



COVID-19 EVERGREEN QUESTIONS AND ANSWERS

Questions and Answers

Table of Contents

COVID-19	1
<hr/>	
CANADA'S SITUATION	16
Q1. What is Canada doing in response to the current pandemic situation?	16
Q2. When and how have the provinces and territories been activating and implementing their pandemic plans?	17
Q3. If the Public Health Agency of Canada sets up temporary hospitals, where would they be?	17
Q4. Is Canada considering basing its plan on the WHO guidelines for reopening the economy and borders?	17
INFORMING CANADIANS	18
Q5. Where can Canadians find the most up-to-date information about this coronavirus?	18
Q6. Why is the Government of Canada running an ad campaign about COVID-19?	18
Q7. When will the COVID-19 ad campaign begin?	18
Q8. How do I access the Canada COVID-19 app?	19
Q9. How does it work?	19
Q10. How does this app relate to resources already available in some provinces?	19
Q11. What have been the results of these types of self-assessment tools?	19
Q12. Is the government planning to make other COVID-19 digital tools and resources available to Canadians?	19
FUNDING	20
Q13. <i>Can you confirm what the Public Health Agency will do with the \$50 million allocated for COVID-19 public health information work?</i>	20
Q14. Are the COVID-19 ads on Spotify included in this \$30 million campaign?	20
Q15. Which organizations funded by the \$30 million COVID advertising campaign were not Canadian-owned outlets? How much money was paid to non-Canadian companies for this advertising?	20
Q16. What is the cost of the contract between the government (PSPC) and Cossette? How much does Cossette receive for this work?	20
MENTAL HEALTH SUPPORT FOR CANADIANS	21
LAUNCH OF THE WELLNESS TOGETHER CANADA PORTAL	21
Q17. How do I access the Wellness Together Canada Portal?	21
Q18. Does the government intend to make additional COVID-19 digital tools and resources available to Canadians?	21

Q19. How does the portal work?	21
Q20. Is the information I share on this portal secure?	21
Q21. Will Canadians need to provide personal information to register for these services through the Wellness Together Canada portal app?	21
Q22. What is the expected number of Canadians who will be able to use the Wellness Together Canada application? What is the current capacity of the portal?	22
Q23. How many psychologists, social workers, peer helpers and "other professionals" have been retained to date and how many are being retained by the government? How many of these employees are available full-time?	22
Q24. Will the federal government pay for the psychologists listed on the mental wellness portal that Canadians will consult?	22
Q25. Will the Government of Canada invest more in mental health and suicide prevention?	22
Q26. Does this portal take into account the specific needs of the First Nations?	23
Q27. Can people without Internet access use the portal?	23
Q28. Recently, there have been a lot of announcements related to mental health. Will people have trouble figuring out which resources they should use?	23
Q29. What is the status of the Canada-wide suicide prevention service?	23
Q30. This initiative does not address the issue of safe drug supply. As the supply of illicit drugs continues to decline due to supply chain problems in the illicit market, those who traffic in illicit substances may begin to use harmful cutting agents, making the drug supply even more dangerous. What is the government doing to prevent overdose deaths from increasing during the COVID-19 pandemic?	24
Q31. What other resources are available to Canadians?	24
LONG-TERM CARE FACILITIES	25
Q32. Why do you recommend that personal support workers and essential visitors and volunteers wear personal protective equipment when there is a shortage?	25
Q33. Why do you tell workers not to hold multiple jobs when they may need multiple jobs to survive?	25
Q34. How will the needs of residents be met if there is a further restriction on the availability of personal support workers?	25
Q35. What is the Government doing to support low wage workers?	26
Q36. What is the Government of Canada doing to protect seniors' financial security?	26
Q37. What is the Government doing to protect seniors' pensions?	27
Q38. What is the Government doing to protect seniors from elder abuse?	27
Q39. What is the Government doing to protect seniors from COVID-19 related fraud and scams?	27
VOLUNTEER RECRUITMENT	28
Q40. How many people are you looking for under the volunteer recruitment program? What will they do and how will they be trained?	28
Q41. Can you describe the recruitment process, including when the volunteers will be trained and start working? Are any people hired (i.e., paid rather than volunteers)?	28
Q42. How many volunteers have registered so far?	28



ISOLATION, QUARANTINE (SELF-ISOLATION) AND PHYSICAL DISTANCING 29

- Q43. I have heard elsewhere that people who are asymptomatic can go outside for walks, for example, as long as they maintain physical distancing, but now you are saying they can't leave their property. Which is correct? 29
- Q44. Under what circumstances should Canadians get in their cars? Is it acceptable to go for a drive when not picking up necessities? 29
- Q45. Q30. A team of Canadian and Chinese researchers analyzed 2000+ COVID cases and found that 1 in 8 people develop symptoms more than 14 days after exposure. The research team recommend that quarantines be extended from 2 weeks to 3 weeks. Is Canada considering an extension to the quarantine period? 29

BORDER MEASURES 30

ArriveCAN APP 30

- Q46. How do I access the CANArrive app? 30
- Q47. How does it work? 30
- Q48. Is the Government planning to make other COVID-19 digital tools and resources available to Canadians? 30
- Q49. Why not just use the paper contact form instead of a mobile app? 31
- Q50. What is the difference between the App and the web version of the form? 31
- Q51. Is this app going to be used to track travellers? 31
- Q52. What kind of information is the app collecting? 31
- Q53. How will the information be protected? 32
- Q54. How is the information used? 32
- Q55. What gives the government the authority to require personal information? 32
- This information is required pursuant to subsection 15 (1) of the *Quarantine Act*. 32
- Q56. Why does CANArrive collect more information than the paper and online forms do? Why is there a discrepancy? 32

OIC 10 - EMERGENCY ORDER – MANDATORY ISOLATION 33

- Q57. What is the new federal Emergency Order made pursuant to the Quarantine Act and why has the Government of Canada implemented it? 33
- Q58. How is this new Order different from the first mandatory isolation Order? 33
- Q59. How will travellers be notified of the protocol for this type of situation upon re-entry? 34
- Q60. What does the Order made pursuant to the *Quarantine Act* require of persons entering Canada? 34
- Q27. What is the difference for travellers between what they can do at home if symptomatic or if they have no symptoms? 34
- Q61. Who is considered a vulnerable person? 36
- Q62. What is the difference between isolation and quarantine? 36
- Q63. How is it determined if travellers meet the conditions to isolate or quarantine at home or in a place of their choice? 37
- Q64. How do I monitor for signs and symptoms of COVID-19? 37

Q65. When does the 14-day period start? Is it from the day of entry into Canada or the day the traveller arrives at the place where they will quarantine themselves or isolate?	37
Q66. What is considered to be an appropriate non-medical mask or face covering?	37
Q67. Who determines if the traveller is wearing an appropriate non-medical mask or face covering upon entry into Canada?	38
Q68. Are co-travellers able to quarantine or isolate together if one of them is a vulnerable person?	38
Q69. Am I required to comply with the Order if my province or territory has their own legal requirements for quarantine or isolation?	38
Q70. What type of masks or face coverings will be provided at border entries? If all travellers entering Canada will be required to wear masks, how will this impact the supplies available for healthcare workers?	38
Q71. Will the new requirements (e.g. travellers having to confirm their planned place to isolate or quarantine; being given a non-medical masks or face covering) create back-ups at airports?	39
Q72. Why do travellers with no signs and symptoms of COVID-19 have to quarantine themselves? Is it mandatory?	39
Q73. Why can some people without symptoms quarantine at home or a place of their choice and others must go to a quarantine facility?	39
Q74. If I don't have symptoms can I quarantine at home if there are vulnerable people living with me?	40
Q75. Why does my quarantine period reset if I am exposed to COVID-19 from another person subject to the Order?	40
Q76. Can travellers with no symptoms take public transportation (including taxi) or rent a vehicle (from the airport) to get home or the place where they will quarantine?	40
Q77. Can travellers without symptoms who will transit home by private vehicle have someone pick them up and drive them or must they be the sole occupant of the vehicle? If someone drives them, does that person then need to quarantine for 14 days?	41
Q78. Why do I have to wear a non-medical mask or face covering when taking public transportation to get to my place of quarantine if I do not have symptoms of COVID-19?	41
Q79. Are travellers with no symptoms allowed to take connecting flights?	41
Q80. What happens if a Canadian traveller, not exhibiting symptoms, misses their connecting flight and has to stay overnight in a city, before getting on their connecting flight the next day? Can they stay at a hotel or with friends or family?	42
Q81. If people arrive in Canada on a charter flight, not at one of the designated four International Airports, can they use a private vehicle to get to their final destination in another province to isolate there?	42
Q82. What about people entering Canada by land – can they stay overnight in a hotel during their drive home?	42
Q83. There are reports of RVs being spotted in store parking lots near the border. Are they allowed to stop there to shop on their return home?	43
Q84. Can people stop to get gas, use a washroom or acquire essential items on their way home to isolate?	43
Q85. What happens if a traveller without symptoms is unable to get to a place to quarantine themselves for 14 days?	43
TRAVELLERS WITH SYMPTOMS	44



Q86. Why can some people with symptoms isolate at home and others must go to a quarantine facility or hospital?	44
Q87. How is symptomatic being defined?	44
Q88. Can symptomatic travellers who are going home to isolate by private transportation be picked up and driven by someone or must they be the sole occupant of the vehicle?	44
Q89. If I am symptomatic, can I stop at a hotel while I'm driving home?	44
Q90. Can I stop at the store to acquire essential items on my way to isolate?	45
Q91. What happens if a traveller with symptoms is unable to get to a place to isolate?	45
Q92. Who will verify compliance with the Order (i.e., spot checks)?	45
Q93. What happens if someone does not comply with the Order?	45
Q94. How is the Public Health Agency of Canada working with its federal and provincial partners to verify compliance with the order?	46
ESSENTIAL SERVICE WORKERS	46
Q95. Are essential service workers exempt from the Order?	46
Q96. Why are some essential service workers not allowed to work with persons 65 years of age or older until they complete their 14-day quarantine?	47
Q97. How do employers of temporary foreign workers ensure compliance with the order?	47
Q98. I am a temporary foreign worker and do not have a place to quarantine myself for 14 days in Canada. What do I do?	47
<u>ORDER IN COUNCIL 11 – MINIMIZING THE RISK OF EXPOSURE TO COVID-19 ORDER (PROHIBITION OF ENTRY INTO CANADA FROM THE UNITED STATES)</u>	48
Q99. Why is Canada accepting asylum seekers during a pandemic?	48
Q100. The Government of Canada has implemented extraordinary restrictions at the border and within Canada on foreign nationals, permanent residents and Canadians to respond to the pandemic. What measures are being put in place to help mitigate any risks to public health that could result from reopening the border to refugee protection claimants?	48
Q101. What are exceptions under the STCA?	48
Q102. What are the exceptions to the prohibition of those coming between ports of entry by land or at airports?	49
Q103. Can claims for refugee protection be made at airports?	49
QUARANTINE FACILITIES	49
Q104. How will the Public Health Agency of Canada house and feed people who enter Canada who are not allowed to return to their homes for 14 days?	49
Q105. If a traveller returning to Canada is required to stay in a quarantine facility, will they have to pay for the costs associated with their stay?	49
Q106. How will my medical needs be tended to if I am required to stay in a quarantine facility?	50
Q107. How many people are quarantining in the federal facilities and how many reports of quarantine-related breaches have there been across the country?	50
Q108. Where are the federally designated quarantine sites? Are any hotels serving as quarantine sites for travellers self-isolating for 14 days upon returning from abroad?	50
Q109. To date, have people been sent to designated quarantine sites?	50

MODELLING AND SURVEILLANCE	50
Q110. What is predictive modelling?	50
Q111. What are the objectives of the modelling?	51
Q112. What factors are the modelling data based on? What information is being used to make the projections?	51
Q113. What public health measures are being used by communities and are modelled to anticipate their potential impacts on the epidemic?	51
Q114. How reliable is the data?	51
Q115. Why provide two different models? Is one not enough? What is the difference between the two models and what are their limitations?	52
Q116. Do we have different projections from provinces and territories that have released modelling data? If so, why?	52
Q117. What external experts are advising on this work?	52
Q118. Are the modelling values that were released in early April those of the Public Health Agency of Canada?	52
Q119. Which specific PHAC modelling studies have been used?	53
Q120. When will modelling studies conducted outside of the PHAC be published?	53
Q121. Will these models show us whether we are achieving our objectives?	53
Q122. Will federal modelling take into account specific demographics?	53
Q123. Why is there a delay in measuring the mortality rate and are there plans to speed up the publication of data in that respect to reflect the current pandemic?	53
Q124. What is the median age of the people who have died in Canada?	54
Q125. In the daily epidemiological report, only about a third of COVID-19 cases include data on hospitalizations. Why is this? Do some provinces fail to provide data on hospitalizations? If so, why?	54
Q126. Is the total number of deaths attributable to COVID-19 in Canada higher than the reported number, and will modelling based on global death statistics be needed after the pandemic to understand the real extent of the number of deaths?	54
Q127. What is the PHAC's response to Amir Attaran's criticism of Canada's COVID-19 modelling?	55
Q128. Mr. Attaran also accused the PHAC of censoring the data provided to scientists. If this is the case, why is the PHAC censoring the data before disclosing it?	55
FLUWATCHERS	56
Q129. Before COVID-19, what was the FluWatchers program responsible for? Can you also give us figures, for example, the number of Canadians who volunteered to participate in FluWatch in 2018 and 2019?	56
Q130. When did the FluWatchers program turn to monitoring COVID-19, and why?	56
Q131. How can you differentiate between influenza and COVID-19 in the responses you are now getting?	56
Q132. Can you tell us how many Canadians participated in COVID-19 monitoring through FluWatchers? Have there been any patterns in your responses?	57
GPHIN'S ROLE IN SURVEILLANCE	57
Q133. During virus outbreaks, what data does the Global Public Health Intelligence Network (GPHIN) collect and use for alerts, and in what languages is the data disseminated?	57



Q134. When was data first collected on the coronavirus outbreak and from what source?	58
Q135. When did GPHIN first send out an alert about the coronavirus outbreak and to whom?	58
Q136. What is the GPHIN renewal project? Why is the renewal being done in stages?	58
Q137. Have the analysts already been told to stop reporting on COVID-19?	59
Q138. Can you confirm the departure of at least two key analysts in the past 18 months?	59
Q139. How does the GPHIN's data or data analysis differ from the approaches taken by ProMED, HealthMap and commercial providers such as Blue Dot?	59
Q140. Does the Government of Canada use BlueDot's AI to trace COVID-19 contacts?	60
Q141. I have confirmed with Public Health Ontario and the Institut national de santé publique du Québec [Quebec's national institute of public health] that they are not collecting race/ethnicity data in relation to COVID-19. My understanding is that the Public Health Agency of Canada does not collect this type of data either. Could you confirm that?	60
Q142. Are there any plans to add other social determinants of health (such as education or income) as risk factors to the case report form used for collecting COVID-19 data?	60
Q143. What is Health Canada's role in Ontario's Health Data Platform? Will this become the norm across provinces? Does Health Canada endorse this plan, which is designed to slow the spread of COVID-19?	60
Q144. Are there any Canadian studies on COVID-19 and waste water analysis?	61

CONTACT TRACING **61**

Q145. Can you tell me more about the federal government's program aimed at recruiting people to conduct contact tracing?	61
Q146. Does the Department plan to use digital data technology such as cellphone apps to improve contact tracing? What type of digital data model is the Department reviewing?	62
Q147. A company partly based in Canada has developed a smartphone app that helps with contact tracing, similar to the one in place in Singapore. Will the government adopt this type of technology to facilitate contact tracing?	62

NML RESPONSE TO THE OUTBREAK **62**

Q148. What is the Public Health Agency of Canada National Microbiology Laboratory's (NML) response to the current COVID-19 outbreak? Were additional resources required to manage the extra workload?	62
Q149. Why did NML scientists travel to the level 4 laboratory of the Virology Institute of Wuhan?	63

TESTING AND CONFIRMING CASES **63**

Q150. How is Canada currently testing patients for COVID-19?	63
Q151. Which specific tests are currently authorized in Canada to screen for COVID-19? Is all of this done by using RT-PCR tests? What is the accuracy rate (percentage) of the COVID-19 screening tests that are currently used in Canada? Is the federal government aware of any cases of false positives or false negatives resulting from the current testing methods? If so, how many cases of each type have been identified (as a percentage of total tests performed)? What is the government's general position on the safety and accuracy of current COVID-19 screening test methods used in Canada?	64
Q152. Does the Public Health Agency of Canada agree that the best way to understand the transmission and progression of COVID-19 is to perform serological tests to detect antibodies? Is Canada working on a serological test for COVID-19?	64

Q153. Is the Public Health Agency of Canada concerned about the availability of serological tests? Are there any risks? 65

Q154. Do you have an update on the development of serological tests in Canada? Or a target date for the beginning of serological studies? 65

Q155. What is the difference between swab-based tests and serological tests? How are they used differently? 66

Q156. Is the government considering the possibility of establishing serological or immunity passports or certificates to allow immunized individuals to travel freely again? 66

Q157. Do we have enough diagnostic tests? What are you doing to obtain more of them? 67

Q158. Is Health Canada looking to the cannabis sector for additional COVID-19 testing? 67

Q159. Are the Spartan tests an effective way to diagnose COVID-19? What are the rates of false positives and false negatives? 67

Q160. Does the Public Health Agency of Canada plan to provide portable COVID-19 testing kits from Spartan Bioscience at Canada's land borders? 68

Q161. Why is Canada not offering the BTNX blood test, as is the case in other countries? When do you think the review process for this test will be completed? 68

Q162. What are Health Canada's requirements regarding testing machines that have not been approved by Health Canada? Does Health Canada advise against using COVID-19 testing machines that have not been approved? Do swab results obtained from unauthorized test kits need to be confirmed by another laboratory (with test kits approved by Health Canada)? 69

DRUGS, HEALTH PRODUCTS AND MEDICAL SUPPLIES 70

Q163. When did Canada start obtaining personal protective equipment and supplies in anticipation of COVID-19? 70

Q164. How much PPE was exported to China between mid-January and March 31, through all known channels (institutional, retailers, community)? 70

Q165. Is Health Canada aware of the advertising or sale of any products that make false or misleading claims in connection with COVID-19? 70

Q166. Has Health Canada been made aware of any misinformation or false claims about alcohol-based hand sanitizers? 70

Q167. Has the Government of Canada discovered any fraudulent N95 or KN95 masks? 71

Q168. In view of the recent statement that warns against *fraudulent N95 masks*, can you tell me whether the Public Health Agency of Canada or Health Canada have identified any fraudulent or unauthorized materials in the supplies that the federal government has received? 72

Q169. Is the government thinking about increasing supply of the flu shot for the next flu season in light of the demand resulting from the COVID-19 pandemic? 72

Q170. Is Immune-Tami going to be licensed for sale in Canada? 73

Q171. Is Health Canada aware of a potential shortage of medical devices caused by COVID-19, and what is being done to monitor the supply? 73

Q172. Will 3D printed medical devices be allowed to be used to alleviate supply shortages in Canada during this pandemic? 73

Q173. Are there any concerns about devices being produced without the usual quality checks or certification process? 73

Q174. What is the scope of Canada's needs with respect to reagent chemicals used in COVID-19 testing? 74



Q175. Is the bioMérieux reagent the only one that you have manufactured? Will you be manufacturing the others? 74

Q176. Has BioMérieux given its proprietary formula to the Public Health Agency of Canada? 74

Q177. Is Canada paying for the temporary bioMérieux licence? 75

Q178. Do we have an estimate of the number of intensive care beds Canada will need when the epidemic peaks, and how many intensive care beds are available at this time? 75

Q179. Where will medical supplies be stored before being distributed to hospitals by Canada Post or Purolator? 75

Q180. How many ventilators does Canada have at this time? How many will be needed when the epidemic peaks? 75

Q181. What is the federal government doing to improve the number of available ventilators and masks? 75

Drug Shortages 76

Q182. Can Health Canada discuss the scope of the drug shortages in relation to COVID-19 and the measures being taken to address the situation? How long will it be before hospitals run out of drugs? Which provinces are experiencing the most serious shortages? 76

Q183. What is Health Canada doing to limit potential shortages of tier 3 drugs? 77

Q184. What are the factors behind the risk of drug shortages? 78

Q185. When you say that you are working with drug suppliers, what are you actually doing? 78

Q186. How can provinces and territories be vigilant about potential shortages in their jurisdictions? 79

Q187. Can you confirm whether or not Health Canada is looking for alternative sources for Salbutamol or Ventolin? 79

Q188. What is the supply of the following drugs: remdesivir; chloroquine and hydroxychloroquine; ritonavir/lopinavir; and ritonavir/lopinavir and interferon beta? 79

Masks 80

Q189. Has Health Canada approved the use of KN95 masks in Canada? If not, why not? 80

Q190. Is the KN95 respirator approved by NIOSH? Does it meet another equivalent medical standard? 80

Q191. Can you sell a mask that is advertised as being for non-medical use? Does it matter if there is no English text on the mask? 80

Q192. What is the status of Health Canada's review of " MASQUE WOODBRIDGE INOAC " and its suitability for use in hospitals? 81

INTERIM ORDER RESPECTING DRUGS, MEDICAL DEVICES AND FOODS FOR A SPECIAL DIETARY PURPOSE IN RELATION TO COVID-19 81

Q193. How will Health Canada assess these health products for safety and efficacy? 81

Q194. Is Canada guaranteed to receive an adequate supply of these items? 81

Q195. How does the Interim Order compare to the interim measure the Department announced last week allowing the importation of disinfectants, hand sanitizers, personal protective equipment and swabs that do not fully meet Health Canada's requirements? 81

Q196. And how does the Order compare to the shortage provisions in the legislative amendments? 81

Q197. What are the new requirements for reporting medical device shortages? 82

Q198. How will the Interim Order affect personal importation? 82

Q199. How do we know which COVID-19 diagnostic kits have been approved by Health Canada under the Interim Order for Expedited Medical Devices, signed on March 18, 2020?	82
Q200. What qualifies as a “food for a special dietary purpose” in the Interim Order, other than infant formula?	82
Q201. How will access to disinfectants and hand sanitizers be expedited?	82
Q202. What is the government currently doing to address any drug and medical device shortages that may be related to COVID-19?	82
Q203. How will these changes enhance the government’s ability to manage drug shortages?	83
Q204. Will Health Canada use amendments to the <i>Patent Act</i> to bypass patent protection (sometimes called compulsory licensing) and allow other companies to produce patented drugs?	83
Q205. Has the Minister of Health made any applications to the Commissioner of Patents to date?	84
Q206. Does the Minister of Health believe that this power is necessary to allow Canadian companies to manufacture personal protective equipment, ventilators or any other medical devices that the government is currently purchasing to respond to COVID-19?	84

EXPEDITING ACCESS TO DISINFECTANTS, HAND SANITIZERS, PERSONAL PROTECTIVE EQUIPMENT AND SWABS. **84**

Q207. Were these changes made through new regulations?	84
Q208. What does this new rule mean?	84
Q209. When will these products be available on store shelves?	85
Q210. Is Health Canada actively reaching out to manufacturers to get more products imported?	85
Q211. Is Health Canada using the three forensic laboratories of the Royal Canadian Mounted Police (RCMP) to provide healthcare workers with personal protective equipment?	85
Q212. What measures are being taken to provide food production and processing companies with the necessary equipment and products?	86
Q213. How does the federal government handle donations made to Canada by other countries? After donations arrive at our border, where are they sent? What is the federal government's distribution procedure? Who gets them first?	86
Q214. Does the government have any requirements on the standards of medical supplies used by local health agencies? If so, what are they?	86
Q215. Do you ever have concerns about the quality of medical equipment donated to Canada?	86
Q216. Has the Public Health Agency of Canada rejected any donations of supplies that were subjected to quality control? Has any equipment failed quality control testing in the past two months?	86
Q217. Who specifically are the members of the “interdepartmental, multidisciplinary technical assessment committee”?	87
Q218. When will the assessment of donated medical supplies be completed?	87
Q219. Are the medical supplies donated by China last week in Canada? Are they in storage in Ottawa?	87
Q220. What is the status of quality control testing for donations/purchases of PPE from China?	87
Q221. How many of these items have been quality controlled and how many have not?	88
Q222. What happens to items that do not pass inspection? Are they destroyed? Are they returned to the donor country?	88



Q223. How many swabs has Canada received to date and how many have been distributed?	88
Q224. Is the federal government considering a plan to speed up the assessment process for medical donations to address the shortage of medical equipment?	88
Q225. Recent media coverage has highlighted that during the week of April 6, Canada received 320,000 mould-contaminated swabs from China. What steps are being taken to ensure this does not happen again? Are we to receive more medical supplies from China that may not be used because they do not meet Health Canada's criteria?	88
Q226. If these products do not meet all of Health Canada's regulatory requirements, should Canadians be concerned about their safety?	89
Q227. How are medical devices regulated in Canada? What is a Class I device?	90
Q228. How can consumers distinguish between a fraudulent product and a product imported through this interim measure?	90
Q229. What else is Health Canada doing to improve the supply of health products during the COVID-19 pandemic?	91
Q230. Is it possible to access medical devices and drugs that have not been authorized in Canada but are available in other countries?	91
Q231. Has Health Canada been informed of the amount of chloroquine that has been imported into Canada? How well equipped are we to control these imports, given the danger this product poses to the health of Canadians?	91
Q232. Is chloroquine authorized in Canada? Do you have any evidence of its effectiveness in preventing coronavirus? What advice do you have on the use of this drug? Does your department advise people to take this drug?	92
Q233. Given the known health effects of chloroquine, if this drug is taken inappropriately or mixed with another drug it is not supposed to be taken with, what advice does Health Canada give Canadians who have it shipped here as a precautionary measure to help prevent COVID-19?	92
Q234. How many Canadians have become ill from taking chloroquine?	93
Q235. Has Health Canada been following global discussions on chloroquine and how the studies in Brazil failed?	93
<i>INTERIM ORDER RESPECTING COVID-19 RELATED MEDICAL DEVICES</i>	93
Q236. When will Health Canada be able to approve the first test kits for COVID-19 as medical devices?	93
Q237. What is the timeline for reviews of applications sent to Health Canada for tests to diagnose COVID-19?	93
Q238. Is Health Canada exploring the idea of take-home antibody tests, in a similar vein as the United Kingdom? Could you comment on the efficacy of these tests?	94
Q239. How will these new test kits help screen more patients?	94
Q240. How often are interim orders used?	94
Q241. How will Health Canada ensure that these kits are safe and effective?	95
Q242. Is there a guarantee that Canada will receive a sufficient supply of diagnostic kits?	95
<i>NATIONAL EMERGENCY STRATEGIC STOCKPILE (NESS)</i>	95
Q243. Who is in charge of NESS? Where are NESS storage facilities located?	95

The Public Health Agency of Canada (PHAC) manages the National Emergency Strategic Stockpile (NESS). NESS facilities consist of a central depot in the National Capital Region and warehouses strategically located across Canada. For security reasons, we do not disclose specific locations. 95

Q244. Is the stockpiling of PPE for NESS part of PHAC's mandate? 95

Q245. How large is the stockpile and how will supplies be allocated and distributed? 96

Q246. Which provinces and territories have obtained supplies from the NESS? What supplies are these? 96

Q247. Modelling data from Alberta indicates that Alberta is waiting for six ventilators from the Public Health Agency of Canada. Are they from NESS or another source? 96

Q248. How many surgical masks and N95 masks does Canada currently have? How many will be needed when the epidemic peaks? 97

Q249. Why is the Regina NESS facility closed and have the masks and gloves been replaced? 97

Q250. How many masks and gloves were discarded and why? 97

Q251. How many other NESS warehouses and inventories have been disposed of or closed in Canada in recent years? How many remain? 98

Q252. Has the number of PPE supplies decreased due to the decrease in the number of NESS warehouses or has the same level of PPE supplies simply been consolidated in the smaller number of locations? 98

Q253. Why doesn't Ottawa have a plan to release NESS medical supplies to other users before they expire (i.e., provincial healthcare systems)? 98

Q254. How is personal protective equipment distributed and how is it prioritized? 99

Q255. Is it the Government of Canada's responsibility to maintain the National Emergency Strategic Stockpile or is it a provincial or territorial responsibility? 99

Q256. Has inventory been added to NESS since the COVID-19 outbreak? 99

Q257. Is NESS fully integrated with other repositories of medical equipment in Canada? 100

Q258. Was a recent notice on the Government's Buy and Sell website a call out to identify additional suppliers for NESS? 100

Q259. Does PHAC have to go to tender to replenish NESS supplies or can it use the Emergency Rule to buy directly? 100

Q260. A 2010 audit revealed that PHAC did not have a complete and up-to-date inventory of its emergency medical supply stockpile, designed for distribution to provinces during public health emergencies such as this one. Does the federal government now have a complete inventory of its stockpile of emergency medical supplies? Has it shared this inventory with the provinces or the public? Can you provide evidence of the inventory? 101

Q261. What has changed since the 2011 NESS evaluation report? 101

Q262. Can you explain why the number of warehouses storing National Emergency Strategic Stockpile supplies has been reduced, and whether this has resulted in a reduction in the amount of personal protective equipment (PPE) stored by the federal government? 101

TEMPORARY EXEMPTION UNDER THE CONTROLLED DRUGS AND SUBSTANCES ACT FOR MEDICAL TREATMENTS 102

Q263. Was this exemption requested by the provinces and territories? 102

Q264. When will pharmacists and practitioners be able to engage in these new activities? 102

Q265. What activities are currently authorized for pharmacists?	102
Q266. If a patient does not have a prescription, can a pharmacist now prescribe new medications for them?	103
Q267. Does this exemption apply to other healthcare professionals?	103
Q268. Is there a plan to permanently give pharmacists extended authorities?	103
Q269. Are there specific measures in place to assist supervised consumption sites during the COVID-19 pandemic?	103

VACCINE AND TREATMENT **104**

Q270. Is there a vaccine that protects against coronaviruses in humans? If none are currently approved, are there any vaccines that are in development or being tested?	104
Q271. Could the PVC13 pneumonia vaccine be used to treat COVID-19?	104
Q272. How long will it take to develop a vaccine?	104
Q273. How are people being treated for the illness?	105
Q274. Is Health Canada investigating these reports, and are there any current guidelines regarding the use of vitamin C as a defence or treatment against coronavirus?	105
Q275. Are there any safety issues related to the use of ibuprofen in COVID-19 cases?	106
Q276. Can hydroxychloroquine and azithromycin be used to treat any coronavirus patient? Will they be effective in all people?	106
Q277. Are clinical trials underway to determine the efficacy of hydroxychloroquine and azithromycin?	106
Q278. What are hydroxychloroquine and azithromycin usually used for? What are the approved indications?	107
Q279. Does Health Canada have an official position on hydroxychloroquine and chloroquine for the treatment of COVID-19?	107
Q280. Are hydroxychloroquine or chloroquine used in Canadian hospitals for testing or treatment?	107
Q281. What is Health Canada doing about products that claim to prevent, treat or cure COVID-19?	108
Q282. What action will Health Canada take if there is non-compliance with health products claiming to cure, treat or prevent COVID-19?	108
Q283. Are there any natural health products, including traditional Chinese medicines, Ayurvedic remedies and homeopathic products, that offer protection or treatment against this virus?	109
Q284. Have Lianhua Qingwen capsules been approved for sale in Canada? If so, why?	109
Q285. Are Lianhua Qingwen capsules effective in curing COVID-19 as claimed by the manufacturer?	109
Q286. Is it true that ephedra is one of the ingredients used in Lianhua Qingwen capsules and that it is prohibited by Health Canada?	109
Q287. Has Health Canada received any complaints about Lianhua Qingwen capsules?	110
Q288. Are Avigan or favipiravir registered in Canada and is Canada taking steps to register them?	110
Q289. Will Health Canada or the Public Health Agency of Canada publish clinical guidelines if it is proven in other countries or jurisdictions that antivirals such as favipiravir or other drugs are effective in the treatment of COVID-19?	111
Q290. Can you give us details on how plasma therapy for COVID-19 works before it is approved?	111

Q291. What are the criteria for plasma donation for men who have had sex with men (MSM) in the last three months? Will they be allowed to donate plasma, or is this the status quo? 111

Q292. Is Canada participating in the WHO-led Solidarity II project? 112

VIRUS TRANSMISSION **112**

Q293. How is COVID-19 transmitted? 112

Q294. Can COVID-19 be transmitted even when a person is symptom-free? 113

Q295. What should you do if you have been exposed to a confirmed case of COVID-19? 113

Q296. What are the statistics on asymptomatic cases in Canada? 113

Q297. Are Canadians at risk of contracting COVID-19 if they touch a potentially contaminated surface? 114

Q298. Are Canadians at risk of contracting COVID-19 from products shipped from Canada or abroad? 114

Q299. Can COVID-19 be -transmitted through food or water? 115

PREVENTION AND RISKS **115**

Q300. How can I protect myself against this virus? 115

Q301. Should people in Canada wear masks to protect themselves from this virus? 115

Q302. Can vaping/smoking/drug use damage the lungs making a person more vulnerable to COVID-19-? 116

Q303. In the U.S., people under the age of 44 account for a large proportion of hospitalizations. What do we see among younger Canadians? 116

Q304. What is your message to youth (specifically those who smoke/vape/use drugs) who believe they are immune to COVID-19 116

ANIMALS **116**

Q305. Is it possible to contract the virus from an animal in Canada? 116

Q306. Can pets and other domestic animals get the virus? 117

Q307. Am I at risk of contracting COVID-19 if I have been in contact with an animal recently imported from an affected area (e.g., a dog imported by a relief agency)? 117

DISINFECTION AND SANITATION MEASURES FOR AIRLINES AND AIRPORTS **118**

Q308. Is there a role for air carriers in preventing the spread of infectious diseases? 118

Q309. Are there guidelines for decontaminating aircraft that have carried passengers with symptoms of the virus during the flight? 118

Q310. Are touch screen kiosks and other surfaces in common areas of airports frequently cleaned and disinfected? 118

Q311. What precautions does PHAC recommend for flight attendants who are in close proximity to sick people for extended periods of time? 119

EMPLOYEE SAFETY **119**

Q312. What is Health Canada doing to ensure that federal employees take appropriate precautions? 119



Q313. What protocols did Health Canada follow after receiving confirmation that an employee had been diagnosed with COVID-19? 120

Q314. Can you confirm that a number of employees working at the National Microbiology Laboratory of Canada in Winnipeg have tested positive for COVID-19? 120



CANADA'S SITUATION

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

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

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

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

- **Collaboration** - all levels of government and stakeholders need to work in partnership to produce an effective and coordinated response.
- **Evidence-informed decision-making** - decisions should be based on the best available evidence.
- **Proportionality** - the response to a pandemic should be appropriate to the level of the threat.
- **Flexibility** - actions taken should be tailored to the situation and evolve as new information becomes available.
- **A precautionary approach** - timely and reasonable preventive action should be proportional to the threat and informed by evidence to the extent possible.
- **Use of established practices and systems** - well-practised strategies and processes can be rapidly ramped up to manage a pandemic.
- **Ethical decision-making** - ethical principles and societal values should be explicit and embedded in all decision-making.

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

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



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

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

Q2. When and how have the provinces and territories been activating and implementing their pandemic plans?

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

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

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

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

Q4. Is Canada considering basing its plan on the WHO guidelines for reopening the economy and borders?

Canada has a strong history of pandemic planning and is an international leader in this regard. The 2006 pandemic plan was published after the SARS crisis and served as a lever for our response to the previous H1N1 flu pandemic. Since H1N1, we have continually updated our plan. One of the key lessons we've learned from H1N1 is that we need a flexible and scalable planning approach.

We are carefully studying the World Health Organization's updated COVID-19 strategy in consultation with our partners. In the meantime, our public health efforts will continue to focus on reducing the spread of the virus by quickly identifying cases, finding people who have had



close contact with them, and using proven public health measures such as isolation and physical distancing.

We continually assess the impact of our public health measures on the number of reported cases and adapt them as necessary in conjunction with our provincial and territorial partners. Our response must be evidence-based because our understanding of the science of COVID-19 is still developing.

INFORMING CANADIANS

Q5. Where can Canadians find the most up-to-date information about this coronavirus?

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

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

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

Q6. Why is the Government of Canada running an ad campaign about COVID-19?

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

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

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

Q7. When will the COVID-19 ad campaign begin?

Advertisements are expected to appear on various ethnic radio stations and newspapers by the end of April 2020. However, given the current situation where some print media are closed and we need to find alternatives, we are unable to provide a list of media outlets or a specific timeline.

THE CANADA COVID-19 APP



Q8. How do I access the Canada COVID-19 app?

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

Q9. How does it work?

The app is simple to use and designed to provide users with information and recommendations based on their personal risk. It also provides users with the ability to track their symptoms.

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

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

Q10. How does this app relate to resources already available in some provinces?

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

On the national platform, where a province or territory opts in to this mobile app, users will be directed to a province-specific module that will contain jurisdiction-specific information.

Q11. What have been the results of these types of self-assessment tools?

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

The additional functionality of the new Canada COVID-19 app will further support Canadians to ensure they have evidence based recommendations, up-to-date information and resources.

Q12. Is the government planning to make other COVID-19 digital tools and resources available to Canadians?

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

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



FUNDING

Q13. Can you confirm what the Public Health Agency will do with the \$50 million allocated for COVID-19 public health information work?

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

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

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

Q14. Are the COVID-19 ads on Spotify included in this \$30 million campaign?

The Government of Canada ads featured on Spotify are part of the \$30 million campaign. As we have not yet received final invoices, we are not able to provide information on expenditures.

Q15. Which organizations funded by the \$30 million COVID advertising campaign were not Canadian-owned outlets? How much money was paid to non-Canadian companies for this advertising?

A mix of media and platforms are being considered, including print, television, radio and digital platforms, to reach a wide range of audiences. The majority of platforms have facilities in Canada; however, exceptions have been made for some digital platforms that are effective in reaching some of our specific target audiences in Canada, including Facebook and YouTube. We do not yet have the final costs of the media buy as the campaign is ongoing and final invoices have not yet been received.

Q16. What is the cost of the contract between the government (PSPC) and Cossette? How much does Cossette receive for this work?

The total value of Cossette's contract with the Government of Canada (Public Services and Procurement Canada) for ongoing services is currently \$813,600 (taxes included) over a three-year period.

Other services are provided on an on-demand basis and paid for based on the work performed (task authorizations) in accordance with the contract's basis of payment, including the contractor's fees and rates. Cossette's fees and rates are confidential.

MENTAL HEALTH SUPPORT FOR CANADIANS

LAUNCH OF THE WELLNESS TOGETHER CANADA PORTAL

Q17. How do I access the Wellness Together Canada Portal?

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

Q18. Q18. Does the government intend to make additional COVID-19 digital tools and resources available to Canadians?

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

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

Q19. How does the portal work?

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

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

Q20. Is the information I share on this portal secure?

The resources and services included in the portal are provided by licenced professionals. All information provided will remain strictly confidential.

Q21. Will Canadians need to provide personal information to register for these services through the Wellness Together Canada portal app?

Crisis support links and a selection of resources can be accessed directly through the portal without registration. You can register for additional support and resources. The information provided will remain strictly confidential.



Q22. What is the expected number of Canadians who will be able to use the Wellness Together Canada application? What is the current capacity of the portal?

The portal provides Canadians in all provinces and territories, with free, 24/7 access to evidence-based tools and resources that will help meet their mental health and substance use support needs. In addition, Canadians can access the services of more than 6,000 Homewood Health and Kids Help Phone employees through the portal.

Following the SARS outbreak, it was determined that more than 40 percent of the population reported increased levels of stress at home and at work during the outbreak, and 16 percent showed signs of traumatic stress. Based on these estimates and other considerations specific to the COVID-19 pandemic, about 11 million Canadians are expected to experience high levels of stress at home and at work, and nearly 2 million will show signs of traumatic stress. For this reason, access to the portal will be closely monitored in order to adapt services to meet the demands of Canadians.

Q23. How many psychologists, social workers, peer helpers and "other professionals" have been retained to date and how many are being retained by the government? How many of these employees are available full-time?

The suite of tools on the Wellness Together Canada portal will provide Canadians with varying levels of support depending on their needs, ranging from information and self-assessment tools to the ability to chat with peer caregivers and other mental health professionals. Homewood Health and Kids Help Phone will have more than 6,000 employees available to provide psychosocial support services to Canadians via text and phone.

While the exact mix of care providers is not available at this time, they represent a range of health care professions, including social work and psychology, and have diverse backgrounds in counselling psychology, clinical social work, rehabilitation, crisis management, child psychology and neuropsychology, sexuality, adolescent problems, marital and family therapy or addictions. The large majority of these service providers are certified mental health and addiction professionals.

Q24. Will the federal government pay for the psychologists listed on the mental wellness portal that Canadians will consult?

The Wellness Together Canada portal is one of a series of virtual products that are supported or funded by Health Canada to provide Canadians with information and support during the COVID-19 pandemic. Funding for the portal is being provided to a consortium of organizations including Stepped Care Solutions, Kids Help Phone and Homewood Health. The psychosocial support services to which Canadians are referred through the portal are provided by mental health professionals trained and employed by Kids Help Phone and Homewood Health. These services are paid for by Health Canada from funds that are also used to pay for the portal.

Q25. Will the Government of Canada invest more in mental health and suicide prevention?

With school closures and reduced access to community resources, Kids Help Phone is experiencing increased demand for its confidential, 24-hour crisis support services available online, by phone and text messaging. In response, the Government of Canada has provided



Kids Help Phone with \$7.5 million to help it meet this increased demand and provide young people with the mental health support they need during this difficult time.

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

Q26. Does this portal take into account the specific needs of the First Nations?

During the funding process for this initiative, Health Canada requested that the portal take into consideration cultural safety and trauma. This portal is for all Canadians.

Q27. Can people without Internet access use the portal?

The portal is a digital tool that is only accessible on the Internet. If you require mental health or substance use support and do not have access to the Internet, we recommend that you contact your local health authority or self-help hotline. Due to the growing number of organizations that are mobilizing every day, there are many services available to help Canadians in these difficult times.

Q28. Recently, there have been a lot of announcements related to mental health. Will people have trouble figuring out which resources they should use?

The current situation is very difficult for Canadians. We are pleased to see so many organizations offering direct services, resources and funding in this area. Canadians shouldn't worry or be confused. No matter who they call or what resources they use, there will be someone there to help them. This portal is just one way to consolidate a variety of organizations in one place that are uniquely positioned to provide a wide range of information, resources and advice.

Q29. What is the status of the Canada-wide suicide prevention service?

In Budget 2019, the Government of Canada announced an investment of \$25 million over five years and \$5 million ongoing to implement and sustain a fully operational pan-Canadian suicide prevention service. This service will provide people across Canada with access to bilingual crisis support, using the technology of their choice (telephone, text message or chat), with trained personnel available 24/7 to assist them in the event of a crisis.

In July 2019, the Public Health Agency of Canada issued a call for funding applications targeting organizations interested in developing a Canada-wide suicide prevention service. This process closed on October 31, 2019 and a decision is expected shortly.



Q30. This initiative does not address the issue of safe drug supply. As the supply of illicit drugs continues to decline due to supply chain problems in the illicit market, those who traffic in illicit substances may begin to use harmful cutting agents, making the drug supply even more dangerous. What is the government doing to prevent overdose deaths from increasing during the COVID-19 pandemic?

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

- On March 19, 2020, Health Canada granted a six-month exemption for prescriptions for controlled substances (such as narcotics) under the *Controlled Drugs and Substances Act* and its regulations. This temporary exemption allows practitioners to orally prescribe prescriptions for controlled substances, makes it easier for pharmacists to extend or refill prescriptions, makes it easier for pharmacists to transfer prescriptions to other pharmacies, and allows drugs to be delivered or collected by someone else.

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

- On April 6, 2020, Health Canada granted class exemptions allowing provinces and territories to establish new urgently needed public health sites (also known as temporary overdose prevention centres) within existing supervised use sites, shelters and other sites, as needed, to help people avoid overdoses while maintaining physical distance and self-isolation.
- The Department will also enable health service providers in the community to ensure that existing supervised consumption sites can quickly adapt their operations to meet public health recommendations in the context of COVID-19. This can be done without the need to notify or seek additional authorization from Health Canada. Changes to operations could include, but are not limited to, new measures regarding how people move around the location and changes to hours of operation or number of booths.

Q31. What other resources are available to Canadians?

The COVID-19 pandemic is a new and unexpected phenomenon. It can be unsettling. There may be a sense of loss of control over one's fate. It is normal for individuals and communities to feel sadness, stress, confusion, fear and worry.

The Government of Canada is working with the provinces and territories to expand and adapt digital platforms that can assist governments in their response to COVID-19 through education, information, counselling, alerts and screening tools.

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

Among the many resources for people in crisis are:

Kids Help Phone - 1-800-668-6868 or text the word CONNECT to 686868 (A 24/7 resource for Canadian youth ages 5-29 who are seeking confidential and anonymous care from professional psychological counsellors).

Hope for Wellness Help Line - Call the toll-free crisis line at 1-855-242-3310 or connect to [chat](#). (A resource available to all Indigenous people in Canada who require immediate intervention in a crisis situation).

Crisis Services Canada
1-833-456-4566 (Resource available to all Canadians looking for support).

LONG-TERM CARE FACILITIES

Q32. Why do you recommend that personal support workers and essential visitors and volunteers wear personal protective equipment when there is a shortage?

Personal support workers are an integral part of the health care system. They provide care directly related to the patient's needs. Every person who enters a long-term care facility, including visitors and essential volunteers, is responsible for preventing infections in the residents of that facility, who are at high risk of serious illness and death from COVID-19.

The Government of Canada is working to ensure that health care workers have the personal protective equipment 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.

Q33. Why do you tell workers not to hold multiple jobs when they may need multiple jobs to survive?

We know that older people are at greater risk of developing serious complications from COVID-19 because of their underlying health problems and their age.

For seniors living in long-term care facilities and assisted living facilities, the risk of infection and transmission of the virus is even higher due to proximity. The movement of workers from one facility to another increases the risk of spreading the infection, which translates into a higher risk for the elderly to contract the virus. We need to protect the elderly in these difficult times.

As such, the guidelines recommend identifying employees who work in more than one facility and ensuring that efforts are made to prevent this where possible.

Q34. How will the needs of residents be met if there is a further restriction on the availability of personal support workers?



The administration of long-term care is the responsibility of provincial and territorial governments. They have introduced a number of measures to support the provision of ongoing quality care to residents during the crisis. These measures include flexibility in staffing policies and approaches and working with third party providers to provide acute care support.

The Government of Canada is working with provincial and territorial governments to respond to COVID-19. A national recruitment campaign has been launched to recruit volunteers, including individuals with health care experience, to assist with case management functions and support the advanced health care system. A volunteer inventory is maintained from which provincial and territorial governments can draw as needed.

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

Q35. What is the Government doing to support low wage workers?

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

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

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

Q36. What is the Government of Canada doing to protect seniors' financial security?

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

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

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

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



will provide close to \$400 to low-income single individuals and close to \$600 to low-income couples.

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

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

Q37. What is the Government doing to protect seniors' pensions?

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

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

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

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

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

Q38. What is the Government doing to protect seniors from elder abuse?

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

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

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

Q39. What is the Government doing to protect seniors from COVID-19 related fraud and scams?



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

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

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

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

VOLUNTEER RECRUITMENT

Q40. How many people are you looking for under the volunteer recruitment program? What will they do and how will they be trained?

As part of the comprehensive federal/provincial/territorial response to COVID-19, the Government of Canada is supporting provinces and territories by facilitating a virtual inventory for recruitment and mobilization of skilled Canadians to provide surge capacity in key areas.

To assist provinces and territories, the Government of Canada is working with them to identify their needs. They have identified contact tracing and case recording as areas where they require assistance. Therefore, the skills required include case management, data collection and management, public outreach and telephone interview skills. Referrals from the inventory have also been shared with a number of jurisdictions for assistance in long-term care facilities. Other call-outs may be issued as jurisdictions identify new areas requiring assistance. As needs evolve, support in other areas requiring assistance will be provided.

Q41. Can you describe the recruitment process, including when the volunteers will be trained and start working? Are any people hired (i.e., paid rather than volunteers)?

The Government of Canada is proceeding in stages. The first step was to recruit qualified federal public servants who are not currently playing a critical role in the ongoing work of the federal government to assist jurisdictions under the greatest pressure. The second step is to build on the inventory developed as part of a volunteer recruitment campaign to address COVID 19 and to contact health, public health and science faculties across the country to issue a call to those interested in joining the inventory. A third step will be to contact all health and health science professional associations to reach retirees or individuals who are not currently involved in the fight against COVID 19.

Q42. How many volunteers have registered so far?



As of April 19, more than 38,400 volunteers were registered in the inventory.

ISOLATION, QUARANTINE (SELF-ISOLATION) AND PHYSICAL DISTANCING

Q43. I have heard elsewhere that people who are asymptomatic can go outside for walks, for example, as long as they maintain physical distancing, but now you are saying they can't leave their property. Which is correct?

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

- Have not been diagnosed with COVID-9
- Do not have symptoms of COVID-19
- Have not travelled outside of Canada in the past 14 days.

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

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

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

Q44. Under what circumstances should Canadians get in their cars? Is it acceptable to go for a drive when not picking up necessities?

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

- use food delivery services or online shopping;
- exercise at home or outside;
- use technology, such as video calls, to keep in touch with family and friends through online dinners and games;
- conduct virtual meetings;
- host virtual playdates for your kids;
- work from home, if possible; and
- on your own property: go outside on your balcony or deck, walk in your yard or get creative by drawing chalk art or running back yard obstacle courses and games.

If you do go for a drive, exercise caution and maintain appropriate physical distancing (i.e., keeping a distance of at least 2 metres from others). And if you stop for gas, or any reason, ensure you wash your hands as soon as possible.

Q45. Q30. A team of Canadian and Chinese researchers analyzed 2000+ COVID cases and found that 1 in 8 people develop symptoms more than 14 days after exposure. The research team recommend that quarantines be



extended from 2 weeks to 3 weeks. Is Canada considering an extension to the quarantine period?

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

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

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

BORDER MEASURES

ArriveCAN APP

Q46. How do I access the CANArrive app?

The mobile app is currently available in the Google Play Store or the Apple App Store. It is accessible and can be downloaded and installed for free on:

- iPhones running iOS 12 or above; and;
- Android phones and tablets running OS 6 and above.

It is also available as a web application that can be accessed through any laptop or desktop computer browser.

Q47. How does it work?

The App is simple to use and is designed to collect basic contact and travel information from travellers, as well as their location for mandatory isolation. The App also asks yes or no questions related to symptoms and self-isolation plans.

Q48. Is the Government planning to make other COVID-19 digital tools and resources available to Canadians?

The Government of Canada is working with provinces and territories to make available additional digital platforms that can help with the response to COVID-19, including education, information, mental health and substance use supports, alerts, and screening tools.

On March 31, 2020, the Government of Canada launched the Canada COVID-19 mobile platform. The platform provides users with:

- information and recommendations based on their personal risk;



- the ability to track their symptoms;
- links to reliable and up-to-date public health information sources;
- educational information related to COVID-19 on subjects such as:
 - physical distancing;
 - handwashing;
 - food safety;
 - pets.

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

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

Q49. Why not just use the paper contact form instead of a mobile app?

This App allows for the seamless transition of contact information from the traveller to the border services officer upon entry to Canada.

The CANArrive app will be an alternative to paper forms. It will enable faster processing at the border for travellers returning to Canada, and we encourage travellers to use it.

This electronic collection method also limits physical contact between travellers and Border Services Officers and Quarantine Officers. This protects both the travellers and the officers.

Q50. What is the difference between the App and the web version of the form?

The web version of the form can be accessed using the web browser on any laptop, tablet or smartphone and requires a constant connection to the internet. The web version requires a local token to be entered first. The token is provided only at the port of entry into Canada before allowing traveller(s) to enter and submit their information.

The CANArrive app is an application that a user can download directly to their mobile phone. The CANArrive app allows traveller(s) to enter their information without a token and before arrival at the port of entry into Canada. The CANArrive App requires only the token provided at the port of entry into Canada for the final submission step.

The CANArrive app enables all incoming travellers to submit information quickly, easily and securely.

Q51. Is this app going to be used to track travellers?

The CANArrive app will not be used to track personal information, nor is it a surveillance tool. The protection of Canadians' information is a priority for the Government of Canada, and any tool used to collect personal information undergoes a rigorous privacy assessment.

Q52. What kind of information is the app collecting?

Information collected under CANArrive (as well as the paper and online form) is required under the *Quarantine Act* and includes:

- name, date of birth, flight number and destination details;
- self-assessment on symptoms (yes or no question on whether traveller is showing signs of a cough, difficulty breathing, or fever);
- self-isolation plan (yes or no question on whether a plan is in place).

Q53. How will the information be protected?

Personal information under the control of a federal government institution is subject to the *Privacy Act*. Information is collected, used, disclosed, retained and disposed of in accordance with this law.

Q54. How is the information used?

The collected information will be used for three activities under subsection 15(1) of the *Quarantine Act*:

1. to monitor, verify or enforce compliance with the Mandatory Isolation Order;
2. to provide information to promote compliance with the Mandatory Isolation Order; and;
3. for public health follow-up.

Compliance and enforcement officers may use the information provided to contact travellers during their mandatory isolation period to ensure they are respecting the requirement to stay in their place of isolation. It is not a surveillance or tracking tool.

Travellers are informed upon entry into Canada of the compliance monitoring and verification activities, the possible consequences of non-compliance, and the enforcement actions and penalties they could face.

The Public Health Agency of Canada is working with the Royal Canadian Mounted Police and provincial law enforcement agencies to verify the compliance of returning travellers with the mandatory isolation order using a risk-based approach, based on the information given by travellers at the border.

Q55. What gives the government the authority to require personal information?

This information is required pursuant to subsection 15 (1) of the *Quarantine Act*.

15 (1) Every traveller shall answer any relevant questions asked by a screening officer or quarantine officer and provide to the officer any information or record in their possession that the officer may reasonably require in the performance of a duty under this Act.

Q56. Why does CANArrive collect more information than the paper and online forms do? Why is there a discrepancy?

At present, the App includes all information to be collected to administer and enforce the *Minimizing the Risk of Exposure to COVID-19 in Canada Order (Mandatory Isolation) No. 2*. In comparison to the current paper and online forms, the App requires additional information, such as flight or border crossing information, and questions on whether travellers are exhibiting symptoms of COVID-19 and whether they have a self-isolation plan.



While some of this information is not captured in the paper or online form, that includes questions on self-assessment of symptoms and confirmation on whether a self-isolation plan has been considered by each incoming traveller, it is asked nevertheless by a border services officer and captured on their end.

The mobile app, paper and online options of the Coronavirus Form will eventually all align to collect the same information from all incoming travellers. PHAC is currently working with the operations team on this alignment.

OIC 10 - EMERGENCY ORDER – MANDATORY ISOLATION

Q57. What is the new federal Emergency Order made pursuant to the Quarantine Act and why has the Government of Canada implemented it?

Effective April 15, 2020, the Government of Canada has implemented a federal Emergency Order under the Quarantine Act requiring anyone entering Canada, whether by air, land or sea, to isolate for 14 days if they have symptoms of COVID-19 or, if they are not exempt, to quarantine themselves if they do not have symptoms for 14 days, in order to limit the introduction and spread of COVID-19.

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

These measures will help protect the health of individuals in question, any individuals with whom they may live and Canadians in general, including people who are vulnerable, such as adults aged 65 years or over and people with pre-existing medical conditions who are at greatest risk of severe COVID-19 disease.

Q58. How is this new Order different from the first mandatory isolation Order?

Based on new scientific evidence showing that people without symptoms may transmit the disease, any traveller now arriving in Canada—whether they have symptoms (are symptomatic) or do not have symptoms (are asymptomatic)—is required to wear a non-medical mask or face covering while in transit to isolation (if symptomatic) or quarantine (if asymptomatic).

Previously, only symptomatic people were prohibited from isolating where a vulnerable persons would be exposed.

This Order extends that directive to asymptomatic individuals as well. As such asymptomatic individuals may not quarantine in a place where they would be in contact with vulnerable persons, such as adults aged 65 and over, and those of all ages with compromised immune systems or underlying medical conditions that makes them susceptible to complications relating to COVID-19.



If an asymptomatic person is unable to quarantine themselves in a suitable location, they will be transferred to a quarantine facility chosen by the Chief Public Health Officer of Canada.

In addition, the 14-day quarantine period is reset if the person develops any signs and symptoms of COVID-19, or if they are exposed to someone who is subject to the Order and exhibits signs and symptoms after entering Canada.

Q59. How will travellers be notified of the protocol for this type of situation upon re-entry?

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

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

Persons entering Canada should also consult their provincial or territorial public health authority for any additional measures and/or restrictions regarding mandatory isolation or quarantine.

Q60. What does the Order made pursuant to the *Quarantine Act* require of persons entering Canada Q27. What is the difference for travellers between what they can do at home if symptomatic or if they have no symptoms?

Every person entering Canada must answer relevant questions asked at the border and provide any information or record in their possession that is required. They must also wear a non-medical mask or face covering upon entry and while in transit to their place of isolation or quarantine.

The Order also requires that all persons entering Canada, who are not exempted, be placed into one of two categories: asymptomatic (without symptoms) and symptomatic (with symptoms).

Asymptomatic

Persons entering Canada who do not have signs and symptoms of COVID-19 are subject to the Order and must **quarantine** for 14 days, beginning on the day on which they enter Canada, because they are at risk of developing symptoms and/or infecting others.

“Quarantine” means the separation of persons entering Canada from others in such a manner as to prevent the possible spread of infection or contamination.

Asymptomatic persons entering Canada must:



- go directly to their place of quarantine, without delay, and stay there for 14 days;
- not quarantine in a place where they will have contact with vulnerable persons such as adults aged 65 and over, and those of all ages with compromised immune systems or underlying medical conditions;
- ensure they have a suitable place to quarantine where they will have access to the necessities of life;
- monitor their health for signs and symptoms of COVID-19 until the expiry of the 14 day period;
- not leave their place of quarantine unless it is to seek medical attention;
- arrange for the delivery of essentials like groceries or medication;
- not use public transportation;
- not have visitors;
- not go to school, work or any other public areas;
- practise physical distancing at all times (i.e. keep a distance of at least 2 metres from others).

Asymptomatic persons are encouraged to take private transportation, such as a private vehicle to their place of quarantine. They can take public transportation to their place of quarantine, but must wear an appropriate non-medical mask or face covering while in transit. They must not make any stops on the way to their place of quarantine and practice physical distancing at all times.

Persons who do not have symptoms may be required to remain in a quarantine facility chosen by the Chief Public Health Officer of Canada if they plan to quarantine themselves for a period of 14 days in a place:

- where they would be in contact with vulnerable persons
- where they do not have access to the necessities of life (e.g. food, heat, medication); or
- that is not considered suitable (e.g. it is a shelter or other place where many people would be newly exposed by nature of staying there).

It is important to underscore that individuals entering Canada may be asymptomatic on entry but could subsequently become sick. There are unfortunate cases where an asymptomatic individual can develop symptoms and deteriorate quite quickly.

If a person develops symptoms within 14 days they must:

- isolate themselves from others;
- immediately call a health care professional or the [public health authority](#), and:
 - describe their symptoms and travel history;
 - carefully follow the instructions provided.

The 14-day quarantine period and associated requirements is reset (begins again) if the person develops any signs or symptoms of COVID-19 or if they are exposed to someone who is subject to the Order and exhibits signs and symptoms after entering Canada.

If anyone develop signs or symptoms of COVID-19 they must act in accordance with the instructions for symptomatic individuals.

Symptomatic

Persons entering Canada who have COVID-19 or signs and symptoms of COVID-19 or reasonable grounds to suspect they have signs symptoms of COVID-19 are subject to the Order and required to remain in **isolation** until the expiry of the 14-day period that begins on the day on which they enter Canada, because they are at risk of infecting others..

“Isolation” means the separation of persons who are infected with COVID-19 or who have signs and symptoms of COVID-19 from others in such a manner as to prevent the spread of infection or contamination.

Symptomatic persons entering Canada must:

- use private transportation (i.e. personal vehicle) to travel to their place of isolation;
- wear a non-medical mask or face covering while in transit to isolation;
- go directly to the place where they will isolate, without delay, and stay there for 14 days;
- not isolate in a place where they will have contact with vulnerable persons such as adults aged 65 and over, and those of all ages with compromised immune systems or underlying medical conditions;
- ensure they have a suitable place to isolate where they will have access to the necessities of life;
- undergo any health assessments required;
- monitor their signs and symptoms and report to the public health authority if they require additional medical care;
- stay inside their place of isolation;
- not leave their place of isolation unless it's to seek medical attention;
- arrange for the delivery of essentials like groceries or medication;
- not use public transportation;
- not have visitors;
- not go to school, work or any other public areas;
- practise physical distancing at all times (i.e. keep a distance of at least approximately 2 metres from others).

Symptomatic persons entering Canada may be required to remain in a quarantine facility chosen by the Chief Public Health Officer of Canada if they:

- have to use a public means of transportation to get to their place of isolation; or
- plan to isolate themselves for a period of 14 days in a place:
 - where they would be in contact with vulnerable persons;
 - where they do not have access to the necessities of life (e.g. food, heat, medication); or
 - that is not considered suitable (e.g. it is a shelter or other place where many people would be newly exposed by nature of staying there).

Q61. Who is considered a vulnerable person?

Persons aged 65 and over, and those of all ages with compromised immune systems or underlying medical conditions that makes them susceptible to complications relating to COVID-19. All of these groups are at an increased risk of more severe illness.

Q62. What is the difference between isolation and quarantine?



Isolation means the separation of persons who are infected with COVID-19 or who have signs and symptoms of COVID-19 from others in such a manner as to prevent the spread of infection or contamination.

Quarantine means the separation of persons entering Canada from others in such a manner as to prevent the possible spread of infection or contamination.

Q63. How is it determined if travellers meet the conditions to isolate or quarantine at home or in a place of their choice?

Upon entering Canada, travellers are asked questions about their health and to assess their ability to meet the conditions outlined in the Order to isolate or quarantine in an appropriate accommodation.

Considerations include whether the person is able to isolate or quarantine at a place that is suitable (e.g. it is not a shelter or other place where many people could be newly exposed by nature of the individual staying there), where they can get the necessities of life and are not in contact with vulnerable persons. If the traveller is unable to meet one or more of these conditions they will be required to complete their 14-day isolation in a quarantine facility chosen by the Chief Public Health Officer of Canada.

Persons entering Canada should also consult their provincial or territorial public health authority for any additional measures and/or restrictions regarding mandatory isolation or quarantine.

Q64. How do I monitor for signs and symptoms of COVID-19?

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

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

Q65. When does the 14-day period start? Is it from the day of entry into Canada or the day the traveller arrives at the place where they will quarantine themselves or isolate?

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

Individuals should consult their provincial or territorial public health authority for any additional measures and/or restrictions, such as a provincial emergency order that requires individuals isolate themselves for 14 days upon entering their province from another part of Canada.

Q66. What is considered to be an appropriate non-medical mask or face covering?

Wearing an appropriate non-medical mask or face covering is an additional measure you can take to protect others around you, even if you have no symptoms. It can be useful for short



periods of time to prevent respiratory droplets from contaminating others or landing on surfaces. Examples of appropriate non-medical masks and face coverings include a homemade cloth mask, a dust mask or a bandana).

An appropriate non-medical mask or face covering is made of protective layers of absorbent fabric (such as cotton) that fit snugly over the nose and mouth and are secured to the face with ties or loops. Masks or coverings should allow for easy breathing, stay the same shape after machine washing and drying and be changed as soon as possible if damp or dirty.

Q67. Who determines if the traveller is wearing an appropriate non-medical mask or face covering upon entry into Canada?

Quarantine officers or screening officers will determine the appropriateness of non-medical masks or face coverings worn by travellers entering Canada.

If it is determined that the traveller is wearing an inappropriate non-medical mask or face covering they will be asked to remove it as per the guidelines provided by PHAC. The traveller will then be required to put on an appropriate non-medical mask or face covering.

Q68. Are co-travellers able to quarantine or isolate together if one of them is a vulnerable person?

Under the terms of the new Order individuals who travelled together are able to quarantine or isolate together if one of them is a vulnerable person as long as the person is a consenting adult or is the parent or minor in a parent-minor relationship.

Q69. Am I required to comply with the Order if my province or territory has their own legal requirements for quarantine or isolation?

Yes, anyone entering Canada must comply with the Order with few exceptions.

Provinces and territories may implement their own legal requirements around quarantine and isolation. Persons entering Canada will be expected to comply with the federal government's Order and any measures and/or restrictions enforced by their province or territory as long as they do not contradict or replace those of the Order (i.e. they must be stricter than the requirements or the Order).

Individuals should consult their provincial or territorial public health authority for any additional measures and/or restrictions.

Q70. What type of masks or face coverings will be provided at border entries? If all travellers entering Canada will be required to wear masks, how will this impact the supplies available for healthcare workers?

Travellers require non-medical masks or face coverings upon arrival. Travellers can also wear homemade cloth face coverings. Masks or face coverings may be provided upon arrival as appropriate.



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

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

Q71. Will the new requirements (e.g. travellers having to confirm their planned place to isolate or quarantine; being given a non-medical masks or face covering) create back-ups at airports?

With the introduction of the updated Emergency Order, we are building on measures previously implemented on March 25th 2020, to reduce the introduction and further spread of COVID-19 in Canada. While it can be expected that processing travellers at the border may initially increase wait times, the additional measures being implemented will further contribute to the reduction and spread of COVID-19. Efforts will be made to expedite processing travellers at the borders, while respecting public health measures and guidance, such as physical distancing by maintaining a 2 metre distance between travellers. All travellers are expected to contribute to help keep Canadians safe.

TRAVELLERS WITH NO SYMPTOMS (ASYMPTOMATIC)

Q72. Why do travellers with no signs and symptoms of COVID-19 have to quarantine themselves? Is it mandatory?

Yes, the Order to quarantine is mandatory for travellers without signs or symptoms. They must quarantine themselves without delay and monitor for signs and symptoms of COVID-19 until the expiry of the 14-day period that begins when they entered Canada.

Given the rapid spread of COVID-19 around the world, with widespread transmission in an increasing number of countries, people who travelled outside of Canada are considered to be at risk of exposure to COVID-19. Also, there are numerous examples of asymptomatic individuals arriving in Canada and falling ill and emerging public health science indicates that asymptomatic and pre-symptomatic individuals may potentially spread COVID-19. Therefore, it is extremely important for their own health and that of others, for persons entering Canada to quarantine and monitor for symptoms.

As such, additional stringent measures are required to reduce the possibility of spread by persons who do not have symptoms. The Government of Canada has implemented an Order requiring anyone who is asymptomatic upon entering Canada, whether by air, land or sea, (and is not exempt) to quarantine for 14 days in order to limit the introduction and spread of COVID-19.

Q73. Why can some people without symptoms quarantine at home or a place of their choice and others must go to a quarantine facility?



Asymptomatic travellers entering Canada will be instructed to go directly to their place of quarantine, without delay, and remain there for 14 days. If they are unable to quarantine themselves in accordance with the conditions of the Order they will be sent to a quarantine facility at the discretion of the Quarantine Officer.

Considerations include whether the person is able to quarantine at a place that is suitable (e.g. it is not a shelter or other place where many people could be newly exposed by nature of the individual staying there), where they can get the necessities of life and are not in contact with vulnerable persons. If the traveller is unable to meet one or more of these conditions they will be required to complete their 14-day isolation in a quarantine facility chosen by the Chief Public Health Officer of Canada.

Q74. If I don't have symptoms can I quarantine at home if there are vulnerable people living with me?

No. Asymptomatic travellers are unable to quarantine at home if they live with a one or more vulnerable persons who are at an increased risk of more severe illness as emerging science indicates that asymptomatic and pre-symptomatic individuals may potentially spread COVID-19.

Q75. Why does my quarantine period reset if I am exposed to COVID-19 from another person subject to the Order?

Under the new Order, the 14-day quarantine period is reset if the person develops any signs and symptoms of COVID-19, or if they are exposed to someone who is subject to the Order and exhibits signs and symptoms after entering Canada.

Persons who entered Canada may develop symptoms of COVID-19 while in quarantine and expose others who are in quarantine with them and also subject to the Order. As symptoms may take up to 14 days to appear after exposure more stringent measures are required to reduce the possibility of spread.

Q76. Can travellers with no symptoms take public transportation (including taxi) or rent a vehicle (from the airport) to get home or the place where they will quarantine?

Yes. Persons not exhibiting symptoms may take public transportation and/or rent a vehicle to get to their place of quarantine. However, they must wear an appropriate non-medical mask or face covering while in transit and go directly to the place where they will quarantine themselves without delay.

While in transit, people must follow the instructions of the quarantine officers and screening officers to avoid spreading infection to others. For example, practise physical distancing — maintain a 2-metre distance — and practise good hand hygiene and cough etiquette.

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



Persons returning to their home to mandatory quarantine should also consult their provincial or territorial public health authority for any additional measures and/or restrictions to travel within their jurisdiction.

Q77. Can travellers without symptoms who will transit home by private vehicle have someone pick them up and drive them or must they be the sole occupant of the vehicle? If someone drives them, does that person then need to quarantine for 14 days?

For asymptomatic travellers, it is recommended that you do not ask someone to pick you up.

However, if required to do so, you must wear an appropriate non-medical mask or face covering at all times, should not make any stops on the way home and must practise physical (social) distancing at all times. This is also the case if you need to take a taxi or public transit to your home to quarantine.

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

If private transportation is unavailable, the Public Health Agency of Canada may arrange medical transportation, depending on the distance of the traveller's home or place of quarantine.

Anyone who has been in direct contact with someone who has or is suspected to have COVID-19, must quarantine for 14 days.

Q78. Why do I have to wear a non-medical mask or face covering when taking public transportation to get to my place of quarantine if I do not have symptoms of COVID-19?

Emerging science indicates that asymptomatic and pre-symptomatic individuals may potentially spread COVID-19, which may account for the occurrence of a number of secondary cases. As such, more stringent measures are required to reduce the possibility of spread by persons who do not have symptoms.

Wearing a non-medical mask or face covering is an additional measure you can take to protect others around you, even if you have no symptoms. It covers your mouth and nose and can reduce the chance that others are coming into contact with your respiratory droplets. It can be useful for short periods of time, when physical distancing is not possible in public settings such as when using public transit.

Q79. Are travellers with no symptoms allowed to take connecting flights?

Yes. Persons not exhibiting symptoms may take connecting flights to their final destination to quarantine as long as they wear an appropriate non-medical mask or face covering while in transit.

Travellers will be instructed by quarantine officers or screening officers to follow additional precautions while travelling to their place of quarantine to avoid spreading infection to others.



For example, practise physical distancing when possible — maintain a 2-metre distance — and practise good hand hygiene and cough etiquette.

Persons returning to their home to mandatory quarantine should also consult their provincial or territorial public health authority for any additional measures and/or restrictions to travel within their jurisdiction.

Q80. What happens if a Canadian traveller, not exhibiting symptoms, misses their connecting flight and has to stay overnight in a city, before getting on their connecting flight the next day? Can they stay at a hotel or with friends or family?

People entering Canada not exhibiting symptoms may be permitted by the instructions of a quarantine officer or screening officer to stay at a hotel for an overnight layover before making their connecting flight the next day. They must wear an appropriate non-medical mask or face covering while in public settings, and go directly to their hotel without any unnecessary stops along the way.

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

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

Q81. If people arrive in Canada on a charter flight, not at one of the designated four International Airports, can they use a private vehicle to get to their final destination in another province to isolate there?

Yes. People who have access to private transportation may continue onward travel, including driving to another province to isolate.

If you must stop, follow precautions to avoid spreading infection to others. You must wear an appropriate non-medical mask or face covering and avoid contact with others (maintain a 2-metre distance) and practise good hand hygiene and cough etiquette.

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

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

Q82. What about people entering Canada by land – can they stay overnight in a hotel during their drive home?

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



unnecessary stops along the way. An appropriate non-medical mask or face covering must be worn at all times when in public settings.

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

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

Q83. There are reports of RVs being spotted in store parking lots near the border. Are they allowed to stop there to shop on their return home?

Asymptomatic people travelling in an RV will generally receive instructions that it is permissible for them to stay in their RV overnight. Their RV is, essentially, their first place of quarantine.

If they must stop overnight they are to follow precautions to avoid spreading infection to others. They must stay in their RV and avoid contact with others (maintain a 2-metre distance) and practise good hand hygiene and cough etiquette. They must avoid going into stores to make purchases.

Q84. Can people stop to get gas, use a washroom or acquire essential items on their way home to isolate?

It is important for asymptomatic travellers entering Canada to avoid contact with others. As per the instructions provided upon entry into Canada, go directly to the place where you will isolate, without delay, and wear an appropriate non-medical mask or face covering while in transit.

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

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

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

Q85. What happens if a traveller without symptoms is unable to get to a place to quarantine themselves for 14 days?

Quarantine facilities, for example, hotels designated by the Government of Canada, will be used to lodge asymptomatic persons unable to quarantine themselves in a place:

- that is considered suitable (e.g. it is a shelter or other place where many people would be newly exposed by nature of staying there);
- where they will not be in contact with vulnerable persons; or;
- where they will have access to the necessities of life (e.g. food, heat, medication).

Transportation from the point of entry into Canada to the quarantine facility will be arranged by the Government of Canada.

TRAVELLERS WITH SYMPTOMS

Q86. Why can some people with symptoms isolate at home and others must go to a quarantine facility or hospital?

People entering Canada who report having COVID-19 or signs and symptoms of COVID-19 or has reasonable grounds to suspect they have signs and symptoms of COVID-19 will be instructed to go directly to their place of isolation, without delay, and remain there for 14 days. If they are unable to fulfil the conditions of the Order and isolate themselves, they will be sent to a quarantine facility, or transported to a hospital, at the discretion of the quarantine officer.

Considerations include the severity of symptoms or illness and whether they have a suitable place to isolate where they will have access to the necessities of life and will not be in contact with vulnerable persons. In addition, symptomatic travellers must have private transportation to get to their home or place of isolation.

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

Q87. How is symptomatic being defined?

Anyone who has COVID-19, or has signs and symptoms of COVID-19, or has reasonable grounds to believe they have signs and symptoms of COVID-19, are considered to be symptomatic. Signs and symptoms of COVID-19 include a fever and a cough or a fever and difficulty breathing.

Q88. Can symptomatic travellers who are going home to isolate by private transportation be picked up and driven by someone or must they be the sole occupant of the vehicle?

Symptomatic individuals must have private transportation to get to their place of isolation. They cannot have someone pick them up.

If private transportation is unavailable, the Public Health Agency of Canada may arrange medical transportation, depending on the distance of the traveller's home or place of isolation.

If the distance to get home is too far for the PHAC-arranged medical transportation, travellers will be required to complete their 14-day isolation in a quarantine facility chosen by the Chief Public Health Officer of Canada.

Q89. If I am symptomatic, can I stop at a hotel while I'm driving home?

No. It is important that you avoid contact with others. Go to the place where you will complete your 14-day mandatory isolation without delay. This means you must:



- wear an appropriate non-medical mask or face covering while in transit to your place of isolation;
- go directly to the place where you will isolate using private transportation (i.e. personal vehicle) and stay there for 14 days.

If you must stop, follow precautions to avoid spreading infection to others. Wear an appropriate non-medical mask or face covering, avoid contact with others (maintain a 2-metre distance) and practise good hand hygiene and cough etiquette.

Q90. Can I stop at the store to acquire essential items on my way to isolate?

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

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

Q91. What happens if a traveller with symptoms is unable to get to a place to isolate?

If private transportation is unavailable, PHAC-arranged medical transportation, up to a distance of 12 hours, may be provided to get the traveller to their home or place of isolation. If the traveller has onward connections or the distance to get to their place of isolation is too far for the PHAC-arranged medical transportation travellers will be required to complete their 14-day isolation in a quarantine facility chosen by the Chief Public Health Officer of Canada.

Quarantine facilities, for example, hotels designated by the Government of Canada, will also be used to lodge symptomatic persons unable to isolate themselves in a place:

- that is considered suitable (e.g. it is a shelter or other place where many people would be newly exposed by nature of staying there);
- where they will not be in contact with vulnerable persons; or;
- where they will have access to the necessities of life (e.g. food, heat, medication).

Transportation from the point of entry into Canada to the quarantine facility will be arranged by the Government of Canada.

Compliance and enforcement of the law

Q92. Who will verify compliance with the Order (i.e., spot checks)?

When entering Canada, travellers are required to provide their contact information to the Government of Canada for compliance monitoring and verification purposes.

If there are concerns that a traveller is not complying with the requirements of the Emergency Order, the assistance of peace officers may be requested to establish contact with the traveller and confirm compliance. This could include a visit to the traveller's place of isolation. PHAC is working with the Royal Canadian Mounted Police (RCMP) and provincial law enforcement agencies to verify the compliance of returning travellers with the Emergency Order.

Q93. What happens if someone does not comply with the Order?

Failure to comply with this Order is an offence under the *Quarantine Act*. Individuals who contravene the mandatory isolation or the mandatory quarantine requirements may be subject to a range of enforcement measures under the *Quarantine Act*, which include verbal and written warnings, and arrest, detention or escort to a designated quarantine site.

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

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

Amendments under the *Contraventions Act* now allow for increased flexibility in enforcement of offences under the *Quarantine Act*. Law enforcement agencies, including the Royal Canadian Mounted Police, local and provincial police forces, can issue tickets to individuals with fines ranging from \$275 to \$1000, based on the seriousness of the non-compliance to the *Quarantine Act* and the Order.

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

Q94. How is the Public Health Agency of Canada working with its federal and provincial partners to verify compliance with the order?

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

The information needed for monitoring travellers is collected at the border and sent to provincial law enforcement organizations.

As a result of regulatory amendments made under the *Contraventions Act*, police authorities, including the Royal Canadian Mounted Police and local or provincial police forces, can now issue tickets to individuals who do not comply with orders under the *Quarantine Act*, such as the orders requiring people to self-isolate after international travel.

ESSENTIAL SERVICE WORKERS

Q95. Are essential service workers exempt from the Order?

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 the requirements to quarantine themselves, provided they have no COVID-19 symptoms upon entry into Canada.

Officers with the Canada Border Services Agency will assess whether persons crossing the border are exempt from the Order.



Persons exempt from mandatory quarantine are still required to respect the intent of the Order to minimize the spread of COVID-19 in Canada, including wearing an appropriate non-medical mask or face covering upon entry into Canada, and while in transit or in public settings. They will receive a handout at the border advising them to monitor their health for symptoms of COVID-19, to be aware of and respect the public health guidance and instructions of the area where they are travelling or located, and the link to the Canada.ca/coronavirus website, where they can get more information.

Q96. Why are some essential service workers not allowed to work with persons 65 years of age or older until they complete their 14-day quarantine?

Adults 65 years of age or older are among the populations at the greatest risk of severe COVID-19 disease. Recent circumstances have highlighted the fact that residents of long-term care homes are vulnerable to infections due to their communal living spaces, shared healthcare providers, external visitors and transfers from other healthcare facilities.

Persons entering Canada whose work requires them to provide direct care to persons 65 years or older must complete mandatory 14-day quarantine to reduce the possibility of spreading COVID-19.

Q97. How do employers of temporary foreign workers ensure compliance with the order?

Employers have an important role to play in helping to prevent the introduction and spread of COVID-19. It is important that employers do not prevent workers from complying with their obligations under the *Quarantine Act*. The employer is responsible for regularly monitoring the health of workers who are in quarantine and of any employee who becomes ill after the quarantine period. If a worker develops symptoms at any time, the employer must immediately arrange for the worker to be fully isolated from others, and contact local public health officials. It is also suggested that the employer contact the appropriate consulate.

Like all Canadians, the employer is required to report all *Quarantine Act* offences committed by a quarantined or isolated worker to local law enforcement. This includes workers who do not comply with the mandatory quarantine or isolation period.

Q98. I am a temporary foreign worker and do not have a place to quarantine myself for 14 days in Canada. What do I do?

The employer must house quarantined asymptomatic workers in accommodations that are separate from those not subject to quarantine. This may require finding alternate accommodations (e.g. a hotel) if this requirement cannot be met. Appropriate quarantine accommodations must allow for an environment that ensures access to the essential necessities of life (e.g. food, water and heating) while preventing exposure to vulnerable populations.

Quarantine facilities (e.g. hotels designated by the Government of Canada) may be used to lodge symptomatic or asymptomatic persons unable to self-isolate or quarantine because they do not have appropriate accommodations.



ORDER IN COUNCIL 11 – MINIMIZING THE RISK OF EXPOSURE TO COVID-19
ORDER (PROHIBITION OF ENTRY INTO CANADA FROM THE UNITED STATES)

Q99. Why is Canada accepting asylum seekers during a pandemic?

Canada is committed to protecting the health, safety and security of Canadians, while continuing to uphold our international obligations with respect to asylum seekers. The Order in Council will continue to prohibit foreign nationals from entering Canada from the United States temporarily for the purposes of making a claim for refugee protection, subject to some exceptions. The refugee protection claims of individuals who meet those exceptions will be processed.

Q100. The Government of Canada has implemented extraordinary restrictions at the border and within Canada on foreign nationals, permanent residents and Canadians to respond to the pandemic. What measures are being put in place to help mitigate any risks to public health that could result from reopening the border to refugee protection claimants?

Foreign nationals entering Canada at a place other than an official land port of entry will continue to be prohibited from entering Canada for the purposes of making a claim for refugee protection, unless they meet an exception or an exemption from the prohibition.

Individuals whose claim for refugee protection is ineligible under the STCA will be removed to the United States, a designated safe-third country, while individuals who are prohibited from entering Canada to submit a claim for refugee protection will be directed back to the United States. Although the global flow of persons has slowed due to the pandemic, this policy change on refugee claimants may result in a higher number of individuals entering Canada. All foreign nationals entering Canada, including refugee claimants, are still subject to the mandatory 14-day self-isolation period upon entry into Canada.

When claimants are unable to appropriately self-isolate or quarantine, the federal government will work with them to find suitable accommodations for the quarantine. Discussions between PHAC, IRCC and the CBSA are underway to establish an efficient process at the border.

Q101. What are exceptions under the STCA?

Exceptions to the Safe Third Country Agreement are based on principles that take into consideration the importance of family unit, the best interests of children and public interest.

There are four types of exceptions:

- Family member exceptions
- Unaccompanied minors exception
- Document holder exception
- Public interest exceptions

Even if a refugee claimant qualifies for one of the exceptions outlined above, they must still meet all other eligibility criteria set out in Canadian immigration legislation. For example, the



refugee claim of a person considered inadmissible to Canada on grounds of security, human or international rights violations, or criminality will not be eligible.

Q102. What are the exceptions to the prohibition of those coming between ports of entry by land or at airports?

Foreign nationals who enter Canada other than at an official land port of entry (including those who enter at airports or between official land ports of entry) to claim refugee protection will continue to be directed back to the United States, a designated safe-third country, with the exception of:

- unaccompanied minors
- U.S. citizens and stateless habitual residents of the United States.

NOTE: Parents and legal guardians of U.S. citizens under the age of 18 fell under the exceptions under OIC 9. However, this does not align with the STCA and is removed by OIC 11.

Q103. Can claims for refugee protection be made at airports?

Refugee claims will continue to be prohibited at airports and other non-land ports of entry, unless the claimant is an unaccompanied minor, a U.S. citizen or a stateless habitual resident of the United States.

QUARANTINE FACILITIES

Q104. How will the Public Health Agency of Canada house and feed people who enter Canada who are not allowed to return to their homes for 14 days?

The Government of Canada has established quarantine facilities, for example hotels, to prevent the potential spread of COVID-19. The quarantine facilities will be used to house persons entering Canada who are unable to self-isolate or quarantine because they are unable to meet the conditions of the Order (e.g. they live with a vulnerable person or have no private transportation if they are symptomatic). Transportation from the point of entry to the quarantine facility will be provided by the Government of Canada.

These measures will help protect the elderly and people with medical issues, who are at the greatest risk of severe COVID-19 disease.

PHAC is working with partners to provide travellers who will in isolation at a designated quarantine facility with the required essentials, including food and any medical care or equipment.

Q105. If a traveller returning to Canada is required to stay in a quarantine facility, will they have to pay for the costs associated with their stay?

The costs associated with staying in a quarantine facility will not be billed back to travellers who are ordered by a quarantine officer to quarantine or self-isolate in a designated quarantine facility. Transportation to the facility is also provided at no cost.

Travellers at the quarantine facility are provided with three meals a day and other essentials through our contract with the Canadian Red Cross. All of these items are delivered to their



rooms. They also have access to a toll-free telephone number (Canadian Red Cross) where they can identify any essential items they need.

Q106. How will my medical needs be tended to if I am required to stay in a quarantine facility?

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

Q107. How many people are quarantining in the federal facilities and how many reports of quarantine-related breaches have there been across the country?

The Government of Canada has put in place an emergency order under the Quarantine Act that applies to all travellers arriving in Canada. Its purpose is to slow the spread of COVID-19 in Canada. Failure to comply with the order is an offence under the *Quarantine Act*.

On April 19, 2019, at 9:00 p.m. EDT, there were 87 travellers (1 with symptoms consistent with COVID-19) in sites designated as quarantine facilities by the federal government and quarantine accommodations funded by the federal government across Canada.

Q108. Where are the federally designated quarantine sites? Are any hotels serving as quarantine sites for travellers self-isolating for 14 days upon returning from abroad?

The Government of Canada has established designated quarantine sites that provide accommodations for travellers who enter Canada and either have known symptoms of COVID-19 or are asymptomatic and do not have suitable dwelling for self-isolation. In order to protect the privacy and safety of travellers, locations of designated quarantine sites are not being made public.

Q109. To date, have people been sent to designated quarantine sites?

On April 15, 2020, at 9:00 p.m. EST, there were 26 Canadians in federally designated quarantine sites and 14 accommodations for voluntary quarantine funded by the federal government. As mentioned above, the locations of these designated facilities are not being made public in order to respect the health and safety of all Canadians.

MODELLING AND SURVEILLANCE

Q110. What is predictive modelling?

Predictive modelling uses mathematical equations to estimate how many cases may occur in the coming weeks and months. There are many variables included in the calculation that are based on what we know about the affected population, the disease, the virus and how it spreads. We can then change the calculations in ways to reflect how public health measures would decrease transmission and assess how well these measures may control the epidemic.



Q111. What are the objectives of the modelling?

The objectives are to:

- predict the possible number of COVID-19 cases that may occur in the coming weeks and months; and
- assess the best ways to control the epidemic in Canada.

The projections help us decide what public health measures we need to take and decide how to prepare the healthcare system for the projected number of patients that could be affected by COVID-19.

Q112. What factors are the modelling data based on? What information is being used to make the projections?

There are two general types of model:

- Forecasting models use our knowledge of how the epidemic has evolved in Canada and in other parts of the world in recent days and weeks to forecast how many new cases we may expect to see in the coming week or so. These models assume that the number of cases will continue to grow as they have in previous days or weeks.
- Dynamical or mathematical models use our knowledge of the virus causing COVID-19 (the SARS-CoV-2 virus) and how it spreads based on studies from around the world. This knowledge is used to produce a mathematical representation (i.e. a model) of how COVID-19 may spread in the Canadian population under different public health measures to control the disease. We develop these models to help us with planning. The models are to be adjusted as we get better data on the actual epidemic situation, and the resulting predictions will change over time.

Q113. What public health measures are being used by communities and are modelled to anticipate their potential impacts on the epidemic?

The main public health measures are:

- **Social or physical distancing:** This includes measures such as closing schools, universities, meetings and meeting places, and teleworking, with the goal of reducing the possibility of virus transmission among individuals.
- **Case detection and isolation:** This consists in finding infected individuals through testing and public health monitoring and isolating them (at home or in hospital) so they cannot transmit the infection to someone else.
- **Contact tracing and quarantine:** This consists in finding individuals who have been in contact with a COVID-19 case and ensuring that they remain in quarantine for 14 days (or longer if they themselves start to show symptoms) so they do not transmit the virus to others.

All these public health measures are aimed at breaking chains of transmission in communities.

Q114. How reliable is the data?



Our knowledge about COVID-19 continues to evolve at the international level. The epidemic in Canada also continues to evolve, and new data on cases become available every day. Model-based predictions will be updated and adjusted as the science evolves and as new data on the cases occurring in Canada become available. The models will also be updated to reflect any changes in the public health measures being used to control the epidemic.

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

The actions taken by Canadians every day will continue to influence the projections and the actual numbers.

Q115. Why provide two different models? Is one not enough? What is the difference between the two models and what are their limitations?

Forecasts are based on data from the epidemic as it is actually evolving in Canada and allow us to understand what is happening in the short term based on our experience so far in Canada and the experience of other affected countries.

Dynamical models provide a long-term view of possible ways the epidemic may evolve and help us evaluate which public health measures will minimize the impact on Canadians.

Q116. Do we have different projections from provinces and territories that have released modelling data? If so, why?

We are using similar methods for forecasting cases in the coming weeks, and modelling impacts of different public health measures. However, we are forecasting and modelling what is happening in Canada as a whole, while individual provinces have a local focus. The provincial models are based on data from their provincial cases, so their projections will be different and specific to their evolving situation.

Q117. What external experts are advising on this work?

The Public Health Agency of Canada (PHAC) established an external advisory group to support our efforts to model and make projections regarding the COVID-19 epidemic. This advisory group is made up of 37 experts on infectious disease modelling and epidemiology from provincial and territorial public health organizations and from universities across Canada. The group meets twice a week.

The PHAC participates in the World Health Organization modelling group to learn from studies conducted around the world and to benchmark our studies against them.

Q118. Are the modelling values that were released in early April those of the Public Health Agency of Canada?

The Public Health Agency of Canada (PHAC) directs an internal modelling group made up of experts in mathematical modelling, risk assessment, and epidemiological analysis. The group works with a broad range of experts across the country to provide a solid understanding of projections, trends and the impacts of public health measures as part of Canada's response to



the COVID-19 epidemic. The values presented on April 9, 2020, are from a number of modelling studies – conducted both internally and externally – that provide a range of possible estimates.

Q119. Which specific PHAC modelling studies have been used?

The Government of Canada’s modelling work presented on April 9, 2020, was based on the latest epidemiological data, various types of models and multidisciplinary expertise. The studies presented included the modelling of potential results in Canada and the modelling of how control methods have changed epidemics in other countries. Some of these studies have already been published and can be viewed [here](#) and [here](#).

Other studies on which we have based estimates are being reviewed in scientific journals.

Q120. When will modelling studies conducted outside of the PHAC be published?

The PHAC is committed to scientific excellence and will provide details about the findings of these studies in reputable scientific publications. The publication process is already underway and the PHAC will make them widely available as soon as possible once published.

Q121. Will these models show us whether we are achieving our objectives?

Models suggest what will happen with different types of public health measures. How effective these measures are will be reflected in surveillance data. We are continually evaluating the impact of our public health measures on the number of cases reported in surveillance, and we are adjusting them as needed in conjunction with our provincial and territorial partners. It is important to keep in mind that it takes about two weeks before we can see the impact of public health measures in our surveillance data. This is because of the time lapse between when a case is infected and when they are reported to the Public Health Agency of Canada as a confirmed case.

Q122. Will federal modelling take into account specific demographics?

We are using a range of modelling methods to assess and predict how the pandemic will evolve in the coming weeks and months. We know, based on the data that provinces and territories have provided on their cases, that there are different patterns of spread and different populations affected in each jurisdiction. While we undertake model-based predictions for the country as a whole, we are also developing models that consider the spectrum of differences among the provinces, territories, and municipalities, and vulnerable populations.

Q123. Why is there a delay in measuring the mortality rate and are there plans to speed up the publication of data in that respect to reflect the current pandemic?

The Public Health Agency of Canada (PHAC) and the provincial and territorial public health authorities are working together to provide Canadians with the best and most accurate information there is, including the number of cases and deaths related to COVID-19. Every effort is being made for data to be reported in a timely manner, but since this is the case in all disease surveillance and given the heavy burden that COVID-19 is currently placing on provincial and territorial staff, there are some delays in reporting data to the PHAC, particularly



with regard to deaths. The program area of the Centre for Immunization and Respiratory Infectious Diseases (CIRID) is working on a data strategy, involving a number of additional indicators, especially more current data on deaths, to complement what can be found in current reporting forms for cases of COVID-19 infection and beyond.

Q124. What is the median age of the people who have died in Canada?

As of April 22, 2020 (noon EDT), the median age of people whose deaths were related to COVID-19 is 84 years. The median age is based on an analysis of 764 reporting forms for cases of COVID-19 infection, which report death outcomes and for which information on age is completed.

Q125. In the daily epidemiological report, only about a third of COVID-19 cases include data on hospitalizations. Why is this? Do some provinces fail to provide data on hospitalizations? If so, why?

Every effort is being made to obtain information in a timely manner, but there are inherent delays in collecting information in a surveillance system that goes from the local to the national level. The PHAC and provincial and territorial authorities are working closely together to provide the most accurate information to Canadians. As mentioned previously, detailed data on cases is received at the national level from provinces and territories for about 65 percent of reported cases. The data on these cases is preliminary and may include missing values for characteristics of interest or they may be coded “unknown.” In most cases, when information on hospitalization is not available on the case reporting form, it is because the hospitalization status was coded “unknown.”

Q126. Is the total number of deaths attributable to COVID-19 in Canada higher than the reported number, and will modelling based on global death statistics be needed after the pandemic to understand the real extent of the number of deaths?

As of the morning of April 15, 2020, there were 27,063 cases and 903 COVID-19-related deaths in Canada, which leads to a clinical mortality rate (CMR) of 3.3 percent. The CMR is a commonly used method proposed by the World Health Organization and corresponds to the number of deaths divided by the total number of cases.

As we have seen in all countries, this measurement varies over time during an epidemic. At the beginning of the epidemic, you usually get a lower estimate because people generally die late in the course of their disease. Other emerging factors, like the recent outbreaks among vulnerable populations in long-term care facilities, and other factors affecting the reporting of data can influence the estimate at any moment. We expect that the accuracy of the CMR will increase as the epidemic evolves.

Our knowledge of COVID-19 continues to evolve every day. Model-based projections will be updated and adjusted as the science evolves and new data on cases occurring in Canada become available.



Q127. What is the PHAC’s response to Amir Attaran’s criticism of Canada’s COVID-19 modelling?

Models provide information on what could happen in various scenarios, to allow us to prepare for the worst and direct public health measures to obtain the best possible result. The possible scenarios presented in the Government of Canada’s modelling are a synopsis of modelling studies, including those conducted by the Public Health Agency of Canada (PHAC), and by other epidemiologists and modellers in Canada and around the world. The three possible scenarios were: “no measures,” where an unrestrained outbreak occurs and infects a very high proportion of Canadians, “weaker control measures,” where the epidemic is not controlled by public health measures, but is prolonged and the peak is reduced by public health measures, and “epidemic control,” where the epidemic is controlled with a combination of public health measures. These scenarios are used for planning purposes and are not projections. Studies conducted outside of the PHAC were published and are widely available, while those conducted inside the Agency will be published in the coming weeks.

We are working with the federal, provincial, and territorial governments and universities to explore the possibility of a potential spread of COVID-19 in Canada and to estimate a range of possible cases, hospitalizations and deaths that could occur in the coming weeks and months, given the different public health response scenarios. The predictive modelling of COVID-19 requires that we formulate hypotheses based on incomplete data and evolving scientific data. These hypotheses will change as we obtain new information on the virus and more data on the epidemic in Canada. We are continually improving the models to provide Canadians with the best possible information on the potential scenarios.

The work quoted by Mr. Attaran is consistent with our own studies and those of other groups. In the absence of public health measures, 70 percent of Canadians or more may contract an infection. If public health measures are put in place, then relaxed suddenly or too soon, the epidemic will quite simply resume. While public health measures are insufficient to end the epidemic, they can nevertheless somewhat reduce the percentage of Canadians who will have to contract an infection and become immune to create “herd immunity” to eliminate the epidemic.

Additional work by the Agency and other modellers is consistent with the observations of other countries, suggesting that low percentages of Canadians (from 1 percent to 10 percent) could be affected, thanks to greater public health efforts. These efforts would include sustained public health measures to prevent the reintroduction of transmission, detect and isolate cases in Canada, and trace and isolate the individuals who have been in contact with cases.

Q128. Mr. Attaran also accused the PHAC of censoring the data provided to scientists. If this is the case, why is the PHAC censoring the data before disclosing it?

The Public Health Agency of Canada (PHAC) has established an external advisory group to support our modelling and projection efforts on the COVID-19 epidemic. This group includes more than 40 experts in infectious disease modelling and epidemiology from provincial and territorial public health organizations and universities across Canada. The task force meets twice a week. The PHAC is also committed to ensuring that the research and scientific information produced by the Agency is made available to the public in a timely manner and in



accordance with the Government of Canada's Directive on Open Government, including a daily epidemiological report and tables of preliminary data on confirmed cases. In some cases, the PHAC is unable to transfer some data if it is the property of a third party or if there are compelling reasons to limit disclosure, for example, for privacy reasons. Our knowledge of COVID-19 continues to evolve at the international level. The epidemic also continues to evolve in Canada, and new data on cases becomes available every day. Projections based on models will be updated and adjusted as the science evolves and new data on cases occurring in Canada become available.

FLUWATCHERS

Q129. Before COVID-19, what was the FluWatchers program responsible for? Can you also give us figures, for example, the number of Canadians who volunteered to participate in FluWatch in 2018 and 2019?

Fluwatchers began in the fall of 2015 and is part of FluWatch, Canada's national flu surveillance program. This is a syndromic surveillance program used for surveillance of diseases similar to influenza in Canada.

Traditional influenza surveillance programs, like surveillance in laboratories and hospitals, only cover people who are receiving medical care or get a positive result on the influenza screening test, and as a result, it leaves out a large number of potential influenza cases. This is why the Public Health Agency of Canada (PHAC) launched FluWatchers, with the goal of detecting cases of illnesses similar to influenza among people who are not receiving medical care and do not undergo an influenza screening test. The program gives Canada a clearer picture of influenza cases in Canada during the typical flu season. The FluWatchers program also provides additional valuable surveillance indicators, such as the number of symptomatic individuals who see a doctor, the number of people who get a test and their results.

The number of weekly participants has increased from 400 in 2015 to 2,200 in 2018 and 3,200 in 2019.

Q130. When did the FluWatchers program turn to monitoring COVID-19, and why?

The PHAC has been monitoring FluWatchers data since the beginning of the pandemic in Canada to detect signs of an unusual increase in the number of Canadians with a cough and fever. Minimal changes were made to the questionnaire towards the end of March 2020 to include questions specific to COVID-19. The PHAC uses FluWatchers to monitor COVID-19 for the same reasons that the program is used to monitor influenza. The vast majority of individuals probably will not have to seek treatment or take tests; consequently, a large part of the population will not be taken into consideration in the surveillance methods that are traditionally used. The FluWatchers program will also provide an idea of the number of symptomatic individuals who consult a doctor and the number of people who take a test and their results. We hope that this program will allow Canada to have a better idea of COVID-19 cases in the country, as it does for influenza.

Q131. How can you differentiate between influenza and COVID-19 in the responses you are now getting?



Syndromic surveillance programs like FluWatchers are used to detect signs. If the program signals something, we usually use it as a trigger to review our other surveillance data flows to validate the sign observed. We are able to validate the results we get from FluWatchers compared to the data from our other influenza surveillance programs. For example, at this point, according to our surveillance data flows in the laboratory, there are very few influenza viruses or seasonal respiratory viruses in circulation in Canada. Our other influenza indicators, such as hospitalizations and outbreak surveillance, also report very low influenza activity. We can use this knowledge to differentiate the data reported by the FluWatchers program. If there were high levels of influenza in circulation, we suspect that FluWatchers responses would probably be the flu. Given that there is currently very low circulation of influenza (and other respiratory viruses) and that we are seeing the end of the flu season, we can assume that the FluWatchers responses could be attributed to COVID-19.

Q132. Can you tell us how many Canadians participated in COVID-19 monitoring through FluWatchers? Have there been any patterns in your responses?

The PHAC began to increase the promotion of the FluWatchers program through social media on April 3, 2020, to recruit additional participants. Since then, our weekly rate of participation went from 3,200 to 8,700 participants per week. The more participants who report, the more accurate the data is.

The percentage of participants reporting a cough or fever is low. For example, during the week of March 29, 2020, 0.5 percent of the 6,200 participants (32 participants) reported having a cough and a fever. For the week of April 5, 0.3 percent of the 8,700 participants (24 participants) reported having a cough and a fever. These low rates of cough and fever can be the result of physical distancing measures and we hope that these rates remain low over the coming weeks.

GPHIN'S ROLE IN SURVEILLANCE

Q133. During virus outbreaks, what data does the Global Public Health Intelligence Network (GPHIN) collect and use for alerts, and in what languages is the data disseminated?

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

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

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



GPHIN's main data supplier is Factiva, a global news database and research platform containing almost 33,000 sources, including newswires, newspapers, and trade publications. GPHIN also mines specific RSS feeds from relevant publications and Twitter accounts.

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

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

Q134. When was data first collected on the coronavirus outbreak and from what source?

On December 31, 2019, at 5:16 a.m. (EST), an article entitled "China probes mystery pneumonia outbreak amid SARS fears" was published by Agence France-Presse and uploaded in the GPHIN system at 5:42 a.m. (EST).

Q135. When did GPHIN first send out an alert about the coronavirus outbreak and to whom?

GPHIN analysts conducting their daily review recognized the potential importance of this issue and highlighted it in the Daily GPHIN Report, which was distributed at 7:50 a.m. (EST) that day to Canadian public health practitioners at the federal, provincial, and territorial levels. The report included the following summary:

International events of interest

China – China probes mystery pneumonia outbreak amid SARS fears (Média)

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

Q136. What is the GPHIN renewal project? Why is the renewal being done in stages?

Public health information is critical in detecting and monitoring outbreaks. The PHAC is in the final stages of the GPHIN renewal project. The purpose of the project was to create an improved Web platform that complies with Government of Canada information technology (IT) policies and that uses emerging technologies to further automate the collection, compilation, and analysis of information from open sources. This is a collaborative effort between the PHAC and the National Research Council of Canada.



The GPHIN renewal project has achieved the following objectives:

- The platform complies with IT policies, guidelines, and standards, and the Government of Canada has the ability to introduce further upgrades and innovations to the system.
- GPHIN can take advantage of the variety, volume, and speed of available data – including data from social media and a greater number of websites – and provide a visual representation of events in space and time, thanks to an integrated analysis and assessment capability and automated article summaries.
- The system’s artificial intelligence can learn and improve the accuracy of its relevance index.

A progressive approach has enabled the PHAC to develop, create, implement, and test functionalities. A review after the rollout of version 1 identified quality and functionality issues, have been resolved in version 2, allowing other system improvements to be made.

Q137. Have the analysts already been told to stop reporting on COVID-19?

No. Since the beginning of the COVID-19 outbreak, GPHIN has continued to be an important source of public health information for the PHAC.

Q138. Can you confirm the departure of at least two key analysts in the past 18 months?

As is the case with other teams, some employees have left GPHIN to take on new challenges, and new employees have brought different expertise. The number of GPHIN resources remains stable.

Q139. How does the GPHIN’s data or data analysis differ from the approaches taken by ProMED, HealthMap and commercial providers such as Blue Dot?

GPHIC consists of two critical components:

- A professional multidisciplinary team of scientific analysts who review information in nine languages and perform rapid risk assessments to detect public health threats; and
- An information management tool that uses machine learning and natural language processing to facilitate the analysts’ work.

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

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



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

BlueDot is a private company that requires a paid subscription to access the data. It gathers information from official and mass media sources, including the WHO and ProMED-mail.

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

Q140. Does the Government of Canada use BlueDot's AI to trace COVID-19 contacts?

Both the Public Health Agency of Canada and Health Canada have contracts with BlueDot. Neither contract involves the use of AI to trace contacts.

Q141. I have confirmed with Public Health Ontario and the Institut national de santé publique du Québec [Quebec's national institute of public health] that they are not collecting race/ethnicity data in relation to COVID-19. My understanding is that the Public Health Agency of Canada does not collect this type of data either. Could you confirm that?

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

Q142. Are there any plans to add other social determinants of health (such as education or income) as risk factors to the case report form used for collecting COVID-19 data?

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

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

Q143. What is Health Canada's role in Ontario's Health Data Platform? Will this become the norm across provinces? Does Health Canada endorse this plan, which is designed to slow the spread of COVID-19?

Understanding a patient's history is essential to safe and appropriate care. That is why sharing health information among healthcare providers, safeguarded by strong privacy and data security



requirements, can lead to better outcomes through more informed, coordinated and integrated care. A system that is responsive to the needs of patients can also enable patients to have better access to their own health information. Health Canada is working with provincial and territorial partners and key national data agencies to support greater patient access to health data while ensuring the protection of personal health information.

Q144. Are there any Canadian studies on COVID-19 and waste water analysis?

At this time, the Public Health Agency of Canada is not aware of any Canadian studies involving waste water samples taken to detect and identify COVID-19.

As part of the Canadian 2019 Novel Coronavirus (COVID-19) Rapid Research Funding Opportunity, recently funded by the Canadian Institutes of Health Research, a project led by Dr. Jeffrey Joy from the University of British Columbia, will gather environmental samples to better understand the epidemiology and evolution of COVID-19 (<https://www.canada.ca/en/institutes-health-research/news/2020/03/government-of-canada-funds-49-additional-covid-19-research-projects-details-of-the-funded-projects.html>). However, it is not yet known whether waste water samples will be among these projects.

CONTACT TRACING

Q145. Can you tell me more about the federal government’s program aimed at recruiting people to conduct contact tracing?

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

To assist provinces and territories, the Government of Canada is working with them to determine their needs. They have identified contact tracing and case recording as areas where they need assistance. Therefore, the skills required include case management, data collection and management, public outreach and telephone interview skills. Other call-outs may be issued as jurisdictions identify new areas requiring assistance. As needs evolve, support in other areas requiring assistance will be provided.

The Government of Canada is reaching out in stages. The first and second stages are already underway. The first stage was to enlist qualified federal public servants who are currently not in roles essential to ongoing federal work to work in those jurisdictions feeling the most pressure. The second stage includes leveraging the inventory established as part of a COVID-19 Volunteer Recruitment campaign and reaching out to faculties of health, public health and science across the country to disseminate a call to those interested in registering in the inventory. A third stage will involve reaching out to all health professional and health science associations for retirees or individuals currently no engaged in the COVID-19 response.

As of April 17, more than 36,000 volunteers had registered in the inventory.



Q146. Does the Department plan to use digital data technology such as cellphone apps to improve contact tracing? What type of digital data model is the Department reviewing?

Mobile apps can help to encourage physical distancing by empowering Canadians to modify their activities and reduce risky behaviour. They could complement public health measures aimed at flattening the curve, namely:

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

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

Q147. A company partly based in Canada has developed a smartphone app that helps with contact tracing, similar to the one in place in Singapore. Will the government adopt this type of technology to facilitate contact tracing?

Contact tracing is an important public health measure aimed at identifying individuals who may have been exposed to COVID-19 and ensuring that these individuals take precautions (such as self-isolating and monitoring symptoms) to avoid exposing other people to the virus. Contact tracing is a provincial and territorial responsibility and has been ongoing since the beginning of the COVID-19 epidemic. Although this is an essential public health tool, contact tracing requires a lot of resources. Smartphone apps that use location or proximity data to alert those who have been in contact with COVID-19 patients can be a useful tool to combat the epidemic. Please direct your questions about specific provincial or territorial contact tracing policies or regulations to the appropriate provincial or territorial authorities.

NML RESPONSE TO THE OUTBREAK

Q148. What is the Public Health Agency of Canada National Microbiology Laboratory's (NML) response to the current COVID-19 outbreak? Were additional resources required to manage the extra workload?

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

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



and to pursue collaborative studies on vaccine research and development. Scientists are also contributing expertise in knowledge synthesis and disease modelling.

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

NML scientists are also on-site at Canadian Forces Base Trenton to test any symptomatic individuals from the charter flight from Wuhan, China.

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

Q149. Why did NML scientists travel to the level 4 laboratory of the Virology Institute of Wuhan?

The Institute asked for viral samples of the Ebola virus and Henipavirus, and in 2019, the Public Health Agency of Canada responded to the request by sending samples for scientific research purposes. The National Microbiology Laboratory (NML) exchanges samples with other public health laboratories, as they do with the NML, to contribute to the advancement of science. Shipments are subject to rigorous protocols and in particular to the requirements of the *Human Pathogens and Toxins Act*, the *Transportation of Dangerous Goods Act*, the Canadian Biosafety Standard, and NML's standard operational procedures.

The NML also provides training to professionals from international laboratories and has already trained scientists from a number of countries including China.

If pressed...

For confidentiality reasons, we do not comment on individual employees.

Any speculation on the role of scientists from the Public Health Agency of Canada (PHAC) in the emergence of the novel coronavirus has no basis in fact.

TESTING AND CONFIRMING CASES

Q150. How is Canada currently testing patients for COVID-19?

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

The NML is internationally recognized for its scientific excellent.

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

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



Q151. Which specific tests are currently authorized in Canada to screen for COVID-19? Is all of this done by using RT-PCR tests? What is the accuracy rate (percentage) of the COVID-19 screening tests that are currently used in Canada? Is the federal government aware of any cases of false positives or false negatives resulting from the current testing methods? If so, how many cases of each type have been identified (as a percentage of total tests performed)? What is the government's general position on the safety and accuracy of current COVID-19 screening test methods used in Canada?

With the implementation of new diagnostic tests for the novel SARS-CoV-2 virus, Canadian public health laboratories used the collective strength of their network to assess the new tests to ensure their accuracy, while encouraging the ability to rapidly distribute testing capacity across Canada.

After the genetic sequence of the virus was published in January, it was possible to immediately develop multiple molecular tests (polymerase chain reaction) that detect the specific genetic traits of the virus. The network of Canadian laboratories recommended that molecular tests targeting two different traits of the virus be used to diagnose infections, and that for some cases (such as travel from countries that have not yet identified COVID-19 infections), additional tests include genetic sequencing to provide definitive proof of the presence of SARS-CoV-2. By using several testing methods and performing tests at several sites, such as when tests were presumed positive in the provinces and then confirmed by the National Microbiology Laboratory, Canada was able to ensure that each confirmed case was an actual case.

We have a certain level of confidence with respect to the tests, but we need to rationalize their approach so that they can be performed in additional laboratories in Canada. Therefore, case definition has been successively adjusted so that cases can be confirmed as positive by using a single molecular test. The choice of this test was based on knowledge of the performance of different tests conducted in different Canadian laboratories. We now regularly use the most sensitive targets.

With respect to false negative results, we need to have a better understanding of COVID-19 infections and the course the virus takes during infection. It is conceivable that very early or very late in the infection, the amount of detectable virus is low and that current molecular tests are not detecting these cases. However, as shown by the response to this epidemic, laboratories are continually striving to improve their testing approach by relying on evidence.

Also, the current molecular tests that are used across the country and that resulted from the collective sharing of information and tools by the laboratories, will soon become the reference for comparing and implementing the next phase of testing, when rapid point-of-care tests will be implemented to allow for testing in healthcare facilities, rather than requiring shipment of specimens to a laboratory for testing.

Q152. Does the Public Health Agency of Canada agree that the best way to understand the transmission and progression of COVID-19 is to perform serological tests to detect antibodies? Is Canada working on a serological test for COVID-19?



Antibody-based serological tests will be essential to understanding the immune response to viral infection and will play a key role in a number of public health investigations to determine the immune status of infected individuals. The Public Health Agency of Canada's National Microbiology Laboratory and its partners are working on developing a number of serological tests in addition to assessing various commercial serological COVID-19 tests. This Canada-wide collaboration includes members of the Canadian Public Health Laboratory Network, clinical researchers from frontline healthcare facilities and Canadian Blood Services, all of which are working on establishing the equipment needed for assessment and the implementation of serological tests.

A serological test detects the presence of antibodies in patients' blood that are specific to the virus. It enables public health professionals to identify individuals who have been infected by the virus that causes COVID-19. These studies will help us understand community transmission and rates of exposure to COVID-19.

It should be noted that serological tests are not validated as a routine diagnostic approach, and that molecular testing approaches will continue to be the diagnostic norm. For the moment, plans call for conducting pilot studies, and then larger-scale studies to examine immunity in health workers and other selection populations.

Q153. Is the Public Health Agency of Canada concerned about the availability of serological tests? Are there any risks?

This is a new virus and little is known at this time about the body's immune response to the virus. The results of serological tests depend on the body's immune response. The usefulness of serological technology for clinical diagnostic purposes is concerning due to the time it takes to develop antibodies (i.e. the seroconversion process) and the potential for cross reactivity with other virus antibodies. Using a diagnostic test that produces false or inaccurate results could endanger some individuals and the Canadian population. Health Canada is ensuring that serological tests undergo scientific review based on validation results obtained by trusted laboratories in Canada and abroad.

Using validated and effective serological COVID-19 tests will be an important step in Canada's public health response.

Antibody-based serological tests will be essential to understanding the immune response to viral infection and will play a key role in a number of public health investigations aimed at determining the immune status of infected individuals.

Q154. Do you have an update on the development of serological tests in Canada? Or a target date for the beginning of serological studies?

As of April 17, 2020, Health Canada had not authorized any serological tests. A list of pending applications is available [here](#).

Only diagnostic tests authorized by Health Canada can be imported or sold in Canada. Unauthorized tests may not produce accurate results and thus lead to diagnostic errors. COVID-19 tests authorized by Health Canada are well substantiated by conclusive data stating that they will produce accurate and reliable results.



The development and implementation of validated and effective COVID-19 serological tests will be an important step in Canada's public health response. This is a new virus and little is known at this time about the body's immune response to the virus. The Public Health Agency of Canada's National Microbiology Laboratory is analyzing various commercial COVID-19 tests.

Using a diagnostic test that produces false or inaccurate results could endanger some individuals and the Canadian population. Canada is exercising vigilance to ensure that serological tests are used appropriately, in conjunction with other laboratory tests.

Q155. What is the difference between swab-based tests and serological tests? How are they used differently?

Serological tests are used to determine whether a person has been infected with the virus that causes COVID-19. As the infection progresses, the patient's immune system produces antibodies against the virus, and it is the presence of these antibodies in blood samples that forms the basis of serological tests. In contrast, the traits of the virus itself, instead of the human immune response, form the basis of molecular tests that are now used to diagnose COVID-19 using samples taken by swabbing.

The results of serological tests are valuable for determining, in some settings or communities, the rate of infection and the prevalence of individuals who have protective antibodies, particularly among healthcare workers. These results are also important in order to better understand the overall immune response to the virus, including for providing data used to develop COVID-19 vaccines.

Using serological tests to diagnose COVID-19 infections is not recommended, because antibodies probably only develop later in the infection, which will often yield false negative results. With diagnostic tests, it is preferable to directly test for the existence of the virus while there is infection.

Q156. Is the government considering the possibility of establishing serological or immunity passports or certificates to allow immunized individuals to travel freely again?

Every day, we learn more about COVID-19, by monitoring the rapid increase in new scientific evidence as it appears. This is essential in decision-making.

There is an active international effort to assess whether individuals who have recovered from the disease can resume their daily activities in complete safety. No decision has yet been made in Canada about the possibility of certifying people's immune status.

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

At the moment, we do not know whether people who have recovered will have immunity, how long that immunity could last, and whether it is possible for people to contract COVID-19 twice or get a milder or more severe disease if they contract COVID-19 a second time.



We recognize that it may be difficult to wait for scientific results, but while we learn more about COVID-19, we must adopt the public health measures, which we believe to be effective.

We will continue to advise Canadians to stay home, practise good hand hygiene, and if they must leave home, to practise physical distancing. These are approved public health measures that are tried and tested and that work.

We are striving to improve our understanding of COVID-19 across Canada to be able to continue adapting our response to slow the spread of the virus.

Q157. Do we have enough diagnostic tests? What are you doing to obtain more of them?

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

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

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

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

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

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

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

Q158. Is Health Canada looking to the cannabis sector for additional COVID-19 testing?

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

Q159. Are the Spartan tests an effective way to diagnose COVID-19? What are the rates of false positives and false negatives?

The Spartan Biosciences diagnostic test kit has been approved by Health Canada under an emergency order put in place by the Minister to allow for the exceptional importation or sale of



medical products as part of the response to the COVID-19 outbreak. The authorization follows a scientific assessment by Health Canada reviewers to ensure that the devices meet safety and effectiveness standards, which in the case of diagnostic instruments, means that they meet the requirements for ensuring accurate identification of COVID-19 cases and minimizing the risks of false positives and false negatives. As part of the authorization, Spartan Biosciences is also required to provide data on an ongoing basis, as other test results become available.

The Health Canada review is harmonized with international best practices and ensures that the devices comply with standards, such as those described in the applicable guidance documents, including:

- i) the Policy for Diagnostic Tests for Coronavirus Disease-2019 during the Public Health Emergency issued by the American FDA on March 16, 2020; and
- (ii) the EUA [Emergency Use Authorization] Interactive Review Template for Molecular-Based Tests for SARS-CoV-2 That Causes COVID-19 (guidance on emergency use authorization) published by the American FDA on March 12, 2020.

Q160. Does the Public Health Agency of Canada plan to provide portable COVID-19 testing kits from Spartan Bioscience at Canada’s land borders?

The Public Health Agency of Canada plans to provide available COVID-19 testing kits produced by Spartan Bioscience Inc. to support testing in rural and remote communities. The testing kits are not expected to be provided at Canada’s land borders for the moment.

Q161. Why is Canada not offering the BTNX blood test, as is the case in other countries? When do you think the review process for this test will be completed?

Canada has maintained a scientific approach to managing the pandemic, including maintaining requirements related to the premarket approval of diagnostic tests. Health Canada will continue to focus its work on the health and safety of Canadians and distribute safe and effective COVID-19 health products as quickly as possible.

COVID-19 tests authorized by Health Canada are substantiated by conclusive data stating that they will deliver accurate and reliable results. Only diagnostic tests authorized by Health Canada can be imported and sold in Canada. Unauthorized tests may not produce accurate results and thus lead to diagnostic errors.

Serological tests are used to determine whether a person has previously been infected by the virus that causes COVID-19. As the virus progresses, the patient’s immune system produces antibodies against the virus, and it is the presence of these antibodies in blood samples that forms the basis of serological tests. Unlike the tests currently authorized in Canada, which analyze samples obtained by swabbing the nose or the throat, serological tests do not diagnose active COVID-19 infections.

The results of serological tests are very useful for determining the infection rate and the prevalence of individuals with protective antibodies in some settings or communities. These



results are also important for gaining a better understanding of the overall immune response to the virus, including for providing data to help develop COVID-19 vaccines.

Health Canada is working with the Public Health Agency Canada National Microbiology Laboratory and provincial public health laboratory partners to draw on the immune responses and serological technologies in Canada and internationally. Health Canada's position on using serological tests is consistent with the World Health Organization's view that serological tests will play a significant role in research and monitoring, but are not currently recommended for early case detection.

At this time, the sale of serological tests is not authorized in Canada because no analyses have proven that they can provide reliable and accurate results. The tests can give false negative results if they are used for diagnostic purposes. False negative results could be harmful for people if they delay asking for medical treatment because they believe they are not infected. They could also result in increased spread of the disease in the community by a person who was misinformed about their infection status. This is why priority was given to authorizing diagnostic tests based on nucleic acid technology.

Health Canada is reviewing applications for serological diagnostic instruments and could authorize them for specific purposes other than diagnostic ones, when the Department has obtained sufficient evidence.

Q162. What are Health Canada's requirements regarding testing machines that have not been approved by Health Canada? Does Health Canada advise against using COVID-19 testing machines that have not been approved? Do swab results obtained from unauthorized test kits need to be confirmed by another laboratory (with test kits approved by Health Canada)?

Only diagnostic tests authorized by Health Canada can be imported or sold in Canada. Unauthorized tests have not been assessed by Health Canada and their accuracy has not been validated. Health Canada has confirmed that authorized COVID-19 tests are well supported by evidence, indicating that they will provide accurate and reliable results. A list of authorized diagnostic devices for use in fighting COVID-19 is available [here](#).

The Xpert Xpress SARS-CoV-2 was authorized under the [Interim Order](#) (IO) on March 24, 2020.

The BD SARS-CoV-2 Reagents for BD Max System was authorized under the IO on April 19, 2020. They will be added to the list of authorized devices within the next two days.

Health Canada does not have any pending requests for a COVID-19 testing device manufactured by Altona. The Department communicated with Prince Edward Island's provincial laboratory to confirm that Altona's PCR kit was on the market and was sold to them for research and internal purposes only. Based on information obtained to date, no non-compliance with the [Medical Devices Regulations](#) has been noted.

The Department encourages anyone who has information about the sale or misleading advertising of a health product claiming to treat, prevent or cure COVID-19 to report it through their [online complaint form](#).



DRUGS, HEALTH PRODUCTS AND MEDICAL SUPPLIES

Q163. When did Canada start obtaining personal protective equipment and supplies in anticipation of COVID-19?

In January 2020, the Public Health Agency of Canada (PHAC) started monitoring the outbreak of the coronavirus in China and evaluating the inventory of the National Emergency Strategic Stockpile (NESS). The same month, the Agency undertook work with Public Services and Procurement Canada to obtain the supplies needed to respond to a possible outbreak in Canada, and placed bulk orders for medical supplies, in addition to the orders for the NESS.

Q164. How much PPE was exported to China between mid-January and March 31, through all known channels (institutional, retailers, community)?

As was announced on February 9, 2020, the Government of Canada donated about 16 tonnes of personal protective equipment to China, in collaboration with the Canadian Red Cross and the Red Cross Society of China. You can find more information about those shipments [here](#).

Q165. Is Health Canada aware of the advertising or sale of any products that make false or misleading claims in connection with COVID-19?

As of April 15, Health Canada had monitored nearly 200 cases of health products that make false or misleading claims related to COVID-19 that were identified through proactive monitoring or complaints received.

The Department will continue to monitor the situation and take the necessary measures to ensure that health products that make false or misleading claims to diagnose, prevent, treat or cure COVID-19 are removed from the market. In Canada, it is illegal to sell or advertise health products that make false or misleading claims under sections 9(1) and 20(1) of the *Food and Drugs Act*.

There are various compliance and enforcement options available for managing the public health and safety risk arising from false or misleading claims in connection with COVID-19, including on-site inspections, regulatory letters, recalls, public communications or product seizure. In some circumstances, when the enforcement measures set out in regulations are not effective in ensuring compliance, Health Canada can also report its findings to the Public Prosecution Service of Canada so that it may prosecute.

Health Canada encourages Canadians to [report](#) health products that make false and misleading claims related to COVID-19.

On March 27, Health Canada issued a public communication alerting Canadians of the risks associated with health products that make false or misleading claims related to COVID-19: <https://healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2020/72659a-eng.php>.

Q166. Has Health Canada been made aware of any misinformation or false claims about alcohol-based hand sanitizers?



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

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

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

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

More information to help inform Canadians on buying and using drug and health products safely is available here.

Q167. Has the Government of Canada discovered any fraudulent N95 or KN95 masks?

Health Canada has received information that fraudulent and unauthorized N95 respirators that falsely claim to protect consumers against COVID-19 are being illegally sold to consumers online. Health Canada is taking action to stop this activity and has already issued an advisory warning Canadians about the risks of buying products that make false or misleading claims related to COVID-19.

In Canada, N95 respirators are regulated by Health Canada as Class I medical devices and are manufactured or imported by companies that hold a Medical License Establishment Licence. They are also certified by the National Institute for Occupational Safety and Health (NIOSH).

When worn properly, NIOSH-certified N95 respirators are designed to secure a close facial fit and reduce the risk of inhaling dangerous airborne particles and aerosols. The "N95" designation means that when subjected to careful testing, the respirator blocks at least 95% of very small test particles, such as pathogens. Fraudulent or uncertified N95 masks may not meet the same performance measures required by the NIOSH N95 standard and, as a result, may not protect consumers from COVID-19.



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

Health Canada monitors websites and takes action when false claims and/or unauthorized and uncertified products are identified. It is working with online retailers to ensure that these products are removed from their websites.

The Department regularly provides Canadians with updates and alerts on fraudulent products on the following two Health Canada websites:

- a. [Health product advertising incidents related to COVID-19](#)
- b. [Recalls and safety alerts](#)

The reports that Health Canada receives may come from a number of sources, including proactive online searches by the Department, provider education, or complaints from the public.

Health Canada encourages Canadians to report information on false or misleading advertising or the sale of unauthorized and counterfeit goods in Canada to the Department.

Q168. In view of the recent statement that warns against fraudulent N95 masks, can you tell me whether the Public Health Agency of Canada or Health Canada have identified any fraudulent or unauthorized materials in the supplies that the federal government has received?

Personal protective equipment received by the Government of Canada, be it given or purchased, is verified by the PHAC to ensure it meets the Government of Canada's technical specifications for COVID-19 before being provided to provinces and territories for use by frontline workers. To date, no fraudulent products have been identified.

Q169. Is the government thinking about increasing supply of the flu shot for the next flu season in light of the demand resulting from the COVID-19 pandemic?

The Public Health Agency of Canada (PHAC) is preparing for the possibility of simultaneous flu and COVID-19 epidemics this fall in Canada. In order to help minimize the challenges that an event like that could cause the healthcare system, the 2020 flu shot campaign will focus on at-risk populations, such as seniors and people who have weakened immune systems or underlying conditions.

The PHAC helps to coordinate and oversee the distribution of flu shots for public programs in collaboration with Public Services and Procurement Canada, Health Canada, vaccine manufacturers and federal, provincial and territorial partners. The PHAC does not decide how many vaccines the provincial and territorial governments purchase for their respective populations; those decisions are taken by each provincial and territorial government based on past experience, flu season forecasts, and the requirements of its vaccination program.

In light of the COVID-19 pandemic, the provincial and territorial governments are reviewing their flu vaccine supply orders ahead of next year's flu season to determine whether they are



sufficient or should be increased. There is still time to increase orders before any final commitments are made.

Q170. Is Immune-Tami going to be licensed for sale in Canada?

Health Canada has not authorized any products with the brand name Immune-Tami or received any product licence application from MeOn Supplements.

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

Q171. Is Health Canada aware of a potential shortage of medical devices caused by COVID-19, and what is being done to monitor the supply?

At this time, Health Canada has not been notified by medical device manufacturers of a shortage of medical devices caused by COVID-19.

The Department has engaged medical device industry stakeholders to seek any early signs that could indicate supply issues and none have been reported to date. Health Canada continues to monitor the situation and will take the appropriate measures, as needed, to mitigate any impact on Canadians.

Q172. Will 3D printed medical devices be allowed to be used to alleviate supply shortages in Canada during this pandemic?

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

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

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

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

Q173. Are there any concerns about devices being produced without the usual quality checks or certification process?

Medical devices sold, imported or distributed in Canada must meet the safety, effectiveness, and quality regulatory requirements of the *Medical Devices Regulations* or the *Interim Order* in cases of COVID-19-related devices. These regulated devices include medical devices manufactured via 3D printing. Health Canada is the regulatory authority for all medical devices



that are intended to be sold or imported and has dedicated processes to quickly assess safety, efficacy and quality for medical devices manufactured for the COVID-19 response.

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

Q174. What is the scope of Canada’s needs with respect to reagent chemicals used in COVID-19 testing?

Canada’s COVID-19 response depends on laboratory testing to detect infection early and take effective public health measures to limit the spread. Canadian public health laboratories work together through a network called the Canadian Public Health Laboratory Network to support COVID-19 diagnosis according to validated testing protocols. The global shortage of testing reagents is affecting laboratory capacity. The PHAC National Microbiology Laboratory is supporting provincial requirements for testing reagents by developing in-house reagents as an interim solution and by working with the industry sector to procure supplies in bulk as they become available. Our priorities are to access testing reagents, assess rapid point-of-care tests and access authorized test kits so that the provinces and territories are equipped to ramp up testing as needed.

Q175. Is the bioMérieux reagent the only one that you have manufactured? Will you be manufacturing the others?

Since the beginning of the COVID-19 outbreak, Health Canada has been collaborating with the Public Health Agency of Canada, other federal departments, and the provinces and territories to ensure a coordinated response in order to predict and respond to Canadians’ needs with respect to health products. The Department has worked diligently with manufacturers in Canada to market products and increase domestic production of therapies and diagnostic devices.

The Public Health Agency of Canada (PHAC) continues to explore all the options for helping the provinces meet the demand for tests, particularly reagents for which the recipes have been published and that can be used with existing testing devices, laboratory plastics or new models for nasopharyngeal (that is, nasal) swabbing.

Q176. Has BioMérieux given its proprietary formula to the Public Health Agency of Canada?

As part of an innovative public-private partnership, bioMérieux Canada has granted the Government of Canada the right to manufacture its products for COVID-19 testing in Canada.

The agreement with bioMérieux Canada provides for a temporary licence. Furthermore, the facilities that the Government of Canada will be using to meet a temporary increase in demand are not meant to be used for long-term manufacturing. In the long term, they will return to their normal operations.



Q177. Is Canada paying for the temporary bioMérieux licence?

The Public Health Agency of Canada signed a temporary licence agreement with bioMérieux Canada, at no cost, for the rights to and formula of their reagents used in COVID-19 diagnostic tests. The product manufacturing systems used to manufacture these reagents are at various stages of development and testing with a view to mitigating part of the reagent shortage in the near future. If successful, this would allow for improved access to COVID-19 testing kits.

Q178. Do we have an estimate of the number of intensive care beds Canada will need when the epidemic peaks, and how many intensive care beds are available at this time?

According to the Canadian Institute for Health Information (CIHI), Canada (excluding Quebec, Nunavut and Yukon) had 3,902 intensive care beds in 2017-2018. That is the most recent and complete data available. Additional information can be downloaded on the CIHI website. Provincial and territorial healthcare system leaders are closely monitoring capacity in their respective health systems, namely supply and demand of essential goods, such as intensive care beds and ventilators, as the number of COVID-19 cases rises. As the situation continues to evolve, a number of governments are taking various measures, including cancelling non-urgent surgeries and transferring alternate level of care patients to other sites, in order to improve the capacity for active care in their hospitals.

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

Q179. Where will medical supplies be stored before being distributed to hospitals by Canada Post or Purolator?

Amazon will work directly with Canada Post to supply warehouses and take advantage of its current third-party distribution channels, through Canada Post and Purolator, to deliver products to provincial and territorial health authorities, across the country, that will benefit frontline healthcare workers.

Q180. How many ventilators does Canada have at this time? How many will be needed when the epidemic peaks?

The procurement order between the federal, provincial and territorial governments also includes ventilators. The federal government has signed contracts for more than 1,500 ventilators and is endeavouring to facilitate the acquisition of additional ventilators to help the provinces and territories.

The worldwide demand for these items is high, and the Public Health Agency of Canada will continue to evaluate needs with the provinces and territories as the epidemic continues to evolve.

Q181. What is the federal government doing to improve the number of available ventilators and masks?

The Government of Canada is currently investing \$2 billion for the purchase of personal protective equipment (PPE), mainly for bulk purchases with the provinces and territories. This includes masks and face shields, gowns, ventilators, test kits and pads, and hand sanitizer.

Within the Government of Canada (Innovation, Science and Economic Development Canada, Public Services and Procurement Canada, Health Canada and the Public Health Agency of Canada), there are ongoing discussions about avenues to explore for procuring PPE and increasing domestic production with Canadian companies such as Thornhill Medical and Medicom. Health Canada and the Public Health Agency of Canada are currently conducting technical evaluations to ensure that these production lines meet the appropriate technical specifications for use in frontline response. This includes the Minister of Health recently signing an Interim Order to allow expedited access to COVID-19-related medical devices. The list of authorized COVID-19 testing devices (with dates of authorization) can be consulted [here](#), and licensed medical devices in Canada are outlined in the [Medical Devices Active Licence Listing](#).

Drug Shortages

Q182. Can Health Canada discuss the scope of the drug shortages in relation to COVID-19 and the measures being taken to address the situation? How long will it be before hospitals run out of drugs? Which provinces are experiencing the most serious shortages?

Health Canada is actively monitoring the impact that the COVID-19 pandemic has had on the drug supply in Canada and is aware that an increased demand has resulted in limited supply and [reported shortages](#). The Department is proactively evaluating the Canadian supply chain to determine areas where supply could be vulnerable and address those vulnerabilities before they result in a shortage. This heightened monitoring includes communicating regularly, and in some cases daily, with the provinces and territories, industry, healthcare and patient groups. Health Canada is also collaborating with international regulatory partners, namely the European Medicines Agency, the Food and Drug Administration in the United States, the Therapeutic Goods Administration in Australia and the World Health Organization to share information about any signs of global supply disruptions. This mobilization has allowed us to better identify the first signs of a shortage and possible mitigation strategies, and to coordinate interventions.

As part of the all-of-government response to the COVID-19 pandemic, [the COVID-19 Emergency Response Act](#) was passed on March 25. The amendments to the [Food and Drugs Act](#) enable Health Canada to put in place more robust tools to support efforts to mitigate shortages that occur and to prevent shortages where possible. For example, on March 30, the Minister of Health signed an Interim Order to help prevent and alleviate shortages in relation to COVID-19. This order allows the exceptional importation and sale of drugs, medical devices and food for a special dietary purpose that may not fully meet Canadian regulatory requirements with regard to licensing and labelling but are manufactured in accordance with comparable standards. Information for companies on how to propose the addition of a drug to the [List of drugs for exceptional importation and sale](#) is available on the Health Canada [website](#).

Drug shortages that are designated as [tier 3 drug shortages](#) can be added to the [List of drugs for exceptional importation and sale](#). Tier 3 shortages are those that have the greatest potential



impact on Canada's drug supply and healthcare system and that are actively managed by Health Canada, in collaboration with the provinces and territories, industry and health professionals, in order to determine ways to mitigate repercussions on patients. At this time, the tier 3 list includes drugs that are used to help patients with COVID-19, such as muscle relaxants, inhalers, sedatives, blood pressure stabilizers, antibiotics and painkillers, and it will be updated as needed. Tier 3 assignment is determined on the basis of a recommendation by a tier assignment committee, which includes federal and provincial and territorial governments, healthcare professionals and industry stakeholders.

Collaborating with companies to address current shortages and mitigate repercussions on patients is Health Canada's first priority. The department is also looking at long-term stability options. As part of these efforts, the Government of Canada issued four requests for information (RFI) on April 19, 2020, and three on April 21, 2020, to ask companies to indicate whether they have access to additional inventory of these essential drugs.

The RFIs will serve to identify additional supply that has not already been earmarked to meet Canada's current needs. The Government of Canada is not looking to obtain information on products already identified to mitigate an existing shortage or limited supply, but rather additional products to strengthen the global supply. RFIs have been issued for salbutamol, cisatracurium, fentanyl for injection, propofol, norepinephrine, epinephrine and azithromycin. The RFIs indicate that the government is interested in procuring up to a 12-month supply, which could be acquired incrementally, at high levels of demand. The government will consider additional RFIs for other essential drugs that are in short supply and drugs that show promising results in clinical trials as potential COVID-19 treatments.

Health Canada will continue working with other federal departments, provincial and territorial governments, international partners and industry to mitigate the repercussions that shortages related to COVID-19 are having on Canadians. These efforts will help ensure Canadians have access to the drugs they need during the COVID-19 pandemic, both now and as the situation continues to evolve.

Q183. What is Health Canada doing to limit potential shortages of tier 3 drugs?

As part of the all-of-government response to the COVID-19 pandemic, the *COVID-19 Emergency Response Act* was passed on March 25. The amendments to the *Food and Drugs Act* enable Health Canada to put in place more robust tools to support efforts to mitigate shortages that occur and to prevent shortages where possible.

For example, on March 30, the Minister of Health signed an Interim Order permitting the exceptional importation and sale of drugs, medical devices and foods for a special dietary purpose that is necessary to prevent or mitigate the effects of shortages directly or indirectly related to COVID-19. The Interim Order permits the exceptional importation of certain drugs that may not fully meet Canadian regulatory requirements under the *Food and Drugs Act* and its regulations in order to safeguard Canada's drug supply and protect the health of Canadians during this period. Only drugs that are 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. At this time, only drugs that are designated *tier 3 drug shortages* can be added to the *List of drugs for exceptional importation and sale*. Although there are no drugs on the list at

this time, Health Canada will review proposals made by companies to access tier 3 drugs shortages, including propofol, as part of this new avenue and will update the list accordingly.

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

Information for companies on how to propose the addition of a drug to the [List of drugs for exceptional importation and sales](#) is available on the Health Canada [website](#).

Health Canada is aware that an increased demand results in a limited supply for some drugs that are frequently used in intensive care units of hospitals, such as sedatives (including propofol), painkillers and muscle relaxants. Although these products are currently available, the Department is working proactively with other federal departments, the provinces and territories, companies and other stakeholders to mitigate the impact on patients, namely by collaborating with companies that can increase supply for the Canadian market and by exploring potential access to the international supply.

Health Canada will continue working with other federal departments, provincial and territorial governments, international partners and industry to mitigate the repercussions that shortages related to COVID-19 are having on Canadians and to ensure that Canadians have access to the drugs they need during the COVID-19 pandemic.

Q184. What are the factors behind the risk of drug shortages?

Several factors can affect the availability of a drug and increase the risk of a shortage, including manufacturing disruption, ingredient availability, supply chain disruptions and increased demand. Health Canada is working with companies and partners to determine the root cause of shortages and mitigate any impact on patients as quickly as possible. Recently, the Department has advised Canadians not to buy more drugs than they need, and health professionals to avoid prescribing or supplying more drugs than they need, to help prevent shortages caused by increased demand.

Q185. When you say that you are working with drug suppliers, what are you actually doing?

Health Canada is working with industry, the provinces and territories and other health sector partners to mitigate the impact on Canadians of any shortages related to COVID-19. When Health Canada is made aware of an anticipated or actual shortage, the Department works with companies throughout the supply chain to better understand the root causes, plans to address the shortage, and measures that can be taken to mitigate the impact on Canadians. In the case of a critical national shortage, Health Canada works with the company reporting the shortage, as well as other companies supplying the Canadian market, to explore all opportunities to meet Canadian demand. This includes options to facilitate access to alternative sources of supply based on need and working with companies that are able to increase supply for Canadians.



Health Canada is working with other federal departments, provincial and territorial governments, international partners and industry to ensure that Canadians have access to the drugs and medical devices they need during the COVID-19 pandemic.

Q186. How can provinces and territories be vigilant about potential shortages in their jurisdictions?

Addressing the complex problem of drug shortages is a multi-stakeholder responsibility requiring the concerted action of the provinces and territories, manufacturers, distributors, healthcare professionals and the federal government. Health Canada works closely with the provinces and territories, which notify it of potentially problematic shortages.

In the event of a critical shortage of a drug in Canada, Health Canada works with stakeholders across the drug supply chain to coordinate the dissemination of information and identify mitigation strategies. The Department analyzes factors such as whether the shortage is national in scope, the availability of alternative sources of supply, and the medical importance of the drug to determine the potential impact and appropriate action. More information on roles and responsibilities regarding drug shortages can be found on our [website](#).

Q187. Can you confirm whether or not Health Canada is looking for alternative sources for Salbutamol or Ventolin?

Health Canada is aware that an increase in demand has led to shortages for a number of salbutamol inhalers, including Ventolin. Information regarding these shortages is available at www.drugshortagescanada.ca

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

The Department recently [advised](#) Canadians not to buy more drugs than they need, and asked healthcare professionals to avoid prescribing or dispensing more drugs than they need, to ensure that all Canadians continue to have access to the drugs they need and to prevent shortages caused by increased demand.

Q188. What is the supply of the following drugs: remdesivir; chloroquine and hydroxychloroquine; ritonavir/lopinavir; and ritonavir/lopinavir and interferon beta?

Health Canada closely monitors the supply of any potential treatment for COVID-19 and works with companies to ensure a continuous supply in Canada, including working with companies that are able to increase the supply for the Canadian market.

Remdesivir is a drug authorized for sale in Canada and is manufactured by Gilead Sciences Canada Inc. Due to the high global demand for remdesivir, Gilead Sciences Canada Inc. informed Health Canada on March 23, 2020, of the transition from access to remdesivir through Health Canada's Special Access Program to access through clinical trials developed by the company for this drug. During this transition period, Gilead is not in a position to accept new individual requests under the Special Access Program. However, exceptions will be made for



pregnant women and children under the age of 18 who have received a confirmed diagnosis of COVID-19 and who have severe symptoms of the disease (Special Access to Remdesivir for COVID-19 in Canada).

Hydroxychloroquine is marketed in Canada by four companies: Apotex Inc, JAMP Pharma Corporation, Mint Pharmaceuticals Inc. and Sanofi-Aventis Canada Inc. and none of these companies have reported a shortage of the drug.

Chloroquine is being marketed in Canada by Teva, which reports a shortage of this drug, with an expected end date of December 31, 2022, due to a shortage of one active ingredient.

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

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

Health Canada will continue to closely monitor the supply of these drugs in Canada and will continue to take the necessary steps in collaboration with industry, provinces, territories and other stakeholders to ensure that Canada's drug supply is not interrupted. Manufacturers are in the best position to provide information on the supply of a drug and should be contacted if they have questions about market conditions and the availability of a particular drug. Canadians can also visit <https://www.drugshortagescanada.ca> for the latest information on reporting drug shortages in Canada.

Masks

Q189. Has Health Canada approved the use of KN95 masks in Canada? If not, why not?

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

Q190. Is the KN95 respirator approved by NIOSH? Does it meet another equivalent medical standard?

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

Q191. Can you sell a mask that is advertised as being for non-medical use? Does it matter if there is no English text on the mask?

If they are not used in a clinical setting and it is clearly indicated on the product label that they are for non-medical use (for example, "not intended for medical use," "for industrial use only"), masks and respirators are not considered medical devices and are therefore not regulated by Health Canada.



Q192. What is the status of Health Canada's review of " MASQUE WOODBRIDGE INOAC " and its suitability for use in hospitals?

Health Canada authorized the "WOODBRIDGE INOAC MASK" on April 4, 2020. It is designed to reduce the exposure of wearers to hazardous particles. It is not an NG5 respirator, it is a level 3 surgical mask that can be used in the hospital environment in accordance with the manufacturer's instructions.

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

Q193. How will Health Canada assess these health products for safety and efficacy?

The Interim Order permits the importation and sale of drugs, medical devices and foods for a special dietary purpose that support Canada's response to the COVID-19 pandemic. As with all drugs and medical devices, Health Canada will assess and monitor the safety, security, quality and efficacy of all products allowed for import and sale under the Interim Order.

Manufacturers of drugs and medical devices will be required to comply with strict monitoring requirements.

Q194. Is Canada guaranteed to receive an adequate supply of these items?

Supply issues related to drugs, medical devices or foods for a special dietary purpose may arise at any time. That is why Health Canada is monitoring supplies of prescription drugs, medical devices and various other health products, such as hand sanitizers, to ensure that Canadians have continued access to these products.

Q195. How does the Interim Order compare to the interim measure the Department announced last week allowing the importation of disinfectants, hand sanitizers, personal protective equipment and swabs that do not fully meet Health Canada's requirements?

This Interim Order applies to a wider variety of products, including prescription drugs and foods for a special dietary purpose, and makes it mandatory to report shortages of medical devices.

Q196. And how does the Order compare to the shortage provisions in the legislative amendments?

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

The legislative amendments provide greater flexibility as to what products may be imported and provide additional powers, such as the ability to authorize another company to manufacture, use or sell a drug or medical device protected by a patent to meet demand when the necessary supplies cannot be obtained from the patent holder, subject to certain conditions, as set out in the Interim Order.



Q197. What are the new requirements for reporting medical device shortages?

Manufacturers and importers will be required to inform the Minister of shortages of medical devices considered critical during the COVID-19 pandemic. Manufacturers and importers will have up to five days to inform Health Canada of an existing or anticipated shortage from the time they become aware of it. This is similar to what is already required of pharmaceutical companies.

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

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

Q198. How will the Interim Order affect personal importation?

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

Q199. How do we know which COVID-19 diagnostic kits have been approved by Health Canada under the Interim Order for Expedited Medical Devices, signed on March 18, 2020?

A [list of diagnostic instruments](#) approved under the [Interim Order](#) is posted online. The list is updated daily.

Q200. What qualifies as a “food for a special dietary purpose” in the Interim Order, other than infant formula?

Foods for special dietary use include foods that are specially designed to meet the needs of consumers with a variety of health issues, such as low-protein foods for people with kidney disease. They may also include foods that are a person's main or sole source of nutrition, such as infant formulas and specially formulated liquid diets for those unable to get proper nutrition through solid food.

Q201. How will access to disinfectants and hand sanitizers be expedited?

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

Q202. What is the government currently doing to address any drug and medical device shortages that may be related to COVID-19?

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



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

Canadian regulations require pharmaceutical companies to publicly report on actual and anticipated drug shortages and discontinuations within a specified timeframe on <https://www.drugshortagescanada.ca/>. Provinces and territories, health professionals or the public can also inform Health Canada of signs of shortages of drugs and medical devices.

Health Canada has contacted all drug establishment licence holders in Canada to remind them of their obligation to report actual or anticipated drug shortages and to notify the Department of any situation that may affect the quality, safety or efficacy of a drug. Medical device establishment licence holders have also been asked to report any shortages to Health Canada.

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

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

Q203. How will these changes enhance the government's ability to manage drug shortages?

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

Q204. Will Health Canada use amendments to the *Patent Act* to bypass patent protection (sometimes called compulsory licensing) and allow other companies to produce patented drugs?

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

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

The amendments to the *Patent Act* that were introduced the week of March 22, 2020, would only be used in exceptional circumstances, and include several safeguards to protect the interests of patent holders, including ensuring that patent holders receive adequate



remuneration for the use of the patent and placing limitations on the duration of the authorization.

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

Q205. Has the Minister of Health made any applications to the Commissioner of Patents to date?

To date, the Minister of Health has not had to exercise the powers provided for in Bill C-13 with respect to amendments to the *Patent Act*.

Q206. Does the Minister of Health believe that this power is necessary to allow Canadian companies to manufacture personal protective equipment, ventilators or any other medical devices that the government is currently purchasing to respond to COVID-19?

At a time when Canadian businesses and manufacturers are stepping up their response to the COVID-19 pandemic, it has not been necessary to exercise the power under Bill C-13 to mobilize industry to manufacture this equipment. Nearly 5,000 Canadian companies have offered their expertise and capacity to provide front-line healthcare workers with the items they need to protect themselves during this global pandemic. Health Canada's partnerships with Canadian industry are helping to produce the needed supplies and equipment, provide Canadians with the fastest possible access to safe and effective health products, strengthen our healthcare system and better protect the health and safety of all Canadians.

Were the situation to change, the Minister of Health could consider using the new authority under the *Patent Act* in consultation with the Minister of Innovation, Science and Industry, as well as the provinces and territories, and manufacturers. The Government of Canada respects patent rights and their importance in the business world. The amended *Patent Act* includes several safeguards that protect the interests of patent holders.

EXPEDITING ACCESS TO DISINFECTANTS, HAND SANITIZERS, PERSONAL PROTECTIVE EQUIPMENT AND SWABS.

Q207. Were these changes made through new regulations?

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

Q208. What does this new rule mean?

It is an interim measure and an expedited approach. It is intended to facilitate access to imported hand sanitizers and disinfectants that do not fully meet the regulatory requirements of



the *Food and Drugs Act*. Health Canada will allow certain products to be sold in Canada under this interim measure, including:

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

Health Canada will allow these low-risk products to be distributed in Canada to address the current shortage of supplies. The expedited process requires that an attestation form be completed. This form helps Health Canada maintain a record of all hand sanitizers and disinfectants on the Canadian market. As with all health products, Health Canada will continue to monitor the safety of these products once they are on the market and will take action to protect the health and safety of Canadians, if necessary.

Q209. When will these products be available on store shelves?

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

For personal protective equipment (Class I medical devices), products may be imported or sold immediately once Health Canada has issued a medical device establishment licence. Health Canada currently issues these licences within 24 hours of receipt of a completed declaration.

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

Q210. Is Health Canada actively reaching out to manufacturers to get more products imported?

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

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

Q211. Is Health Canada using the three forensic laboratories of the Royal Canadian Mounted Police (RCMP) to provide healthcare workers with personal protective equipment?

The Government of Canada has not asked the RCMP to provide personal protective equipment to healthcare workers. We are working directly with the provinces and territories to identify needs and buy in bulk to leverage our collective purchasing power. We are also accepting donations, enhancing domestic industrial capacity and expediting the regulatory process to ensure that urgently needed products are brought to the Canadian market.



Q212. What measures are being taken to provide food production and processing companies with the necessary equipment and products?

The Government of Canada is coordinating with provincial and territorial governments to quickly assess the need for personal protective equipment (PPE) for healthcare professionals (e.g. N95 respirators, surgical masks, face shields, nitrile gloves, gowns and other protective clothing), as well as medical supplies (e.g. disinfectants, ventilators, swabs and test kits). To meet these needs, we are purchasing large quantities of equipment and supplies and we are working with Canadian companies to increase their manufacturing capacity to produce additional supplies.

The priority of the Public Health Agency of Canada (PHAC) and Health Canada is to help provinces and territories obtain the PPE they need for front-line healthcare workers. PHAC has developed a guide for employers and employees on preventing the transmission of COVID-19 in the workplace. The most important measures are physical distancing, strict hand hygiene, respiratory etiquette, cleaning and disinfection of surfaces and objects, the use of physical barriers, and restructuring the workspace to ensure physical distancing.

The Government of Canada is working to assess needs in critical service sectors and to increase national capacity for PPE manufacturing.

Q213. How does the federal government handle donations made to Canada by other countries? After donations arrive at our border, where are they sent? What is the federal government's distribution procedure? Who gets them first?

The Government of Canada is receiving medical supplies donated by companies in Canada and abroad and is working to make them available for use by front-line healthcare workers.

Currently, donations are being managed through the Public Health Agency of Canada (PHAC), and partners will assist to ensure that the volume is handled as efficiently as possible and that the distribution reach is maximized.

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

Q214. Does the government have any requirements on the standards of medical supplies used by local health agencies? If so, what are they?

PHAC is directing suppliers [online](#) to provide information on the items we are seeking, as well as the expedited process for suppliers to follow, including information on product specifications.

Q215. Do you ever have concerns about the quality of medical equipment donated to Canada?

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

Q216. Has the Public Health Agency of Canada rejected any donations of supplies that were subjected to quality control? Has any equipment failed quality control testing in the past two months?



Personal protective equipment (PPE) and medical supplies received by the Government of Canada, whether donated or purchased by Public Services and Procurement Canada (PSPC), are verified by the Public Health Agency of Canada (PHAC) to ensure that they comply with the Government of Canada's technical specifications for COVID-19. If PHAC cannot report on quality, this equipment will not be allocated to the provinces and territories for the use of front-line healthcare.

To date, PHAC has received supplies that do not meet Government of Canada specifications for healthcare facilities. While these supplies do not meet the specifications for front-line healthcare response, they are then assessed for potential use in non-healthcare settings.

IF PRESSED:

Due to intense global competition for PPE and medical supplies, countries are engaging with a number of new and diverse suppliers and manufacturers to meet the demands of COVID-19 response efforts. As a result, PHAC exercises due diligence with respect to products purchased by PSPC by verifying the quality of the supplies purchased or donated upon receipt. To date, PHAC has reported approximately 1 million KN95 masks as being non-compliant with specifications for healthcare facilities. These masks have not been distributed to the provinces and territories for use in front-line healthcare and the use of these masks in non-healthcare settings will be evaluated at a later date.

Q217. Who specifically are the members of the “interdepartmental, multidisciplinary technical assessment committee”?

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

Q218. When will the assessment of donated medical supplies be completed?

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

Q219. Are the medical supplies donated by China last week in Canada? Are they in storage in Ottawa?

A number of shipments have arrived in Canada, including from China, and the Government of Canada is working to rapidly allocate supplies to the provinces and territories. The Public Health Agency of Canada does not disclose the locations of the warehouses it is using to store personal protective equipment and other medical supplies.

Q220. What is the status of quality control testing for donations/purchases of PPE from China?

Personal protective equipment (PPE) and medical supplies received by the Public Health Agency of Canada (PHAC) are verified for compliance with technical specifications before being

allocated to the provinces and territories. The process may vary depending on the medical device and is the same for procurement and donations.

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

Q221. How many of these items have been quality controlled and how many have not?

Shipments received by PHAC are always subject to quality control. For example, items can sometimes be damaged in transit, and PHAC ensures that these items are not distributed to the provinces and territories. As part of the response to COVID-19, PHAC had a small quantity of PPE that was not distributed because it was damaged in transit, and PHAC continues to verify the PPE as it is received. The same applies to donations received by PHAC.

Q222. What happens to items that do not pass inspection? Are they destroyed? Are they returned to the donor country?

PPE requirements for healthcare workers are more stringent than those that apply outside the healthcare setting. Equipment that does not meet the specifications of healthcare facilities will be further evaluated for possible use in the community.

Q223. How many swabs has Canada received to date and how many have been distributed?

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

To date, the Public Health Agency of Canada has received more than 568,800 swabs. All have been distributed to provincial and territorial public health laboratories for testing.

Q224. Is the federal government considering a plan to speed up the assessment process for medical donations to address the shortage of medical equipment?

PHAC and Health Canada have been working closely with the Canada Border Services Agency to expedite access to donated medical supplies.

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

Q225. Recent media coverage has highlighted that during the week of April 6, Canada received 320,000 mould-contaminated swabs from China. What steps are being taken to ensure this does not happen again? Are we to



receive more medical supplies from China that may not be used because they do not meet Health Canada's criteria?

When the provinces and territories identified problems with the swab stocks in question, the product was recalled by the company and the company committed to taking corrective action and replacing the swabs.

The Government of Canada is examining options to ensure a secure supply of sterile swabs for laboratory testing, including the possibility of producing swabs in Canada. The Government of Canada has ordered more than 11 million swabs and supports provinces and territories in their laboratory testing efforts, including ensuring that the demand for swabs is met.

PHAC reviews personal protective equipment and other medical supplies received by the Government of Canada, whether donated or purchased, to ensure compliance with the Government of Canada's technical specifications for COVID-19 before the equipment is shipped to the provinces and territories. If PHAC cannot account for the quality of the equipment or supplies, it does not distribute them for front-line healthcare. The verification process varies depending on the medical device. For example, KN95 respirators, which are an accepted alternative to N95 respirators, are visually inspected for any design and manufacturing defect and tested to confirm that they meet facepiece screening specifications. Surgical gowns and masks are visually inspected and tested for fluid penetration.

IF PRESSED:

PHAC has received some supplies that do not meet Government of Canada specifications. These products do not meet the requirements for front-line healthcare response, but are then evaluated for potential use in non-healthcare settings.

Q226. If these products do not meet all of Health Canada's regulatory requirements, should Canadians be concerned about their safety?

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

The expedited process requires companies to complete and submit a notification form to allow Health Canada to maintain a record of all hand sanitizers, disinfectants and personal protective equipment sold in Canada under this interim measure. As with all health products, Health Canada will continue to monitor the safety of these products once they are on the market and will take appropriate measures to protect the health and safety of Canadians, if necessary.

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

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

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



Q227. How are medical devices regulated in Canada? What is a Class I device?

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

In Canada, medical devices are categorized into four classes based on the risk associated with their use, with Class I devices presenting the lowest potential risk (e.g. masks, gowns) and Class IV presenting the greatest potential risk (e.g. pacemaker). To be sold in Canada, Class II, III and IV medical devices must be licensed. Companies selling Class I medical devices in Canada are required to hold a medical device establishment licence. However, during this pandemic situation, Class I to IV devices may instead be authorized under the Interim Order Respecting the Importation and Sale of Medical Devices for Use in relation to COVID-19.

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

Q228. How can consumers distinguish between a fraudulent product and a product imported through this interim measure?

Health Canada will maintain an updated list of products sold in Canada under this initiative on its website for consumers to consult.

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

Class I medical devices are not licensed by Health Canada, but companies that import or manufacture them do require a medical device establishment licence from Health Canada. These products are listed on Health Canada's website.

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

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



Q229. What else is Health Canada doing to improve the supply of health products during the COVID-19 pandemic?

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

Q230. Is it possible to access medical devices and drugs that have not been authorized in Canada but are available in other countries?

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

For questions related to the SAP for medical devices, please contact the program via [email](#).

Q231. Has Health Canada been informed of the amount of chloroquine that has been imported into Canada? How well equipped are we to control these imports, given the danger this product poses to the health of Canadians?

Health Canada is working closely with the Canada Border Services Agency (CBSA) to ensure that imported health products meet the regulatory requirements of the [Food and Drugs Act](#) and its Regulations.

The CBSA may, at its discretion, refer imported health products to Health Canada for examination. When Health Canada receives a product, it assesses it to determine if it complies with Canadian regulations. Imported health products that are found to be non-compliant are refused entry into Canada or may be seized by Health Canada.

Chloroquine is a prescription drug in Canada for the treatment of malaria and extra-intestinal amoebiasis. Under the [Food and Drug Regulations](#), prescription drugs can only be imported by a practitioner, drug manufacturer, wholesaler, pharmacist or resident of a foreign country while in Canada. In special circumstances, in order not to interrupt treatment, Canadians returning from abroad may be allowed to bring with them a unit of treatment or a 90-day supply of a prescription drug based on the directions for use, whichever is less. Any other importation of prescription drugs is illegal in Canada. In recent weeks, the CBSA has forwarded more commercial imports of chloroquine to Health Canada. Those that were found to be in compliance with legislative or regulatory requirements have been released. Those that did not meet the legislative or regulatory requirements were refused entry into Canada.

When Health Canada finds a product to be non-compliant, it always takes appropriate action – including working with the CBSA – to prevent its importation. In these unprecedented times, Health Canada remains committed to managing risks to the public and has processes in place to ensure the continued delivery of essential services to Canadians.

The Department encourages anyone who has information about the importation, sale or advertising of any health product that is not compliant to report it through the [online complaint form](#).



Q232. Is chloroquine authorized in Canada? Do you have any evidence of its effectiveness in preventing coronavirus? What advice do you have on the use of this drug? Does your department advise people to take this drug?

Currently, there are no medications specifically authorized in Canada to treat or prevent COVID-19. Healthcare professionals may prescribe medications outside of their approved indications (off-label use), based on other sources of information such as medical literature. This is part of the practice of medicine and is regulated at the provincial level.

The best way to access experimental therapies that may be useful for the treatment of COVID-19 is through a clinical trial. Health Canada encourages drug manufacturers to work with researchers so that these drugs can be made available to patients with COVID-19 in the context of clinical trials. This will allow Canadians to have access to new therapies to prevent or treat COVID-19, and the healthcare community will have the opportunity to gather information on the effectiveness of the treatments and the associated risks.

To date, no clinical trials have been approved in Canada for chloroquine in the context of COVID-19. However, Health Canada has approved other possible therapies to treat patients with COVID-19, including three clinical trials for the use of hydroxychloroquine. A list of clinical trials approved for the prevention or treatment of COVID-19 can be found on the [Health Canada website](#).

While Health Canada issues market authorizations for drugs and approves the conditions for which drugs are to be used (called the indication), it does not issue recommendations or treatment guidelines.

In Canada, Teva Canada Limited is authorized to market chloroquine for the treatment of malaria and extra-intestinal amoebiasis. Instructions on the conditions for which the drug is approved can be found in the [Health Canada Drug Product Database](#) by entering “chloroquine” in the “Active Ingredient(s)” field. Teva Canada Limited is currently [reporting](#) a shortage of chloroquine due to a deficiency of an active ingredient which is expected to end by December 31, 2022. For more information on this shortage and the current status of supply, you may contact the company directly.

Health Canada monitors all potential therapeutic treatments and vaccines, diagnostic tests and medical devices, as well as disinfectants currently available and under development in Canada and abroad. The Department is aware of international reports on the use of chloroquine as a drug to treat COVID-19. These reports are based on preliminary data.

Q233. Given the known health effects of chloroquine, if this drug is taken inappropriately or mixed with another drug it is not supposed to be taken with, what advice does Health Canada give Canadians who have it shipped here as a precautionary measure to help prevent COVID-19?

It is illegal to promote, directly or indirectly, experimental therapies or the off-label use of authorized drugs. If Health Canada becomes aware of the illegal promotion of an experimental therapy, Health Canada will contact the party involved to immediately stop the advertising and take all enforcement action required to ensure compliance, which could include seizure of the advertised product.

Canadians should not take any prescription drugs that have not been prescribed by a healthcare professional, who can assess and counsel the patient about possible side effects -



including serious side effects - and drug interactions. Several serious side effects are associated with chloroquine, including arrhythmia, very low blood pressure, and muscle and nerve damage.

Health Canada also reminds Canadians that purchasing health products online can put their health at risk and that it is risky to purchase health products that claim, without authorization, to prevent, treat or cure COVID-19.

Q234. How many Canadians have become ill from taking chloroquine?

Between January 1, 1965, and April 14, 2020, Health Canada received 230 reports of adverse reactions related to chloroquine. Of these 230 reports, 7 were received between January 1, 2020, and April 14, 2020, and were not related to COVID-19.

Q235. Has Health Canada been following global discussions on chloroquine and how the studies in Brazil failed?

Health Canada is monitoring the trials and is aware of the CloroCovid-19 study in Brazil on the use of chloroquine for the treatment of COVID-19. Health Canada is also collaborating with international agencies in global discussions on the safety and efficacy of chloroquine for the treatment of COVID-19. Health Canada will take appropriate and timely action if new health risks are identified.

INTERIM ORDER RESPECTING COVID-19 RELATED MEDICAL DEVICES

Q236. When will Health Canada be able to approve the first test kits for COVID-19 as medical devices?

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

On March 13, 2020, Health Canada received two applications for diagnostic devices: one from Roche Diagnostics and one from ThermoFisher Scientific. These applications were fast-tracked for approval. Healthcare professionals now have access to these devices through our Special Access Program (SAP).

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

Health Canada is also working with many other companies that are in the process of preparing and submitting information for the Department's review. These requests will also be fast-tracked for review.

Q237. What is the timeline for reviews of applications sent to Health Canada for tests to diagnose COVID-19?

Health Canada is working to increase access to diagnostic tests in Canada through an expedited review pathway. The list of authorized devices for diagnosing COVID-19 (with



authorization dates) can be found [here](#), and medical devices licensed in Canada are listed in the [current list of licensed medical devices](#).

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

Q238. Is Health Canada exploring the idea of take-home antibody tests, in a similar vein as the United Kingdom? Could you comment on the efficacy of these tests?

On March 18, the Minister of Health signed an [Interim Order](#) to allow expedited access to COVID-19-related medical devices for use by healthcare providers, including diagnostic test kits. The Interim Order will allow Health Canada to provide quicker and more flexible approval of the importation and sale of medical devices that are necessary for Canada's response to COVID-19, including test kits. The list of authorized COVID-19-related devices (with authorization dates) can be found [here](#) and all licensed medical devices are listed in the [current Medical Device Active Licence Listing](#).

Public health laboratories across Canada and around the world are using tests that detect the presence of the virus that causes COVID-19. These tests are being prioritized for review by Health Canada to increase the number of tests available in Canada to detect active infections of COVID-19.

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

Q239. How will these new test kits help screen more patients?

The Interim Order makes it easier and faster for certain medical devices, such as laboratory diagnostic kits, to be imported and sold in Canada. This would help improve access to medical devices that would allow for faster and more convenient testing, which would avoid needing to send samples to the National Microbiology Laboratory in Winnipeg, facilitating quicker test results.

Point-of-care diagnostic tests are in development and may become available through this Interim Order, which would allow for quicker and more convenient testing of patients. Quicker test results would enable healthcare providers and patients to take appropriate prompt action to help reduce the spread of the disease.

Q240. How often are interim orders used?



In recent years, Interim Orders have been needed a few times to allow rapid access to health products in exceptional circumstances to deal with a significant health or safety risk.

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

Another Interim Order was issued in July 2016 to allow immediate temporary access to naloxone nasal spray until a review for Canadian authorization was completed.

Q241. How will Health Canada ensure that these kits are safe and effective?

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

As with any drug or medical device, Health Canada will assess and monitor the level of safety and effectiveness of all products authorized under this Interim Order, and will take immediate action to protect the health and safety of Canadians, if necessary.

Manufacturers will be required to adhere to strict post-market safety requirements, including mandatory problem reporting, recall procedures and complaint handling.

Q242. Is there a guarantee that Canada will receive a sufficient supply of diagnostic kits?

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

NATIONAL EMERGENCY STRATEGIC STOCKPILE (NESS)

Q243. Who is in charge of NESS? Where are NESS storage facilities located?

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

Q244. Is the stockpiling of PPE for NESS part of PHAC's mandate?

In Canada, public health is a shared responsibility between local, provincial and federal levels of government. During a public health emergency, most needs will be addressed at the local level. The role of the federal National Emergency Strategic Stockpile (NESS) is based on this shared responsibility.



NESS provides surge capacity for emergencies when local and provincial/territorial resources have been depleted and it is the only provider of niche resources needed for rare public health events. As a result, NESS stores a moderate amount of personal protective equipment. However, in response to COVID-19, the Public Health Agency of Canada (PHAC) has made efforts to secure additional supply, including taking advantage of bulk purchasing mechanisms and working with domestic suppliers to support production. This included playing a key coordinating role in the Government of Canada's pandemic response efforts by arranging for the distribution of inbound shipments to provinces and territories for their immediate healthcare use. This work is done in collaboration with various federal departments, including Public Services and Procurement Canada, Health Canada, Innovation, Science and Economic Development Canada and Aboriginal Services Canada, as well as the provinces and territories.

Q245. How large is the stockpile and how will supplies be allocated and distributed?

The Public Health Agency of Canada (PHAC) does not disclose specifics related to National Emergency Strategic Stockpile (NESS) holdings.

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

Bulk orders for PPE and medical supplies have been delivered, and the Government of Canada is promptly allocating supplies to the provinces and territories as per the allocation formula agreed upon by the federal, provincial and territorial ministers of Health. In addition to responding to requests for assistance from the National Emergency Strategic Stockpile (NESS), the Government of Canada supported the distribution of 6.8 million Medicom surgical masks, which were shipped directly to the provinces and territories. Ontario received its allocation on April 3. In addition, 1.7 million nitrile gloves are in transit to the provinces and territories.

In accordance with Health Canada's guidelines on optimizing mask and respirator use during the COVID-19 outbreak <<https://www.canada.ca/en/health-canada/services/drugs-health-products/medical-devices/masks-respirators-covid19.html>>,, NESS also shipped nearly 300,000 expired N95 masks to the provinces and territories.

Q246. Which provinces and territories have obtained supplies from the NESS? What supplies are these?

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

Q247. Modelling data from Alberta indicates that Alberta is waiting for six ventilators from the Public Health Agency of Canada. Are they from NESS or another source?



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

Q248. How many surgical masks and N95 masks does Canada currently have? How many will be needed when the epidemic peaks?

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

Based on the needs identified by the provinces and territories, collaborative federal, provincial and territorial procurement efforts are focused on procurement of large quantities of PPE, such as N95 respirators. PPE procurement orders are beginning to come in, and jurisdictions are discussing approaches for the allocation of this equipment to effectively support a health system response to COVID-19.

To date, the federal government has ordered more than 200 million surgical and N95 masks.

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

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

The safety of healthcare workers is a top priority. The Government of Canada continues to work with provincial and territorial partners to respond to the COVID-19 outbreak, including helping to ensure that healthcare workers have the PPE they need to be safe and protect the health of patients.

Q249. Why is the Regina NESS facility closed and have the masks and gloves been replaced?

The Regina warehouse was closed following an independent evaluation of the National Emergency Strategic Stockpile (NESS) federal warehouse network, which concluded that using six warehouses instead of nine across Canada would provide more efficient distribution without sacrificing response capability. For example, since the creation of NESS, Canada's transportation infrastructure has improved, making it easier to maintain the same 24-hour delivery target with fewer warehouses.

In addition to masks and gloves, other outdated supplies, such as dressings, sponges, intravenous administration kits, and electrodes, were deemed inappropriate for distribution or donation. Many of these items were over 20 years old and were disposed of in accordance with the Treasury Board Directive on Disposal of Surplus Materiel. We also considered the value of the supplies in relation to shipping costs elsewhere.

Q250. How many masks and gloves were discarded and why?



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

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

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

Q251. How many other NESS warehouses and inventories have been disposed of or closed in Canada in recent years? How many remain?

In recent years, NESS has gone from nine warehouses in Canada to six. The independent evaluation indicated that the six strategic locations would allow NESS to continue its role of providing timely support.

Q252. Has the number of PPE supplies decreased due to the decrease in the number of NESS warehouses or has the same level of PPE supplies simply been consolidated in the smaller number of locations?

The quantity of personal protective equipment supplies stored by the National Emergency Strategic Stockpile is not directly correlated to the number of warehouses in the country. When a warehouse was closed, everything that was usable was moved to a new location, and anything that was damaged, expired, unusable or obsolete was disposed of in accordance with the Treasury Board Directive on Disposal of Surplus Materiel.

Q253. Why doesn't Ottawa have a plan to release NESS medical supplies to other users before they expire (i.e., provincial healthcare systems)?

NESS's mandate is to provide support to the provinces and territories, as well as to federal populations such as the Correctional Service of Canada. NESS provides supplies that provinces and territories can request in emergencies when their own resources are insufficient, such as infectious disease outbreaks, natural disasters and other public health events.

Most supplies have a specific shelf life and should be discarded after the expiration date. As part of the normal life cycle management of NESS inventory, expired products may be disposed of in accordance with the Treasury Board Directive on Disposal of Surplus Materiel. NESS will

examine ways to optimize life-cycle management of products to minimize the disposal of obsolete inventory, while continuing to place priority on end-user safety.

Q254. How is personal protective equipment distributed and how is it prioritized?

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

Based on the needs identified by the provinces and territories, collaborative federal, provincial and territorial (FPT) procurement efforts are focused on procurement of large quantities of PPE and medical supplies, including N95 respirators, surgical masks, face shields, nitrile gloves, gowns and other protective clothing, disinfectant, artificial respirators, and screening supplies. The allocation of these supplies is the subject of a collective FPT decision that will support Canada's healthcare system response to the COVID-19 outbreak.

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

To receive stock from NESS, provinces and territories must submit a Request for Assistance (RFA). PHAC responds to RFAs as they are received and allocates supplies to provide surge support to provinces and territories while maintaining a prudent stock in NESS for surge support purposes. In the current situation, due to the high global demand for PPE, it is recommended that provinces and territories submit RFAs with shorter timeframes (e.g. surge requirements for one or two weeks) with the option of following up with additional RFAs as the epidemic evolves.

Q255. Is it the Government of Canada's responsibility to maintain the National Emergency Strategic Stockpile or is it a provincial or territorial responsibility?

NESS's mandate is to provide crisis support to the provinces and territories, as well as federal agencies such as the Correctional Service of Canada.

PHAC, in conjunction with Public Services and Procurement Canada, has placed bulk orders of PPE to meet the needs of the provinces and territories, which are also actively working to ensure that they have the necessary equipment to distribute to frontline healthcare workers.

Canada is receiving orders for supplies and redistributes most of them to the provinces and territories, but retains a small portion to replenish NESS for future surge support.

Q256. Has inventory been added to NESS since the COVID-19 outbreak?

Orders for personal protective equipment (PPE) and medical supplies were placed early on by the federal, provincial and territorial governments to supplement their current inventories. On March 9, the Prime Minister and the Deputy Prime Minister wrote to all provincial and territorial premiers announcing the federal government's intention to place a bulk order for healthcare supplies required for the COVID-19 pandemic.



PHAC has been working for some time with Public Services and Procurement Canada to place bulk orders for PPE supplies to meet the needs of provinces and territories who, in turn, are actively trying to obtain the equipment they need to deliver frontline healthcare.

Canada is receiving supply orders and jurisdictions are working together to ensure the capacity of the health system to respond to COVID-19 while replenishing NESS's stockpile to meet surge demands.

We continue to do our best to keep the public informed of rapidly changing numbers with respect to PPE; however, our priority is getting this protective equipment and delivering it to the provinces so that healthcare workers who need it most have access to it.

Q257. Is NESS fully integrated with other repositories of medical equipment in Canada?

NESS's mandate is to provide emergency assistance to the provinces and territories, as well as to federal populations such as the Correctional Service of Canada. However, as part of the response to COVID-19, PHAC also accepts for distribution donations of medical supplies from other government departments, companies or countries.

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

The Government of Canada created the Strategic Innovation Fund to provide rapid assistance to Canadian companies conducting large-scale research with promising future results and development projects aimed at finding medical countermeasures to COVID-19, including vaccines and critical medical supplies.

Q258. Was a recent notice on the Government's Buy and Sell website a call out to identify additional suppliers for NESS?

The Government of Canada is exploring all avenues to secure medical supplies, including personal protective equipment (PPE), to prepare for and respond to the COVID-19 outbreak.

The notice posted on the Buy and Sell website to identify additional suppliers will benefit federal, provincial and territorial governments, including the National Emergency Strategic Stockpile (NESS).

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

Q259. Does PHAC have to go to tender to replenish NESS supplies or can it use the Emergency Rule to buy directly?

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



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

Q260. A 2010 audit revealed that PHAC did not have a complete and up-to-date inventory of its emergency medical supply stockpile, designed for distribution to provinces during public health emergencies such as this one. Does the federal government now have a complete inventory of its stockpile of emergency medical supplies? Has it shared this inventory with the provinces or the public? Can you provide evidence of the inventory?

Following the 2010 audit, the Public Health Agency of Canada (PHAC) implemented an electronic inventory system to track the National Emergency Strategic Stockpile (NESS) inventory. The provinces and territories are aware of NESS resources; however, for security reasons, PHAC does not disclose NESS inventory to the public.

Q261. What has changed since the 2011 NESS evaluation report?

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

Q262. Can you explain why the number of warehouses storing National Emergency Strategic Stockpile supplies has been reduced, and whether this has resulted in a reduction in the amount of personal protective equipment (PPE) stored by the federal government?

Canada's National Emergency Strategic Stockpile (NESS) contains supplies that are made available to provinces and territories in emergencies when their own resources are insufficient, such as infectious disease outbreaks, natural disasters and other public health events. The purpose of NESS is to provide back-up to the provinces and territories; the reserve is not intended to replace supplies held or procured by the provinces and territories. Provinces and territories are responsible for coordinating and maintaining their own supply capacity.

Over the past decade, we have reduced some of the supplies stored in NESS. For example, blankets used to be part of the stockpile but are now accessible through other mechanisms, so NESS no longer needs to store as many of them. As NESS has modernized, it has focused on storing strategic medical supplies that are not generally held by provinces and territories, such as drugs and vaccines that require controlled environmental conditions.

Following an independent assessment of the federal warehouse network, NESS has gone from nine to six warehouses across Canada to provide the most efficient distribution system possible without compromising response capability. For example, since the creation of

NESS, Canada's transportation infrastructure has improved, making it easier to maintain the same 24-hour delivery target with fewer warehouses.

NESS supplies are periodically reviewed and purchases of supplies are made on a regular basis. In January, the Public Health Agency of Canada (PHAC) began monitoring the coronavirus outbreak in China, assessing its NESS inventory and procuring supplies to respond to a potential outbreak in Canada.

TEMPORARY EXEMPTION UNDER THE CONTROLLED DRUGS AND SUBSTANCES ACT FOR MEDICAL TREATMENTS

Q263. Was this exemption requested by the provinces and territories?

Health Canada received inquiries from a few jurisdictions regarding measures that would facilitate access to certain medical treatments during the pandemic. Health Canada responded quickly to address their concerns and to avoid potential issues related to accessing medical treatment during the pandemic.

Q264. When will pharmacists and practitioners be able to engage in these new activities?

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

Given the seriousness of the COVID-19 outbreak, Health Canada is working quickly to help jurisdictions maintain access to medications for Canadians.

Q265. What activities are currently authorized for pharmacists?

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

While these regulations do not allow pharmacists to prescribe drugs, other related activities included in the meaning of “sell” and “provide” are permitted provided that the quantity dispensed does not exceed the quantity originally authorized. These activities include, but are not limited to:

- **Adjusting the formulation:** adjusting the dosage form in which the drug is prescribed
 - E.g. change from pill to liquid formulation;
- **Adjusting the dose and regimen:** a structured plan that specifies how often a dose of medication should be ingested.
 - E.g. change from 20 mg per day for 5 weeks to 10 mg per day for 10 weeks;
- **De-prescribing:** the planned and supervised process of reducing or stopping a medication; and



- **Part-filling:** dispensing a quantity of medication that is less than the total amount of the drug specified by a practitioner.
 - To clarify, this includes part-fills requested by a patient, when a pharmacy is dealing with an inventory shortage or other situations where the nature of the part-fill is a matter of discussion between the pharmacist and the patient.

In order to ensure better medication management and the health and safety of Canadians, Health Canada has provided pharmacists with an interpretive guide related to prescribing activities with substances related under the *Narcotic Control Regulations*, *Benzodiazepines and Other Targeted Substances Regulations* and Part G of the *Food and Drug Regulations*.

Q266. If a patient does not have a prescription, can a pharmacist now prescribe new medications for them?

This exemption allows pharmacists to renew or extend a prescription in order to maintain a patient on a medication. Pharmacists are not authorized to initiate a new medical treatment with controlled substances (e.g. narcotics).

Q267. Does this exemption apply to other healthcare professionals?

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

Q268. Is there a plan to permanently give pharmacists extended authorities?

Pharmacists are medication experts and play an important role in monitoring patients and medication to ensure their safe and optimal use.

With a view to ensuring better medication management and protecting the health and safety of Canadians, in March 2019, Health Canada launched a formal consultation seeking input on how to modernize the role of pharmacists in the healthcare system. The Department is currently analyzing all feedback received. There will be another opportunity to comment on any draft regulations that are developed in the *Canada Gazette*, Part I. Health Canada encourages everyone to participate in the consultation.

Q269. Are there specific measures in place to assist supervised consumption sites during the COVID-19 pandemic?

Health Canada recognizes that local pandemic precautionary measures may affect the operation of supervised consumption sites and services. Health Canada continues to work directly with site operators to assess situations on a case-by-case basis and determine appropriate modifications to their protocols and practices. Operators are encouraged to contact the Exemptions Section of the Office of Controlled Substances by email (hc.exemption.sc@canada.ca).



VACCINE AND TREATMENT

Q270. Is there a vaccine that protects against coronaviruses in humans? If none are currently approved, are there any vaccines that are in development or being tested?

Currently, there is no approved vaccine that protects against coronaviruses in humans.

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

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

Q271. Could the PVC13 pneumonia vaccine be used to treat COVID-19?

There are currently no vaccines or other health products licensed specifically for the prevention or treatment of COVID-19, as it is a relatively new virus.

For vaccines or other health products that show promise in treating COVID-19, including secondary infections associated with the disease, clinical trials are the most appropriate means to pursue, as they provide a way for the healthcare community to systematically collect data on the effectiveness of treatments and any associated risks. To date, Health Canada has not received any applications for clinical trials for pneumonia vaccines used in the treatment of COVID-19-related infections.

Health Canada is working closely with many potential clinical trial sponsors to support access to clinical trials for COVID-19 for Canadians. To facilitate earlier access to needed therapeutic products to treat or prevent COVID-19, Health Canada will expedite its regulatory process for any health product associated with COVID-19, including the review of submissions and the authorization of clinical trial applications, while continuing to ensure the safety of trial participants. In addition to the work done by the professional societies, clinical trials are being coordinated across the Health Portfolio in Canada and globally.

Q272. How long will it take to develop a vaccine?

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



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

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

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

Q273. How are people being treated for the illness?

At this time, there are no specific medication or drug treatments for people who have a novel coronavirus infection. Researchers are examining the effectiveness of existing antiviral treatments.

The World Health Organization has provided guidance to health professionals, including recommendations for early supportive therapies, symptom management and prevention of complications.

The novel coronavirus causes a range of symptoms from mild to severe depending on the individual. Therefore, if you have travelled abroad, it is important that you monitor your health when you return home. During your trip, you may have come into contact with the novel coronavirus. PHAC asks that you monitor your health for fever, cough and difficulty breathing for 14 days after you arrive in Canada. If you develop any of these symptoms, contact your healthcare provider or local public health authority to inform them of your symptoms. They will advise you on what you should do.

Q274. Is Health Canada investigating these reports, and are there any current guidelines regarding the use of vitamin C as a defence or treatment against coronavirus?

Since the COVID-19 outbreak, Health Canada has taken steps to help Canadians access the health products they need to treat or prevent COVID-19. Currently, there are no drugs specifically authorized to treat COVID-19 because it is a relatively new virus. Much effort is being made to investigate possible new therapies, including drugs that may have been authorized for the treatment of diseases other than COVID-19. For drugs that show promise in the treatment of COVID-19, the best way to access therapies is through clinical trials that allow the healthcare community to systematically collect information on the effectiveness of treatments and the associated risks.

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



To facilitate earlier access to needed therapeutic products to treat or prevent COVID-19, Health Canada will expedite its regulatory process for any health product related to COVID-19, including the review of submissions and the authorization of clinical trial applications. In addition to the work done by professional societies, clinical trials are being coordinated across the health portfolio in Canada and globally. This is a rapidly evolving landscape and the health portfolio is striving to adapt to shifting needs.

Q275. Are there any safety issues related to the use of ibuprofen in COVID-19 cases?

There is currently no scientific evidence linking ibuprofen, or other non-steroidal anti-inflammatory drugs (NSAIDs), to the worsening of COVID-19 symptoms. The evidence is not conclusive.

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

Q276. Can hydroxychloroquine and azithromycin be used to treat any coronavirus patient? Will they be effective in all people?

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

In Canada, a physician's decision to prescribe a particular drug to a patient, whether for an approved indication or an off-label indication, is part of the routine practice of medicine. While Health Canada regulates drugs, it is the responsibility of healthcare professionals, when prescribing a drug, to take into account information published in medical journals, reports and peer-reviewed studies.

Q277. Are clinical trials underway to determine the efficacy of hydroxychloroquine and azithromycin?

Yes, Health Canada has authorized clinical trials on the use of hydroxychloroquine to treat COVID-19 in Canada. Health Canada is also monitoring the progress of other clinical trials underway internationally.

Any company or healthcare professional treating patients with COVID-19 who would like to conduct a clinical trial on the efficacy of these or other drugs is encouraged to contact Health Canada.



A list of approved clinical trials for the prevention or treatment of COVID-19 or its complications can be found in the [Health Canada Clinical Trials Database](#) by entering “COVID” in the “Medical Condition” field.

**Q278. What are hydroxychloroquine and azithromycin usually used for?
What are the approved indications?**

Hydroxychloroquine is an antiparasitic drug indicated for the treatment of malaria and autoimmune diseases such as rheumatoid arthritis and lupus.

Azithromycin is an antibiotic used to treat pneumonia and other bacterial infections.

**Q279. Does Health Canada have an official position on hydroxychloroquine
and chloroquine for the treatment of COVID-19?**

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

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

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

**Q280. Are hydroxychloroquine or chloroquine used in Canadian hospitals
for testing or treatment?**

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

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



Q281. What is Health Canada doing about products that claim to prevent, treat or cure COVID-19?

There is currently no vaccine against COVID-19 and no natural health products, including traditional Chinese medicines, licensed to treat or prevent COVID-19.

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

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

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

Q282. What action will Health Canada take if there is non-compliance with health products claiming to cure, treat or prevent COVID-19?

Under the *Food and Drugs Act*, the free distribution of a health product is considered advertising. If Health Canada becomes aware that companies are distributing free samples of unauthorized products or free samples of authorized products that make false and misleading claims, Health Canada will ask the parties involved to immediately stop the distribution and will take all necessary compliance and enforcement actions to ensure compliance, which may include seizure of the product.

As previously mentioned, Health Canada has not approved any products for the treatment or cure of COVID-19, including any traditional Chinese medicines. Selling unauthorized health products or making false or misleading claims about COVID-19, its prevention, treatment or cure is illegal in Canada.

The distribution of free samples of authorized products making false and misleading claims or any other form of advertising making such claims is illegal and considered false and misleading. The Department takes this issue seriously and will not hesitate to use all the tools at its disposal to stop such activities.

Currently, Health Canada is assessing this advertising issue and will take all necessary measures to enforce the law if non-compliance with the Act or regulations is found.

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



Q283. Are there any natural health products, including traditional Chinese medicines, Ayurvedic remedies and homeopathic products, that offer protection or treatment against this virus?

No authorized natural health products are licensed to provide protection or treatment against COVID-19. This includes traditional Chinese medicines, Ayurvedic remedies and homeopathic products.

Q284. Have Lianhua Qingwen capsules been approved for sale in Canada? If so, why?

Lianhua Qingwen capsules have been licensed by Health Canada with the following recommended use: "Traditionally used in Chinese medicine to help eliminate heat and toxin invasion of the lungs, including symptoms such as fever, cold aversion, muscle aches, nasal congestion or runny nose, dry or irritated throat, red tongue covered with a yellow, greasy film."

All natural health products sold in Canada must meet the requirements of the *Food and Drugs Act* and the *Natural Health Products Regulations*. Health Canada evaluates the safety, efficacy and quality of natural health products based on ingredients and health claims. An eight-digit Natural Product Number (NPN) or Homeopathic Medicine Number (DIN-HM) is issued after all regulatory requirements have been met and before the product can be sold on the Canadian market.

Detailed information on [Lianhua Qingwen capsules](#) (NPN 80033781) is available in Health Canada's publicly accessible [Licensed Natural Health Products Database](#).

Q285. Are Lianhua Qingwen capsules effective in curing COVID-19 as claimed by the manufacturer?

Currently, no health products, including traditional Chinese medicines, have been authorized by Health Canada to treat or protect against COVID-19.

It is illegal in Canada to sell unlicensed health products or make false or misleading claims regarding the prevention, treatment or cure of COVID-19. The Department takes this issue very seriously and will take steps to stop this activity. To date, Health Canada has not approved any products to treat, prevent or cure COVID-19. The Department is taking steps to respond to complaints about products not authorized for sale in Canada that make false or misleading claims about the treatment, prevention or cure of COVID-19.

Health Canada is currently assessing this advertising issue and will take any necessary enforcement action if non-compliance with the Act or Regulations is found.

The Department encourages anyone who has information about the sale or potentially misleading advertising of any health product that claims to treat, prevent or cure COVID-19 to report it using the [online complaint form](#).

Q286. Is it true that ephedra is one of the ingredients used in Lianhua Qingwen capsules and that it is prohibited by Health Canada?



The medicinal ingredient ephedra (*Ephedra sinica*) is not prohibited by Health Canada. The [Product Monograph: Ephedra](#) provides detailed information on the requirements to ensure the safety of this ingredient in natural health products. All natural health products, including products containing Ephedra, must be authorized by Health Canada and have a valid eight (8) digit Natural Product Number (NPN) or Homeopathic Medicine Number (DIN-HM) to be legally sold in Canada.

Q287. Has Health Canada received any complaints about Lianhua Qingwen capsules?

As of April 21, 2020, Health Canada has received two complaints regarding Lianhua Qingwen capsules. As a result of these complaints, Health Canada has opened files and is taking steps to verify if there have been any instances of non-compliance. As these are active and ongoing files, the department is not in a position to provide details regarding the compliance and enforcement actions it may consider.

When Health Canada identifies potential non-compliance with the [Food and Drugs Act](#) or its associated regulations, or when the department is informed, it takes action to confirm whether non-compliance has occurred and takes action based on the risk to the health of Canadians. There are a number of compliance and enforcement options available to correct non-compliance or mitigate a risk to Canadians, including site visits, public communications, recalls, and seizure of products and promotional material.

The Department encourages anyone who has information about potentially non-compliant advertising of a health product claiming to treat, prevent or cure COVID-19 to report it by emailing us at drug-device-marketing@canada.ca or through the [online complaint form](#).

Q288. Are Avigan or favipiravir registered in Canada and is Canada taking steps to register them?

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

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

Health Canada has initiated discussions with companies whose products show promise in addressing COVID-19, including the company that manufactures favipiravir. However, to date, Health Canada has not received any product submissions containing favipiravir. It is ultimately up to the manufacturer to decide whether to seek market authorization for its product in Canada.

For drugs that have some potential for the treatment of COVID-19, such as favipiravir, Health Canada encourages sponsors to collaborate with researchers and offer drugs to patients in



clinical trials. This would ensure that patients' informed consent is obtained and that the health care community is aware of whether the treatments are effective and what the risks are.

Q289. Will Health Canada or the Public Health Agency of Canada publish clinical guidelines if it is proven in other countries or jurisdictions that antivirals such as favipiravir or other drugs are effective in the treatment of COVID-19?

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

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

Q290. Can you give us details on how plasma therapy for COVID-19 works before it is approved?

Health Canada worked closely with clinical trial sponsors and blood suppliers, Canadian Blood Services and Héma-Québec to provide regulatory and scientific advice in support of the development of this blood plasma testing protocol. Health Canada recently received a clinical trial application for the use of blood plasma from patients who have recovered from COVID-19 to treat other patients. As with other clinical trial applications for COVID-19, the review of this application has been prioritized and is being expedited. The usual timelines for authorization of clinical trials depend on the information submitted in support of the trial and can take up to 30 days. Priority review timelines vary, but it is expected that this review will be completed within one to two weeks. The objective of the Health Canada review is to protect the health of study participants or others, to ensure that the trial is in the best interest of study participants, and to determine whether the study objectives will be met.

Q291. What are the criteria for plasma donation for men who have had sex with men (MSM) in the last three months? Will they be allowed to donate plasma, or is this the status quo?

To conduct a clinical trial in Canada - including a trial using convalescent plasma from people who have recovered from COVID-19 - a sponsor must submit a Clinical Trial Application (CTA) to Health Canada for review and authorization. The purpose of the Health Canada review is to determine whether the trial could endanger the health of the study participant or the health of others, whether the trial is in the interest of the study participant, and whether the study objectives will be met. Regardless of review by Health Canada, the trial must also be approved by the Research Ethics Boards associated with the trial sites before patients can be recruited. Therefore, it is the CTA sponsor that must determine the protocols for conducting the trial in its



application. For trials involving plasma or blood products, this would include donor selection criteria.

To date, Health Canada has authorized a convalescent plasma clinical trial for the treatment of COVID-19. This multi-centre trial is designed to determine the safety and efficacy of convalescent plasma collected from donors who have recovered from COVID-19 infection to reduce the risk of intubation or death in adults admitted to hospital for respiratory illness due to COVID-19. Canadian Blood Services and Héma-Québec will be responsible for providing donor plasma for this clinical trial. The plasma will be collected and processed according to protocols already in place under Health Canada authorizations, including the current donor deferral for men who have had sex with another man in the past three months.

Q292. Is Canada participating in the WHO-led Solidarity II project?

As part of the World Health Organization's (WHO) R&D Blueprint and intervention efforts against COVID-19, the World Health Organization (WHO) has launched a multinational clinical trial to investigate possible treatments for COVID-19.

The signatory countries to date are Canada, Argentina, Bahrain, France, Iran, Norway, South Africa, Spain, Switzerland and Thailand. Other countries may join at a later date.

The objective is to generate reliable data by applying the same study protocol to multiple sites in order to obtain statistically reliable results from a sufficient number of patients.

The principal investigator in Canada is Dr. Srinivas Murthy from British Columbia. Currently, 31 Canadian hospitals are in various stages of activation to implement this clinical trial.

Dr. Murthy received a \$954,936 grant from the Canadian Institutes of Health Research to study treatments through observational studies and randomized controlled trials.

Initial interventions to be included are: 1) lopinavir/ritonavir combination currently marketed for HIV versus standard of care; and 2) hydroxychloroquine, currently marketed for malaria, to be added to the protocol at a later date.

VIRUS TRANSMISSION

Q293. How is COVID-19 transmitted?

Current evidence suggests that COVID-19 is most often transmitted from an infected person:

- by respiratory droplets generated when an infected person coughs or sneezes;
- through close personal contact with an infected person, such as direct contact or a handshake;
- by contact with surfaces contaminated with the virus, followed by contact of unwashed hands with the mouth, nose or eyes.

Generally speaking, coronaviruses form a large family of viruses, some of which cause disease in humans, while others circulate in animals, including camels, cats and bats.



Q294. Can COVID-19 be transmitted even when a person is symptom-free?

Now that more countries have recorded more cases and analyzed the modes of transmission, recent studies prove that infected people can transmit the virus before they even show symptoms. We call this *presymptomatic transmission*.

Data also show that some infected people can transmit the virus without ever showing symptoms. This is called *asymptomatic transmission*. At this time, we do not know to what extent presymptomatic and asymptomatic transmission plays a role in the progression of the epidemic, but we do know that this type of transmission occurs in people who have close contacts or share a restricted physical environment.

The main vectors of the global COVID-19 pandemic are people with visible symptoms, since coughing and respiratory droplets are the main modes of spread of the virus. However, as asymptomatic transmission is now proven to exist, it is important that everyone, even those who do not feel sick, applies proven methods to prevent transmission.

The following are proven methods to prevent transmission of COVID-19:

- stay at home as much as possible;
- practice physical distancing;
- wash your hands;
- protect the most vulnerable people from infection and limit their exposure to others; and
- cough into a handkerchief or into a sleeve.

Q295. What should you do if you have been exposed to a confirmed case of COVID-19?

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

- monitor your health to detect the onset of **fever, cough and breathing difficulties**;
- avoid places where you cannot easily move away from others if you get sick.

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

If you **have symptoms of COVID-19**, isolate yourself from others as soon as possible.

Immediately call a healthcare professional or public health authorities at

<https://www.canada.ca/en/public-health/services/publications/diseases-conditions/2019-novel-coronavirus-information-sheet.html>. Describe your symptoms and travel history. They will advise you on what to do.

Q296. What are the statistics on asymptomatic cases in Canada?

The Public Health Agency of Canada (PHAC) and provincial and territorial public health authorities work collaboratively to provide Canadians with the best and most accurate information available. Every effort is made to ensure timely notification, but as with any disease surveillance, there are delays in reporting some data.

Provinces and territories report data using the COVID-19 [case report form](#). According to the 22,217 case report forms received as of April 22 at 11:00 a.m. ET, PHAC is aware of 220 cases



that were classified as asymptomatic, representing 2.7% of cases with known symptom status (n=7,879). It should be noted that the presence of symptoms was unknown in 65% of cases reported to PHAC.

This is not an accurate representation of asymptomatic cases due to incomplete data and the fact that COVID-19 screening focuses on symptomatic individuals. In addition, the data on these cases in the reporting form are preliminary and may have missing values for characteristics of interest. Provinces and territories may not routinely update detailed data. Although a patient's condition may change as the disease progresses, PHAC does not receive regular updates on the patient's status.

Q297. Are Canadians at risk of contracting COVID-19 if they touch a potentially contaminated surface?

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

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

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

Q298. Are Canadians at risk of contracting COVID-19 from products shipped from Canada or abroad?

It is not yet known how long the virus that causes COVID-19 lives on objects and surfaces, but early indications suggest that it could vary from a few hours to a few days depending on a variety of factors, including:

- temperature;
- the type of surface; and
- ambient humidity.

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

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

- apply good hygiene measures;



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

Q299. Can COVID-19 be -transmitted through food or water?

There is currently no evidence to suggest that food may be a likely source or route of transmission of the virus, and there are no reports of transmission of COVID-19 through food at this time. The virus is not likely to infect people through food.

Scientists and food safety officials around the world are closely monitoring the spread of COVID-19.

The novel coronavirus causing COVID-19 is not considered a foodborne pathogen.

Routine cleaning and disinfection methods, as well as cooking food to a safe internal temperature, eliminate coronaviruses.

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

PREVENTION AND RISKS

Q300. How can I protect myself against this virus?

Here are some tips to stay healthy and prevent the spread of infections:

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

Q301. Should people in Canada wear masks to protect themselves from this virus?

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 people from infection and limit their exposure to others;
- Cough into a handkerchief or into your sleeve.

Healthcare workers require medical masks, including surgical masks, procedural masks and respiratory masks such as N95 masks. It is extremely important that these masks be reserved for healthcare workers, as they are urgently needed for medical procedures and the care of people with COVID-19.



There is no evidence that wearing a non-medical mask or face shield (i.e., made to completely cover the nose and mouth and tightly fitting to the face, held in place by ties behind the ears or cords behind the head and neck) in the community protects the wearer. However, wearing a non-medical mask or face shield is an extra step you can take to protect those around you.

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

For short periods of time when it is not possible to physically remove yourself in public (e.g. at the grocery store or in cramped areas such as when travelling on public transit), wearing a non-medical mask is one way to protect those around you.

Young children under two years of age, as well as people who have breathing difficulties, are unconscious, or are unable to remove a mask on their own should not wear non-medical masks or other face coverings.

Q302. Can vaping/smoking/drug use damage the lungs making a person more vulnerable to COVID-19-?

No direct evidence has been published on vaping or drug use and its association with the evolution of COVID-19.

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

Q303. In the U.S., people under the age of 44 account for a large proportion of hospitalizations. What do we see among younger Canadians?

In Canada, people under the age of 40 account for 31% of cases. Compared to other age groups, people under 40 years of age suffer from less serious illnesses, as only 9% of hospitalizations and 4% of intensive care admissions are reported in this age group. (These figures are subject to change as new cases are identified and as the situation evolves).

Q304. What is your message to youth (specifically those who smoke/vape/use drugs) who believe they are immune to COVID-19

Everyone is susceptible to this virus - you are not immune. Vaping can increase your exposure to chemicals that could harm your health (for example, cause lung damage). It is also important to remember that vaping or drug-using equipment should never be used by more than one person. Maintaining a healthy lifestyle is especially important at this time.

ANIMALS

Q305. Is it possible to contract the virus from an animal in Canada?

At this time, the spread of COVID-19 results from person-to-person transmission. There is no evidence that pets and other animals may play a role in the transmission of the disease to humans. Scientists are still trying to understand if and how the disease affects animals.



Q306. Can pets and other domestic animals get the virus?

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

As a precautionary measure, if you have symptoms of COVID-19 or if you are self-isolating due to contact with a COVID-19 case, you should apply similar recommendations to animals as to people.

- Avoid close contact with animals while you are sick.
 - Maintain good hand hygiene and avoid coughing or sneezing on your pets.
 - Do not visit farms and avoid contact with livestock.
- If possible, have another member of the household take care of your pets.
 - If this is not possible, always wash your hands before and after touching animals, their food and supplies, and follow good respiratory hygiene practices when coughing or sneezing.
- Limit contact between your pets and people and animals that are not part of your household until you are no longer sick.

These measures, which are basic practices to prevent the transmission of disease between humans and animals, are recommended as a precautionary measure. If you have any concerns, consult a veterinarian or public health professional who can help you find answers to your questions.

More information about animals and COVID-19 can be found on the Canadian Food Inspection Agency (CFIA) website.

Q307. Am I at risk of contracting COVID-19 if I have been in contact with an animal recently imported from an affected area (e.g., a dog imported by a relief agency)?

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

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

Animals imported from other countries can carry a variety of diseases that do not exist in Canada and can spread between animals and between animals and humans. Therefore, it is always a good idea to have a veterinarian examine a recently imported animal so that they can advise you on the care and vaccinations needed to keep the animal healthy and protect the health of your family members.

Take the following precautions to prevent the transmission of diseases from animals to humans:



- always wash your hands after touching an animal, its food or articles, and after picking up its feces or cleaning its bedding;
- don't kiss animals, share food with them or let them lick your face;
- make sure to regularly clean and disinfect the areas where the animals live.

To learn more about animals and COVID-19, visit the following addresses:

- https://www.oie.int/fileadmin/Home/eng/Our_scientific_expertise/docs/pdf/COVID-19/COVID19_21Feb.pdf
- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters>

DISINFECTION AND SANITATION MEASURES FOR AIRLINES AND AIRPORTS

Q308. Is there a role for air carriers in preventing the spread of infectious diseases?

Airlines are important partners in mitigating the potential risk of entry and spread of communicable diseases. In addition, airlines will prohibit travellers of any nationality who exhibit symptoms of COVID-19 from boarding international flights to Canada. Airlines will be required to conduct a summary health assessment of all air travellers based on guidelines provided by the Public Health Agency of Canada.

Q309. Are there guidelines for decontaminating aircraft that have carried passengers with symptoms of the virus during the flight?

As part of the Government of Canada's efforts to limit the spread of the coronavirus disease 2019 (COVID-19), the Public Health Agency of Canada (PHAC) has provided guidance on disinfection and sanitation measures to airlines operating direct flights from China.

In addition to the usual cleaning measures, PHAC recommends that airlines thoroughly clean and disinfect frequently touched surfaces. During an outbreak, it is important to increase the frequency of routine cleaning and disinfection of these surfaces to help stop the spread of infection. The guidelines outline what cleaning equipment and disinfectants are recommended, what surfaces are frequently touched, and how to proceed with cleaning and disinfection.

In addition, if it is suspected that a passenger aboard an aircraft is ill, PHAC will notify the airline so that, in addition to enhanced routine sanitation measures, the airline can thoroughly clean and disinfect the area within two metres of the passenger's seat.

Q310. Are touch screen kiosks and other surfaces in common areas of airports frequently cleaned and disinfected?

Touch screen kiosks and other common areas are cleaned regularly throughout the day. The best way to prevent illness after touching a common surface that may be contaminated with a virus is to avoid touching your eyes, mouth or nose until you can wash your hands with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer if soap and water are



not available on-site. Responsibility for the maintenance and cleaning of common areas and kiosks rests with individual airport authorities.

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

Q311. What precautions does PHAC recommend for flight attendants who are in close proximity to sick people for extended periods of time?

Protecting the health of Canadians, front-line workers and in this case, flight attendants, is extremely important. As part of the Government of Canada's efforts to stem the spread of COVID-19, the Public Health Agency of Canada (PHAC) has provided guidelines for hand hygiene and respiratory etiquette, as well as disinfection and sanitation practices at airlines. In addition to routine cleaning practices, PHAC recommends thorough cleaning and sanitizing of frequently touched surfaces.

One of the best measures to contain the spread of COVID-19 is to increase the frequency of routine cleaning practices and the sanitization of frequently touched surfaces. Guidelines include recommendations for equipment and disinfectants, frequently touched surfaces and sanitizing instructions. In addition, if there is a suspicion that a passenger is ill, PHAC will notify the airline so that the airline can in turn notify staff of the flight in question; they can self-monitor and ensure that surfaces within two metres in diameter of the seat are properly cleaned and disinfected, in addition to normal cleaning practices.

Like any other Canadian, flight attendants should monitor themselves for any symptoms, isolate themselves quickly if symptoms occur, and contact local public health authorities for more information: where to go for treatment, what mode of transportation to use, and what precautions to take.

In addition, Transport Canada is working with air carriers to strengthen current practices to ensure that if a passenger develops symptoms during a flight, that the passenger is isolated quickly, in accordance with international standards, and that flight attendants wear appropriate personal protective equipment. In addition, staff would notify air traffic control of a passenger who presents symptoms of COVID-19.

EMPLOYEE SAFETY

Q312. What is Health Canada doing to ensure that federal employees take appropriate precautions?

Health Canada's Public Service Occupational Health Program (PSOHP) provides occupational health and occupational health advisory services to various departments.

In accordance with standard protocols for such situations, the PSOHP has issued a General Occupational Health Advisory to departments and agencies that provides guidance on the novel coronavirus and recommended precautions for employees, such as frequent hand-washing, cough and sneeze hygiene, and self-monitoring of symptoms.



The advice and information is based on the science and level of risk assessed by the Public Health Agency of Canada and the World Health Organization.

In addition, given the diversity of federal workplaces, the PSOHP has developed additional guidance for specific workplaces. The priority was to advise airport employees who interact with travellers, for example, on the personal protective equipment to use when searching luggage or escorting an ill traveller. Health Canada's occupational health nurses also assisted our departmental partners by organizing information sessions for airport staff and at CFB Trenton.

The Department is also working with Global Affairs Canada to ensure that departments and agencies with employees in affected countries have all the information they need on occupational health.

Health Canada's occupational health experts will continue to work closely with departments to ensure the health and safety of federal public service employees.

Q313. What protocols did Health Canada follow after receiving confirmation that an employee had been diagnosed with COVID-19?

A Health Canada employee working at Tunney's Pasture tested positive for COVID-19. The employee is self-isolating and following the directions of the local public health authorities.

The Department followed established protocols.

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

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

The Government of Canada calls for telework to be used when and where possible, while taking into account the operational requirements of each department. Departments and other federal organizations are actively using this flexible work option. We constantly re-evaluate the situation and strive to balance our duty to Canadians with the health and safety of all public servants.

The government is developing a mechanism to centralize information on confirmed cases within the Public Service. The Treasury Board Secretariat is working closely with Health Canada and the Public Health Agency of Canada to provide departments and agencies with workplace information and advice so that they can manage their workforces accordingly.

Q314. Can you confirm that a number of employees working at the National Microbiology Laboratory of Canada in Winnipeg have tested positive for COVID-19?

Two employees working at Canada's National Microbiology Laboratory in Winnipeg tested positive for COVID-19. The employees are isolated and are following the guidelines of the local



public health authority. Contact tracing is underway by the local public health authority who will implement all necessary follow-up procedures to prevent the spread of the virus.

In accordance with standard laboratory protocol, procedures for cleaning and disinfection of work areas and common areas were followed. Our employees continue to practise effective public health measures, including social distancing, hand-washing and respiratory etiquette. It is not surprising that we are seeing cases among our workforce as COVID-19 infection circulates in our community. We are prepared for such circumstances with business continuity plans that ensure that critical NML operations continue in circumstances where employees are ill or absent. For federal employees whose duties allow them to work from home, this arrangement is supported as part of the Government of Canada's policy during the COVID-19 pandemic. We wish our employees a speedy recovery and think of them and their families during this difficult time.