EVERGREEN MEDIA LINES

Novel Coronavirus (2019-nCoV) – Wuhan, China

Questions and answers

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PUBLIC HEALTH EMERGENCY AND PREPAREDNESS

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

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

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

While some jurisdictions have legislation to declare public health emergencies in order to provide access to additional powers and authorities, such as new funding, travel restrictions,

and streamlined decision-making, legislation is not required at the federal level in Canada to access similar additional powers.

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

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

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

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

Q2. Is Canada collaborating with the United States?

We have been in contact with our counterparts at the Centers for Disease Control and Prevention (CDC) in the United States and are continuously assessing the situation.

Both our health care and public health systems have been alerted to identify and manage possible cases. We are prepared to address any possible cases of the virus in Canada.

Q3. When and how would Canada move from the current global containment strategy approach to a pandemic preparedness and response approach?

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.

We are working collectively with the global community under the leadership of the World Health Organization and are in constant communication with our provincial and territorial counterparts.

Public health authorities across Canada at all levels of government are working together to adapt our response to this rapidly changing situation. We are reviewing existing resources and systems to ensure we are prepared to address future scenarios. We are also accelerating research efforts including contributing to international efforts to develop vaccines and treatments.

Our pan-Canada emergency preparedness and response plans ensure a consistent and collaborative approach to control the spread of the virus and reduce its impacts on our population—especially those who are most vulnerable—and health system.

The primary objectives of shifting to population-level pandemic response measures are to reduce the overall health and societal impacts on the overall population in Canada.

We have Federal, provincial and territorial pandemic preparedness plans, as well emergency response plans, that are already in place to provide a robust foundation for Canada to respond to a pandemic situation.

These pandemic preparedness and response measures include:

- Establishing Canada-wide disease surveillance vs the current case-by-case surveillance of imported cases to track and monitor spread if there is widespread transmission of COVID-19;
- Implementing broad clinical and public health measures to delay outbreaks and mitigate the overall impact on the health of Canadians (i.e. to reduce illness and death across Canada);
- Special studies and disease severity surveillance to monitor severe illness and serious outcomes in high risk populations; and;
- The acceleration of research and development, including for vaccines and treatment.

We continue to work closely with the WHO, our provinces and territories and the global community to monitor the situation, assess risks and share information to inform Canadians.

TRAVEL HEALTH NOTICES

Q4. What are the differences in risk levels of Travel Health Notices?

The Public Health Agency of Canada (PHAC) issues travel health notices to inform Canadian travellers of an increased or unexpected potential health risk in a country or region outside of Canada. The travel health notices also recommend measures that can be taken to help reduce these risks.

Level 1 travel health notices advise practising usual travel health precautions. For example, notices at this level may remind travellers about routine vaccinations, highlight the importance of hand-washing, or recommend protective measures to avoid mosquito bites.

Level 2 travel health notices recommend that travellers practise special health precautions, such as receiving additional vaccinations. A notice at this level would be issued if there is an

outbreak in a limited geographic location, a newly identified disease in the region or a change in the existing pattern of disease.

Level 3 travel health notices include a warning to avoid non-essential travel to protect the health of Canadian travellers and the Canadian public. The notice outlines specific precautions to take when visiting the region and what to do if you become ill during or after travel. A notice at this level would be issued during a large-scale outbreak in a large geographic area, or if there is increased risk to the traveller and an increased risk of spreading disease to other groups including the Canadian public.

Level 4 travel health notices advise travellers to avoid all travel to protect the health of the Canadian public. A notice at this level would be issued if there is a high risk of spread of disease to the general public regardless of measures taken while travelling. Avoiding all travel will limit the spread of the disease in Canada and internationally.

DRUG, HEALTH PRODUCTS AND MEDICAL DEVICES

Q5. Are there safety issues with the use of ibuprofen in COVID-19 cases?

There is no scientific evidence that establishes a link between ibuprofen, or other non-steroidal anti-inflammatory drugs (NSAIDs), and the worsening of COVID-19 symptoms.

If you have symptoms of COVID-19, speak with your healthcare provider regarding the most appropriate health products for the treatment of fever or pain. If you are currently taking ibuprofen, especially for a chronic illness, do not stop taking your medication.

Q6. Is Health Canada aware of any drug shortage due to COVID-19, and what is being done to monitor supply?

At this time, Health Canada is not aware of any impact of COVID-19 on Canada's pharmaceutical supply.

The Department has engaged pharmaceutical industry stakeholders to seek any early signals that may indicate impacts on the drug supply chain, and none have been reported to date.

Health Canada has also contacted all Drug Establishment Licence holders in Canada to remind them of the requirement to report any anticipated or actual drug shortages on drugshortagescanada.ca within specified timeframes. Timely public communication of drug shortages and discontinuances by drug companies is an essential part of preventing and managing shortages. It helps the drug supply chain and the healthcare system respond appropriately, in order to minimize the impact on patients.

The Department will continue to monitor the situation closely and will take action if needed, in collaboration with companies, the provinces and territories and other stakeholders, to mitigate any impacts on patients. Health Canada is also engaged with international regulators to monitor any impacts of COVID-19 on global supply.

Q7. Is Health Canada aware of any medical device shortages due to COVID-19, and what is being done to monitor supply?

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

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

Q8. Is Health Canada conducting drug inspections in China? If not, how is the Government ensuring the safety and quality of drugs imported from China?

Health Canada does not have any planned inspections in China at this time. Regular inspection planning for the 2020-21 fiscal year is underway, and may include China.

Importers of health products are ultimately responsible for ensuring products imported for the Canadian market meet Canada's high safety and quality requirements. As a federal regulator, Health Canada plays an active role in ensuring access to safe and effective drugs. The Department verifies that companies manufacturing drugs for the Canadian market comply with Canada's high safety and quality requirements, whether the drug is manufactured domestically or abroad.

For foreign manufacturing sites, Health Canada conducts inspections or assesses inspection results from trusted international regulatory partners. The Department posts inspection results on its website.

Given the current situation in China, Health Canada has contacted all Canadian Drug Establishment Licence holders to remind them of the requirement to report to Health Canada any event that may affect the quality, safety or efficacy of a drug and any anticipated or actual drug shortages.

Q9. Is Health Canada conducting medical device inspections in China? If not, how is the Government ensuring the safety and quality of medical devices imported from China?

Health Canada does not have any planned inspections in China at this time nor does it have any planned inspections in China for the 2020-21 fiscal year.

Health Canada routinely and proactively inspects companies that have a Medical Device Establishment Licence to ensure that they comply with the *Food and Drugs Act* and the *Medical Devices Regulations*.

The Department reports the results of these inspections in the Drug and Health Product Information Database.

Other auditing organizations, authorized by Health Canada and other regulators, audit manufacturers of Class II to IV medical devices through a separate program known as the Medical Device Single Audit Program.

Health Canada inspects companies both inside and outside Canada. Inspections of foreign companies may take place in person or remotely from Canada. When working remotely, we may use video footage, video conferences and telephone interviews to inspect the facility and interview staff.

Given the current situation in China, the Department will continue to use the appropriate tools to inspect companies (located in China or in another country) in response to reported problems.

Q10. Is there a shortage of masks for private clinics or family doctors?

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

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

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

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

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

Q11. What is Health Canada doing about products claiming to prevent, treat or cure COVID-19?

Health Canada has not approved any health product to prevent, treat or cure COVID-19.

The Department has received complaints of misinformation regarding products to treat COVID-19 and is taking action to address these cases. Health Canada encourages anyone who has information regarding the potential non-compliant sale or advertising of any health product to report it using the Department's online complaint forms.

When Health Canada identifies or is notified of potential non-compliance with the *Food and Drugs* Act or its associated Regulations, it takes steps 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 the seizure of products and advertising materials. The primary objective of the Department's compliance and enforcement approach is to manage the risks to Canadians using the most appropriate level of intervention, in accordance with Health Canada's Compliance and Enforcement Policy.

Q12. Are health products imported from China at risk of being contaminated with COVID-19?

Currently, there is no evidence to support that COVID-19 can be transmitted through imported goods, and there have been no cases of COVID-19 in Canada associated with imported goods. Public health risks are continually being reassessed as new information becomes available.

Q13. What role do provinces and territories play in being alert to potential shortages in their jurisdictions?

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

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

Q14. What is the percentage of Canadian imports of active ingredients made in China?

The drug establishment licences (DEL) of Canadian importers identify the approved foreign sites from which they can import drugs, including active pharmaceutical ingredients (API) and finished dosage forms (FDF). According to the 2019 data, approximately 14% of API establishments and about 2% of FDF establishments listed on these licenses are sites located in China. It should be noted, however, that some of these sites could be secondary suppliers (i.e., back-up suppliers in place to manage supply risks), so may not be actively manufacturing products for the Canadian market.

Q15. When will Health Canada be able to approve the first test kits for COVID-19 as medical devices?

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

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

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

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

INTERIM ORDER RESPECTING COVID-19-RELATED MEDICAL DEVICES

Q16. How will these new test kits help test more patients?

This Interim Order makes it easier and faster for certain medical devices, such as laboratory diagnostic test kits, to be imported and sold in Canada. This would help improve access to medical devices that could permit faster and more convenient testing of patients, in part by not having to send samples to the NML lab in Winnipeg, thereby facilitating quicker test results.

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

Q17. How often are Interim Orders used?

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

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

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

Q18. How will Health Canada ensure that these kits are safe and effective?

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

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

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

Q19. Is Canada guaranteed to receive adequate supply of diagnostic test kits?

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

TESTING AND CONFIRMING CASES

Q20. How is Canada currently testing patients for COVID-19?

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

The NML is internationally recognized for its scientific excellence.

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

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

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

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

NML'S RESPONSE TO OUTBREAK

Q21. What is the Public Health Agency of Canada (PHAC) National Microbiology Laboratory's (NML) response to the current COVID-19 outbreak? Were additional resources required to manage extra workload?

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

The Influenza and Respiratory Viruses section is leading the laboratory diagnostic efforts, including the design and implementation of testing approaches. This team is directly supported by Science Technology Cores and Services (leading 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, to develop animal models, and to pursue collaborative studies on vaccine research and development. Scientists are also contributing expertise in knowledge synthesis and disease modelling.

The NML's Emergency Operations Centre 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.

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

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

GPHIN'S ROLE IN SURVEILLANCE

Q22. During virus outbreaks, what data does the Global Public Health Intelligence Netwrok (GPHIN) collect and use for alerts and in what languages is the data disseminated?

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

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

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

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

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

GPHIN analysts have extensive lists of websites and social media accounts from official governmental sources, medical expert forums and other relevant sources that they monitor on a

daily basis. Once the data are in the GPHIN system, they are processed, validated, and assessed.

Q23. When was data first collected on the coronavirus outbreak and from what source?

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

Q24. When did GPHIN first send out an alert about the coronavirus outbreak and to whom?

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

International Events of Interest

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

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

Q25. How does GPHIN's selection of data, or analysis of data, differ from approaches taken by ProMED, HealthMap and commercial providers such as Blue Dot?

GPHIN consists of two critical components

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

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

ProMED uses information coming from volunteer "rapporteurs", as well as information from subscribers and from staff-conducted searches of the Internet, media, and various official and unofficial websites. Moderators assess these reports for plausibility, edit them as necessary,

and often add comments or context before posting. ProMED is one of the many data sources of GPHIN.

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

BlueDot is a private company for which you need to pay a subscription to access the data. 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.

VIRUS TRANSMISSION

Q26. Can COVID-19 be transmitted when a person is not showing symptoms?

While we don't have all the evidence we would like on this aspect of the novel coronavirus transmission, what we do know for certain is that the virus is most often being spread through close contact with a person who is showing symptoms (i.e., symptomatic cases). Testing asymptomatic individuals can confer a false sense of reassurance because an asymptomatic individual who tests negative could still go on to become symptomatic and develop the disease within the incubation period.

While experts believe that spread from a person who is asymptomatic (i.e. not showing any symptoms) is possible, this has been the subject of scientific debate and is difficult to confirm.

Monitoring an asymptomatic individual who was in contact with someone with COVID-19 and recommending 14-day self-isolation does more to prevent the spread of the virus than a potentially false negative test result.

Canada has and will continue to test all symptomatic individuals, as part of our evidence-based containment strategy, while considering the evolving science on other testing scenarios. As the science evolves, our approach will keep pace, and policies and protocols will be updated accordingly.

Based on the latest available data, the main driver of the COVID-19 outbreak is symptomatic cases.

That means the primary focus for containing the COVID-19 outbreak is to prevent exposure through direct and close contact.

The most effective way to control this type of spread is through good hygiene measures in community settings (handwashing, cough etiquette and staying home if sick) and strict infection prevention and control measures in health settings, including hospitals.

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

- washing your hands often with soap and warm running water for at least 20 seconds

- avoiding touching your eyes, nose or mouth with unwashed hands
- avoiding close contact with people who are sick
- coughing or sneezing into your sleeve and not your hands
- staying home if you are sick to avoid spreading illness to others

Q27. What should you do if you have been exposed to an individual who has a confirmed case of COVID-19?

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

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

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

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

Q28. Are Canadians at risk for contracting COVID-19 if they touch a surface that is potentially contaminated?

Coronaviruses generally do not survive on surfaces that have been contaminated.

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

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

Q29. Are Canadians at risk for contracting COVID-19 if they receive a package or products shipped from China?

Coronaviruses generally do not survive on surfaces that have been contaminated. The risk of spread from products shipped over a period of days or weeks at room temperature is very low. There is no known risk of coronaviruses entering Canada on parcels or packages coming from affected regions in China.

Q30. Can COVID-19 be transmitted through food or food products?

There is currently no evidence that food is a likely source or route of transmission of the virus. Scientists and food safety authorities across the world are closely monitoring the spread of COVID-19.
Coronaviruses generally do not survive on surfaces that have been contaminated. The risk of spread from products shipped over a period of days or weeks at room temperature is very low. If the CFIA becomes aware of a potential food safety risk, appropriate actions will be taken to ensure the safety of Canada's food supply.

Q31. What is the latest information about the possibility of transmission of COVID-19 through food or water?

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

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

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

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

COVID-19 not been identified as a foodborne pathogen.

ANIMALS

Q32. Can I get this virus from animals when travelling to other countries?

Although the current spread and growth of the COVID-19 outbreak is primarily associated with spread from person to person, experts agree that the virus likely originated from bats and may have passed through an intermediary animal source (currently unknown) in China before being transmitted to humans.

As the virus that causes COVID-19 and other coronaviruses (such as SARS-CoV and MERS-CoV) originated in animals, the Public Health Agency of Canada recommends individuals who travel to an affected country or region avoid contact with animals and animal products (including wild meat and markets that sell fresh meat, fish, produce and other perishable goods).

If you are considering travel, check the latest travel health notices for the most up-to-date travel advice prior to travelling.

Q33. Can I get this virus from animals in Canada?

No, there is currently no evidence to suggest that this virus is circulating in animals in Canada (wild, livestock or pets).

Q34. Can my pet or other animals get sick from this virus?

It is possible that some types of animals may be able to get infected with COVID-19 virus but it is not yet clear whether they would get sick.

A pet dog in Hong Kong has recently tested positive for COVID-19 virus, following close exposure to an infected person. Although the test used can't tell us for certain that the dog is infected (only that virus genetic material was found in its nose and mouth), experts believe that this dog has a low level of infection. This dog did not show any signs of illness. The most likely explanation is that the virus spread from the owner, a confirmed case, to their pet dog. At this time, there is no evidence that pets, including dogs, can spread COVID-19.

To date, there have been no reports of livestock being infected by COVID-19 virus.

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

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

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

These recommendations will be updated as more information becomes available.

Q35. Am I at risk of getting COVID-19 if I have contact with an animal recently imported from an affected area (e.g. a dog imported by a rescue organization)?

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

Any animals that are imported from an affected area should be closely monitored for signs of illness. If an animal becomes sick, contact your veterinarian and inform them of the situation. Call ahead to ensure they are aware of the circumstances.

Animals imported from other countries can carry a variety of diseases that we don't have in Canada, and that can spread between animals and people. Therefore, it is always a good idea to have a recently imported animal examined by a veterinarian so that they can advise you on appropriate treatments and vaccinations to keep them and your family healthy.

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

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

Further information on animals and COVID-19 can be found at:

https://www.oie.int/fileadmin/Home/eng/Our_scientific_expertise/docs/pdf/COV-19/COVID19_21Feb.pdf

https://www.who.int/fr/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters

NOTIFICATION TO PASSENGERS / CONTACT TRACING

Q36. Will passengers on the same flights as the patients who have been confirmed to have COVID-19 be notified?

The Public Health Agency of Canada is supporting local public health authorities to follow up with travellers who may have been exposed on a flight.

At this time, we consider passengers who were seated within a two-metre radius of the case, and the flight crew who served the individual, to have potentially been exposed. As part of the follow-up, information about self-monitoring for symptoms, and what passengers should do if they start to experience any symptoms, would be provided to these individuals.

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

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

Please ensure that you alert health care professionals to any recent travel before coming into contact with them so that the appropriate protocols can be taken as a precaution.
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Q37. Should each passenger on the flights in question see a doctor or other health care practitioner to get tested for the virus just in case they have been infected?

No, if a person is not experiencing any symptoms there is no need to see a health care provider. Instead, passengers on the flight should monitor themselves for symptoms, which include fever, cough and difficulty breathing. If they if develop symptoms, they should avoid contact with others and follow-up with their health care professional.
In addition, accessing health care services when there are no signs of being sick can impact the availability of services for those who are sick and need treatment.
More information about symptoms and treatment can be found at Canada.ca/coronavirus.

SCREENING AND BORDER MEASURES

Q38. Have additional screening measures been implemented in all airports?

On January 22, 2020, enhanced screening measures were put in place at the Vancouver, Toronto and Montréal international airports. Then as of February 9, 2020, they were put in place at the following airports:

- Calgary International Airport
- Edmonton International Airport
- Winnipeg Richardson International Airport
- Billy Bishop Toronto City Airport
- Ottawa International Airport

- Québec City Jean Lesage International Airport
- Halifax Stanfield International Airport

The Public Health Agency of Canada (PHAC) and the Canada Border Services Agency (CBSA) have worked together to put in place enhanced screening measures at these airports to identify travellers who may have symptoms upon arrival, but more importantly to provide specific reference materials to travellers who may become ill after their return.

Q39. Will Canada close its borders or start banning flights from China and other countries?

At this time, the Government of Canada has barred foreign nationals from all countries from entering Canada for recreation or tourism. The measure would not apply in designated exceptional circumstances, including to air crews, travelers arriving in Canada in transit to a third country, Canadian permanent residents, diplomats, or immediate family members of Canadian citizens.

Q40. What can travellers arriving at the airports in which the additional screening measures are in place expect?

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

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

All travellers from outside of Canada are advised to self-isolate for 14 days. These efforts will contribute to slow the introduction and spread of COVID-19 in Canada.

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

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

In general, when a traveller shows signs and symptoms of an infectious disease upon arrival in Canada, border services officers or airport and airline staff contact a Public Health Agency of Canada (PHAC) Quarantine Officer following a preliminary screening of the traveller based on criteria developed by PHAC (e.g., fever or signs of fever, coughing, difficulty breathing, rash and other symptoms). Travellers displaying symptoms are then moved to a designated area in each airport or an isolation room.

The PHAC Quarantine Officer then performs a more detailed assessment. If deemed necessary, the Quarantine Officer can then take additional measures to address the potential public health risk, such as ordering the traveller to be transported to hospital to undergo a medical examination and/or to report to the local public health authority.

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

If pressed on thermal scanners:

It is important to note, in the Severe Acute Respiratory Syndrome (SARS) outbreak in 2003, more than 6.5 million screening transactions occurred at Canadian airports including inbound and outbound travellers. Of these, 2.3 million travellers were screened using thermal scanners. Despite this intensive screening effort, no cases of SARS were detected using these methods.

Q41. Are travellers being isolated at airports?

Measures are in place to identify and isolate a potentially ill traveller from other travellers to help minimize the spread of the 2019 Novel Coronavirus into Canada. Once a potentially ill traveller is identified, measures are in place to prevent them from interacting with other travellers. At the earliest opportunity ill travellers are escorted to a dedicated area and are processed at a distance from others to reduce the risk of potential transmission. If possible the traveller is provided with a surgical mask along with hand sanitizer.

Q42. How many quarantine officers are stationed at Canadian airports?

To prevent the introduction and spread of communicable diseases that are of significant harm to public health, the Public Health Agency of Canada (PHAC) collaborates with border partners, such as the Canada Border Services Agency (CBSA), to administer the *Quarantine Act* at all international points of entry into Canada, 24 hours per day, 7 days per week.

Travellers arriving in Canada who answer YES to the screening question enquiring whether they have been to Iran or Hubei province, China, in the past 14 days are referred to a CBSA Officer, who asks the traveller if they feel sick or unwell and, if yes, ask additional questions about their symptoms (e.g., are you experiencing fever, cough or difficulty breathing?). If the traveller shows signs and symptoms, CBSA Officers or airport and airline staff contact a PHAC Quarantine Officer who is available 24 hours a day, 7 days a week.

The PHAC Quarantine Officer then performs a more detailed assessment by asking additional questions regarding the traveller's symptoms and confirming information about the travel history and any high-risk exposure to a communicable disease, such as close contact with a sick person. If deemed necessary, the Quarantine Officer can then take the appropriate measures to address the potential public health risk (e.g., order the

traveller to be transported to hospital to undergo a medical examination or to report to the local public health authority).

PHAC has increased its public health officer presence at key airports to partner with Border Services Officers, who are also designated as screening officers under the *Quarantine Act*. Trained quarantine officers that are experienced in the screening and assessment of ill travellers are also available during business hours or when flights from China arrive. The number of personnel at each airport is adjusted to address any increase in the number of traveller assessments required. PHAC personnel also provides resources and support for CBSA Officers as well as airline and airport authority staff, facilitate communication, and coordinate response activities with partners.

Q43. What about people arriving in Canada through connections through other airports? What about at land border crossings?

The Government of Canada has put in place enhanced border measures at Canadian airports and land borders to help identify any travellers returning to Canada who may be ill—regardless of where they are coming from.

CRUISE SHIP WESTERDAM

Q44. Originally PHAC recommended self-isolation. Why are you changing your requirements for the *Westerdam* passengers to self-monitor?

Based on recent evidence, and what we know about the health of the passengers from the *Westerdam* cruise ship, there is no indication that individuals on the ship were exposed to the coronavirus that causes COVID-19. As a result, the Government of Canada is requesting that passengers self-monitor for symptoms of COVID-19 (fever, cough and difficulty breathing) and contact their local public health authority if they develop symptoms.

Q45. What about Canadians who were on board the cruise ship who have not yet left Cambodia? Will individuals who have not yet boarded planes onward to Canada be allowed to travel?

All Canadian passengers still in Cambodia are being assessed by local public health authorities. This is an evolving situation. The Government of Canada is in contact with authorities in Cambodia and is actively monitoring the situation. We will provide more information as it becomes available.

Canada is not prohibiting travellers to return to Canada. *Westerdam* passengers are advised to contact their airlines to determine if the air carrier has put any travel restrictions in place.

Q46. Why were passengers on board the *Westerdam* allowed to disembark and travel onward?

Throughout the duration of the voyage, there was no indication of COVID-19 among passengers or crew members. Passengers who disembarked from the *Westerdam* were screened for symptoms and their temperatures were checked before they left the ship. Passports were also reviewed to ensure that none of the passengers had travelled through mainland China in the previous 14 days.

Q47. 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.

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 for China on travel.gc.ca.

PRÉVENTION, SYMPTÔMS AND TREATMENT

Q48. How can I protect myself from this virus?

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

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

Q49. How are people being treated for this illness?

At present there is no specific drug or medication treatment for people who have COVID-19. Researchers are looking at the effectiveness of existing antiviral treatments.

World Health Organization has provided advice to health professionals that includes recommendations for early supportive therapy, management of symptoms 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 outside Canada, it is important to monitor your health when you return to Canada. While abroad, you may have come in 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 a fever, cough, or difficulty breathing, call your health care professional or local public health authority to inform them about your symptoms. They will provide advice on what you should do.

Q50. Do you recommend travellers wear masks while visiting China or quarantine-blocked cities within the country such as Wuhan?

At this time, the Government advises to postpone or cancel all non-essential travel outside of Canada. However, if you must travel, it is not recommended that healthy travellers wear masks while visiting China or quarantine-blocked cities within the country. The most important precautions recommended for travellers to prevent respiratory and other illnesses while travelling include:

- avoiding spending time in large crowds or crowded areas.
- avoiding contact with sick people, especially if they have fever, cough, or difficulty breathing.
- avoiding contact with animals (alive or dead), live animal markets, and animal products such as raw or undercooked meat.
- covering your mouth and nose with your arm when coughing or sneezing to reduce the spread of germs.
- washing your hands often with soap under warm running water for at least 20 seconds.
- disposing of any used tissues as soon as possible, and following with handwashing.
- using alcohol-based hand sanitizers where soap and water are not available.

For travellers who become ill during or soon after their travel, masks may be appropriate to prevent spread of the illness to others. In particular, symptomatic patients may be asked to wear a mask to protect visitors and other patients in triage and health care settings, while they are waiting for or receiving treatment.

Travellers or returned travellers who become ill should tell their healthcare provider their symptoms, travel history and any high-risk exposure history (such as contact with animals or close contact with a sick person).

Q51. Should Canadians wear masks to protect themselves from this virus?

If you are a healthy individual, the use of a mask is not necessary.

However, if you are experiencing symptoms of an illness that spreads through the air, wearing a mask can help prevent the spread of infection to others. The mask acts as a barrier and helps prevent droplets from spreading around you when you cough or sneeze. Your healthcare provider may recommend you wear a mask while you are seeking or waiting for care. In this instance, masks are an appropriate infection prevention and control measure to keep people with infectious respiratory illnesses from spreading the infection to others.

If you are caring for or are in direct contact with an ill person, wearing a mask can help protect you from the virus, but will not fully eliminate the risk of illness.

When wearing a mask, make sure to:

i. properly cover your mouth and nose;
ii. avoid touching the mask once it's on your face;
iii. properly discard the mask after each use;
iv. wash your hands after removing the mask.

It is not recommended that healthy people, or people who have not travelled to areas affected by COVID-19, wear masks. Wearing a mask when you are not ill and are not at high risk for developing symptoms may give a false sense of security. Masks can easily become contaminated and need to be changed frequently and fitted properly to provide adequate protection.

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

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

Q52. ***What is FAST and how does it significantly improve the collection of flu-like data?***

FAST is a device now available for use in physician offices in Ontario through OSCAR (an electronic medical record software). While the physician identifies patients with flu-like symptoms, the tool extracts a list of predefined variables from the electronic medical record then forwards the data to the Public Health Agency of Canada (PHAC). The tool allows flu-like surveillance data to flow seamlessly between physicians and PHAC. The tool eliminates both potential errors in data entry and late reporting by physicians as the data is automatically pulled from the electronic medical record and then sent to PHAC. Previously, physicians would have to manually input data.

Although no patient- or practice-identifying information will be shared with PHAC, all other data is stored on a secure platform at the Agency.

Q53. ***How does PHAC currently track data on the influenza and COVID-19 epidemics?***

PHAC routinely tracks influenza outbreaks through the FluWatch program. We are currently developing methods to track outbreak data for COVID-19 surveillance.

Q54. ***With flu-like data from doctors' offices, how long does it typically take to determine whether there's a problem? How does it compare to FAST?***

FAST is a new way of collecting flu-like illness data from physicians. The tool does not change the way flu-like illness surveillance is currently done at PHAC. More information can be found here:

Q55. ***Is the sharing of data concerning patients with flu-like symptoms voluntary or expected?***

Use of FAST is voluntary.

Q56. ***Apparently, FAST removes all personal information about an infected individual. What kinds of identifiers are used to track the data?'***

Identifiers are not used to track the data. All variables collected are essential for surveillance of flu-like illnesses and are outlined in the WHO Guidance for Surveillance during an Influenza Pandemic.

Q57. ***Does PHAC anticipate FAST will be made available to other vendors like Telus and Accuro?***

FAST is exclusive to OSCAR, an electronic medical record software developed by McMaster University.

We are open to working with other electronic medical record vendors to develop a similar tool for their electronic medical records.

Q58. ***Can FAST be modified to track other infectious diseases like Ebola or malaria to speed up reporting?***

FAST can be modified to track other infectious diseases.

Q59. The WHO has reported a global shortage of personal protective equipment, including masks. Has Canada sent such equipment to China? Does Canada have enough equipment to meet the demand at home? [note: shipment led by Global Affairs Canada – some of the content was provided by PHAC]

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

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

The additional PPE sent to support response efforts in China did not reduce the supply in Canada of items on the potential shortage list.

Q60. Are there any natural health products, including traditional Chinese medicines, Ayurvedic medicines and homeopathic products that can protect against or treat this virus?

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

Q61. There are reports that this new virus is like SARS. Is this true? If so, what are the similarities?

The WHO acknowledges that there is still a lot we do not know about coronavirus disease 2019 (COVID-19) that was first identified in Wuhan, China earlier in January.

We do know that Chinese authorities have reported that laboratory tests have ruled out severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS-CoV) as well as human and avian influenza viruses, adenovirus and other common respiratory pathogens.

We also know that the symptoms reported among the identified COVID-19 cases to date are common to several respiratory illnesses. The clinical signs and symptoms are mainly fever, difficulty breathing in some patients and chest radiographs showing invasive lesions (pneumonia) in both lungs.
While many of the characteristics of the new coronavirus are still unknown, mild to severe illnesses have been reported in confirmed cases. Until more is understood about the virus, older people and people with a weakened immune system or underlying medical condition are considered at higher risk of severe disease.

VACCINE

Q62. Is there a vaccine that protects against coronaviruses in humans? If none are currently approved, are there currently any being developed or 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 help advance research and vaccine development for COVID-19.
The Public Health Agency of Canada and the Canadian Institutes of Health Research, in consultation with international partners, including the WHO and the Global Research Collaboration for Infectious Disease Preparedness, is assessing how scientists at our National Microbiology Laboratory along with the broader Canadian research community, will participate in the global research efforts.

Q63. How long will it take to develop a vaccine?

Coronaviruses are a group of viruses that can cause a wide range of illnesses, ranging from the common cold to severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS-CoV). The challenge of developing a vaccine that protects against coronavirus is that infection by human coronaviruses does not provide long-lasting immunity, meaning someone can be re-infected in the future following recovery from an initial infection. Although developing a vaccine that provides long-term immunity remains a challenge, a vaccine aimed to provide short-term protection (similar to a pandemic influenza vaccine) to respond to a novel coronavirus epidemic could potentially be developed.
As far as a vaccine that would protect against a specific coronavirus is concerned, it could take years for one to be developed.
For example, there are currently no approved vaccines or specific treatments for Middle East respiratory syndrome (MERS-CoV), a particular coronavirus that was first identified in 2012. We are aware of work being conducted elsewhere to better understand how MERS-CoV infections might be prevented and to develop a MERS-CoV vaccine. This includes vaccine development efforts being coordinated by the WHO and the Coalition for Epidemic Preparedness (CEPI).

EMPLOYEE SAFETY

Q64. What is Health Canada doing to ensure federal employees are taking the appropriate precautions?

Health Canada's Public Service Occupational Health Program (PSOHP) provides occupational health services and occupational hygiene consultative services to Government of Canada departments.

As per usual protocols for these types of situations, PSOHP issued a general Occupational Health Advisory to departments and agencies which provided information on the novel coronavirus and recommended precautions for employees such as: frequent hand washing, proper cough and sneeze etiquette and self-monitoring for symptoms.

The advice and information is based on the science and risk level as assessed by the Public Health Agency of Canada and the World Health Organization.

Moreover, given the variety of federal work settings, PSHOP developed additional guidance for specific workplaces. The priority was to provide guidance to employees based at airports who interact with travellers, e.g., what personal protective equipment to use when searching luggage or escorting an ill traveller. Health Canada occupational health nurses also assisted our departmental partners by organizing information sessions for personnel at airports and 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 occupational health information they require.

Health Canada's occupational health experts will continue to work closely with departments to ensure the health and safety of employees in the federal public service.

SELF-ISOLATION

Q65. What protocols did Health Canada follow after receiving confirmation that an employee tested positive for COVID-19?

A Health Canada employee who works at Tunney's Pasture has tested positive for COVID-19. The employee is in self-isolation and is following the guidelines set out by local public health authorities.

The Department followed established protocols.

- The area where the employee works, including common areas, has been properly cleaned according to Public Services and Procurement Canada standards. This was done in collaboration with Statistics Canada as the two departments share common work space.

In addition, local public health authorities have been in contact with the employee for any relevant contact tracing. This involved contacting certain colleagues who have also been advised by local public health authorities to self-isolate.

The Government of Canada is asking that employees telework whenever and wherever possible in accordance with the operational requirements of each department. Departments and agencies are actively using this flexible work option. We are constantly re-assessing the situation and striving to balance both our duty to Canadians and the health and safety of all public servants.

The government is working on a means to centralize information on confirmed cases within the public service. The Treasury Board of Canada Secretariat has been working closely with Health Canada and the Public Health Agency of Canada to provide workplace-related information and advice to departments and agencies so they can manage their workforce accordingly.

Q66. Why are all travellers being told to self-isolate for 14 days from the day they return?

Federal and provincial public health leaders have recommended that all travellers returning from abroad self-isolate for 14 days. These efforts will help slow the spread of COVID-19 in Canada.

Q67. How can we be sure that travellers will reduce their social contacts? How will we monitor people to ensure they are following the guidelines?

Based on what we have learned so far from this and previous infectious disease outbreaks (SARS, Ebola), travellers returning from affected areas follow public health guidelines and often take extra precautions.

DISINFECTION AND SANITATION PRACTICES FOR AIRLINES AND AIRPORTS

Q68. Do airlines have a role in preventing the spread of infectious diseases?

Airlines are an important partner in mitigating the potential risk of introduction and spread of communicable diseases. In addition, airlines will prevent all passengers who present COVID-19

symptoms, regardless of their citizenship, from boarding international flights to Canada. Airlines will be required to complete a basic health assessment of every air passenger based on guidance from the Public Health Agency of Canada.

Q69. Has guidance on how to decontaminate an aircraft that has carried passengers experiencing symptoms of the virus while on board been provided?

As part of the Government of Canada's efforts to mitigate the spread of coronavirus disease 2019 (COVID-19), the Public Health Agency of Canada (PHAC) has provided guidance for disinfection and sanitation practices to airlines with direct flights arriving from China.

PHAC recommends that in addition to regular cleaning practices, airlines thoroughly disinfect frequently touched areas. Increasing the frequency of routine cleaning and disinfection of frequently touched surfaces is an important measure in controlling the spread of infection during any outbreak. The guidance includes recommended cleaning equipment and disinfectants, examples of frequently touched surfaces and cleaning and disinfection instructions.

Furthermore, if a passenger on board is suspected of being ill, PHAC will advise the airline so that in addition to enhanced routine sanitation practices, the area within a two-metre radius of the passenger's seat can be thoroughly cleaned and disinfected.

Q70. Are touch screen kiosks and other communal area surfaces at airports being cleaned and sanitized frequently?

Touch screen kiosks and other communal area surfaces are cleaned regularly throughout the day. The best way to prevent illness after touching a common area surface that could be contaminated with the virus is to avoid touching your eyes, mouth and nose until you are able to wash your hands with soap and water for at least 20 seconds or with an alcohol-based hand sanitizer if soap and water are not available. The responsibility of maintaining and cleaning communal areas falls under the individual airport authority.

The Canada Border Services Agency (CBSA) sanitizes traveller control areas (e.g., the CBSA customs hall) and Public Health Agency of Canada screening rooms several times a day with a specialized cleaning solution.

FUNDING

Q71. *Can you confirm what the Public Health Agency of Canada 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. It will provide Canadians with credible information promoting behaviours that will protect individuals and overall public health. The campaign will include advertising, social media posts, the development of information resources, the establishment of partnerships and targeted outreach to at-risk populations. This will complement current Public Health Agency of Canada outreach and communications activities (e.g., COVID-19 information website, a toll-free information telephone line, digital advertising, and regular media updates).

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

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