas and gatherings;
 - Avoid customary greetings, such as handshakes;
 - Limit contact with people at higher risk (seniors, people in poor health, etc.);
 - Maintain whenever possible a distance of at least two arm lengths (about two metres) between yourself and other people.
- The most effective measures to stay healthy and prevent the spread of any respiratory infection are to:
 - wash your hands often with soap and running water for at least 20 seconds;
 - cough and sneeze into your arm, not your hands;
 - avoid touching your eyes, nose and mouth, especially with unwashed hands;
 - avoid close contact with people who are sick;
 - stay home if you are sick to avoid spreading illness to others.
- While keeping a physical distance of two metres between you and others, you can:
 - greet people with a wave instead of a handshake, a kiss or a hug;
 - have food delivered or shop online;
 - ask a family member, neighbour or friend to help you with essential errands;
 - exercise at home;
 - go outside to get some fresh air, run, bike or walk your dog;
 - eat and play games with family and friends online;
 - use technology, such as video calls, to keep in touch with family and friends;
 - work from home;
 - get creative by drawing chalk art or running backyard obstacle courses and games.

Be prepared

- There are simple, practical things you can do to prepare in case you or someone in your household becomes ill or if COVID-19 becomes common in your community.
- Make a plan:
 - Obtain essential supplies (a few weeks' worth) so you will not need to leave your home if you become ill.
 - Avoid panic buying. Add a few extra items to your cart every time you shop. This places less of a burden on suppliers, and can help ease financial burden on you as well.
 - Renew and refill your prescription medications.



- Make alternative arrangements in case you become ill or if you need to care for someone who is sick. For example:
 - Have backup childcare in case you or your usual care provider become ill.
 - If you care for dependents, have a backup caregiver in place.
 - Talk to your employer about working from home if possible.
- We know that the novel coronavirus can cause a range of symptoms, from mild to severe. Some people may not recognize the signs of the illness when the first symptoms appear because they are similar to cold or flu symptoms.
- If you have symptoms (fever, cough or difficulty breathing) and think you may have COVID-19, contact a health care professional before coming in person so that appropriate action can be taken when you arrive.
- Do not report to a health care professional's office without calling ahead so that appropriate action can be taken when you arrive.
- **Stay informed.** Consult credible sources for up-to-date information and advice:
 - The Canada.ca/coronavirus web page;
 - The national toll-free telephone line (1-833-784-4397) for COVID-19;
 - The Government of Canada's Twitter, Facebook and LinkedIn social media accounts;

Provincial, territorial and municipal government websites and social media accounts.

Application of mandatory isolation and quarantine (voluntary isolation)

- For questions regarding whether Canada would ever consider fining or arresting individuals who are not following the advice to self-isolate:
 - We are asking Canadians to **do the right thing** and to continue to stay home, if possible, and to practise physical distancing if they leave their homes.
 - Every Canadian has a role to play and needs to understand that they may have been exposed to the virus during any recent travel outside the country and the risk that they may pose to other Canadians, including the most vulnerable.
 - Canadians also need to respect any guidance given by local public health authorities and stay home if they are ill.
 - The failure to comply is a real concern. Individuals who are asked to self-isolate should take this seriously and stay home. If there is a need to leave home for food and/or medication, efforts should be made to ask a friend or family member to help out.
 - For Canadians not required to self-isolate, there will continue to be the need to leave their homes for essential items like food and medication. As long as individuals do



not have COVID-19 symptoms, they can also continue to get fresh air and exercise outdoors while practising physical distancing.

- This will help protect older adults and medically vulnerable people who are at greatest risk of severe COVID-19 disease. We need to help as many Canadians as possible to stay healthy.

If pressed

- Quarantine laws at all levels of government contain very strict provisions to help enforce measures to protect the health and safety of Canadians. A number of provinces and territories have put in place mandatory self-isolation orders.
- Such extreme action could be taken, but we are not at that point, and we continue to expect Canadians to help their neighbours, friends and family by continuing to stay at home as much as possible, washing their hands often and avoiding close contact with people who are sick.

Criteria for individuals to discontinue home isolation after COVID-19 symptoms

- Based on the latest science and in consultation with provincial and territorial experts, we have updated the guidance on when individuals can end a period of home isolation following the presence of COVID-19 symptoms.
- The new guidance recommends that an individual in home isolation, who had symptoms consistent with COVID-19, can end home isolation a minimum of 10 days after the onset of their first symptoms, provided they are feeling better and do not have a fever.
- The 10-day minimum is based on when these people are no longer expected to be able to spread the virus to others. Some people can have a persistent cough after an illness like COVID-19, and we do not want to keep them isolated longer than necessary.
- This new guidance means that an individual on home isolation no longer needs to have two negative COVID-19 tests at least 24 hours apart once they no longer exhibit symptoms consistent with COVID-19.
- This change does not apply to hospitalized patients.
- Provinces and territories may impose a longer period of isolation.
- Individuals who work in health care settings may need to meet additional requirements, as set out by their employer or provincial/territorial jurisdiction, before they are able to return to their workplace.
- Everyone must make an effort to reduce the spread of COVID-19 in Canada and flatten the curve. Using tried and true measures, such as continuing to practise physical



distancing once home isolation has ended, will help our overall public health efforts and protect Canada's most vulnerable people.

If pressed on why the criteria were changed

- Across Canada, we need to use our laboratory testing resources strategically.
- This change in the approach to laboratory testing will help to ensure optimal use of limited health and laboratory resources.
- Not all home-isolated individuals with symptoms consistent with COVID-19 require a laboratory test to confirm or rule out infection, provided they adhere to strict home isolation guidance.
- The updated criteria will allow provinces and territories to recommend a period of home isolation for individuals with symptoms consistent with COVID-19 without requiring multiple laboratory tests.

If pressed on how the period was determined

- The research and data on COVID-19 continue to grow and evolve.
- One unpublished study found that when scientists tried to find live virus in specimens from people who had COVID-19, no live virus could be found by the eighth day after onset of illness/symptoms. When these same people were tested using a different test (polymerase chain reaction [PCR]), several of them still came up as positive because that test can detect both live and inactive virus.
- This means some people can test positive even though they are no longer at risk of spreading the virus to others.
- In the absence of a large body of conclusive data, a minimum of 10 days of home isolation is an appropriate recommendation at this time.

If pressed on whether the new criteria are more or less stringent than previous criteria

- The new guidance replaces the current, more stringent and resource-intensive requirement for individuals to receive two negative tests before being allowed to end home isolation.

Use of non-medical masks (or face coverings) by the public

- Canadian public health guidance related to COVID-19 has been changing as the evidence base and our understanding of COVID-19 rapidly evolve. We are continually looking at the



evidence as it is being produced and working with our national and international partners to learn more.

- The following are proven methods to prevent transmission of COVID-19:
 - Stay home as much as possible;
 - Practise physical distancing;
 - Wash your hands;
 - Protect the most vulnerable from infection and limit their exposure to others;
 - Cough into a handkerchief or your sleeve.
- It is critical that these measures continue.
- Health care workers need medical masks, including surgical masks, procedure masks and respirators such as N95s. It is extremely important that we reserve the supply of medical masks for health care workers, as they are urgently needed for medical procedures and to care for individuals who have COVID-19.
- Wearing a non-medical mask (e.g., homemade cloth mask) in the community has not been proven to protect the person wearing it.
- Our goal is to stop the spread of COVID-19 by any means possible. In light of new information on both presymptomatic and asymptomatic transmission, wearing a non-medical mask, even in the absence of symptoms, is an additional measure that can be taken to help protect others for brief periods when physical distancing is impossible (e.g., at the grocery store or in cramped places, such as public transit).
- Wearing a non-medical mask in the community is not a replacement for following proven public health measures. No mask can replace physical distancing.
- All recommendations concerning physical distancing, frequent hand washing and home isolation are based on practices recognized as the most effective to protect you and your family from infection.

How wearing non-medical masks can help protect others

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

Factors to consider when wearing a non-medical mask

- If wearing a non-medical mask makes you feel safer and stops you from touching your nose and mouth, that is a good thing. However, remember not to touch or rub your eyes, as that is another route of infection.
- Canadians must understand the benefits and limitations of masks. If they choose to wear a non-medical mask, they must use it safely by:



- Avoiding moving or adjusting it often;
 - Avoiding sharing it with other people;
 - Choosing a mask that covers the nose and mouth completely without gaping and that is secured with ear loops or ties behind the head and neck.
- It is also important to be aware that masks can become contaminated on the outside or when touched by hands.
- Children under the age of two and anyone who has trouble breathing, or is unconscious or unable to remove the mask without assistance should not wear non-medical masks or other face coverings.
- Note that non-medical masks will not prevent COVID-19 spread without consistent and strict adherence to good hygiene and public health measures, including frequent hand washing and physical distancing.
- The [Canada.ca/coronavirus](https://www.canada.ca/coronavirus) website is updated regularly and contains information on measures to take, such as washing your hands when putting on or removing your mask. The site also includes information on how to wash cloth masks and safely dispose of other non-medical masks (including dust masks).

Modelling and surveillance

Surveillance of COVID-19

- Canada's health system has been on high alert to detect possible COVID-19 cases for many weeks.
- Canada remains focused on containment efforts to delay and slow the spread of COVID-19. We do this by rapidly identifying cases, meticulously tracing close contacts and using proven public health measures, such as isolation. We also recommend that Canadians practise physical distancing.
- Canada has a highly integrated federal, provincial and territorial approach to surveillance, involving front-line health care facilities and laboratories across the country that have effectively equipped us to detect respiratory illnesses, including COVID-19.
- Public health laboratories across Canada are also working together to report COVID-19 test results to the public on a weekly basis. 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.
- Hospital surveillance is another important area for detection of COVID-19. These facilities allow us to monitor for people with respiratory symptoms, including those with pneumonia or severe infections, even if they have not travelled to an affected country. This is another means of broadening the scope of our surveillance to identify signals of potential community spread so that public health authorities can take appropriate action.



- Finally, Canada has established networks of pediatricians and family doctors that are essential to surveillance. These networks include front-line primary care providers, who are often the first to detect new or unexpected patterns of illness that may be a first alert to an emerging health concern.
- It is by collating data from all these sources that we can detect signals and analyze transmission patterns to closely monitor the emergence and spread of COVID-19 in communities across Canada.

Data Modeling (April 9)

- The Government of Canada continues to work with its provincial, territorial and international partners to ensure that the response to the COVID-19 outbreak is based on the latest scientific data and the situational assessment.
- We are constantly analyzing the data and results of clinical and epidemiological studies as we obtain them to determine when the public health measures are working and when we need to do more to control the epidemic.
- We are also working with the provincial and territorial governments and universities to predict how COVID-19 could spread in Canada in the future and to estimate a range of possible cases, hospitalizations and deaths that could occur in the coming weeks and months.
- Based on these models, we can prepare our health system to provide care for the projected number of patients and determine what public health measures may be needed to change the course of the epidemic in Canada.
- Our actions have a very large impact on the models. We can all contribute to reducing the impact of COVID-19 in Canada by maintaining our physical distancing efforts.
- Since infection rates vary across the country, projections of the effects also vary from one province and territory to another.
- Predictive modelling for COVID-19 involves making assumptions based on incomplete data and changing scientific knowledge. These assumptions change as new information about the virus and more data about the epidemic in Canada become available.
- We are continually improving the models to provide Canadians with the best possible information on potential outcomes.

Case and death rates in Quebec

- A number of factors contribute to the higher number of reported cases and deaths in Quebec compared to the other provinces and territories.



- First, the provinces of Ontario and Quebec have reported a number of outbreaks in long-term care facilities and seniors' residences. These environments are driving the numbers of transmissions and deaths among older people. In Quebec, long-term care residents account for more than 80% of the deaths.
- Long-term care facilities continue to experience outbreaks, which influence the number of cases and deaths in some provinces. According to provincial/territorial websites and media briefings, over 63% (1,157/1,834) of the cases have occurred in long-term care facilities.
- Another factor that might have contributed to the higher numbers is the timing of **spring break**. In Quebec, spring break is earlier than in other provinces, so people might have travelled to countries and regions where the outbreak had not yet been reported.
 - The way cases are reported in Quebec could also contribute to the higher number of reported cases and deaths. Quebec includes cases in its figures of individuals who present symptoms of COVID-19 and have been in contact with a person with a laboratory-confirmed diagnosis, without having received laboratory confirmation themselves. Quebec includes these cases and deaths in its figures, while the other provinces and territories do not. Quebec's public health authority can provide more details on how the province reports its confirmed cases.
- Quebec was able to scale up its testing capacity very early in the outbreak through targeted testing, including testing for health care staff, long-term care facility residents and respiratory hospitalization cases, allowing it to identify cases.

If pressed on whether the case numbers in the other provinces and territories are underestimated

- The other provinces and territories publicly report the number of individuals with a laboratory-confirmed diagnosis.
- We are aware that laboratory-confirmed cases do not paint a true picture of the number of people who are infected in areas where the virus is circulating. That is because people who are sick may not necessarily undergo a screening test to obtain laboratory confirmation.
- People with mild symptoms may go unnoticed or unreported, and some people may have no symptoms at all. That is why public health measures, such as social distancing, are crucial.



Virus epidemiology

- In Canada, and around the world, researchers are actively investigating all aspects of the novel coronavirus outbreak to improve understanding of this disease and how the outbreak may progress.
- Canada is following the guidance of the World Health Organization (WHO), which recommends a quarantine period of two weeks (14 days).
- The WHO stated on February 10, 2020, that it was not considering changing its recommended quarantine time.
- The WHO has cautioned that a 24-day incubation period could be an outlier or an unrecognized second exposure. An unrecognized second exposure is a situation where an individual already recognized as having been exposed to the virus is exposed to the virus again, but this second exposure is not recognized. If they develop illness as a result of the second exposure, it may mistakenly appear as though the incubation period was longer than 14 days because the “clock” was not reset at the time of the second exposure.
- To date, there has been no verified data to suggest the incubation period extends beyond 14 days.
- The Public Health Agency of Canada (PHAC) is an active participant in a number of expert groups that are examining how the disease is transmitted, developing models to predict how it may spread, and developing guidance for infection prevention and control based on the most recent information.
- PHAC continues to liaise with international partners, including the WHO, to improve understanding of the epidemiology of this disease.

Analysis

- Canadians can rely on the methods and capabilities of Canada’s National Microbiology Laboratory (NML).
- The NML is world-renowned for its scientific excellence.
- Provincial public health laboratories are able to screen for COVID-19 with a very high degree of accuracy.
- The NML provides laboratory reference services to all provinces and territories. These screening services provide various forms of support to provincial and territorial laboratories across Canada, including confirmatory testing, quality assurance testing and in-depth analysis of difficult-to-diagnose samples.



Screening tests for people

- Laboratory tests for the novel coronavirus in symptomatic individuals has obvious clinical and public health value, but the same is not true for tests in asymptomatic individuals.
- Canada continues, and will continue, to conduct testing for all symptomatic individuals as part of our evidence-based approach, while taking into account the evolving scientific knowledge of alternative testing scenarios. Our approach will keep pace with evolving science, and policies and protocols will be updated accordingly.
- One thing is certain about our approach, and that is that tests are carried out for all symptomatic people and to this end, our symptom threshold is very low.
- It is important to understand that this is not a simple and straightforward issue and that some scientific data is uncertain.

Reasons why asymptomatic individuals are not tested for COVID-19

- It is important to focus screening on the right people at the right time.
- In Canada, screening is focused on individuals who present with symptoms similar to those with COVID-19.
- Screening asymptomatic individuals is not considered an effective way to detect and prevent the spread of this virus and could give a false sense of security.
- Testing performed on asymptomatic individuals gives a false sense of security because it does not mean that these individuals will not become symptomatic and develop the disease during the incubation period. Timing of the testing is important. That is why we have taken the precaution of re-quarantining people in Canada. Monitoring during the 14-day incubation period provides real security and is more effective in preventing the spread of the virus than a potentially false negative test result.
- In addition, when an asymptomatic person has a positive test result, the meaning and implications of that result are unclear. A positive result may indicate the detection of generic virus material, without necessarily implying that the person is contagious to others.

Unusable swabs

- The Government of Canada is aware of the problems associated with some swabs received in early April.
- These swabs were delivered as part of a bulk order of 8.85 million swabs expected by Canada in April and May.
- The manufacturer (ESBE Scientific) is a reputable company and licensed by Health Canada. We have been informed that the company has suspended production to solve



manufacturing problems. As a result, future swab deliveries are likely to be delayed while the company addresses its quality issues.

- The problem could affect future orders. The Public Health Agency of Canada continues to work directly with the provinces and territories to identify their medical supply needs and to place bulk orders. Public Services and Procurement Canada will continue to identify all suppliers capable of meeting Canada's needs.

Serology and certificates of immunity

- Internationally, efforts are being made to determine whether those people who have recovered from the disease can safely return to work. No decision has yet been made in Canada on whether to certify the immune status of people.
- As the virus causing COVID-19 is new, we need more data before knowing if people who have recovered from the disease will have long-term protective immunity.
- At this point, we do not know if people who have recovered will have immunity and how long this immunity may last, nor do we know if it is possible to get COVID-19 twice or if the disease will be milder or more severe the second time.
- We recognize that it can be difficult to wait for scientific data but as we learn more about COVID-19, we are compelled to use proven public health measures.
- We continue to recommend that Canadians stay home, wash their hands well, and practise physical distancing. These are proven public health measures.
- We are working hard to improve our knowledge of COVID-19 in Canada so that we can continue to adapt our response to slow the spread of the virus.

Pan-Canadian study to track COVID-19

- Every day, we learn more about COVID-19 and keep abreast of new science as it becomes available. Scientific data collected through the work of the COVID-19 Immunity Task Force will provide essential knowledge to inform decision-making.
- Extensive serological surveys (blood tests) of the Canadian population will be conducted to measure the scope and magnitude of COVID-19 cases across the country.
- This effort must be well coordinated and well executed to ensure that the results that will guide political decisions on how to bring the country back to normal - or a "new normal" - are optimal.
- We are establishing a working group of organizations to work under the direction of a board of directors to set priorities and recommend projects to the Government of Canada for funding. The management team is comprised of three individuals recognized



for their contributions to research, academia, and innovation in public health and healthcare, both in Canada and abroad.

- The co-chair of the administrative committee will be ensured by:
 - Dr. David Naylor, renowned for his qualities as a scientific and academic leader, and his successful management of large, complex organizations;
 - Dr. Catherine Hankins, who will bring to the board her national and international experience in leading large and complex research projects and building partnerships to advance public health priorities;
 - Dr. Tim Evans, Director of the School of Population and Global Health at McGill University, will lead the secretariat responsible for the effective delivery of this complex initiative.
- The Working Group will stimulate, support, and harmonize the rapid design and implementation of population-based studies that will produce the first reliable estimates of immunity to SARS-CoV-2 in the general population, and in priority populations in Canada.
- The Public Health Agency of Canada's National Microbiology Laboratory will be part of the Working Group. It will ensure standardization of testing and promote the acquisition of commercial test kits (once approved) to support the effective and consistent activities of the Working Group.
- Rapid and representative national surveys provide insight into the current situation and what to expect if there is a second wave of infections. The surveys can also shed light on the possible immune status of vulnerable populations such as members of indigenous communities and residents of nursing homes and long-term care facilities.
- Serological surveys will help guide important public health decisions once a vaccine is developed.

Focusing on serological tests

- Serological tests are blood tests that can detect the presence of antibodies against specific viruses in blood samples. In the case of COVID-19, they can tell us whether a person has been exposed to the virus that causes the disease.
- The development and implementation of a validated and effective serological test for the detection of COVID-19 presents challenges. It is a new virus and very little is known about the body's immune response to it. More research must be done.
- The Public Health Agency of Canada's National Microbiology Laboratory is evaluating a range of commercially available tests for detecting COVID-19.
- On March 18, the Minister of Health signed an interim order to expedite access to healthcare providers to medical devices related to COVID-19. Health Canada reviews



applications submitted under the interim order, including those for commercial serological testing, and authorizes medical devices that meet safety and efficacy requirements.

- Only diagnostic tests authorized by Health Canada can be imported into or sold in Canada. Unauthorized testing may produce inaccurate results, which may lead to diagnostic errors. Health Canada has confirmed that authorized COVID-19 tests are well supported by evidence indicating that they will provide accurate and reliable results. As of April 9, 2020, Health Canada had not authorized any serological tests.
- A serological test detects the presence of antibodies specific to the virus that causes COVID-19 in the blood of patients and allows public health professionals to identify those who have been infected.
- The ability to screen for antibodies provides a better understanding of how the immune system responds to the virus that causes COVID-19 and serves as a tool for evaluating new vaccines and other treatments.
- European authorities have reported poor performance of rapid serological tests for the diagnosis of COVID-19 infections. The use of a diagnostic test that gives erroneous or inaccurate results can put individuals and the Canadian population as a whole at risk. Canada ensures that serological tests are used appropriately in combination with other tools to diagnose infection.

Why is Canada not following the lead of the United Kingdom and Germany?

- More research is needed before Canada makes any decisions.
- Other respiratory viruses do not generally provide full immunity to people who have recovered from them.
- At this point, we do not yet know if people who have recovered from COVID-19 will have immunity and how long this immunity may last, if it is possible to catch COVID-19 twice, or whether the illness will be milder or more severe the second time.
- Canada will continue to work with its international partners to share information on measures and best practices to guide our domestic approach.

About presymptomatic and asymptomatic transmission

- Now that more countries have recorded significant numbers of cases and analyzed modes of transmission, recent studies show that infected people can transmit the virus before they even have any symptoms. This is known as presymptomatic transmission.
- Data also show that some infected people can transmit the virus without ever having any symptoms. This phenomenon is called asymptomatic transmission.



- Currently, we do not know the extent to which presymptomatic and asymptomatic transmission play a role in the progression of the pandemic, but we do know that this type of transmission occurs in people who come into close contact or are in cramped quarters with infected people.
- The main vectors of the COVID-19 pandemic are individuals with visible symptoms, because coughing and respiratory droplets are the main ways that the virus spreads. However, because asymptomatic transmission has now been proven to exist, it is important that everyone, even people who do not feel ill, follow practices proven to prevent transmission.

Drugs and vaccines

- When a vaccine or drug is developed to prevent or treat COVID-19, we will take appropriate action to ensure its availability to Canadians.
- Measures include fast-tracking through the:
 - scientific review of new drugs or vaccines through a priority review or a notice of compliance with conditions
 - use of the Extraordinary Use of New Drugs pathway for making a promising new drug or vaccine available in order to secure the health of Canadians during an emergency
 - Canadian clinical trials for new vaccines, new or repurposed antivirals, or supportive therapies
- Other measures include the:
 - Special Access Program for practitioners treating patients with serious or life-threatening conditions when conventional therapies have failed or are unavailable
 - importation of a new drug authorized for sale in the United States, Switzerland or the European Union through the list of drugs for an urgent public health need

Canadian hospitals join global drug trials

- COVID-19 is a global pandemic that requires a global solution.
- Various countries, including Canada, are participating in an unprecedented mega-trial of potential COVID-19 treatments. This is truly a new model of global collaboration.
- This global trial, coordinated by the World Health Organization, will test several potential drug treatments for COVID-19. Since all countries will use the same trial design, it will be possible to obtain more reliable results more quickly.
- As with all unproven treatments, there are risks and benefits. It is therefore preferable to use potential treatments in a clinical trial.



- Through the Canadian Institutes of Health Research, the Government of Canada has invested close to \$1 million in the Canadian component of this global trial. This investment is part of the government's \$275 million commitment to support medical research on the COVID-19 pandemic.
- Canada has some of the brightest and highest-skilled researchers in the world working tirelessly to support the international fight against this pandemic. Up to 20 institutions across the country will be invited to participate in the Canadian arm of this global trial.
- To advance research and development of COVID-19 vaccines, the World Health Organization (WHO), in conjunction with the Coalition for Epidemic Preparedness Innovations, is coordinating an international collaboration.

Investigational therapies

- No drug or health product with a therapeutic claim may be sold or marketed in Canada without first being approved by Health Canada as safe, effective and high quality. This approval process is initiated when a drug or health product manufacturer files a submission with Health Canada.
- To ensure that Canadians have access to effective COVID-19 health products as quickly as possible, Health Canada is expediting the review of all submissions related to this disease.
- At this time, no drug is registered as specifically treating or preventing COVID-19. Clinical trials are the best way to access drugs that show promise in treating COVID-19.
- Health Canada invites practitioners prescribing investigational therapies for COVID-19 patients to contact the Department to initiate a clinical trial.
- The Department continues to monitor the post-market safety and efficacy of drugs and health products.

If pressed on the fast-tracking of treatment availability

- Health Canada acknowledges that Canadians want quick access to promising new drugs and health products, especially when treatment options are limited.
- As an emergency public health measure, the Minister of Health has signed Interim Orders to allow expedited access to COVID-19-related medical devices and drugs.
- Health Canada will continue to use all tools at its disposal to expedite the supply of safe and effective COVID-19-related health products.



If pressed on off-label use

Additional background: Some health care providers prescribe off-label drugs to treat COVID-19 symptoms. This means that they treat COVID-19 by prescribing drugs that are authorized and indicated for the treatment of other health problems.

- In Canada, a practitioner's decision to prescribe or use a drug for an approved or off-label indication is part of the routine medical practice regulated by provincial and territorial authorities.
- Although Health Canada regulates drugs in Canada, practitioners must ensure that a drug's potential benefits outweigh its risks to patients. Thus, they are responsible for considering the information in the Canadian product monograph, on the labels of approved products, and from other reliable sources such as medical journals, reports, and peer-reviewed studies.
- An off-label use may not be supported by the same level of scientific evidence as an authorized use. An off-label prescription may be justified by a range of data, from rigorous clinical studies to anecdotal evidence, without substantial scientific validation.
- Drug labels are designed to indicate the authorized use of a drug and therefore might not provide all the required information for safe and effective off-label use. This means that off-label drug use may involve less information about potential interactions with other drugs and about other potential adverse effects.
- It is illegal to directly or indirectly promote investigational therapies or the off-label use of authorized drugs.
- Health Canada encourages practitioners to consider the off-label use of drugs to treat COVID-19 in a clinical trial. This will help collect and use data to inform future prescribing practices.

If pressed on clinical trials

- Clinical trials play a critical role in advancing research and evaluating investigational products to respond to emerging health issues.
- Clinical trials aim to identify whether the use of a drug or medical device is effective and safe for humans.
- Clinical trials require the informed consent of patients, monitoring and protection to ensure participants' safety.
- Clinical trials enable the healthcare community to systematically collect information about the effectiveness and potential risks of treatments. This in turn informs treatment decisions for other patients.



Hydroxychloroquine sulfate and azithromycin for the treatment of COVID-19

- Canadians who are ill with COVID-19 and their families need access to safe and effective health products and drugs for detecting and treating the illness.
- The preliminary evidence from some studies suggests that hydroxychloroquine, alone or combined with azithromycin, may be effective in reducing the viral load in patients with COVID-19, as well as in treating respiratory tract infections caused by COVID-19.
- There is very little evidence on the combined use of hydroxychloroquine and azithromycin to treat COVID-19. Like all drugs, their use is linked to some proven risks.
- Canada has approved the use of either hydroxychloroquine or azithromycin to treat some diseases. Nonetheless, based on patients' needs and the seriousness of their illness, physicians may also prescribe these drugs off-label when they deem that their potential benefits outweigh known risks.
 - Hydroxychloroquine is approved to treat lupus, rheumatoid arthritis and malaria.
 - Azithromycin is an antibiotic used to treat pneumonia and other bacterial infections.
- It is important to protect access to these drugs for patients who need them for approved uses.
- Because the use of these drugs to treat COVID-19 is in its early experimental stage, Health Canada recommends that practitioners who wish to prescribe these therapies to treat COVID-19 do so through a clinical trial.
- A clinical trial requires patients' informed consent and enables the medical establishment to systematically collect data about the risks and benefits of treatment.
- All clinical trials on the treatment of COVID-19 are being reviewed on a priority basis. Any company, physician or researcher interested in conducting a clinical trial must contact Health Canada.

If pressed on the National Emergency Strategic Stockpile

- The Government of Canada has added hydroxychloroquine to the National Emergency Strategic Stockpile (NESS). The stocks will be used first for approved applications, and then in clinical trials for the treatment of COVID-19.
- Hydroxychloroquine will be phased into the NESS over several months to minimize the impacts on its availability for approved applications.
- Provinces and territories experiencing resource shortages can turn to the NESS in emergency responses to infectious disease outbreaks, natural disasters or other public health events.



- The stockpile contains varied materials, including medical devices, drugs, beds and blankets.
- The NESS is meant to help supplement provincial and territorial resources during public health events that are rare or have major repercussions.
- The NESS is not intended to replace provincial or territorial stocks or purchases. Provinces and territories must prepare and maintain their own procurement capabilities.
- Since the coronavirus outbreak in China in January, the Public Health Agency of Canada has been closely monitoring the situation, assessing the NESS inventory and procuring supplies to respond to a potential outbreak in Canada.
- Global supply shortages. The federal government is continuing to work aggressively to secure all needed supplies as quickly as possible and in direct collaboration with all provinces and territories.

If pressed on the availability of hydroxychloroquine and azithromycin

- Health Canada is closely monitoring the supply of potential treatments for COVID-19 in Canada, including hydroxychloroquine and azithromycin.
- There are four companies that currently market hydroxychloroquine in Canada: Apotex Inc., JAMP Pharma Corporation, Mint Pharmaceuticals Inc., and Sanofi-Aventis Canada Inc. Health Canada has been informed that all four companies have experienced an increase in demand.
- There are 16 companies that market azithromycin in Canada: Altamed Pharma, Angita Pharma Inc., Apotex Inc., Auro Pharma Inc., Dominion Pharmacal, JAMP Pharma Corporation, Laboratoire Riva Inc., Marcan Pharmaceuticals Inc., Pharmascience Inc., Pro Doc Limitée, Sandoz Canada Incorporated, Sanis Health Inc., Sivem Pharmaceuticals ULC, Sterimax Inc., Teva Canada Incorporated and Pfizer Canada ULC. None of these companies are reporting shortages of azithromycin in Canada.

If pressed on Health Canada's actions to mitigate COVID-19-related shortages.

- Health Canada is closely monitoring the impact of the COVID-19 pandemic on Canada's drug supply. This includes targeting supply chains' weakest links so as to fill gaps and avoid shortages.
- The Department has also heightened its monitoring efforts and consults regularly, sometimes daily, with the provinces and territories, the pharmaceutical industry, the health sector and patient groups. Health Canada also shares information on all global supply disruptions through international collaborations with other regulatory agencies. These include the European Medicines Agency, the United States Food and Drug Administration, the Australian Therapeutic Goods Administration and the World Health



Organization. This ongoing dialogue allows us to better detect shortages, prepare mitigation strategies, and respond in a coordinated manner.

- Under the government-wide response to the COVID-19 pandemic, the government passed the *COVID-19 Emergency Measures Act* on March 25, and amended the *Food and Drugs Act* to enable Health Canada to implement stronger measures to reduce and try to prevent shortages.
- On March 30, the Minister of Health signed an Interim Order authorizing the exceptional importation and sale of drugs, medical devices and foods for a special dietary purpose that are needed to prevent or alleviate the effects of shortages directly or indirectly related to COVID-19.
- The Interim Order authorizes the exceptional importation of some drugs that may not fully comply with Canadian regulations (on bilingual labelling, for example) but are manufactured to Canadian-equivalent standards. The goal is to maintain Canada's drug supply and protect the health of Canadians during this period.
- Only drugs included on the *List of Drugs for Exceptional Importation and Sale* will be eligible for the exceptional importation and sale provisions provided for in the Interim Order. For the time being, only drugs for which a Tier 3 shortage has been reported, such as hydroxychloroquine, will be eligible for inclusion on this list.
- No drugs are yet on this list. However, under this new process, Health Canada will assess proposals from companies interested in accessing drugs deemed to meet Tier 3 shortage criteria, including hydroxychloroquine. The Department will amend the list as required.
- Health Canada will continue to collaborate with other federal government departments, the provinces and territories, international partners and industry to ensure that Canadians have continued access to the drugs and medical devices they need during the COVID-19 pandemic.

Supplies and medical devices

Canada's supply of PPE and medical supplies

- We are aware of the shortage of personal protective equipment (PPE) and medical supplies in Canada and are committed to doing whatever it takes to protect the health of Canadians—especially front-line health-care workers—against COVID-19.
- The Government of Canada is working with provincial and territorial governments to quickly assess needs in PPE (N95 masks, surgical masks, face shields, nitrile gloves, gowns and other protective clothing) and medical supplies (disinfectant, respirators, swabs and test kits).



- To meet these needs, we purchase large quantities of equipment and supplies, invest in COVID-19 screening and work with Canadian companies to increase their manufacturing capability.
- We have also received donations from national and international organizations.
- Canada is striving to rapidly distribute PPE and medical supplies to the provinces and territories based on an approach agreed upon by federal, provincial and territorial ministers of health.
- The Public Health Agency of Canada (PHAC) also sends PPE and respirators from the National Strategic Emergency Stockpile System (NESS) to provinces and territories upon request.
- Canada's NESS contains supplies that provinces and territories may request in emergency situations, such as an infectious disease outbreak. Its purpose is to provide additional support in times of crisis to complement provincial and territorial resources.
- Provinces and territories are responsible for preparing and maintaining their own supply capacities.

Regulatory measures to improve access to medical devices (including PPE)

- Over the past few weeks, we supported the government-wide response to COVID-19 by taking the following actions:
 - Expedited access to COVID-19 medical devices, such as test kits.
 - Expedited issuance of establishment and manufacturing licences.
 - Permitted importation and sale of unapproved medical devices in Canada, in accordance with specific requirements, to address shortages.
 - Simplified access to products that may not meet all current regulatory requirements such as bilingual labels. This includes personal protective equipment (masks and gowns), swabs as well as hand and surface disinfectant.
 - Changes to the *Food and Drugs Act* and the *Patent Act* to support efforts to prevent and respond to shortages.

Health Canada will monitor and evaluate the safety, quality and effectiveness of all products permitted to be imported and sold under these special measures.

Supply contracts to increase the quantity of supplies in Canada

- Innovation, Science and Economic Development Canada and Public Services and Procurement Canada continue to mobilize Canadian industries to increase domestic production capability. Specifically, factories are being retooled to produce equipment and supplies such as portable respirators, surgical masks and rapid test kits.



- As a result of these efforts, the Government of Canada has signed procurement agreements with Canadian companies such as Thornhill Medical, Medicom and Spartan Bioscience.
- The government has also signed letters of intent with companies, including Precision Biomonitoring, Fluid Energy Group Ltd., Irving Oil, Calko Group and Stanfield's, to produce test kits, hand sanitizer and protective apparel, including masks and gowns.
- Canada Goose has received its Medical Device Establishment Licence from Health Canada. This will allow the company to retool its facilities to produce gowns.
- Throughout this process, PHAC and Health Canada have played a leading role in conducting technical reviews to ensure that products meet the Government of Canada's technical specifications for COVID-19 products, provided on Public Services and Procurement Canada's [Buy and Sell website](#).
- The Government of Canada has also awarded a contract to Amazon, which will manage the distribution logistics for PPE and supplies to support the fight against COVID-19.
- Amazon will work directly with Canada Post to provide storage services. Amazon will also use its current delivery service providers, Canada Post and Purolator, to ship products to the health authorities of all provinces and territories for use by front-line health-care workers.

PPE purchases and donations

- PHAC verifies all purchased or donated medical supplies and personal protective equipment received by the Government of Canada. PHAC's role is to ensure compliance with the technical specifications for COVID-19 products provided on Public Services and Procurement Canada's Buy and Sell website.
- The verification process varies depending on the medical device. For example, acceptable alternatives to N95 masks, such as KN95 respiratory masks, are visually inspected for design and manufacturing defects and tested to ensure that the flow rate, pressure drop and penetration meet the requirements for filtration masks. The gowns are visually inspected and tested for liquid resistance.
- Some of the supplies may be unknown to our health care providers. The supplies that satisfy the relevant technical specifications are distributed to the provinces and territories with documentation confirming their compliance and providing instructions for use.
- For example, supplies received from China may be labelled in Mandarin. PHAC cannot replace all the item labels while ensuring timely distribution. Therefore, the provinces and territories are encouraged to follow the PHAC instructions shipped with the supplies and properly train front-line health-care workers.



- The KN95 mask is another example. Fit testing is standard procedure for the N95 mask. However, the KN95 mask cannot be tested this way. This is why PHAC will request that the provinces and territories perform fit testing. Since health-care workers may be unfamiliar with this process, they will be provided with instructions.
- The Government of Canada gladly accepts the generous PPE donations coming from many international and national organizations. These include the Jack Ma Foundation/Alibaba, Home Depot, Apple, CBC/Radio-Canada, Shell, AstraZeneca.
- We are pleased to see so many Canadians coming together to help those who need it most.

Coordinated Government of Canada response to purchasing equipment and supplies

- The Government of Canada has taken a coordinated approach to distribute the needed supplies and equipment across the country.
 - **Public Services and Procurement Canada:** PSPC is leveraging existing supply arrangements and reaches out to the domestic and international supply communities to identify and purchase required products.

The Department is asking all suppliers to come forward with products and/or services they could offer to support Canada's response

- **Public Health Agency of Canada:** PHAC ensures collaboration with federal partners, provinces and territories to identify needs and requirements for the COVID-19 response. The Agency also oversees Canada's National Strategic Emergency Stockpile, which contains supplies that provinces and territories can request in emergencies.
- **Health Canada:** As the regulatory agency for health products, Health Canada is working to expedite access to the products Canadians need to help limit the spread of COVID-19.

On March 18, the Minister of Health signed an Interim Order to allow expedited access to COVID-19-related medical devices. Health Canada also adopted an interim measure to facilitate access to certain products, such as PPE.

Under the Interim Order, a medical device licence is required to sell and import higher-risk medical devices in Canada.

Health Canada will review all COVID-19-related submissions and applications as quickly as possible while maintaining standards for patient safety.



- **Innovation, Science and Economic Development Canada:** ISED is responsible for Canada's Plan to Mobilize Industry to fight COVID-19. It introduces new measures to directly support businesses seeking to rapidly scale up production or re-tool their manufacturing lines to develop products made in Canada that will help in the fight against COVID-19. On March 20, ISED issued a call to action for manufacturers and businesses.
- **National Research Council:** The NRC's Industrial Research Assistance Program builds on its existing relationships with thousands of Canada's most innovative small and medium-sized businesses to challenge the marketplace to find innovative solutions to fight COVID-19.

Reuse of single-use medical devices

- As with other hospital practices, the purchase and use of reprocessed medical devices by health care facilities is a provincial and territorial responsibility.
- Given the shortage of some medical devices caused by COVID-19, Health Canada is working on guidelines for cleaning and sterilizing single-use medical devices.
- In recent weeks, the Government of Canada has taken additional emergency measures to facilitate access to new COVID-19 diagnostic test kits, disinfectants, hand sanitizers, personal protective equipment and swabs for testing.

Reuse of masks

- N95 masks are single-use products. With collaborators from the University of Manitoba and the Health Sciences Centre, PHAC's National Microbiology Laboratory scientists have conducted substantial research to determine if these masks could be decontaminated and possibly reused.
- In the laboratory, our scientists successfully decontaminated N95 masks using four different approaches while maintaining the masks' structural and protective properties.
- Note that the virus used in the experiment is not the one that causes COVID-19. Research is underway to evaluate these approaches using the novel coronavirus. Results are expected in the days following April 2, 2020.
- The preliminary research is promising: if proven effective against the coronavirus, it could help protect decreasing stocks of essential personal protective equipment.
- This is an example of important scientific work that harnesses the ingenuity of talented researchers to find solutions to the challenges posed by COVID-19.
- The Government of Canada encourages scientific research that enhances Canada's ability to fight COVID-19.



If pressed

- Four N95 respirators were evaluated using the following techniques: standard autoclaving, ethylene oxide gassing, ionized hydrogen peroxide fogging and hydrogen peroxide vapour treatment.

Existing recommendations

- In May 2016, Health Canada issued a notice to industry on the reuse of single-use medical devices.
- Under the federal regulatory framework, companies that reprocess and distribute medical devices originally authorized and labelled for single use to Canadian healthcare facilities are held to the same Health Canada requirements as manufacturers of new devices.
- This means they must meet requirements for licensing, quality system management, labelling, investigating and handling complaints, maintaining distribution records, conducting recalls, reporting incidents and informing Health Canada of any changes to the information in their licence application.
- Reprocessed devices should clearly identify the reprocessor as the manufacturer and contain instructions for safe reuse, such as how or by whom the device should be reprocessed. In addition, the single-use symbol should be removed from the label.
- As with other hospital practices, the purchase and use of reprocessed medical devices by health care facilities is a provincial and territorial responsibility.

Legislative changes

Key messages regarding legislative changes

- To facilitate Canada's response to COVID-19, the new legislative changes will grant the Minister of Health new powers to:
 - introduce regulations that help prevent or alleviate drug and medical device shortages;
 - request additional information from companies that produce food, drugs, cosmetics or medical devices to assess the new products' risks and benefits and to confirm that they are safe for Canadians;
 - obtain authorization for third-party manufacturers to provide the necessary patented inventions, such as drugs or medical equipment, to whatever extent is required to fight this pandemic.
- These measures received royal assent on March 25, 2020 and came into force immediately.
- Changes to the *Food and Drugs Act* and the power of the Commissioner of Patents to grant authorizations will remain in force until September 30, 2020.



- Health Canada is committed to implementing the necessary measures to continue protecting the health and safety of Canadians during this pandemic. It will take appropriate action, in collaboration with the provinces and territories, and other stakeholders, to ensure the supply of drugs and medical devices needed in Canada.

Compatibility of these changes with the *Protecting Canadians from Unsafe Drugs Act (Vanessa's Law)*

- These amendments complement the powers granted by Vanessa's law:
 - by granting the authority to collect additional safety information to guide decisions about new products marketed, or already on the market, in Canada;
 - by expanding the scope of these powers to include other potential new products, including cosmetics and special dietary foods, that may be required to address shortages during the pandemic.

Temporary exemptions for medical treatments under the Controlled Drugs and Substances Act

- Many people with substance use disorder or who live with chronic pain may find it challenging to effectively practise physical distancing without changes to prescribing and dispensing practices. In this time of emergency measures, we must do everything we can to allow them to access the medicine they need.
- Health Canada is working with provinces and territories to take action to help patients and practitioners reduce their social interactions, without limiting access to critical medicine.
- On March 19, 2020, Health Canada issued a six-month national exemption for prescriptions of controlled substances (such as narcotics) under the *Controlled Drugs and Substances Act* and its regulations. This exemption temporarily authorizes pharmacists to prescribe, sell or provide controlled substances in limited circumstances, or to transfer prescriptions for controlled substances.
- As permitted by the laws and regulations of the province or territory in which the pharmacist is entitled to practise, this exemption will:
 - Permit pharmacists to extend and renew prescriptions;
 - Permit pharmacists to transfer prescriptions to other pharmacists;
 - Allow pharmacy employees to deliver controlled substances to patients' homes or wherever they may be.
- To accommodate physical distancing, and to reduce the stress on emergency rooms and health care practitioners across Canada during the COVID-19 pandemic, the exemption also permits prescribers, including nurse practitioners, to temporarily issue verbal orders (i.e., over the phone) to extend or refill a prescription.
- The exemption will be in effect until September 30, 2020, but can be extended or ended earlier by Health Canada if required.
- Legislative or regulatory changes may be required in some provinces and territories in order to put in place these new activities for pharmacists and nurse practitioners. Health Canada



recommends contacting your pharmacist or provincial or territorial regulatory agency to check when and if these activities are available in your area.

- The Government of Canada will continue to collaborate with our provincial and territorial partners to effectively implement the exemption, and to assess any additional barriers to Canadians' access to controlled substances for medical reasons during the pandemic.
- Health Canada issued a similar exemption during the Newfoundland and Labrador's 2020 snowstorm.

Interim Order Respecting Drugs, Medical Devices and Foods for a Special Dietary Purpose in Relation to COVID-19

- The ongoing COVID-19 pandemic has significant impacts on Canadians and the health care system. It is essential to ensure that the Government of Canada can respond effectively to the needs of those impacted.
- In response to the COVID-19 pandemic, the Minister of Health signed an Interim Order to help prevent and alleviate shortages of drugs, medical devices, and foods for a special dietary purpose whether they result directly or indirectly from the pandemic.
- Upon its entry into force, the Interim Order will authorize the importation and sale of products that are unregistered in Canada, subject to certain requirements.
- As with all pharmaceuticals and medical devices, Health Canada will assess and monitor the safety, security, quality, and effectiveness of all products allowed to be imported and sold under the Interim Order. Drug and medical device manufacturers will be required to comply with strict monitoring requirements.
- The Interim Order will also require manufacturers and importers of medical devices deemed essential during the COVID-19 pandemic to report existing or anticipated shortages, as is currently the case with drugs. Those responsible for health care systems will be better prepared to redistribute materials based on needs, thereby providing Canadians with ongoing access to these products.
- The Interim Order will also expedite the marketing of certain hard surface disinfectants and hand sanitizers.
- Collectively, these measures will improve access to drugs, medical devices, and foods for a special dietary purpose that Canadians need to stay healthy and safe. They will also help sick patients recover.

Interim Order respecting medical devices for use in relation to COVID-19

- A diagnosis is critical to slowing and reducing the spread of COVID-19 in Canada.
- As an emergency public health measure, the Minister of Health has signed an Interim Order to allow expedited access to COVID-19-related medical devices.



- With the Interim Order, two new diagnostic tests are made readily accessible in Canada:
 - the Roche Molecular Systems Inc. cobas SARS-CoV-2 diagnostic device
 - the ThermoFisher Scientific TaqPath™ COVID-19 Combo Kit
- An Interim Order is one of the fastest mechanisms available to the Government of Canada to help make health products available to address larger scale public health emergencies.

If pressed on the US directive to allow unauthorized health products

- Health Canada will continue to use all tools at its disposal to expedite supply of safe and effective COVID-19-related health products. However, the department is not providing blanket approval of unauthorized drugs or devices. We will update Canadians with any new information as it arises.
- The Interim Order will also ensure that other COVID-19-related medical devices are available to treat, mitigate, or prevent COVID-19, as necessary.

If pressed on cost recovery

- To remove impediments for manufacturers in this time of public health need, Health Canada will waive all application fees for COVID-19 medical devices subject to this Interim Order.

Border measures

- The Government of Canada continues to introduce border measures to limit the introduction and spread of COVID-19.
- The Government of Canada has multiple systems in place to prepare for, detect and limit the spread of infectious disease, including COVID-19, in Canada.
- The Canada Border Services Agency (CBSA) is working closely with the Public Health Agency of Canada (PHAC) to help prevent the spread of 2019 novel coronavirus into Canada at all international points of entry.
- PHAC is responsible for advising the CBSA of any required enhanced measures to be implemented at the Canadian border to help prevent the spread of serious infectious diseases into Canada.
- Canadian citizens, permanent residents and Registered Indians under the *Indian Act* continue to enter Canada by right, and are subject to COVID-19 entry screening measures.
- To protect Canadians and to ease the potential burden non-essential travellers could place on our health care system and its frontline workers, the CBSA has implemented



new travel restrictions across all points of entry in all modes of transportation—land, sea, air and rail.

- A travel ban is currently in place for most people entering Canada*, including:
 - All foreign nationals entering Canada by air
 - All travellers from the U.S., across all modes, for recreation and/or tourism purposes
 - Foreign nationals entering Canada if they arrive from a foreign country other than the United States, with some exceptions, including temporary foreign workers and international students
 - Foreign nationals entering from the U.S. with signs or symptoms of respiratory illness

**There are exceptions to these bans that are spelled out in the Orders in Council.*

- Canada and the US have also entered into a reciprocal arrangement to direct back all asylum seekers. Exceptions may be made for unique circumstances, such as an unaccompanied minor.
- All persons entering Canada—no matter their country of origin or mode of entry—are required to self-isolate for 14 days.
- There are exemptions in place on mandatory self-isolation to ensure that critical infrastructure, essential services and economic supply chains continue between Canada and the USA. Workers who are critical to our economy and infrastructure will be permitted to enter Canada. They include truck drivers, firefighters and medical workers.
- Cross-border supply chains are vital to ensure the continued flow of goods, including food and medical supplies for all Canadians. As such, the CBSA is working with other federal partners to share information with commercial stakeholders and provide assurances that commercial traffic is not impeded.

ArriveCAN Mobile App

- In accordance with the Emergency Orders issued under the *Quarantine Act*, all persons entering Canada must quarantine themselves or self-isolate for 14 days.
- To guarantee that the Order is properly enforced, all travellers entering Canada are required, upon arrival, to provide the Government of Canada with essential contact information, report their symptoms and confirm that they have prepared a self-isolation plan.
- Until now, this information had been collected on a paper or web form upon travellers' arrival in Canada.
- Travellers are encouraged to use the ArriveCAN application, which may eventually replace the paper form and hence speed up the entry process at the Canadian border.



- With ArriveCAN, travellers arriving in Canada will be able to enter their information quickly, easily and securely into a digital version of the coronavirus form.
- Electronic reporting will increase the protection of travellers, border services officers and quarantine officers by reducing physical contact.
- Through the app, travellers can enter the same information as that requested on the current online coronavirus form.
- In addition to the information entered on the current forms, the ArriveCAN app will ask travellers to provide flight and border crossing data, report any COVID-19 symptoms and submit a self-isolation plan.
- Personal information collected through the paper form, online form and the ArriveCAN app by border services officers and quarantine officers will enable the Public Health Agency of Canada to check that travellers are complying with the *Quarantine Act*. The information will be shared with the provinces and territories, and law enforcement agencies to ensure compliance with the Order.
- Privacy is a priority for the Government of Canada and all tools used to collect personal information are thoroughly reviewed for privacy issues.
- Personal information will be used to administer and enforce the *Minimizing the Risk of Exposure to COVID-19 in Canada Order (Mandatory Isolation) No. 2*, under the *Quarantine Act* and the *Department of Health Act*. Personal information may be used or disclosed for the following purposes: (1) to monitor and check compliance with the Mandatory Isolation Order and penalize non-compliance (2) to inform travellers to help them comply with the Mandatory Isolation Order, and (3) to support public health follow-up activities.
- In accordance with the *Privacy Act* and its regulations, CBSA and PHAC must retain personal information entrusted to them. Personal information used for administrative purposes, such as that collected through the application, will be retained for at least two years following the date of the last use of the information.
- The ArriveCAN app supports the Government of Canada's digital service delivery strategy and its Government Greening Strategy.

Non-essential travel restriction (Canada-US)

- On March 18, 2020, the Governments of Canada and the United States announced that both countries would be implementing collaborative and reciprocal measures to suspend non-essential travel along the Canada-U.S. border in response to the spread of COVID-19.
- As of March 21 at 12:01 am EDT, there is a temporary 30-day restriction on all non-essential travel at the Canada-U.S. border. This initial period of 30 days is renewable.



- All travel of an optional or discretionary nature, including tourism and recreation, is covered by these measures. Travel by healthy people who have to cross the border to go to work or for other essential purposes, such as medical care, will continue.
- Some examples of essential travel purposes are:
 - Crossing the border for work and study
 - Economic services and supply chains
 - Critical infrastructure support
 - Health (immediate medical care), safety and security
 - Shopping for essential goods such as drugs or goods necessary to preserve the health and safety of an individual or family
 - Other activities deemed essential at the discretion of the border services officer
- Canadian citizens, permanent residents and Registered Indians under the *Indian Act* enter Canada by right. They will be provided with a Public Health Agency of Canada pamphlet that advises travellers that they must self-isolate for 14 days from the date they enter Canada.

Canada will also implement measures at airports to:

- strengthen health screening
- increase presence to conduct further health screening and public outreach
- increase signage throughout the arrivals area to encourage travellers to follow the latest public health guidance
- prevent all travellers who have COVID-19 symptoms, regardless of their citizenship, from boarding international flights to Canada
 - airlines will conduct a basic health assessment of all air travellers based on guidance from the Public Health Agency of Canada
- This includes making information readily available and raising awareness among **all** travellers about what they should do if they develop symptoms of COVID-19. In addition, we continue to advise travellers coming from any location to self-monitor for signs and symptoms of COVID-19.
- We continue to monitor and assess the global risk of COVID-19. To keep pace with the evolving situation, our response measures are being adjusted and refined in accordance with the global risk assessment. This includes updating our travel health advisories with increased risk levels.

OIC 10 – Mandatory isolation

- The Government of Canada's top priority is the health and safety of Canadians. We are taking unprecedented action to respond to the COVID-19 epidemic. This includes continually assessing the risks to adapt our response accordingly.
- The Government of Canada's Emergency Order under the *Quarantine Act* already requires persons entering Canada—whether by air, land or sea—to isolate for 14 days if



they have symptoms of COVID-19, or to quarantine themselves for 14 days if they are asymptomatic to limit the spread of COVID-19.

- An updated Order is being issued to clarify the terminology. It is based on new scientific information showing that asymptomatic people can spread the virus.
- Under the updated Order, any traveller arriving in Canada—whether they are symptomatic or asymptomatic—cannot isolate or quarantine in a place where they would be in contact with people who are vulnerable, such as adults aged 65 years or over and people with pre-existing medical conditions.
- Upon arrival, every traveller will need to confirm that they have a suitable place to isolate or quarantine, where they will have access to basic necessities, such as food and drugs. Travellers will be expected to make plans for where they will isolate or quarantine in advance of arriving to Canada. Travellers who do not have an appropriate place in which to isolate or quarantine themselves must go to a place designated by the Chief Public Health Officer of Canada. These criteria are newly applied to asymptomatic travellers.
- Compliance with this Order is mandatory for anyone entering Canada on or after April 15, 2020.
- If symptomatic travellers do not have private transportation or an appropriate place to isolate, they will be required to isolate for 14 days in a place designated by the Chief Public Health Officer of Canada.
- Asymptomatic travellers can still infect other persons. Therefore, on the way to their destination, they will be required to wear a mask, including a non-medical mask or face covering (i.e. made with at least two layers of tightly woven fabric, constructed to completely cover the nose and mouth without gaping, and secured to the back of the head and neck by ties or ear loops). Upon arrival, these travellers will be required to quarantine themselves for 14 days. If they develop signs and symptoms of COVID-19, they will have to comply with the instructions of the public health authority designated by the screening officer or quarantine officer. They will be provided with a mask if they do not have one.
- Symptomatic travellers arriving in Canada will also be required to wear a non-medical mask or face covering to proceed to their final destination where they will isolate, or when they cannot stay more than two metres away from other people.
- Asymptomatic travellers who do not have an appropriate place in which to isolate or quarantine themselves are subject to the requirements for symptomatic travellers and must go to a place designated by the Chief Public Health Officer of Canada.
- Certain persons who cross the border regularly to ensure the continued flow of goods and essential services, or individuals who receive or provide other essential services to Canadians, are exempt from needing to quarantine (self-isolate) due to travel outside of Canada, as long as they are asymptomatic (do not have symptoms of COVID-19).



- Persons exempt from mandatory quarantine are still required to wear an appropriate non-medical mask or face covering upon entry into Canada and on the way to their final destination. Upon arrival at their destination, individuals exempt from the Order must practise physical distancing, consider wearing a mask or any other face covering when physical distancing at two metres from others is not possible, self-monitor for symptoms, stay in their place of residence as much as possible, and follow the instructions of their local public health authority if they feel sick.
- This decision was based on the latest scientific data and discussions we have had with the provinces and territories.
- These additional measures will contribute to containing the epidemic and preventing further spread of COVID-19 in Canada.
- They will also help protect older persons and persons with pre-existing medical conditions, who are at greatest risk of severe health complications related to COVID-19.
- The Government of Canada will continue to work closely with regional, provincial, territorial and international partners to limit the introduction of COVID-19.

Enforcement of the Act

- Spot checks will be conducted by the Government of Canada to check compliance.
- Maximum penalties include a fine of up to \$750,000 or imprisonment for six months, or both, for failure to comply with this Order.
- A person who causes a risk of imminent death or serious bodily harm to another person while willfully or recklessly contravening the *Quarantine Act* or the regulations could be liable for a fine of up to \$1,000,000 or imprisonment of up to three years, or both.
- Amendments to offences specified in the *Contraventions Regulations (Quarantine Act)* are underway. These offences will be designated as contraventions subject to fines.
- The fine amounts could range between \$75 and \$1,000. For a contravention committed by a young person, the fine is \$100.

Designated quarantine facilities:

- The Chief Public Health Officer has designated quarantine facilities, such as hotels, across the country, including Vancouver, Calgary, Toronto and Montreal.
- Under section 7 of the *Quarantine Act*, the Chief Public Health Officer may designate any place in Canada as a quarantine facility, to protect the health of Canadians, if he or she considers it necessary.



OIC 11 - Minimizing the Risk of Exposure to COVID-19 in Canada Order (Prohibition of Entry into Canada from the United States)

- Foreign nationals who may enter Canada include temporary foreign workers, some students, persons delivering urgent medical supplies and certain categories of asylum claimants, including persons who arrive in Canada at a land point of entry and may make a claim for refugee protection under the Safe Third Country Agreement (STCA).
- All foreign nationals permitted to enter Canada are required to meet the requirements of the Emergency Orders made under the *Quarantine Act*, including mandatory quarantine for 14 days upon entering Canada unless they have received a specific exemption. They must also comply with provincial and territorial emergency orders and local health guidelines.
- Foreign nationals typically will not be allowed to enter Canada for optional or discretionary purposes if they have COVID-19 or any symptoms of COVID-19.
- Temporary foreign workers are necessary to ensure the resilience of our food industry and supply chain so that all Canadians can access essential food and products during this pandemic.
- The *Minimizing the Risk of Exposure to COVID-19 in Canada Order (Prohibition of Entry into Canada from the United States)* is in force from April 22 to May 21, 2020.
- The amendments to this Order will ensure that Canada continues to meet its international obligations with respect to refugees and asylum claimants.
- These measures will help prevent the spread of the disease in Canada while guaranteeing that essential travel and supply chains are not disrupted.

On foreign nationals who wish to make an asylum claim

- Foreign nationals who enter Canada between official points of entry to make an asylum claim will continue to be returned to the United States, which is designated as a safe third country.
- The entry prohibition will not apply to symptomatic or asymptomatic foreign nationals departing from the United States, who arrive in Canada at an official land point of entry, and **who meet** the criteria for an STCA exemption. These foreign nationals will subsequently be able to apply for asylum.
- Applicants who are unable to comply with Canada's quarantine or isolation requirements will be directed to a federal-government managed facility.



On the enforcement of this Order

- Failure to comply with this Order is an offence under the *Quarantine Act*.
- Maximum penalties include a fine of up to \$750,000 or imprisonment for six months, or both. In addition, a person who causes a risk of imminent death or serious bodily harm to another person while willfully 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 both.
- In addition, offences specified in the *Contraventions Regulations (Quarantine Act)* have been amended to constitute contraventions subject to a ticket.
- Tickets can carry fines ranging from \$275 to \$1, 000. For young persons, the fine is \$100.

On essential travel to Canada by foreign nationals departing from the United States

- Essential travel will continue without restriction. Both governments recognize the importance of maintaining vital supply chains between the two countries. These supply chains ensure that food, fuel, and life-saving drugs reach people on both sides of the border.

If pressed

These foreign nationals may enter into Canada:

- Persons who arrive in Canada at a land point of entry and may make a claim for refugee protection under the Safe Third Country Agreement (STCA)
- Registered Indians under the *Indian Act*
- Protected persons

In addition, provided that they are seeking entry into Canada for reasons that are not optional or discretionary and that they are asymptomatic, foreign nationals in the following categories may also enter into Canada.

Foreign nationals in these categories must still prove that they are travelling to Canada for essential purposes and they must be asymptomatic.

- Persons with a valid work permit or application that was approved under the *Immigration and Refugee Protection Act*
- Persons with a valid study permit that was approved under the *Immigration and Refugee Protection Act* before March 18, 2020
- Persons permitted to work in Canada as a student in a health field under paragraph 186(p) of the *Immigration and Refugee Protection Regulations*
- Persons whose application for permanent residence was approved under the *Immigration and Refugee Protection Act* before March 18, 2020



- Close family members of Canadian citizens and permanent residents
- Persons authorized by consular services to enter Canada for purposes of reuniting with immediate family
- Conveyance crews (e.g., air, boat, etc.) or workers on marine vessels
- Diplomats
- Persons invited by Canada for the purpose of assisting in the COVID-19 response
- Persons on military flights or other Canadian-military support persons
- Protected persons
- French citizens who reside in Saint-Pierre-et-Miquelon and have been only in Saint-Pierre-et-Miquelon, the United States or Canada during the period of 14 days before the day on which they arrived in Canada
- Persons whose entry is in the national interest in terms of public safety and emergency preparedness
- Persons providing essential services or are essential for the movement of goods, such as truck drivers and marine carriers
- Emergency services workers
- Authorized practitioners with proof of employment in Canada
- Persons who enter Canada for the purpose of delivering, maintaining, or repairing medically-necessary equipment or devices
- Persons who enter Canada for the purpose of making medical deliveries of cells, blood and blood products, tissues, organs or other similar body parts, that are required for patient care in Canada
- Persons who, in the opinion of the Chief Public Health Officer of Canada, do not pose a risk of significant harm to public health

Screening of Canadian travellers returning to Canada

- As part of Canada's enhanced border measures to contain further introduction and spread of COVID-19, airlines will conduct a health check of all travellers before they board a flight to Canada.
- The health check is based on guidance from the Public Health Agency of Canada, in line with the World Health Organization's recommendations.
- Individuals will be screened for the following symptoms by airline personnel:
 - Fever
 - Cough
 - Difficulty breathing
- If air operators observe a traveller with symptoms or if the passenger answers yes to any of the health check questions, the airline will not allow them to board for a period of 14 days or until they provide a medical certificate confirming that their symptoms are not related to the COVID-19 virus.



- Further instructions and advice will be provided to travellers who are denied boarding advising them to follow the guidance of local public health authorities. These travellers will also be referred to the appropriate consular services.
- These measures will help protect the health of all Canadians.

On the health check

- Airline staff will be advised to maintain distance between themselves and travellers at all times, and to encourage travellers to do so as well.
- Airline staff will observe whether travellers are showing symptoms of COVID-19 and will ask every traveller if they have a fever, a cough or difficulty breathing.
- They will also ask if travellers have been denied boarding in the past 14 days due to a medical reason related to COVID-19.
- However, there is allowance for travellers to provide a medical certificate certifying that any symptoms they have are not related to COVID-19.
- These measures are focused on travellers, not flight crew members.

On enforcement

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

When you arrive in Canada

- All travellers assessed in the air to be symptomatic on arrival at a Canadian airport are met and escorted by border officers away from other travellers to be attended to by public health personnel.
- All persons arriving in Canada at an air, land, marine or rail border will be asked about the purpose of their visit and whether they are feeling ill or unwell. The border services officer may ask additional questions to determine whether the travel is essential or non essential.
- CBSA officers will observe for signs of illness and refer any traveller suspected of being ill for a further medical assessment by the Public Health Agency of Canada, regardless of how travellers respond to screening questions.
- All travellers—no matter their country of origin or mode of entry—are assessed on arrival to Canada. Entry screening is an important public health tool amongst others during periods of uncertainty. It is part of a multilayered government response strategy.



- CBSA officers remain vigilant and are highly trained to identify travellers seeking entry into Canada who may pose a health and safety risk.
- CBSA officers are providing symptomatic travellers with a kit that includes surgical masks and instructions on how to use them.
- These measures complement routine traveller screening procedures already in place to prepare for, detect and respond to the spread of serious infectious diseases into and within Canada.
- The following questions are now being asked by all border services officers at the primary inspection line at all air, land, rail and sea points of entry:
 - “Do you currently have a cough, difficulty breathing, or feel you have a fever?”
 - “I/we acknowledge that I/we must self-isolate for 14 days to prevent the potential spread of COVID-19.”
- CBSA Officers not only query travellers on the state of their health, they are trained to observe visible signs of illness. They will refer any traveller whom they suspect is ill, regardless of how the traveller responded to the health screening question.
- Travellers presenting symptoms consistent with COVID-19 will be referred to a PHAC staff member for further assessment.
- These travellers are provided with a kit that includes a mask, instructions and a pamphlet on mandatory isolation.
- All travellers entering Canada are given a Public Health Agency of Canada pamphlet with instructions to self-isolate for 14 days. Symptomatic people are given a red pamphlet, and asymptomatic people are given a green pamphlet.

Travel health notices

- The Public Health Agency of Canada publishes travel health advisories to inform Canadians of increased or unexpected health risks in a country or region outside of Canada.
- Travel health advisories also provide information about precautions to take to reduce risks.
- The following points are taken into consideration when adding countries or areas to the list of regions affected by COVID-19:
 - The disease has spread to numerous people in the community (multiple clusters - not all cases are in a defined context, such as a household).
 - Evidence of geographic spread.
 - Ability to link cases to an exposure (i.e., to another case or due to travel to a country where COVID-19 continues to spread).



- The List of regions affected by COVID-19 at Canada.ca/coronavirus includes all countries with travel health advisories regarding COVID-19.

Cottage season and COVID-19

- Public health recommendations are continually adapting to the rapidly evolving pandemic situation. We are learning new things about COVID-19 every day.
- Based on the available evidence, we invite Canadians to help limit the spread of COVID-19 by avoiding non-essential travel—especially to small and rural communities, where health care systems could easily be overwhelmed.
- For this reason, we urge everyone not to go to the cottage, campground, or vacation property during the COVID-19 pandemic.
 - Unless the property is your principal residence, or in the same community as your principal residence, you should wait until the situation in Canada changes before going there.
 - If you get sick, you may not be able to get the help you need. Stopping for gas or provisions on the way increases your risk of exposure and, if you're asymptomatic, you could pass on the virus to others.
 - An influx of people into a small community can also threaten the food supply and other essentials for residents.
 - If you must go to your cottage for insurance reasons, you should only make a round trip and go straight home.
 - Canadians must continue doing everything they can to flatten the curve and protect the health of friends and families. This includes staying home.

Mass gatherings

- Mass gatherings occur in a range of public places such as spiritual and cultural settings, theatres, sports arenas, festivals and conference halls.
- They result in a large number of people being in close contact for an extended period of time.
- The Public Health Agency of Canada advises that gatherings of 50 people or more should be cancelled or postponed.
- Organizers should consult their local public health authorities who may set other criteria depending on specific circumstances.



- Older adults and people with underlying medical conditions should reconsider attending gatherings. This includes large gatherings and even smaller events in crowded or enclosed settings.
- If you have symptoms (fever, cough or difficulty breathing), do not attend a mass gathering, event or places where people gather. You could expose a vulnerable person.
- The Public Health Agency of Canada has posted a risk-informed decision-making [tool](https://www.canada.ca/coronavirus) on [Canada.ca/coronavirus](https://www.canada.ca/coronavirus) to help public health authorities and event organizers work together to determine public health risks and actions for mass gatherings.
- If the virus causing COVID-19 spreads within a community, individuals may also consider avoiding non-essential gatherings, running errands outside of peak hours and increasing physical distance with others to two metres, when possible.

COVID-19 outbreak at the Willowdale Welcome Centre

- The Government of Canada is aware that cases of COVID-19 have been reported at the Willowdale Welcome Centre, in Toronto.
- The Public Health Agency of Canada is working closely with provincial health partners in Ontario to monitor the situation.
- Our partners at Toronto Public Health, and the City of Toronto, are working closely with the Willowdale Welcome Centre by providing advice and in responding to this specific outbreak.
- Canada continues to focus its public health efforts on containment. It is screening cases, tracing close contacts and implementing a range of public health measures to limit the spread and impact of COVID-19.

Questions on refugee status claims in Canada:

- In mid-March, the Government of Canada and its refugee resettlement partners—the UN Refugee Agency (UNHCR) and the International Organization for Migration (IOM)—suspended the Refugee Resettlement Program for refugees impacted by travel restrictions. Refugee resettlement will resume when conditions permit.