

## GPHIN Daily Report for 2020-11-02

### Special section on Coronavirus

#### Canada

#### Areas in Canada with cases of COVID-19 as of 01 November 2020 at 19:00 pm EDT

Source: Government of Canada

Province, territory or other	Number of confirmed cases	Number of active cases	Number of deaths
Canada	236,841	28,933	10,179
Newfoundland and Labrador	291	3	4
Prince Edward Island	64	0	0
Nova Scotia	1,111	13	65
New Brunswick	344	35	6
Quebec	106,981	9,221	6,272
Ontario	76,707	7,981	3,145
Manitoba	6,034	3,255	75
Saskatchewan	3,218	798	25
Alberta	27,664	5,172	323
British Columbia	14,381	2,448	263
Yukon	23	5	1
Northwest Territories	10	2	0
Nunavut	0	0	0
Repatriated travellers	13	0	0

A detailed [epidemiologic summary](#) is available.

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html#a1>

#### Canada – Coronavirus disease (COVID -19) Outbreaks and Outcomes (Official and Media)

#### Canada

## Statement from the Chief Public Health Officer of Canada on November 1, 2020

From: [Public Health Agency of Canada](#)

### Statement

On November 1, 2020, Dr. Theresa Tam, Canada's Chief Public Health Officer, issued the following statement on COVID-19.

November 1, 2020 - Ottawa, ON - Public Health Agency of Canada

In lieu of an in-person update to the media, Dr. Theresa Tam, Canada's Chief Public Health Officer, **issued the following statement today:**

**"As the resurgence of COVID-19 activity continues in Canada, we are tracking a range of epidemiological indicators to monitor where the disease is most active, where it is spreading and how it is impacting the health of Canadians and public health, laboratory and healthcare capacity. The following is the latest summary on national numbers and trends, and the actions we all need to be taking to maintain COVID-19 at manageable levels across the country.**

Since the first cases were reported in March 2020, there have been 234,511 cases of COVID-19, including 10,136 deaths reported in Canada; these cumulative numbers tell us about the overall burden of COVID-19 illness to date. Though the cumulative number is high and continues to increase, it is important to remember that the vast majority of Canadians remain susceptible to COVID-19. This is why it is important for everyone to continue with [individual precautions](#) that will keep ourselves, our families and our communities safer.

At this time, there are 28,499 active cases across the country. The latest national-level data indicate daily averages of 2,771 new cases (Oct 23-29) and close to 75,000 people tested, with 3.1% testing positive (Oct 11-17). Outbreaks continue to contribute to COVID-19 spread in Canada. These vary in size from just a few cases to larger clusters occurring in a range of settings including long-term care and assisted living facilities, schools, congregate living settings, industrial work settings and large social gatherings. Larger clusters tell us that closed and crowded settings and/or not sufficiently maintaining public health practises, such as physical distancing and mask wearing, can amplify spread of the virus.

The number of people experiencing severe illness continues to increase. Provincial and territorial data, indicate that an average of 1,107 people with COVID-19 were being treated in Canadian hospitals each day during the most recent 7-day period (Oct 23-29), including 227 of whom were being treated in intensive care units. During the same period, there were an average of 30 COVID-19-related deaths reported daily.

**As hospitalisations and deaths tend to lag behind increased disease activity by one to several weeks, the concern is that we have yet to see the extent of severe impacts associated with the ongoing increase in COVID-19 disease activity.** As well, influenza and respiratory infections typically increase during the Fall and Winter, placing increased demands on hospitals. This is why it is so important for people of all ages to maintain public health practises that keep respiratory infection rates low.

**I want to take this opportunity to remind you to continue with regular health visits for you and your family. One important step you can take is to get the influenza (flu) shot – this year, it is more important than ever!** Other vital services for maintaining our overall health and well-being include mental health supports, routine vaccinations, dental health visits, and chronic disease management. These prevention and early intervention health visits are just as important during the pandemic and measures are in place to ensure that your health and dental health needs can be met safely.

**Canada needs a collective effort to sustain the public health response through to the end of the pandemic, while balancing the health, social and economic consequences.** We can all do our part by keeping our number of in-person close contacts low and committing to proven effective public health practises; [stay home/self-isolate](#) if you have any [symptoms](#), maintain [physical distancing](#), [wear a face mask as appropriate](#), and keep up with [hand, cough](#) and [surface](#) hygiene. Canadians can also go the extra mile by sharing **credible** information on [COVID-19 risks and prevention practises](#) and [measures to](#)

[reduce COVID-19 in communities](#) and by downloading the [COVID Alert](#) app to help limit the spread of COVID-19.

Read my backgrounder to access more [COVID-19 Information and Resources](#) on ways to reduce the risks and protect yourself and others.”

<https://www.canada.ca/en/public-health/news/2020/11/statement-from-the-chief-public-health-officer-of-canada-on-november-1-2020.html>

## Canada

### Statement from the Council of Chief Medical Officers of Health: Working with Canadians on the ongoing management of COVID-19 in the months ahead

From: [Public Health Agency of Canada](#)

2020-10-31 14:39:

#### Statement

As Canada’s Chief Medical Officers of Health and the Chief Public Health Officer of Canada, we are committed to protecting the health and safety of all Canadians. Since receiving the first signal of COVID-19 on December 31, 2019, we have been working closely together on every aspect of the Canadian response.

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In the early days, across the board measures made sense. No matter where we were in the country, we all faced the same uncertainties and put in place measures based on what we knew at the time. Nine months have passed and both the pandemic and the science surrounding it have evolved. We have gained knowledge at a speed we have never seen before.

We have also learned who is most likely to have severe illness from COVID-19 infection: older adults, especially those over sixty years of age, or individuals with immune compromising or chronic medical conditions. Although people of any age can have severe or prolonged illness due to COVID-19 infection, the overwhelming majority of children, youth, and healthy adults have a mild illness but can still spread the virus to others.

**While we have worked together across Canada over many months to flatten the curve, the social, health and economic impacts of the spring’s restrictions were difficult for all Canadians. Now, with the advantage of learning what works, new knowledge and strengthened capacity, we can take a more nuanced approach in our responses. We anticipate that vaccines and therapies will form an important part of a long-term public health strategy. In the meantime, we have tools that help reduce spread, protect those most at risk and support communities in managing COVID-19 while safely returning to functioning, as much and as soon as possible**

**The goals of Canada’s COVID-19 pandemic response are to minimize serious illness and overall deaths, while minimizing societal disruption.** Our aim in the months ahead is to carefully balance the risks associated with spread of COVID-19 with the broader social, health and economic consequences of restrictive measures. While working to limit the effects of the COVID-19 pandemic, we must attend to other important determinants of health such as social connections, education, work and economic stability. This is a complex task, and, as all things based in science, it involves adjusting as new evidence becomes available.

As each part of the country is experiencing the pandemic differently, public health measures are tailored to the needs of each region based on what is known at the time. While this might seem confusing, it is the right thing to do. Measures will continue to be different across our country, given that the transmission patterns of COVID-19 and the local context and circumstances vary from community to community. It is important to follow the advice of local public health for prevention measures in your community. That said, our core personal preventive and public health measures – what **we are asking all Canadians, organizations and communities to continue to do to protect themselves and those most at risk – are the same across the country:**

## Individuals

- Take extra precautions if you develop symptoms of COVID-19, even if mild. To prevent spreading the infection to others, stay home and away from others, especially from those most at risk, and follow public health advice on getting tested and [quarantining or isolating](#) as appropriate.
- Use the screening tool provided by schools and child care establishments in your area daily to determine whether children can attend.
- Follow personal preventive practices recommended by your local public health authority, such as: limiting close contacts and social gatherings; physically distancing; using a non-medical mask or face covering when it is difficult to maintain physical distancing or as required by local public health orders; and practicing good hand hygiene and cough etiquette.
- Avoiding crowded places, close-contact settings as well as confined and enclosed spaces where there are no public health measures and policies in place to reduce the risk of spread.
- Follow the safety plans of your place of work or school.
- If you have been diagnosed with or are a contact of someone with COVID-19, follow the advice of public health to protect others, including participating in contact tracing.
- If you are at high risk of severe disease from COVID-19 due to age or chronic medical conditions, take as many preventive measures, as often as you can, to protect yourself.
- If you are a person at lower risk of serious illness, take measures to shield those in your family, friends or community who are at higher risk from COVID-19.
- Reduce or avoid unnecessary domestic travel to higher risk regions domestically, and avoid non-essential travel outside of Canada. Visit [Government of Canada](#) or provincial/territorial government COVID-19 web pages for the latest information on current risk of transmission. Visit [travel.gc.ca](http://travel.gc.ca) for the latest international travel health information.

## Organizations and Communities

- Follow local public health advice on community prevention measures that can reduce the risk of spreading COVID-19: regular disinfection of shared spaces, surfaces, and objects; physical distancing and use of physical barriers; wearing of non-medical masks or face coverings; and increased ventilation through the use of air exchange systems and/or by opening up windows and doors when practical or feasible.
- Develop policies and procedures that support employees and students to stay at home when experiencing symptoms, but also allow them to participate safely in person when they are well.
- Develop, communicate, evaluate and adjust safety plans that enable the implementation of personal preventive practices.
- Work with your local public health authorities to respond to cases, clusters and outbreaks of COVID-19.
- At this challenging time, ensure your organization supports the mental health and overall well-being of your employees, students or community members.

Learning to manage and live with COVID-19 is a long road. We need to adopt prevention strategies that are sustainable in the longer term, and support all factors that influence health. Let's work together on the ongoing management of COVID-19 by committing to proven prevention measures, and to continuing to

adapt as our understanding of the pandemic evolves, to avoid surges that would overwhelm our health system and to keep our families and communities healthy and safe in the months ahead.

<https://www.canada.ca/en/public-health/news/2020/10/statement-from-the-council-of-chief-medical-officers-on-working-with-canadians-on-the-ongoing-management-of-covid-19-in-the-months-ahead.html>

## Canada

### Government extends international travel restrictions - Canada.ca

Source: canada.ca

ID: [1008166889](#)

**Summary** Today, the Honourable Bill Blair, Minister of Public Safety and Emergency Preparedness, and the Honourable Patty Hajdu, Minister of Health, announced the Government has extended the Mandatory Isolation Order and temporary travel restrictions for all non-US travellers, unless their travel is for non-discretionary reasons, to November 30, 2020. The challenges posed by COVID-19 are unprecedented and protecting the health and safety of all Canadians remains the Government of Canada's highest priority. The government has also made some practical adjustments to provisions allowing limited Canada-U.

Ottawa, Ontario

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The government has also made some practical adjustments to provisions allowing limited Canada-U.S. cross-border travel, in a few specific circumstances. Effective October 31, 2020, residents of Campobello Island, New Brunswick; Stewart, British Columbia; Northwest Angle, Minnesota; and Hyder, Alaska will be exempt from mandatory 14-day quarantine only to access the necessities of life (e.g., food, medical services) from the nearest Canadian or American community. In addition, students from Canada and the U.S. who regularly cross the border to attend school, along with one driver, and children who are subject to shared custody arrangements, along with one parent, are exempt from mandatory 14-day quarantine. The new provisions to ease pressures related to cross-border students are conditional upon support from provincial and local public health authorities.

In addition, the government is allowing limited exemptions to mandatory quarantine to enable COVID-testing pilot projects, in coordination with provincial authorities. The Government of Canada will continue to monitor international alternatives to quarantine closely and will review the evolving science, including the role and timing of COVID-19 testing, in determining any changes to our current border measures. The Government of Canada also intends to implement new mandatory requirements for the electronic submission of information through the ArriveCAN app or website. The ArriveCAN app was created as a secure and user-friendly alternative to the paper contact form to help travellers comply with these border measures. This will allow traveller information to be shared quickly and securely with provinces and territories to facilitate contacting travellers for public health follow-up. It will also facilitate compliance verification by law enforcement. These new requirements will come into effect on November 21, and more information will be shared in the coming days. Exceptions will be made for those who are unable to submit documents electronically due to personal circumstances.

Anyone experiencing symptoms of COVID-19, or who has recently come into close contact with someone infected with COVID-19, should continue to quarantine or isolate for 14 days. At all Canadian ports of entry, border services officers will make the final determination of eligibility to enter Canada for non-citizens and non-permanent residents.

<https://www.canada.ca/en/public-safety-canada/news/2020/10/government-extends-international-travel-restrictions.html>

## Canada

### **School outbreaks, hospitalizations rise as Montreal stays in red zone**

Source: Montreal Gazette

Unique ID: [1008153042](#)

Despite a partial lockdown imposed on Montreal a month ago, the number of COVID-19 outbreaks in the city's schools has jumped by 20 to 93 since last week, with the public health department ordering the closing of a school for two weeks on Thursday. Hospitalizations due to the pandemic respiratory illness climbed by 17 to 156 in Montreal, but the number of intensive-care stays decreased by nine to 26. What's more, the...

Despite a partial lockdown imposed on Montreal a month ago, the number of COVID-19 outbreaks in the city's schools has jumped by 20 to 93 since last week, with the public health department ordering the closing of a school for two weeks on Thursday.

Hospitalizations due to the pandemic respiratory illness climbed by 17 to 156 in Montreal, but the number of intensive-care stays decreased by nine to 26. What's more, the so-called reproduction number of the coronavirus has risen from below 1 to 1.06, signalling an increase in community transmission.

"For the next two weeks, we have to do another effort collectively to reduce our contacts," Drouin told reporters on Friday morning, warning that Montreal might stay in the red zone for some time ahead despite reaching what she described as a plateau in the number of new infections during the second wave in the pandemic.

"At the end of the plateau we have two options: it goes up or it goes down, and of course we all want to see it going down and have a Christmas where it's easier to make decisions."

Article content continued

Drouin added authorities are considering some venues that could possibly reopen, but did not cite any specifically.

"What we are currently looking at is if Montreal stays in the red zone, we also have to look at the balance of the population measures between reducing transmission in the community but also not increasing the collateral impacts of those measures," she explained, alluding to the mental stress of the partial confinement.

On Sept. 28, Quebec announced it was reinstating the closing of bars, the dining areas of restaurants, gyms, cinemas, concert halls and theatres amid a spike in the number of COVID-19 cases.

Sonia Bélanger, in charge of Montreal's COVID-19 command centre, expressed concern about an upswing in cases in the city's long-term care centres (CHSLDs) and seniors' residences. At present, there are 88 cases in CHSLDs, up from 41 a week ago. The number of infections has inched up by five to 47 in seniors' residences.

"We have to continue to be very vigilant," Bélanger said.

In total, Montreal is battling 236 outbreaks, up by about 30 from a week ago. In addition to those in schools, there are 25 clusters in daycares, 62 in the workplace, 14 in community settings and 23 in health-care institutions.

This story will be updated.

<https://montrealgazette.com/news/local-news/school-outbreaks-hospitalizations-rise-as-montreal-stays-in-red-zone>

## Canada

### **More than 20 Sask First Nations schools closed due to COVID-19 fears.**

Source: CBC

Unique ID: [1008153029](#)

Federation of Sovereign Indigenous Nations expects more closures as case counts rise Oct 30, 2020 The COVID-19 pandemic has caused the closure of at least 20 schools on Saskatchewan First Nations, according to the Federation of Sovereign Indigenous Nations. The FSIN says it expects that number to climb in the coming days. "Mornings are all about Zoom and Google Meet," Big Island Lake Cree Nation mother of six Julie...

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The FSIN says it expects that number to climb in the coming days.

“Mornings are all about Zoom and Google Meet,” Big Island Lake Cree Nation mother of six Julie Sandfly said with a laugh.

Sandfly said she and her husband, Joseph Keesaynew, work hard to ensure their kids don’t fall behind in their education while their school is closed.

Read More: <https://www.cbc.ca/news/canada/saskatoon/more-than-20-sask-first-nations-schools-closed-due-to-covid-19-fears-1.5782978>

<https://nationtalk.ca/story/more-than-20-sask-first-nations-schools-closed-due-to-covid-19-fears-cbc>

## Canada

Government of Canada announces funding for research and development to address COVID-19 gaps and challenges

From: [Innovation, Science and Economic Development Canada](#)

News release

**October 30, 2020** – Ottawa, Ontario

The Government of Canada is committed to protecting the health and safety of all Canadians while ensuring economic resilience and contributing to the international response to COVID-19. Since the outbreak of COVID-19, the government has been working closely with industry to understand which areas require urgent investment while building domestic capabilities to fight future pandemics.

Today, the Honourable Navdeep Bains, Minister of Innovation, Science and Industry, announced \$796,000 in funding from the National Research Council of Canada (NRC) through the Pandemic Response Challenge program, as well as challenge winners and new contracts under the [Innovative Solutions Canada](#) (ISC) Testing Stream.

The NRC, under the Pandemic Response Challenge program that is aimed at specific COVID-19 gaps and challenges identified by Canadian health experts, is providing research and development funding to the following six collaborative projects:

\$147,000 to the University of British Columbia for a project to facilitate clinical adoption of contactless sensors for COVID-19 patients;

\$150,000 to OCAD University to develop guidelines and functionalities for the design of virtual care software for vulnerable populations;

\$199,000 to the Centre for Addiction and Mental Health for the development and validation of mobile application modules to attenuate mental health symptoms related to the COVID-19 pandemic;

\$100,000 to the University of Toronto to develop latex agglutination tests for rapid, instrument-free COVID-19 diagnostics in saliva;

\$100,000 to the University of Toronto to develop reagent combinations for the visual detection of SARS-CoV-2; and

\$100,000 to LFAnt Medical to develop a molecular assay for instrument-less SARS-CoV-2 rapid diagnostic from saliva.

Three new projects were announced under the ISC Testing Stream:

[Zighra](#) for the Crownshield project—an AI-powered continuous authentication and threat detection solution available as a mobile software development kit for iOS and Android devices;

[Cubresa Inc.](#) for the world’s first portable positron emission tomography (PET) scanner specially designed for use with highly infectious pathogens; and

[CryptoMill Cybersecurity Solutions](#) for the Circles of Trust project—a security solution to protect government, health care, defence and commercially sensitive information by restricting access on a need-to-know basis.

The ISC Testing Stream looks to help Canadian companies of all sizes get their products/services to market. It involves buying pre-commercial products/services, trying them in real-life settings and providing the companies with valuable feedback.

Lastly, the Minister announced the latest Phase 1 recipients under the ISC Challenges program for two COVID-19 challenges launched in May 2020.

The following four companies are receiving Phase 1 funding in response to the [Intelligent digital clearing house challenge](#):

[11983393 Canada Inc.](#)—for Project Oasis, a platform that enables government subject matter experts to efficiently share key knowledge;

[Bulky Inc.](#)—for a rapid response platform that will deliver a digital solution to enable Canadian industry and global communities of researchers, health providers and funders to exchange, share and procure expertise and materials in response to COVID-19;

[Cole Webber Productions Inc.](#)—for Betterfit Healthcare Club, a platform that matches resources and capacities with need by compiling information on available sessions, facilities and resources; and

[Optima Analytics Inc.](#)—for its intelligent clearing house, a scalable web application accessible from anywhere using a computer, tablet or mobile phone.

This project proposal is receiving Phase 1 funding in response to the Magnetic reagents for detection of COVID-19 and other RNA based molecular diagnostic kits challenge:

[Galenvs Sciences Inc.](#)—for a proposed strategy for adapting magnetic-based reagents for efficient RNA extraction.

If accepted into Phase 2, companies could receive up to \$1 million to develop a working prototype.

Quotes

“Our government is acting quickly to ensure that we are mobilizing our innovation programming and resources to respond to the COVID-19 pandemic. The successful Made-in-Canada projects and proposals announced today will support the researchers and companies that are contributing to the fight against this pandemic. This has remained a top priority for our government and is all part of our continued commitment to protecting the health and safety of all Canadians”

– The Honourable Navdeep Bains, Minister of Innovation, Science and Industry

Quick facts

The Pandemic Response Challenge program brings together the best Canadian and international researchers to fast-track research and development aimed at specific COVID-19 gaps and challenges identified by Canadian health experts.

Innovative Solutions Canada is a key component of the government’s [Innovation and Skills Plan](#), a multi-year plan to make Canada a global innovation leader and prepare Canadians to succeed in tomorrow’s economy.

Changes to the ISC program to support immediate COVID-19 challenges include doubling the amount of Phase 1 and Phase 2 challenge awards, awarding challenge grants or contracts to companies that have more than 499 employees, and increasing award amounts under the Testing Stream to up to \$5 million per initial and additional sales contract to support a particular COVID-19 innovation test.

On March 11, 2020, the Prime Minister announced a \$1 billion package to help Canadians cope with the COVID-19 outbreak, including \$275 million for research and medical countermeasures.

Additional information on measures and supports can be found at [Innovation.Canada.ca](#).

Associated links

[Coronavirus disease \(COVID-19\)](#)

[Pandemic Response Challenge Program](#)

[COVID-19 funding opportunities](#)

[COVID Alert app](#)

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<https://www.canada.ca/en/innovation-science-economic-development/news/2020/10/government-of-canada-announces-funding-for-research-and-development-to-address-covid-19-gaps-and-challenges.html>

## Canada

### Government of Canada invests in COVID-19 border study led by McMaster HealthLabs

From: [Canadian Institutes of Health Research](#)

#### News release

To protect Canadians from the outbreak of COVID-19, in March 2020, the Government of Canada established restrictions to limit travel to Canada and put in place public health measures for travellers allowed to enter the country. Travellers are screened by public health officials on arrival at the border. They must quarantine for a period of 14 days if they have no symptoms of COVID-19 and self-isolate for the same period if they do have symptoms.

Today, the Honourable Filomena Tassi, Minister of Labour and Member of Parliament for Hamilton West-Ancaster-Dundas, on behalf of the Honourable Patty Hajdu, Minister of Health, announced that the Government of Canada will invest \$2.5 million in a study that will help us better understand the rate of COVID-19 infection among international travellers. The study will also review the importance of public health measures for travellers and assess the benefits and risks of an airport-based COVID-19 testing and surveillance program.

First initiated in September 2020, the *Canadian International COVID-19 Surveillance Border Study* is being conducted by McMaster HealthLabs (MHL) in partnership with Air Canada and the Greater Toronto Airport Authority. The funding from the Government of Canada, provided through a partnership between Health Canada and the Canadian Institutes of Health Research, will allow the MHL team to increase the number of participants to approximately 17,000, recruited from international travellers arriving at Toronto's Pearson Airport.

#### Quotes

"At the beginning of this pandemic, we introduced strong measures at the borders to keep Canadians safe. We've relied on data and evidence to respond to COVID-19, and as we gradually restart our economy, the findings of this study are vital to understand how best to protect the health of Canadians and the Canadian economy. I thank the team at McMaster HealthLabs, for their important work that will help support decisions about border measures that are based on science and evidence."

*The Honourable Patty Hajdu, Minister of Health*

"I want to congratulate Dr. Smieja and the whole team at McMaster HealthLabs, which stepped up quickly to work with universities, businesses and other partners to develop and test solutions to curb the social and economic impacts of COVID-19. Their work is another shining example of McMaster University's leadership and commitment to addressing challenges facing Canadians."

*The Honourable Filomena Tassi, Minister of Labour and Member of Parliament for Hamilton West-Ancaster-Dundas*

#### Associated links

[Coronavirus disease \(COVID-19\)](#)

[COVID-19: Travel, quarantine and borders](#)

[McMaster HealthLabs](#)

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At the [Canadian Institutes of Health Research](#) (CIHR) we know that research has the power to change lives. As Canada's health research investment agency, we collaborate with partners and researchers to support the discoveries and innovations that improve our health and strengthen our health care system.

<https://www.canada.ca/en/institutes-health-research/news/2020/10/government-of-canada-invests-in-covid-19-border-study-led-by-mcmaster-healthlabs.html>

## Canada

### COVID-19 restrictions changing for all of Manitoba after record-shattering day

Source: CTVNews.ca - Top Stories - Public RSS

ID: 1008155887

WINNIPEG -- The Winnipeg Metro Region is being moved to the red or critical restriction level, and it is not the only area of the province seeing changes to their current restrictions.

Dr. Brent Roussin, the province's chief public health officer, also announced that the rest of the province, which includes the Southern Health Region, the Prairie Mountain Health Region, and the Interlake-Eastern Health Region, will all be moved to orange or the restricted level on the pandemic response system.

This will also come into effect on Nov. 2, and these regions are joining the Northern Health Region which is already at this level.

With these changes, gathering limits will be dropped to five, in addition to those in a household.

Capacity levels for restaurants, bars, and retail spaces are being moved to 50 per cent and Roussin is encouraging limiting shopping to one person per household.

For students, blended learning is to be started for grades nine to 12 and voluntary blended learning can happen for kids from kindergarten to grade eight.

Sports and recreation events in these parts of the province are being reduced to 25 per cent capacity.

Gyms and fitness facilities will require contact information for all customers and masks will be required at all times except for exercising.

Faith-based gatherings are being limited to 20 per cent or 250 people, whatever number is lower.

<https://winnipeg.ctvnews.ca/covid-19-restrictions-changing-for-all-of-manitoba-after-record-shattering-day-1.5168328>

## Canada

### Canadians need to cut contacts by a quarter to control COVID-19 outbreak: Tam

Source: OttawaMatters.com

ID: 1008156353

The government released forecasts Friday indicating that at current rates of socializing in person, Canada could see COVID-19 case counts increase to 8,000 per day come early December.

New federal projections suggest that Canadians need to cut a quarter of their contacts to keep the COVID-19 outbreak under control, as several provinces wrestle with how far their lockdown measures should go to reinforce that message.

The government released forecasts Friday indicating that at current rates of socializing in person, Canada could see COVID-19 case counts increase to 8,000 per day come early December. If Canadians reduce their rates of contact by 25 per cent, that number could drop below 2,000, according to the modelling.

Dr. Theresa Tam, Canada's chief public health officer, said the country has lost its lead in the ongoing "dance" with COVID-19 after curbing cases over the summer, and taking it back will require discipline.

"What comes next for us this fall and winter is for every one of us to determine through our decisions and our actions," Tam told a news conference. "Letting down our guard and letting this virus win is not an option."

Tam urged Canadians to limit their contact with others as much as possible, including shrinking social bubbles and maintaining physical distance in public places.

Tam said further restrictions and closures may be needed to buttress these practices in communities where the virus is surging.

But Prime Minister Justin Trudeau said he believes Canada can curb the swell of infections without snapping back to sweeping shutdowns.

"We cracked down with the big hammer of a national lockdown in the spring, but now our tools are more refined," Trudeau told reporters in French. "We know which institutions and businesses ... are more at risk for outbreaks. Therefore, our approach is more targeted."

One of those tools Trudeau cited is the COVID Alert app, which can now provide more precise information to people who are exposed to the virus. App users who test positive for COVID-19 can enter the time their symptoms started, or the date they were tested, giving those who were exposed a better sense of when they were at risk.

But some provinces are fine-tuning how targeted their approach should be, as Ontario and Quebec face blowback from sectors under tighter strictures, and Manitoba imposes new restrictions on many businesses.

Ontario's associate chief medical officer of health, Barbara Yaffe, said the province will look at the federal recommendations to shrink social circles and determine if the Ontario guidelines — which limit private indoor gatherings to 10 people or fewer, and private outdoor events to 25 or fewer — need to be updated. "We will review that, obviously, and consider whether we need to change the guidelines. I think everybody just needs to remember how this infection is spread," Yaffe said at a conference Friday, urging people to limit contacts outside of their household when possible.

"Don't do anything that's not essential. Go to work, go to school, groceries and so on, medical appointments. But we really need to try and minimize the interaction we have with other people."

Ontario officials also defended the province's existing lockdown measures Friday as an industry group demanded an explanation for why restaurants face stricter standards.

A coalition representing food service businesses issued an open letter to Premier Doug Ford asking to see the data the province used in setting measures to ban indoor dining in four COVID-19 hot spots.

Ford said the restrictions are temporary and have helped the province avoid catastrophic outcomes. He also said a plan to reopen shuttered businesses is coming next week.

"I truly believe if we didn't make this decision ... we would be having a different conversation today," Ford said Friday. "We'd be having a conversation possibly like France or Spain."

Ontario reported 896 new COVID-19 cases Friday, as well as nine new deaths from the disease.

The Manitoba government is ordering many businesses in the Winnipeg region to shut down after the province reported an all-time high of 480 new COVID-19 cases — more than double the previous daily record.

Starting Monday, bars and restaurants in the Winnipeg region will only be allowed to offer takeout and delivery. Movie theatres and concert halls will be closed and most retail stores will be limited to 25 per cent capacity.

Meanwhile, Quebec officials announced late Friday that the Saguenay-Lac-St-Jean and Chaudiere-Appalaches regions were being elevated to the highest COVID-19 alert level.

Twelve regions in the province are now either partially or entirely in the so-called red zone, which will face increased restrictions until Nov. 23.

Premier Francois Legault extended the partial lockdown of the province's maximum-alert regions this week, saying public health would re-evaluate the situation in two weeks to see if measures could be eased earlier.

Also Friday, Quebec City police handed \$1,000 fines to a gym owner and two clients after a coalition of independent fitness centres vowed to reopen this week in defiance of red-zone restrictions.

Quebec is reporting 952 new COVID-19 cases Friday and 18 more deaths related to the virus.

More regions have been hit by outbreaks of more than 100 cases over the past two weeks, according to Friday's federal analysis, including 26 Indigenous communities that have reported two or more active cases.

Trudeau announced more than \$200 million in funding to help Indigenous communities contain the spread of the virus.

The government data shows infections are rising among Canadians aged 20 and under. Tam said the uptick is related to the reopening of schools, universities and daycares.

Roughly 2,100 schools have reported at least one confirmed case, she said, and more than 50 schools have reported five or more cases.

<https://www.ottawamatters.com/local-news/canadians-need-to-cut-contacts-by-a-quarter-to-control-covid-19-outbreak-tam-2839432>

## Canada

### Several isolated Canada-U.S. border communities exempted from COVID-19 quarantine

Source: Global news

ID: 1008156307

The federal government has lifted the 14-day quarantine requirement upon entry to Canada for residents of several isolated border communities.

Public Safety Minister Bill Blair and Health Minister Patty Hajdu announced the changes in a media release Friday evening.

The new rules apply to residents of Stewart, B.C., Hyder, AK., Campobello Island, N.B. and the Northwest Angle of Minnesota.

Under the changes, residents of those communities will be able to cross the border in order to "access the necessities of life (e.g. food, medical services) from the nearest Canadian or American Community."

Residents of communities such as Hyder, which has no road access to the United States, and Campobello, which has no road access to Canada, have pleaded for months for a change, arguing that they have become isolated from critical services.

The change does not include Point Roberts, a Washington state community of about 1,300 people just south of Metro Vancouver that also lacks road access to the U.S. and has been pleading for an exemption.

Federal officials said they were also scrapping the quarantine rules for Canadian and U.S. children who regularly transit the border to go to school and kids who are in a cross-border custody arrangement.

Those changes, however, will be dependent on approval from provincial and local health officials, according to the release.

The closure of the border to non-essential travel for other Canadians and U.S. residents was extended again Friday to Nov. 30.

<https://globalnews.ca/news/7434165/canada-us-border-communities-exempted-coronavirus-quarantine/>

## Canada

### Nunavut's Meliadine gold mine reports another presumptive positive case of COVID-19

Source: CBC | North News

ID: 1008155871

Agnico Eagle Mines Ltd. says another worker at its Meliadine gold mine in Nunavut has a presumptive positive case of COVID-19.

In a news release, the company says the worker was tested on Wednesday before flying to the mine site from Quebec. The test result came back positive, though the person had shown no symptoms.

The company says that worker was flown out from the mine site later on Wednesday. The presumptive case will be confirmed by follow-up testing in the worker's home province.

Other workers on Wednesday's flight to Meliadine were placed in "strict isolation" as soon as they arrived there, the news release says.

Contact tracing identified 17 people who may have been in contact with the person who tested positive, and those people were flown out on a special charter flight on Thursday. Those workers have been told to follow recommendations from their provincial health authority, and will be tested before returning to the mine site, Agnico Eagle says.

The company says the risk of transmission to the nearby community of Rankin Inlet, Nunavut, is considered "very low."

Earlier this week, two other workers at Meliadine were confirmed positive for COVID-19. Those workers were also flown out and told to follow the recommendations of their provincial health authority.

<https://www.cbc.ca/news/canada/north/meliadine-gold-mine-covid-19-case-1.5783734?cmp=rss>

## Canada

### Yukon health officer reports first COVID-19 death

Source: National Post

ID: 1008155044

WHITEHORSE — Yukon has reported its first death from COVID-19 after an outbreak in the small community of Watson Lake.

Chief medical health officer Dr. Brendan Hanley says the person who died was “older” and had underlying health conditions.

The person died at home on Thursday after showing signs of recovery about two weeks after being infected.

Hanley says the death is a reminder of how serious and infectious COVID-19 can be.

The person who died lived in Watson Lake, where an outbreak of the virus infected five people.

Hanley says 53 people have been tested in Watson Lake, a large proportion of the community of about 800.

Twenty-three people have tested positive for COVID-19 in Yukon since the pandemic began in March.

<https://nationalpost.com/pmnl/news-pmn/canada-news-pmn/yukon-health-officer-reports-first-covid-19-death>

## Canada

### Prime Minister announces new supports for Indigenous peoples and communities

Source: Government of Canada

October 30, 2020

Ottawa, Ontario

The health, safety, and well-being of First Nations, Inuit, and Métis peoples is a priority during the global COVID-19 pandemic. The Government of Canada will continue to support Indigenous peoples and communities during this time to help contain the spread of the virus and keep people safe.

The Prime Minister, Justin Trudeau, today announced over \$200 million in new funding to provide support to Indigenous peoples and communities. The funding includes:

\$120.7 million to help Indigenous early learning and child care facilities safely operate during the pandemic. The investment is expected to support over 35,000 First Nations, Inuit, and Métis Nation children who access culturally relevant Indigenous early learning and child care programs. This funding will be co-managed through existing early learning and child care partnerships. It will assist Indigenous communities in addressing their most critical needs, including implementing enhanced cleaning protocols, hiring additional staff, and offering training.

\$59 million for First Nations to adapt their on reserve community infrastructure. First Nations can use the funds to implement public health and safety measures in community buildings by adding hand washing stations, buying hand sanitizers, personal protective equipment for staff, and cleaning supplies, installing signage and barriers to promote physical distancing, and doing safety checks and upgrades to existing ventilation systems.

\$25.9 million to provide immediate support to Indigenous post-secondary institutions in 2020-21. The investment will help these institutions address increased costs and financial uncertainty resulting from the pandemic, including putting in place supports to retain staff, automating services to process student applications and registrations, adapting courses for online learning, and implementing public health and safety measures for in-person services.

The Government of Canada continues to take a distinctions-based approach to address the needs of Indigenous peoples and communities. Today’s investment builds on the work already being done through the Indigenous Community Support Fund, as well as additional funding provided for communities and organizations working with Indigenous peoples living in urban areas and off-reserve.

We will continue to work with Indigenous peoples and communities to help them prevent the spread of COVID-19, keep people safe, and address the ongoing impacts of the pandemic.

#### Quotes

“Indigenous peoples and communities continue to face unique challenges during the pandemic. We will continue to listen to them, and ensure that students, children, parents, and communities have the support they need to keep safe and healthy and properly respond to this crisis.”

The Rt. Hon. Justin Trudeau, Prime Minister of Canada

“This pandemic has been particularly hard on children and youth of all ages. We must ensure that they get the necessary support to be able to learn and thrive in a safe environment. This is why we are announcing new funding for communities and organizations, from early learning and child care to post-

secondary, as they work to adjust to a new reality in light of COVID-19. We will continue to work with Indigenous partners to promote the health and safety of First Nations, Inuit and Métis throughout the country, and will continue to do so throughout and beyond the pandemic.”

The Hon. Marc Miller, Minister of Indigenous Services

“Ensuring First Nations, Inuit and Métis Nation families have access to safe, high-quality and culturally relevant early learning and child care programs is essential to the recovery of Indigenous communities from COVID-19. Today’s announcement will support First Nations, Inuit and the Métis Nation in addressing the child care needs of their communities and giving their children a solid foundation for future success.”

The Hon. Ahmed Hussen, Minister of Families, Children and Social Development

#### Quick Facts

First Nations community infrastructure includes daycare centres, band offices and community buildings, fire halls, women’s shelters, Aboriginal Head Start on Reserve sites, treatment centres, long-term care facilities, and National Native Alcohol and Drug Abuse Program treatment centres.

On August 26, 2020, the Government of Canada announced \$112 million in funding for First Nations to support community measures for a safe return for elementary and secondary schools on reserve.

On April 22, 2020, the Government of Canada announced \$75.2 million in support for Indigenous post-secondary students in 2020-21.

On March 18, 2020, the Government of Canada announced a new distinctions-based Indigenous Community Support Fund to address immediate needs in First Nations, Inuit, and Métis communities.

This fund provides Indigenous leadership with the flexibility needed to design and implement community-based solutions to respond to the spread of COVID-19 within their communities. To date, a total of \$685 million in investments has been made through the Fund.

#### Associated Links

[Coronavirus disease \(COVID-19\)](#)

[Coronavirus \(COVID-19\) and Indigenous communities](#)

[Prime Minister announces additional funding for health, economic, and social support for Indigenous peoples and communities](#)

[Indigenous Community Support Fund](#)

<https://pm.gc.ca/en/news/news-releases/2020/10/30/prime-minister-announces-new-supports-indigenous-peoples-and>

## United States - Coronavirus Disease 2019 (COVID-19) - Communication Resources (Official and Media)

### United States

#### **CDC Issues Framework for Resuming Safe and Responsible Cruise Ship Passenger Operations**

#### **Media Statement**

For Immediate Release: Friday, October 30, 2020

**Contact:** Media Relations

(404) 639-3286

Today the Centers for Disease Control and Prevention (CDC) issued a Framework for Conditional Sailing Order that introduces a phased approach for the safe and responsible resumption of passenger cruises. The Order establishes a framework of actionable items for the cruise line industry to follow so they can resume passenger operations with an emphasis on preventing the further spread of COVID-19 on cruise ships and from cruise ships into communities, and to protect public health and safety. The Order applies to passenger operations on cruise ships with the capacity to carry at least 250 passengers in waters subject to U.S. jurisdiction.

Recent outbreaks on cruise ships overseas provide current evidence that cruise ship travel facilitates and amplifies transmission of COVID-19—even when ships sail at reduced passenger capacities—and would likely spread the disease into U.S. communities if passenger operations were to resume in the United States without public health oversight.



“This framework provides a pathway to resume safe and responsible sailing. It will mitigate the risk of COVID-19 outbreaks on ships and prevent passengers and crew from seeding outbreaks at ports and in the communities where they live,” says CDC Director Robert R. Redfield, M.D. “CDC and the cruise industry have a shared goal to protect crew, passengers, and communities and will continue to work together to ensure that all necessary public health procedures are in place before cruise ships begin sailing with passengers.”

Cruising safely and responsibly during a global pandemic is very challenging. The Framework for Conditional Sailing Order requires a phased approach to resuming passenger operations. A phased approach is necessary because of the continued spread of the COVID-19 pandemic worldwide, risk of resurgence in countries that have suppressed transmission, ongoing concerns related to restarting of cruising internationally, and need for additional time for the cruise industry to test the effectiveness of measures to control potential COVID-19 transmission on board cruise ships with passengers without burdening public health.

“CDC and the cruise industry have the same goal: A return to passenger sailing, but only when its safe. Under the CDC’s Framework for Conditional Sailing Order, cruise lines have been given a pathway to systematically demonstrate their ability to sail while keeping passengers, crew and their destination ports safe and healthy,” said former Utah Gov. Mike Leavitt, co-chair of the Healthy Sail Panel.

During the initial phases, cruise ship operators must demonstrate adherence to testing, quarantine and isolation, and social distancing requirements to protect crew members while they build the laboratory capacity needed to test crew and future passengers. Subsequent phases will include simulated (mock) voyages with volunteers playing the role of passengers to test cruise ship operators’ ability to mitigate COVID-19 risk, certification for ships that meet specific requirements, and return to passenger voyages in a manner that mitigates COVID-19 risk among passengers, crew members, and communities.

“Our member lines are 100 percent committed to helping to protect the health of our guests, our crew and the communities we serve, and are prepared to implement multiple layers of protocols informed by the latest scientific and medical knowledge,” said Kelly Craighead, president and CEO of Cruise Lines International Association (CLIA). “We look forward to reviewing the new Order and are optimistic that it is an important step toward returning our ships to service from U.S. ports.”

CDC will help ships prepare and protect crew members during the initial phases by:

- establishing a laboratory team dedicated to cruise ships to provide information and oversight for COVID-19 testing,
- updating its color-coding system to indicate ship status,
- updating its technical instructions, as needed, and
- updating the “Enhanced Data Collection (EDC) During COVID-19 Pandemic Form” to prepare for surveillance for COVID-19 among passengers.

CDC will continue to update its guidance and recommendations to specify basic safety standards and public health interventions based on the best scientific evidence available. For more information about COVID-19 and cruise ships, please visit [www.cdc.gov/coronavirus/2019-ncov/travelers/cruise-ship/what-cdc-is-doing.html](http://www.cdc.gov/coronavirus/2019-ncov/travelers/cruise-ship/what-cdc-is-doing.html) and [www.cdc.gov/quarantine/cruise](http://www.cdc.gov/quarantine/cruise).  
<https://www.cdc.gov/media/releases/2020/s1030-safe-responsible-ship-passenger-operations.html>

## **United States**

### **IATA claims only one in 27 million air passengers develop Covid in flight**

Source: Travel Mole

Unique ID: [1008151849](#)

The International Air Transport Association has claimed only 44 Covid cases have been transmitted during a flight - out of 1.2 billion passengers. The figures translate to one case for every 27 million passengers, or 0.0000036%. "The risk of a passenger contracting COVID-19 while onboard appears very low," IATA Medical Advisor Dr David Powell said. IATA admitted there was no precise way to establish the exact...

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The figures translate to one case for every 27 million passengers, or 0.0000036%.

"The risk of a passenger contracting COVID-19 while onboard appears very low," IATA Medical Advisor Dr David Powell said.

IATA admitted there was no precise way to establish the exact number of aircraft transmissions.

But it said its 'outreach to airlines and public health authorities combined with a thorough review of available literature' has not suggested any widespread onboard transmission.

"We recognise that this may be an underestimate but even if 90% of the cases were un-reported, it would be one case for every 2.7 million travellers," Dr Powell said. "We think these figures are extremely reassuring."

Even more encouraging, he added, is that published data occurred before the widespread wearing of face masks on aircraft and in airports.

New insight into why the numbers are so low emerged following research conducted by Airbus, Boeing and Embraer.

All three plane makers claimed aircraft airflow systems control the movement of particles in the cabin, limiting the spread of viruses.

Despite slightly different methodologies, the research claims aircraft airflow systems, specialised filters, the natural barrier of the seatback, the downward flow of air and 'high rates of air exchange' reduce the risk of disease transmission inside the cabin.

"The addition of mask-wearing amid pandemic concerns adds a further and significant extra layer of protection, which makes being seated in close proximity in an aircraft cabin safer than most other indoor environments," IATA concluded.

[https://www.travelmole.com/news\\_feature.php?news\\_id=2044611&c=setreg@ion=2&cat=7](https://www.travelmole.com/news_feature.php?news_id=2044611&c=setreg@ion=2&cat=7)

## United States

### Regeneron halts trial of COVID-19 antibody drug in sickest hospitalized patients

Source: The Hill  
ID: 1008154879

Regeneron Pharmaceuticals said Friday it has paused a clinical study of its antibody drug to treat some of the sickest COVID-19 patients because of a potential safety concern.

The recommendation from an independent monitoring board marks the second time a clinical trial of an experimental coronavirus antibody drug has been paused because of safety issues.

Regeneron said it is pausing enrollment of hospitalized COVID-19 patients receiving mechanical ventilation or intense oxygen after the independent monitoring committee observed "a potential safety signal and an unfavorable risk/benefit profile at this time."

The monitoring board recommended collecting additional data on the patients already enrolled.

The pause does not impact other studies of Regeneron's antibody drug, which is under consideration for emergency use authorization in mild-to-moderate outpatients at high risk for poor outcomes.

Earlier this week, the company said a separate study definitively showed a significant reduction in viral load and the need for further medical visits.

The data monitoring board also recommended continuing trial enrollment of hospitalized patients who require little or no oxygen.

Earlier this month, a different monitoring board recommended pausing enrollment in a study testing an Eli Lilly antibody drug to investigate a possible safety issue in hospitalized patients.

On Monday, the National Institute of Allergy and Infectious Diseases (NIAID), which is funding the study, announced there was no longer a safety issue, but the study had been stopped because the board found little clinical benefit in the treatment.

Monoclonal antibodies are lab-generated versions of one of the human body's main defenses against pathogens.

No antibody drugs have been authorized for use yet, but they made headlines recently after President Trump said he received Regeneron's antibody cocktail and touted it as a "miracle" and a "cure."

While treatments are improving, there is no cure, and the available treatments depend on how sick someone is.

NIAID Director Anthony Fauci this week said treatment is all about timing; dexamethasone and other steroids can help with severely ill patients on ventilation, as can the antiviral drug remdesivir. Studies with experimental antibody treatments, on the other hand, suggest they are most effective when given on an outpatient basis to someone with mild symptoms.

<https://thehill.com/policy/healthcare/523600-regeneron-halts-trial-of-covid-19-antibody-drug-in-sickest-hospitalized>

## United States

### Experts publish imaging recommendations for COVID-19. (INFECTIOUS DISEASES)

Source: Macau Daily Times

Unique ID: [1008151166](#)

A team of pulmonologists has synthesized the clinical and imaging characteristics of COVID-19 in children, and has devised recommendations for ordering imaging studies in suspected cases of the infection. The review in *Pediatric Pulmonology* by Alexandra M. Foust, DO, of Boston Children's Hospital, and colleagues also included useful radiographic findings to help in the differential diagnosis of COVID-19 pneumonia...

A team of pulmonologists has synthesized the clinical and imaging characteristics of COVID-19 in children, and has devised recommendations for ordering imaging studies in suspected cases of the infection.

The review in *Pediatric Pulmonology* by Alexandra M. Foust, DO, of Boston Children's Hospital, and colleagues also included useful radiographic findings to help in the differential diagnosis of COVID-19 pneumonia from other respiratory infections.

"Pediatricians face numerous challenges created by increasing reports of severe COVID-19-related findings in affected children," said Mary Cataletto, MD, of NYU Langone Health in Mineola, N.Y. "[The current review] represents a multinational collaboration to provide up-to-date information and key imaging findings to guide chest physicians caring for children with pneumonia symptoms during the COVID-19 pandemic."

Clinical presentation in children

In general, pediatric patients infected with the virus show milder symptoms than adults, and based on the limited evidence reported to date, the most common clinical symptoms of COVID-19 in children are rhinorrhea and / or nasal congestion, fever and cough with sore throat, fatigue or dyspnea, and diarrhea. As with other viral pneumonias in children, the laboratory parameters are usually nonspecific; however, while the complete blood count is often normal, lymphopenia, thrombocytopenia, and neutropenia have been reported in some cases of pediatric COVID-19, the authors noted.

The current Centers for Disease Control and Prevention recommendation for initial diagnosis of SARS-CoV-2 is obtaining a nasopharyngeal swab, followed by reverse transcription

polymerase chain reaction (RT-PCR) testing, they explained.

#### Role of imaging in diagnosis

The researchers reported that current recommendations from the American College of Radiology do not include chest computed tomography (CT) or chest radiography (CXR) as a upfront test to diagnose pediatric COVID-19, but they may still have a role in clinical monitoring, especially in patients with a moderate to severe disease course.

The potential benefits of utilizing radiologic evaluation, such as establishing a baseline for monitoring disease progression, must be balanced with potential drawbacks, which include radiation exposure, and reduced availability of imaging resources owing to necessary cleaning and air turnover time.

#### Recommendations for ordering imaging studies

Based on the most recent international guidelines for pediatric COVID-19 patient management, the authors developed an algorithm for performing imaging studies in suspected cases of COVID-19 pneumonia. The purpose of the tool is to support clinical decision-making around the utilization of CXR and CT to evaluate pediatric COVID-19 pneumonia.

"The step-by-step algorithm addresses the selection, sequence and timing of imaging studies with multiple images illustrating key findings of COVID-19 pneumonia in the pediatric age group," said Dr. Cataletto.

#### Key recommendations: CXR

"For pediatric patients with suspected or known COVID-19 infection with moderate to severe clinical symptoms requiring hospitalization (i.e., hypoxia, moderate or severe dyspnea, signs of sepsis, shock, cardiovascular compromise, altered mentation),

CXR is usually indicated to establish an imaging baseline and to assess for an alternative diagnosis," they said. "Sequential CXRs may be helpful to assess pediatric patients with COVID-19 who demonstrate worsening clinical symptoms or to assess response to supportive therapy."

#### Key recommendations: CT

"Due to the increased radiation sensitivity of pediatric patients, chest CT is not recommended as an initial diagnostic test for pediatric patients with known or suspected COVID-19 pneumonia," they explained.

The guide also included several considerations around the differential diagnosis of COVID-19 pneumonia from other pediatric lung disorders, including immune-related conditions, infectious etiologies, hematological dyscrasias, and inhalation-related lung injury.

No funding sources or financial disclosures were reported in the manuscript.

<https://dev.mashupmd.com/experts-publish-imaging-recommendations-for-pediatric-covid-19-2/>

### **IHR Announcement**

#### **WHO Medical Product Alert N° 6/2020 regarding falsified Fluzone® Quadrivalent Influenza Vaccine identified in the WHO Region of the Americas**

Announcement Displayed From: Friday, October 30, 2020 - 17:37

Please find attached **WHO Medical Product Alert N° 6/2020** regarding falsified Fluzone® Quadrivalent Influenza Vaccine identified in the WHO Region of the Americas. Three different falsified batches have been identified to date.

Please forward this information to relevant end users, National Regulatory Authorities, procurers and any other relevant colleagues and organizations. WHO calls for increased scrutiny for these products.

Alert N° 6/2020 will be available on the WHO website in all 6 UN languages at

[www.who.int/news/item/30-10-2020-medical-product-alert-n-6-2020](http://www.who.int/news/item/30-10-2020-medical-product-alert-n-6-2020) .

If you have any questions or if you wish to report incidents concerning falsified or substandard medical products, please contact [rapidalert@who.int](mailto:rapidalert@who.int)

With kind regards,

The WHO team dealing with incidents and substandard and falsified medical products.

### **IHR Announcement**

#### **Additional health measures in relation to the COVID-19 outbreak 30 October 2020**

Announcement Displayed From: Friday, October 30, 2020 - 18:12

Official statements by States Parties to the International Health Regulations (2005) (IHR)

On 30 January 2020, the Director-General determined that the outbreak of 2019-nCoV, constitutes a Public Health Emergency of International Concern (PHEIC) and issued Temporary Recommendations<sup>[1]</sup>. On 11 March 2020 the Director-General characterized the COVID-19 situation as a pandemic<sup>[2]</sup>. Following the [4th IHR Emergency Committee for COVID-19 on 31 July 2020](#), the Director-General confirmed that the COVID-19 pandemic continues to constitute a PHEIC and issued the following Temporary Recommendations for States Parties:

Share best practices, including from intra-action reviews, with WHO; apply lessons learned from countries that are successfully re-opening their societies (including businesses, schools, and other services) and mitigating resurgence of COVID-19.

Support multilateral regional and global organizations and encourage global solidarity in COVID-19 response.

Enhance and sustain political commitment and leadership for national strategies and localized response activities driven by science, data, and experience; engage all sectors in addressing the impacts of the pandemic.

Continue to enhance capacity for public health surveillance, testing, and contact tracing.

Share timely information and data with WHO on COVID-19 epidemiology and severity, response measures, and on concurrent disease outbreaks through platforms such as the Global Influenza Surveillance and Response System.

Strengthen community engagement, empower individuals, and build trust by addressing mis/disinformation and providing clear guidance, rationales, and resources for public health and social measures to be accepted and implemented.

Engage in the Access to COVID-19 Tools (ACT) Accelerator, participate in relevant trials, and prepare for safe and effective therapeutic and vaccine introduction.

Implement, regularly update, and share information with WHO on appropriate and proportionate travel measures and advice, based on risk assessments; implement necessary capacities, including at points of entry, to mitigate the potential risks of international transmission of COVID-19 and to facilitate international contact tracing.

Maintain essential health services with sufficient funding, supplies, and human resources; prepare health systems to cope with seasonal influenza, other concurrent disease outbreaks, and natural disasters.

In line with provisions of Article 43, WHO is sharing the information officially provided to WHO by States Parties and, since 12 March 2020 also information published by country government websites to reduce the gap between the information reported through the IHR mechanism and the one published by countries on official sources.

As of 30 October 2020, there has been no new State Party that reported on additional health measures that significantly interfere with international traffic since the last announcement published on 23 October 2020. A total of 194 out of 196 States Parties reported to date with Mexico and Nicaragua not reporting any measure.

Moreover, 14 countries provided updates to their previously implemented measures. The distribution by WHO Regions is as follows: AFR: 0 (0 updates), AMR: 0 (1 updates), EMR: 0 (0 updates), EUR: 0 (13 updates), SRO: 0 (0 updates), WPR: 0 (0 updates). See table 1.

Regional links below provide for more details on the measures. The information is divided by region, cumulative since the beginning of the EIS updates on travel measures and by country in alphabetical order. Text highlighted in red represents updates to the previously published EIS.

Table 1. States Parties that provided WHO with official reports on additional health measures that significantly interfere with international traffic under Article 43 of the IHR (2005) as of 09 October 2020

NOTE 1: numbers in parenthesis illustrate the number of reports – new or updates - received since 26 March 2020

NOTE 2: (\*) designates that the State Party reports on measures directed to other countries in addition to China. As of 17 March, all countries reporting measures, direct these measures to more than one country or to all countries (ie: closure of borders)

NOTE 3: (#) Supporting document to be provided by Country or Regional Office.

NOTE 4: Measure for Canada was updated in the country report for AMRO on 17 April but not reflected in the respective EIS.

NOTE 5: Eurasian Economic Commission countries: Armenia, Belarus, Kazakhstan, Kyrgyzstan and Russian Federation.

[1] [https://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-\(2019-ncov\)](https://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov))

[2] <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>

## **IHR Announcement**

### **Statement on the fifth meeting of the International Health Regulations (2005) Emergency Committee regarding the coronavirus disease (COVID-19) pandemic**

Announcement Displayed From: Friday, October 30, 2020 - 16:26

### **Statement on the fifth meeting of the International Health Regulations (2005) Emergency Committee regarding the coronavirus disease (COVID-19) pandemic 30 October 2020**

The fifth meeting of the Emergency Committee convened by the WHO Director-General under the International Health Regulations (IHR) (2005) regarding the coronavirus disease (COVID-19) took place on Thursday, 29 October 2020 from 12:30 to 16:05 Geneva time (CEST).

#### **Proceedings of the meeting**

Members and advisors of the Emergency Committee were convened by videoconference.

The Director-General welcomed the Committee, highlighted global advances and challenges in addressing the COVID-19 pandemic, and expressed his appreciation to the Committee for their continued support and advice.

Representatives of the legal department and the Department of Compliance, Risk Management, and Ethics (CRE) briefed the members on their roles and responsibilities. The Ethics Officer from CRE provided the Members and Advisers with an overview of the WHO Declaration of Interest process. The Members and Advisers were made aware of their individual responsibility to disclose to WHO, in a timely manner, any interests of a personal, professional, financial, intellectual or commercial nature that may give rise to a perceived or direct conflict of interest. They were additionally reminded of their duty to maintain the confidentiality of the meeting discussions and the work of the committee. Each member who was present was surveyed and no conflicts of interest were identified.

The Secretariat turned the meeting over to the Chair, Professor Didier Houssin. Professor Houssin also welcomed the Committee and reviewed the objectives and agenda of the meeting.

The WHO Assistant Directors-Generals for Emergency Response and for Emergency Preparedness and International Health Regulations provided an overview of the current context and an update on the implementation of the 1 August 2020 temporary recommendation. WHO continues to assess the global risk level of the COVID-19 pandemic as very high.

The Committee expressed strong appreciation for WHO's leadership and activities throughout the global response. In particular, the Committee appreciated WHO's critical role in developing evidence-based guidance and recommendations; providing countries with technical assistance and operational support; communicating clear information and addressing misinformation; and convening the Solidarity Trials and the Access to COVID-19 Tools (ACT) Accelerator. The Committee commended WHO's sustained efforts to strengthen national, regional, and global responses to the COVID-19 pandemic.

After ensuing discussion, the Committee unanimously agreed that the pandemic still constitutes an extraordinary event, a public health risk to other States through international spread, and continues to require a coordinated international response. As such, the Committee considered the COVID-19 pandemic to remain a public health emergency of international concern and offered advice to the Director-General.

**The Director-General determined that the COVID-19 pandemic continues to constitute a PHEIC. He accepted the advice of the Committee to WHO and issued the Committee's advice to States Parties as Temporary Recommendations under the IHR (2005).**

The Emergency Committee will be reconvened within three months, at the discretion of the Director-General. The Director-General thanked the Committee for its work.

#### **Advice to the WHO Secretariat Leadership and Coordination**

1. Continue to coordinate global and regional multilateral organizations, partners, and networks and share best practices for responding to the pandemic.



2. Provide States Parties with a mechanism including templates and processes to report on national progress in implementing the temporary recommendations; collect, analyze, and provide regular updates to the IHR emergency Committee on this progress.

#### **Evidence-Based Response Strategies**

3. Continue to provide evidence-based guidance for COVID-19 readiness and response. This guidance should include sustainable long-term response strategies, mitigation approaches for different levels of transmission, refined indicators for risk management and pandemic response, a meta-analysis of the effectiveness of public health and social measures for COVID-19 response, and lessons learned including from intra-action reviews.

#### **Research**

4. Continue to convene multi-disciplinary experts to agree on consistent language for and to further explain: all potential modes of transmission and virulence of SARS-CoV-2; severity risk factors and epidemiology of COVID-19; and the striking diversity of the pandemic dynamics globally.

5. Continue intersectoral collaborations to understand the origin of SARS-CoV-2, the role/impact of animals, and provide regular updates on international research findings.

6. Continue to work with partners to refine mathematical models that can inform policy decisions on how best to mitigate the effects of the pandemic.

#### **Surveillance and Contact Tracing**

7. Continue to work with partners and networks to provide guidance, tools, and trainings to support countries in strengthening their robust public health surveillance, comprehensive contact tracing, and cluster investigation.

8. Encourage and support countries to understand and report on their epidemiological situation and relevant indicators including through leveraging existing influenza sentinel surveillance systems for COVID-19.

#### **Risk communications and community engagement**

9. Continue to work with partners to counter the ongoing infodemic and provide guidance on community mobilization to support effective public health and social measures.

#### **Diagnostics, therapeutics, and vaccines**

10. Continue to support development of and equitable access to diagnostics, safe and effective therapeutics and vaccines, through the Access to COVID-19 Tools (ACT) Accelerator; continue to work with all ACT Accelerator partners to provide countries with additional clarity on the processes to enable equitable and timely access to diagnostics, therapeutics, and vaccines, including in humanitarian settings.

11. Accelerate support to enhance countries' readiness for COVID-19 vaccine introduction by providing guidance, tools, and technical assistance for critical areas such as vaccination strategies, vaccine acceptance and demand, training, supply and logistics with a focus on cold chain, and monitoring uptake and vaccine safety.

#### **Health Measures In Relation to International Traffic**

12. Continue to work with partners to update and review evidence-based guidance for international travel consistent with IHR (2005) provisions. This guidance should focus on effective, risk-based, and coherent approaches (including targeted use of diagnostics and quarantine) that consider transmission levels, response capacities in origin and destination countries, and relevant travel-specific considerations.

#### **Essential Health Services**

13. Work with partners to support countries in strengthening their essential health services, with a particular focus on mental health, public health prevention and control systems, and other societal impacts, as well as preparing for and responding to concurrent outbreaks, such as seasonal influenza. Special attention should continue to be provided to vulnerable settings.

#### **Temporary recommendations to State Parties**

##### **Leadership and coordination**

1. Continue to share with WHO best practices, including from intra-action reviews, and apply lessons learned for mitigating resurgence of COVID-19. Invest in implementing National Action Plans for sustainable preparedness and response capacities in compliance with the IHR requirements.

2. Report to WHO on progress in implementing the temporary recommendations, particularly major achievements, milestones, and obstacles. This information will empower countries, WHO, partners, and the Committee to continue to make informed decisions as the pandemic evolves.

#### **Evidence-Based Response Strategies**

3. Avoid politicization or complacency with regards to the pandemic response which negatively impact local, national, regional, and global response efforts. National strategies and localized readiness and response activities should be driven by science, data, and experience and should engage and enable all sectors using a whole-of-society approach.

4. Implement a dynamic risk management approach using appropriate indicators to inform time-limited, evidence-based public health and social measures.

#### **Research**

5. Conduct research and share information on transmission, including role of aerosols; presence and potential impact of SARS-CoV-2 in animal populations; and potential sources of contamination (such as frozen products) to mitigate potential risks through preventative measures and international cooperation.

#### **Surveillance and Contact Tracing**

6. Sustain efforts to strengthen public health surveillance systems and investments in a trained workforce for active case finding, comprehensive contact tracing, and cluster investigations.

7. Continue timely and consistent reporting to WHO, including through platforms such as GISRS, on all recommended indicators for COVID-19 epidemiology and severity, response measures, and concurrent outbreaks, to enhance global understanding of the pandemic's evolution.

#### **Risk Communications and Community Engagement**

8. Engage and empower individuals and communities to strengthen confidence in the COVID-19 response and promote sustained adherence to public health and social measures underpinned by the principles of solidarity and human rights; monitor and address rumours and misinformation.

#### **Diagnostics, Therapeutics, and Vaccines**

9. Establish national multi-disciplinary taskforce, assess progress using the COVID-19 Vaccine Introduction Readiness Assessment Tool (VIRAT), and prepare the National Deployment and Vaccination Plan, which can serve as the holistic operational plan for COVID-19 vaccine introduction. A strong emphasis should be placed on communication with communities to prepare for COVID-19 vaccination.

#### **Health Measures in Relation to International Traffic**

10. Regularly re-consider measures applied to international travel in compliance with Article 43 of the IHR (2005) and continue to provide information and rationales to WHO on measures that significantly interfere with international traffic. Ensure that measures affecting international traffic (including targeted use of diagnostics and quarantine) are risk-based, evidence-based, coherent, proportionate and time limited.

11. Continue to strengthen capacity at points of entry to manage potential risks of cross-border transmission and to facilitate international contact tracing.

#### **Essential Health Services**

12. Maintain essential health services with sufficient funding, supplies, and human resources; strengthen health systems to cope with mental health impacts of the pandemic, concurrent disease outbreaks, and other emergencies.

## **International - Coronavirus disease (COVID-19) Outbreak and Outcomes (Media)**

### **ECDC**

#### **The challenge of winter during COVID-19 for poor families**

30-10-2020

This winter will present the unprecedented public health challenge of having to face the COVID-19 pandemic and the flu season at the same time. **The colder months bring challenges for less affluent households to heat their homes adequately, thus increasing their exposure to health risks.** On World Cities Day, 31 October, we take a moment to value our cities and communities, especially those most vulnerable in cold weather, and consider what can be done to reduce their risks.

In most countries in the WHO European Region, inequalities related to keeping a home warm in winter have increased in recent years, as have inequalities in the ability to afford heating costs. In almost all European countries, the poorest households are 4 to 5 times more exposed to cold homes than the most affluent ones, and in several countries more than 30% of low-income households are unable to keep their homes warm. The resulting fuel poverty is often associated with polluting and unsustainable fuel choices.

The use of polluting solid fuels for indoor heating and cooking is also unequally distributed and mostly seen in rural areas and low-income households. Solid fuel use may increase the risk of premature death due to long-term exposure to particulate matter from the burned material, and also due to acute poisoning caused by carbon monoxide exposure from poorly maintained heating devices and limited ventilation. The burden of disease due to indoor air pollution from household activities, such as heating or cooking, was estimated to be 55 000 premature deaths in the WHO European Region in 2016.

COVID-19 related restrictions particularly affect those already more vulnerable

The topic of affordable and clean indoor heating is particularly important this year due to the ongoing COVID-19 pandemic. Households need to anticipate possible restrictions on movement or lockdowns in addition to home schooling and home office work. This will increase the time spent in the home and further enhance the impact of low indoor temperatures as well as potential indoor air pollution, especially for low-income families.

Such increased exposure will especially affect population groups that are already more vulnerable, such as the elderly, children or persons with pre-existing medical conditions, if restricted to their home, and in households in which a family member is requested to go into home-based quarantine or isolation. The situation might be further exacerbated by the economic crisis that, in many countries, has resulted in job losses and furlough schemes, significantly increasing the number of people suffering from energy poverty and its consequences.

Finally, during the COVID-19 pandemic, extended presence in indoor, crowded and inadequately ventilated spaces may affect the risk of community transmission, as the virus spreads from an infected person's mouth or nose in small liquid particles when they cough, sneeze, speak, sing or breathe heavily.

These transmission patterns further raise the importance of good indoor ventilation during the winter, despite a tendency to keep the house sealed to reduce energy consumption and keep it warm. This is most critical in large households with little floor space, as crowding and reduced possibility of maintaining physical distance increases transmission risk. Crowding is of concern predominantly for poor as well as single-parent households. For example, in some Eastern European countries, nearly 3 out of 4 single-parent households with a low income are affected by crowding.

What can be done?

At the individual level, we should continue washing our hands with soap, covering our cough, keeping safe distance from other people, and – where this is not possible – wearing a mask. We know that these measures are essential to breaking the chain of transmission, and – especially in winter – remain the most effective way to protect yourself and other household members. Good ventilation of indoor environments will also add to people's protection, particularly at this time of the year.

Working with national governments, cities can play an important role in reducing these risks by supporting adequate and affordable energy supply for the coming winter and preparing support schemes for those who cannot afford heating. Preparing well in order to avoid local and national disruptions in supplying heating services and in infrastructure can further reduce risks and health effects related to heating shortages. Finally, local authorities can increase their awareness of the distribution of housing problems related to thermal comfort, energy use and crowding, all of which affect health and well-being for disadvantaged households and may contribute to increased transmission risk during lockdown periods.

By planning ahead, individuals and authorities can reduce the health burden on health care systems during the cold season, especially now when they are already severely stretched to treat COVID-19 patients.

<https://www.euro.who.int/en/health-topics/health-emergencies/pages/news/news/2020/10/the-challenge-of-winter-during-covid-19-for-poor-families>

## PAHO

### Indigenous and Afro-descendant voices must be front and center of COVID-19 response in the Americas, says PAHO

30 Oct 2020

*The first of two regional meetings on the impact of COVID-19 on these populations called for culturally sensitive health guidelines, risk communications in indigenous languages, and more disaggregated data*

Washington D.C., October 30, 2020 (PAHO) – If no one is to be left behind during the COVID-19 pandemic, efforts must be stepped up to ensure a strong and coordinated response with indigenous organizations and leaders, Deputy Director of the Pan American Health Organization (PAHO), Mary Lou Valdez, said today.

Speaking at the first of two High-Level Regional Meetings – The Impact of COVID-19 on indigenous peoples in the region of the Americas: Perspectives and opportunities, Valdez emphasized the health inequalities faced by these populations and urged countries to avoid a “one size fits all approach.”

“The Region of the Americas is characterized by its rich multicultural and multiethnic heritage, yet indigenous and Afro-descendant populations are often subject to discrimination and exclusion, leading to health inequities,” she highlighted. Strategies that address these issues cannot be designed in isolation, “the participation of indigenous representatives as equal partners is essential.”

Almost 55 million indigenous people live in Latin America and the Caribbean and more than 7.5 million live in North America. While data on the impact of COVID-19 on these populations remains limited, factors experienced by indigenous groups, including isolation, overcrowded living conditions, lack of access to good hygiene measures and higher incidence of preexisting conditions such as cardiovascular disease and diabetes, places them at increased risk of transmission and severity of the disease.

Since the pandemic began in the region, over 168,000 cases of COVID-19 among indigenous peoples have been reported in 12 countries in the Region, including almost 3500 deaths. In areas of the Amazon basin, including Roraima and Amapa, and border areas of French Guiana, indigenous populations are over 10 times more likely to contract COVID-19 than others living in Amazon basin areas.

Francisco Cali Tzay, United Nations Special Rapporteur on the rights of indigenous people, said that indigenous populations in the Region are disproportionately impacted by COVID-19. “The pandemic has also exacerbated racism and stigma towards indigenous communities – accusing them of not respecting public health measures and blaming them for the high rates of infection.” Mirna Cunningham, President of the Directing Council of the Fund for the Development of Indigenous Peoples of Latin America and the Caribbean (FILAC) and Tarcila Rivera Zea, Director of the Center for Indigenous Cultures of Peru (CHIRAPAQ), also participated as panelists in the meeting.

Referring to the need to bridge gaps between traditional and western medicine, PAHO Assistant Director, Dr. Jarbas Barbosa called for a solutions-focused approach. “How can we amplify effective measures that have been implemented locally to address issues such as access to culturally sensitive primary health care services, and to ensure dialogue between indigenous leaders and health authorities?” he said.

### COVID-19 and the needs of indigenous and Afro-descendent populations

Representatives from PAHO, Ministries of Health and indigenous groups proposed a series of actions in the meeting to ensure that the unique needs of indigenous populations are integrated in country COVID-19 response plans. These include guidelines for quarantine and physical distancing that take into account cultural traditions and customs; the availability of information and risk communications material in indigenous languages; greater recognition of the social and environmental determinants of health; and increased and systematic collection of disaggregated data to identify priorities and monitor actions.

“Indigenous peoples are careful custodians of a wealth of traditional knowledge and practices, languages and cultures, which includes time-tested responses to crises,” said Valdez. “Investing in your health is an investment in all of our futures.”

### High-level meeting with Indigenous groups

The high-level meeting is the first of two virtual meetings that convenes public health experts from Ministries of Health of the Americas with representatives from Indigenous and Afro-descendent groups to propose intercultural strategic approaches as a central component of COVID-19 response.

The second, High-Level meeting on the impact of COVID-19 on Afro-descendant populations in the region: Perspectives and Opportunities, will bring together Afro-descendent organizations and leaders on 17 November to discuss the specific needs of this population relating to COVID-19 response. These meetings, organized under the framework of PAHO’s Policy, Strategy and Plan of Action on Ethnicity and Health, create a space for dialogue and coordination between indigenous and national health authorities to implement culturally appropriate responses to current and future impacts of the pandemic.

<https://www.paho.org/en/news/30-10-2020-indigenous-and-afro-descendant-voices-must-be-front-and-center-covid-19-response>

### United Kingdom

#### UK heads for complete lockdown as coronavirus tally crosses 1-million mark

ID: 1008168491

Source: tribuneidia.com

Nov 01, 2020 04:15 PM (IST)

Johnson announced on Saturday that the lockdown across England will kick in after midnight on Thursday morning and last until December 2

London, November 1

The UK has crossed the grim milestone of one million coronavirus cases as it prepares for a second complete lockdown in an attempt to curb the rapid spread of infections.

UK Prime Minister Boris Johnson declared the latest stay-at-home rules for England, to take effect from Thursday and last until at least December 2, during a 10 Downing Street briefing on Saturday evening.

As the experts ran through the latest figures and statistics showing a surge in the numbers being infected by the deadly virus, Johnson declared that “no responsible PM can ignore the message of those figures” and must be humble in the face of nature, even as he faced a backlash from sections within his own Conservative Party and the Opposition Labour Party – the former opposed to the harsh measures and the latter accusing him of acting too late.

“In this country alas, as across much of Europe, the virus is spreading even faster than the reasonable worst-case scenario of our scientific advisers, whose models suggest that unless we act, we could see deaths in this country running at several thousand a day. A peak of mortality alas far bigger than the one we saw in April,” said Johnson.

The UK Prime Minister stressed that a complete lockdown was the only answer to prevent the overrunning of the country’s state-funded National Health Service (NHS), which would be a “medical and moral disaster” beyond the raw loss of life.

The new rules, which will be debated in the Parliament before a vote on Wednesday, will be enforced from midnight on Thursday until the start of December.

They would mean people in England will be allowed to leave home only for specific reasons, including for education; for work if someone cannot work from home; for exercise and recreation outdoors within your household or on your own with one person from another household; for medical reasons, appointments and to escape injury or harm; to shop for food and essentials; and to provide care for vulnerable people, or as a volunteer.

Non-essential shops, leisure and entertainment venues will all be closed and pubs, bars, restaurants must close except for takeaway and delivery services. Workplaces are expected to stay open where people can't work from home, such as in the construction or manufacturing sectors.

The new restrictions apply across England, the largest of the four nations that make up the United Kingdom, with the other three devolved nations of Scotland, Wales and Northern Ireland already under varying degrees of complete lockdowns.

"We have updated the devolved administrations on the action we are taking in England and stand ready to work with them on plans for Christmas and beyond," said Johnson, as he indicated that the tough action being taken at this stage may allow families to be able to unite and celebrate Christmas.

He also confirmed an extension to the government's furlough scheme, or taxpayer support for wages, until December.

However, several backbench Tory MPs from within his own party have lashed out at the severe restrictions, with some accusing him of bowing to pressure from scientists and putting businesses and the economy at peril.

The Opposition, on the other hand, accused Johnson of "burying his head in the sand" and losing out on crucial weeks to contain the spread of the infection by not calling a short circuit-breaker lockdown as demanded by Labour last month.

The Opposition leader, Sir Keir Starmer, has demanded the government must use this second lockdown to fix the "test, trace and isolate" system and keep the restrictions in place until the infection rate, the so-called R rate, is below 1.

"This lockdown is going on to at least December 2, everybody's seen the figures, and, therefore, I don't think it's fair to pretend that Christmas is going to be normal in any sense of the word. I think we need to level with the public on that," he said.

The UK recorded another 21,915 confirmed coronavirus cases on Saturday, bringing the total since the pandemic beyond a million to 1,011,660.

Another 326 people were reported to have died within 28 days of a positive test, taking the country's death toll up to 46,555.

### UK minister says lockdown in England could be extended

The one-month lockdown for England announced by Prime Minister Boris Johnson this weekend could be extended as Britain struggles to contain a second wave of the COVID-19 pandemic, a senior cabinet member said on Sunday.

Johnson announced on Saturday that the lockdown across England would kick in after midnight on Thursday morning and last until December 2.

The United Kingdom, which has the biggest official death toll in Europe from COVID-19, is grappling with more than 20,000 new coronavirus cases a day and scientists have warned a worst-case scenario of 80,000 dead could be exceeded.



So far, it has reported 46,555 COVID-19 deaths — defined as those dying within 28 days of a positive test. A broader measure of those with COVID-19 on their death certificates puts the toll at 58,925.

Asked if a lockdown could be extended beyond early December, senior cabinet minister Michael Gove told Sky News: "Yes." "We can definitively say that unless we take action now, the (health service) is going to be overwhelmed in ways that none of us could countenance," he added.

The other constituents of the United Kingdom — Scotland, Wales and Northern Ireland — have their own policies and enacted tougher COVID-19 health restrictions last month.

Scotland's First Minister Nicola Sturgeon said on Saturday she was prepared to further tighten the rules there if necessary.

Keir Starmer, leader of the opposition Labour Party, said the government had missed a golden chance to lockdown England more effectively when schools were on a half-term break last month. "Well, that's gone now. That is the price of the government's incompetence," Starmer told the BBC. PTI/Reuters

<https://www.tribuneindia.com/news/world/uk-heads-for-complete-lockdown-as-coronavirus-tally-crosses-1-million-mark-164394>

## Israel

### Israel starts human trials on COVID-19 vaccine as schools slowly reopen

ID: 1008168631

Source: thetelegram.com

11 hours ago

JERUSALEM (Reuters) - Israel began human trials on Sunday for its COVID-19 vaccine candidate which, if successful, could be ready for the general public by the end of next summer.

Eighty volunteers will initially take part in the trial that will be expanded to 960 people in December. Should those trials succeed a third stage with 30,000 volunteers is scheduled for April/May.

"We are in the final stretch," said Shmuel Shapira, Director General of the Israel Institute for Biological Research.

The institute, which is overseen by the Defense Ministry, began animal trials for its "BriLife" vaccine in March and announced a week ago it had received regulatory approval to take it to the next stage.

For a factbox on the many vaccine candidates in human trials worldwide, please click on

Shmuel Yitzhaki, head of the institute's biology division, told Reuters that if all goes well the vaccine could reach the general population by the end of next summer.

While the first batch of volunteers received the potential vaccine, around the country elementary students returned to school as a second nationwide lockdown comes to a gradual end.

Restrictions in Israel, with a population of 9 million, are being slowly lifted following a steady decline in the rate of daily infections.

First through fourth graders were the first to return to school on Sunday. Older kids are still learning from home.

The government also approved the reopening in stages of businesses and recreational activities.

The country reported 674 new cases on Friday - down from a peak of more than 9,000 several weeks ago. It has reported 2,541 deaths from the pandemic.

(Reporting by Dedi Hayun and Ari Rabinovitch; editing by David Evans)

<https://www.thetelegram.com/news/world/israel-starts-human-trials-on-covid-19-vaccine-as-schools-slowly-reopen-515693/>

## Yemen

### Yemen's Collapsing Health System Unable to Cope with Disease Upsurge

Source: Voice of America

Unique ID: [1008152439](#)

Yemen's Collapsing Health System Unable to Cope with Disease Upsurge

By Lisa Schlein

A man holds his malnourished daughter at a malnutrition treatment ward of al-Sabeen hospital in Sanaa, Yemen, Oct. 27, 2020.

GENEVA - The World Health Organization warns nearly 18 million people in Yemen are unable to get treatment for deadly diseases because years of war, economic distress and a chronic shortage of money have led to a collapse of the country's healthcare system.

More than five years of escalating conflict have devastated Yemen's economy and ability to provide enough food and medical care to keep its population healthy.

World Health Organization officials report only half of the country's health facilities are fully functioning. And those that remain open suffer from severe shortages of qualified staff, essential medicines and supplies.

WHO spokesman Tarik Jasarevic says that for three years, appalling socio-economic conditions in Yemen have caused a spiraling of deadly diseases including the worst cholera outbreak in modern times, as well as epidemics of diphtheria, dengue, measles and malaria.

FILE - Mourners lower the body of a man, suspected to have died from the coronavirus disease (COVID-19) in Taiz, Yemen, June 25, 2020.

"Now we have also COVID-19 and, unfortunately, we have cases of polio coming back to Yemen after it has been declared as a polio-free country," Jasarevic said. "And, for people who have chronic diseases, such as cancer, diabetes, or others, the treatment is limited."

WHO reports 2,065 confirmed cases of COVID-19, including more than 600 deaths. It notes two new cases of vaccine derived cases of polio have been confirmed. The outbreak of this extremely contagious disease has paralyzed 17 children.

Jasarevic says armed conflict and political instability have disrupted the delivery of essential healthcare supplies. He tells VOA the Sanaa International Airport has not been in operation since September 9th and this is a major obstruction in efforts to respond to COVID-19 and other diseases.

"According to our office there, this has delayed arrival of COVID-19 experts, the arrival of critical medical but also other humanitarian supplies that include 207 tons of COVID-19 response equipment," Jasarevic said.

UN: Child Malnutrition Soars in War-torn Yemen

20% of children are malnourished and need urgent treatment

Jasarevic says WHO is critically short of money to fund its humanitarian operation. He says the agency has received less than half of the \$164.5 million it needs. Unless money is urgently received, he warns nine million people will lose access to basic health care services by the end of the year.

In addition, he says as many as 18 million people, including six million children will be deprived of the life-saving vaccines to immunize them against deadly diseases such as measles and polio.

<https://www.voanews.com/middle-east/yemens-collapsing-health-system-unable-cope-disease-upsurge>

## International

### The Buzz - Concerns about virus on food imports are real, expert says

Source: Macau Daily Times

Unique ID: [1008151670](#)

There is a real risk of cross-border coronavirus transmission through the \$1.5 trillion global agri-food market, according to a scientist who has studied the phenomenon. It is possible that contaminated food imports can transfer the virus to workers as well as the environment, said Dale Fisher, an infectious

diseases physician at Singapore's National University Hospital. Frozen-food markets are thought to be one...

There is a real risk of cross-border coronavirus transmission through the \$1.5 trillion global agri-food market, according to a scientist who has studied the phenomenon.

It is possible that contaminated food imports can transfer the virus to workers as well as the environment, said Dale Fisher, an infectious diseases physician at Singapore's National University Hospital. Frozen-food markets are thought to be one harbor in the first part of a chain of transmission, he added.

"It's hitching a ride on the food, infecting the first person that opens the box," Fisher, who also chairs the Global Outbreak Alert and Response Network, said in an interview. "It's not to be confused with supermarket shelves getting infected. It's really at the marketplace, before there's been a lot of dilution." In recent months China has been vocal about finding traces of the SARS-CoV-2 pathogen on packaging and food, raising fears that imported items are linked to recent virus resurgences. Beijing has ordered a range of precautionary steps, creating major disruptions with its trading partners.

While such transmission remains a "freakish" event, the scale of the global food trade is such that it will occur a few times out of millions of imports and exports, said Fisher.

<https://macaudailytimes.com.mo/the-buzz-concerns-about-virus-on-food-imports-are-real-expert-says.html>

## Studies Related to Coronavirus disease (COVID -19) Outbreak (Media)

### Study

**Researchers show extent of COVID-19 spread in a grocery store**

ID: 1008167989

Source: CTV

November 1, 2020 12:34PM EST

**TORONTO -- Workers at a grocery store in the U.S. tested positive for the novel coronavirus at a rate well above the rest of their community, researchers say.**

The research was published Friday in the journal Occupation and Environmental Medicine. It is based on a study of 104 adults who were working at a grocery store in the Boston area in May, when they underwent mandatory testing over three days.

Of the 104 workers tracked, 21 tested positive for SARS-CoV-2, the virus that causes COVID-19. That's an infection rate of 20 per cent – well above the 1.3 per cent detected in the community at the time.

Use of gloves and masks didn't seem to make a difference in how likely a worker was to test positive. Neither did social distancing, using public transit or believing COVID-19 to be a greater or lesser threat than others.

What did matter, the researchers found, was what the workers did, and how often their duties brought them into contact with shoppers.

Workers who had "significant direct customer exposure" – cashiers, cart attendants, supervisors and those working with fresh food – were found to be five times more likely to test positive than the receivers, cleaners and stockers who rarely if ever interacted with customers.

Only five of the 21 workers who tested positive were displaying symptoms of COVID-19 at the time. With the vast majority of cases both asymptomatic and involving personnel who interact with shoppers, the researchers suggest that this puts both other workers and the public at large at risk.

"Once essential workers are infected with SARS-CoV-2, they may become a significant transmission source for the community they serve," they wrote.

This new study, which did not examine how these workers contracted COVID-19 at such a high rate relative to the community, is part of a small but growing body of research looking at COVID-19 spread in individual workplaces.

While the bulk of this research has been conducted in the health-care field, the Massachusetts grocery store is not the first workplace accessible to healthy members of the public to be studied in this way.

A previous study detailed the cases of two hairstylists in Missouri who tested positive for SARS-CoV-2 in May – around the same time the grocery store workers were being examined – and seemingly [did not pass the virus on](#) to any of the 139 clients they saw before they entered quarantine.

Earlier in the pandemic, a team of researchers in China looked at coronavirus transmission among employees and shoppers at one grocery store there, and found that 9.2 per cent of workers were infected.

The Massachusetts study also looked at workers' mental health, and found that an inability to consistently practise social distancing at work "was a significant risk factor for anxiety and depression," while a commute via public transport was also associated with depression.

The researchers say this backs up calls for supermarket employees and other essential workers to receive help coping with psychological distress brought on by the pandemic.

<https://www.ctvnews.ca/health/coronavirus/researchers-show-extent-of-covid-19-spread-in-a-grocery-store-1.5169995>

## Study

### **Study suggests novel reason for wide range in COVID illness: people never exposed to virus have some antibodies**

Source: National Post

Unique ID: [1008151909](#)

When researchers in British Columbia tested for antibodies in a small sample of Vancouver residents earlier this year, they found that less than one per cent had definitely been exposed to COVID-19. That was little surprise, especially at a time when the virus was not spreading widely in the city. But when the scientists delved further, their conclusions were striking. Large proportions of people who seemingly had...

When researchers in British Columbia tested for antibodies in a small sample of Vancouver residents earlier this year, they found that less than one per cent had definitely been exposed to COVID-19. That was little surprise, especially at a time when the virus was not spreading widely in the city. But when the scientists delved further, their conclusions were striking.

Large proportions of people who seemingly had never come in contact with the coronavirus, they said, had antibodies that reacted to parts of the bug — that recognized some of the "antigens" in SARS-CoV-2 that switch on a body's immune system.

If proven valid, the discovery could be a key clue to unraveling one of COVID-19's remaining mysteries — why infection has little or no effect on some people and yet is devastating to others.

It could also have implications for the effectiveness and safety of vaccines, said Dr. Pascal Lavoie, the B.C. Children's Hospital scientist who headed the study.

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"If what we're seeing is true, and I believe it is ... this could be a major finding," he said. "It would be crucial to understanding why the virus makes some people sick. ... It could (also) guide where you target your vaccination efforts."

Whether having antibodies to individual SARS-CoV-2 antigens gives people some immunity, or actually undermines their defences against the COVID-19 virus, remains to be seen, said Lavoie.

Article content continued

Such antibodies can sometimes actually help a virus attach to a healthy cell, he said.

He also stressed that the paper, posted on a "preprint" website like many COVID-19 studies, has yet to be peer reviewed and has its limitations.

Indeed, outside experts cautioned Thursday it's unclear whether the "unusual" findings represent background noise that comes with the testing or true reactivity to the virus.

Lavoie said new data he has just received addresses that concern and appears to make the findings

“much stronger.” He plans to submit the study to a peer-reviewed journal soon.

The research needs to undergo that kind of independent assessment to properly gauge whether the findings are valid, said Dr. Mel Krajden, public health lab director at the B.C. Centre for Disease Control. This advertisement has not loaded yet, but your article continues below.

Article content continued

Even if they are legitimate, he said, it would be “speculative” to suggest that antibodies in unexposed subjects explain the wide range of illness caused by the coronavirus. Age is the clearest predictor now of how sick COVID-19 will make people, noted Krajden.

Lavoie and colleagues asked for volunteers to submit to “seroprevalance” testing — designed to tell if someone has been exposed to a virus — in May and June. They enrolled 276 people, mostly health-care workers.

Of those, only three, or .6 per cent, had antibodies that indicated they had been exposed to the full SARS-CoV-2 virus.

But the “remarkable” finding, the paper said, related to the presence in unexposed people of antibodies to specific antigens in the virus — an antigen being a foreign body that spurs the immune system into action.

About 82 per cent had reactivity to the virus’s famous spike protein, 47 per cent to another of its antigens and seven per cent to a third, the researchers concluded.

Where those antibodies came from is unclear. It might be they’re a result of contracting seasonal coronaviruses, the kind that cause colds, said Lavoie.

But it’s also possible something else entirely produced the antibodies, from bacteria to food, he said.

If the findings are confirmed as accurate, the next step would be to study the links between antibody levels and the severity of illness in people infected by SARS-CoV-2, said Lavoie.

Dr. Catherine Hankins, a McGill University population health professor and co-chair of Canada’s COVID-19 Immunity Task Force, said she wouldn’t read too much into the paper because it’s unclear whether the antibody findings are background noise or true reactivity. Plus, the sample size is tiny compared to some seroprevalence studies that have tested thousands of people.

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But she said the question of how antibodies to other viruses might affect a person’s response to COVID-19 — something called cross-reactivity — is an important one.

It’s still murky, for instance, why young children are relatively unaffected by the virus, while elderly people are far more likely to suffer severe cases.

“Is that in any way related to how many times you’ve had a seasonal coronavirus in the past?” said Hankins. “Or have you recently had one because you’re a kid? ... Is it the recent activity that protects? We don’t know yet, and these are the questions we want to answer.”

<https://nationalpost.com/health/study-suggests-novel-reason-for-wide-range-in-covid-illness-people-never-exposed-to-virus-have-some-antibodies>

### **Pediatric DTP vaccine protects against coronavirus**

ID: 1008149837

Source: CE Noticias Financieras

A study by the immunologist Pedro Reche of the Complutense University of Madrid found that the DTP vaccine (Diphtheria, Tetanus and Whoourine Cough) which is administered to children can protect infants against covid-19,as it can cause cross-immunity. cruzada

The study was conducted using computational methods identified that there is extensive cross immunity between Sars-CoV-2 and the antigens present in the DTPvaccine, the protective response against the new virus was made through cd8 and CD4 T cells, so children will not be the first to receive the coronavirus vaccine.

The DTP vaccine is applied to all children worldwide during the first year of life, and they are given a booster when they are 4 6 years old, and a low dose at the age of 9 to 14 years of age, a procedure that causes strong immune memory.

Hepatitis B, poliovirus, measles, chickenpox or triple viral vaccines have also been tested, but DTP vaccines have had the most positive results.

Researchers recommend considering the use of the DTP vaccine or any of its derivatives in the general population to enhance the immune response to the new coronavirus.  
<https://www.frontiersin.org/articles/10.3389/fimmu.2020.586984/pdf>

### Study

#### **Eye! Cats get the virus but don't get it**

Source: Noticias Financieras

Unique ID: [1008149806](#)

Over the years, cats and dogs have become home favorites. That's why Veterinary researchers at the University of Chile conducted a study that confirmed that humans infected their cats with Covid-19. The Fourth spoke with the leader of the research, Dr. Víctor Neira, member of the Commission Una Salud del Colegio Médico Veterinaria (Colmevet) and academic of the Favet of the U. of Chile, who commented that "in the...

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The Fourth spoke with the leader of the research, Dr. Víctor Neira, member of the Commission Una Salud del Colegio Médico Veterinaria (Colmevet) and academic of the Favet of the U. of Chile, who commented that "in the world some cases have appeared indicating that some pets may come out positive for the virus (...) we obtained samples of cats and dogs from 12 families positive for the virus."

He also revealed that "out of 17 cats and 10 dogs, most came back negative. The virus and antibodies were not found."

He added that "there was a family where antibodies were found in his cat and the other case in a family of two, with 3 cats, which were positive. In dogs there was no evidence of the virus."

Following the finding, Neira explained that "we sequenced the virus and showed that there was a transmission from one of the humans to the cats. Something super important is that to date, there is no evidence that the cat transmits the virus to humans, besides that the current pandemic spreads through humans."

The doctor said that "there are fewer than 100 positive pet cases, based on this we made the recommendations" (see drawing).

Regarding the symptoms, Neira commented that "cats in general show no clinical signs, are asymptomatic and do very mild, for example, may feel lethargic, depressed, may have a little cough, in our study in cats 2 out of 3 were asymptomatic and the other had signs of coughing and was decayed for a couple of days."

Recommendations: How to care for the furry in the home?Caresses: Keep cats and pets with regular biosecurity care and management, avoiding kissing or caressing them inappropriately, preventing them from sleeping in their owners' beds, and not giving them plenty of food left over from people.Hand washing: In homes where there are cases with Covid-19, keep your animals indoors during the quarantine period, wash your hands frequently, before and after handling pets.Care: Due to the mild or unseemly picture that kittens may present, it is not recommended to diagnose Covid-19 in pets. However, keep the above care.Home:: Prevent your pets, and especially cats, from roaming freely out of the home, trying to keep them indoors all the time.Remote Care: If veterinary assistance is required, contact the veterinary doctor by telephone at first instance, to coordinate planned care and with all biosecurity measures corresponding to this situation.The post Eye! Cats get the virus but don't get it first on La Cuarta.

<https://www.cnn.com/2020/10/30/health/what-animals-have-coronavirus-partner-scn/index.html>

### Study

#### **Researchers identify new strain of virus; Study tracks new Covid-19 variant seen in Ireland back to Spanish farm workers**

Unique ID: [1008149465](#)

Health officials have said it is "too early" to know the significance of a new coronavirus variant identified by researchers, which accounts for the majority of new Covid-19 cases in Ireland. The new variant was initially identified among Spanish farm workers, and has spread rapidly through much of Europe since the



summer, according to new research published by an international team of scientists yesterday. Because...

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The new variant was initially identified among Spanish farm workers, and has spread rapidly through much of Europe since the summer, according to new research published by an international team of scientists yesterday.

Because each variant has its own genetic signature, it can be traced back to the place it originated. The research said the new variant of the virus now accounted for 60 per cent of new cases in Ireland, and 80 per cent of those in Spain and the UK.

Commenting on the research, Dr Colm Henry, HSE chief clinical officer, said it was "too early" to know if the new variation of Covid-19 spread more easily, or was more deadly.

#### Mutations

It was common for new viruses to mutate, and the "great majority of mutations" would have no impact on the nature of the disease, he said.

"Whether or not this particular mutation, which appears to have [started] in Spain and spread onwards has its own individual characteristics that makes it even more transmissible . . . it's just too early to say," he said.

The spread of the variant out of Spain in recent months coincided with a period of lower numbers of fatalities, Dr Henry said.

"However, that is largely attributed to the fact the virus was largely among younger age groups, so it is too early to say whether this mutation is any more virulent than previous mutations that existed," he said.

#### Treatment

A spokeswoman for the National Virus Reference Laboratory in UCD said the research had "no known implications" for current work to identify a vaccine. The emergence of the new variant, called 20A.EU1, was not expected to impact on the methods of treatment for Covid-19 patients, she said.

The study did highlight "the importance of minimising travel to prevent viral transmission," the spokeswoman said.

Trinity College Dublin professor of experimental immunology, Kingston Mills, said research published last month from Hong Kong indicated there was a more transmissible coronavirus variant emerging there.

Prof Mills said he could not comment on the variant which emerged from Spain as he had not yet seen the data behind the research. "I think the most important thing from my perspective is that it tells us we brought in a lot of this virus from travel," he said.

<https://www.ft.com/content/2782655a-0441-4d38-bb03-5c4e67ead110>

<https://www.medrxiv.org/content/10.1101/2020.10.25.20219063v1>

### Study

#### **"Health Net" 80% of Wuhan pneumonia patients lack vitamin D, these foods help supplement**

Source: Archyworldys

Unique ID: [1008153261](https://www.archyworldys.com/1008153261)

**Summary** Dairy products including milk, cheese and egg yolk are all foods rich in vitamin D. (Extracted from freepik) [Health Channel/Comprehensive Report] Past studies have confirmed that vitamin D deficiency is associated with various health problems, such as increased risk of cardiovascular disease, diabetes and cancer. In addition, researchers have also found that people who are deficient in vitamin D are more likely to...

Dairy products including milk, cheese and egg yolk are all foods rich in vitamin D. (Extracted from freepik) [Health Channel/Comprehensive Report] Past studies have confirmed that vitamin D deficiency is associated with various health problems, such as increased risk of cardiovascular disease, diabetes and cancer. In addition, researchers have also found that people who are deficient in vitamin D are more likely to develop COVID-19. A new study shows that more than 80% of patients infected with Wuhan pneumonia (new coronavirus disease, COVID-19) have insufficient vitamin D in their blood.

"The Times Now" reported that the results of the study published in the "Journal of Clinical Endocrinology and Metabolism" showed that 82.2% of the 216 Wuhan pneumonia patients in a hospital in Spain were vitamin D deficient, and the vitamin D content of men was lower than that of women. The researchers also pointed out that COVID-19 patients with low vitamin D content also have increased serum

inflammation indicators such as ferritin index, which is related to a poor prognosis.

Vitamin D is a fat-soluble vitamin. The human body can synthesize this nutrient element through sunlight, so it is also called "sunshine vitamin". It is very important for bones, muscles, immune system and maintaining overall health. Researchers say that patients with vitamin D deficiency have a higher prevalence of hypertension and cardiovascular disease, and patients with Wuhan pneumonia infection have longer hospital stays. Researchers recommend vitamin D therapy for Wufei patients because this method may be beneficial to both the musculoskeletal and immune system.

A diet rich in vitamin D

People can supplement vitamin D through sun exposure and diet. Food sources rich in vitamin D include:

- Fish with a lot of fat: salmon, mackerel and saury
- Dairy products: milk, cheese and egg yolk
- Animal liver
- Black fungus and shiitake mushrooms

It should be based on a balanced diet and appropriate sun exposure. As long as there is enough sun exposure, there is no need to supplement with vitamin D, but also be careful not to get sunburned. The National Health Administration recommends that you go out after 2 pm when the sun is not so strong. .

No need to draw, no need to grab the news now, use the app to watch the news and ensure that you win every day. I download the app and follow me to see the activity method

<https://www.archyworldys.com/health-net-80-of-wuhan-pneumonia-patients-lack-vitamin-d-these-foods-help-supplement-lohas-diet-free-health-net/>

## Study

### **Clinical trial indicates monoclonal antibody lowered hospitalizations and emergency visits**

Source: medicalxpress.com

Unique ID: [1008153014](#)

COVID-19 (coronavirus) patients who were administered a novel antibody had fewer symptoms and were less likely to require hospitalization or emergency medical care than those who did not receive the antibody, according to a new study published in the The New England Journal of Medicine. The multisite, Phase II clinical trial tested three different doses of LY-CoV555, a monoclonal antibody derived from the blood of a...

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The multisite, Phase II clinical trial tested three different doses of LY-CoV555, a monoclonal antibody derived from the blood of a recovered COVID-19 patient. While the trial is ongoing, results from the interim analysis indicated a reduced viral load in outpatients with mild to moderate cases of COVID-19 at the 2,800-milligram dosage level, along with reduced rates of hospitalization and emergency medical care among patients at all dosage levels.

The study's co-first author, Peter Chen, MD, professor of Medicine and director of the Division of Pulmonary and Critical Care Medicine at Cedars-Sinai, said the results are promising.

"For me, the most significant finding was the reduction in hospitalizations," Chen said. "Monoclonal antibodies like this have the potential to reduce the severity of COVID-19 for many patients, allowing more people to recover at home."

Monoclonal antibodies work by attaching themselves to a virus and preventing it from replicating. LY-CoV555 binds to a particular protein, called a spike protein, which SARS-CoV-2, the virus that causes COVID-19, needs in order to enter human cells and replicate. By preventing the virus from replicating, the antibody slows down the viral process, allowing the patient's own immune system time to kick into gear.

"What we're doing is preventing the virus from causing too much damage early on in the process," Chen said. "We're buying the patients time, so that their bodies can start developing their own immunity to fight the virus."

Patients in the randomized, double-blind study were given intravenous doses of either 700, 2,800 or 7,000 milligrams of the antibody, or a placebo. Investigators used a nasopharyngeal swab to test patients' viral load before administering the antibody and again at several points after administering the drug.

Patients in the trial were also given a questionnaire about their subsequent symptoms and treatment.

Approximately 300 patients received the treatment (100 patients per dosage level) and approximately 150

patients received the placebo. Of the three dosage levels, the 2,800-milligram dosage was shown to be effective in reducing viral load. By day 11, viral load was substantially diminished for most patients, including those in the placebo arm. Further studies will be needed to validate these results, according to the investigators.

"The publication of these data in a peer-reviewed journal adds to the growing body of evidence for the potential utility for neutralizing antibodies as therapeutics for people recently diagnosed with mild to moderate COVID-19, particularly high-risk patients," said Ajay Nirula, MD, Ph.D., vice president of immunology at Eli Lilly and Company and co-first author of the study. "These data show LY-CoV555 may be effective in treating COVID-19 by reducing viral load, symptoms and the risk of hospitalization in outpatients."

At day 29, hospitalization rates were only 1.6% in the antibody-treated group, compared with 6.3% in the group that received the placebo.

Importantly, the reduction in hospitalizations was seen across all demographic groups, including those in high-risk categories: adults older than 65 and those with a high body mass index (greater than 35). For high-risk patients, hospitalization rates were 4.2% in patients treated with the antibody, compared with 14.6% in placebo-treated patients. The safety profile of patients treated with LY-CoV555 was similar to that of placebo-treated patients.

"We know that COVID-19 is especially hard on the elderly, the obese and people with certain pre-existing health conditions," Chen said. "Antibody treatments like this may have the most benefits for people in these higher-risk categories."

More information: Peter Chen et al. SARS-CoV-2 Neutralizing Antibody LY-CoV555 in Outpatients with Covid-19, *New England Journal of Medicine* (2020). DOI: 10.1056/NEJMoa2029849

<https://www.nejm.org/doi/10.1056/NEJMoa2029849>

Journal information: *New England Journal of Medicine*

Provided by Cedars-Sinai Medical Center

<https://medicalxpress.com/news/2020-10-clinical-trial-monoclonal-antibody-lowered.html>

## Study

### Drug being tested for at-home treatment in hopes of slowing virus

Source: [medicalxpress.com](https://www.medicalxpress.com)

Unique ID: [1008152991](https://www.medicalxpress.com/news/2020-10-clinical-trial-monoclonal-antibody-lowered.html)

Researchers at Beth Israel Deaconess Medical Center are testing a new approach to fighting COVID-19, using a repurposed antiviral AIDS drug for at-home treatment during the first days of symptoms in hopes of slowing the virus early and heading off hospitalization, intensive care, and death. The nationwide clinical trial is being led by Nathan Shapiro, professor of emergency medicine at Harvard Medical School and Beth...

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The nationwide clinical trial is being led by Nathan Shapiro, professor of emergency medicine at Harvard Medical School and Beth Israel Deaconess Medical Center, along with investigators at Vanderbilt University and the University of Colorado. They are hoping to enroll 600 volunteers with early COVID-19 symptoms for the study to see whether daily doses of Kaletra, a widely used AIDS drug that combines the antiretrovirals lopinavir and ritonavir, can reduce the number of COVID-19 cases that become serious enough to require hospitalization.

"If we can cut down on the progression to severe illness, then it would be a huge game-changer because we would be cutting down on disease. Reducing severity will also cut down on resource utilization, hospitalization, and the subsequent morbidity that happens when you are sick enough to get put on a ventilator or wind up in the ICU [intensive care unit]," Shapiro said.

Because the drug is already being used to fight AIDS around the world, Shapiro said, positive results would mean that there are already stores and a production pipeline so it could be rapidly deployed. The effort is following up on an earlier trial of the drug in China that, while it didn't show efficacy against the coronavirus at later stages, did provide some indication that it was working. For that trial, Shapiro said, the drug was given to patients around day 13.

The new trial seeks to begin intervention within the first week after symptoms appear and continue

treatment for two weeks in hopes that the drug will keep viral load low enough that patients avoid hospitalization and intensive care.

Shapiro believes that finding an effective way to intervene early in the course of the illness would provide physicians and their patients with a potentially powerful tool. Among the unknowns in evaluating the strategy, he said, is whether reducing viral load will also reduce the virus' spread, potentially by reducing the amount of virus in the body to be shed to others.

"Is this a potential game-changer if we can intervene at this stage of the illness? Without a doubt," Shapiro said. "Whether this is the particular drug that will be the game-changer or if it'll be a different drug, that's the hypothesis that we're testing, and we would look to test in sequence: If this drug doesn't work, we would seek to bring in another."

The trial, called TREAT NOW, for Trial of Early Antiviral Therapies during Non-hospitalized Outpatient Window, is being conducted in an entirely touchless format, Shapiro said. The team informs patients about it via phone or videoconference, and participants give consent electronically, via email or text. The medication is shipped overnight so subjects can begin treatment the next day. Researchers follow up with participants daily, recording symptoms and side effects. Shapiro said researchers will gain a window into the ailment's progression—including whether symptoms abate earlier than expected.

"Realistically speaking, we're hoping that this particular drug will have a mitigating effect," Shapiro said. "I don't think that this particular drug is going to have a perfectly curative effect. We are trying to prevent hospitalization and respiratory difficulty for those who are not sick enough to be in the hospital when they begin therapy."

Provided by Harvard University

<https://medicalxpress.com/news/2020-10-drug-at-home-treatment-virus.html>

## Study

### Heterogeneous populations develop herd immunity quicker

Source: [medicalxpress.com](https://medicalxpress.com)

Unique ID: [1008152985](https://doi.org/10.1008152985)

In rapidly spreading epidemics such as the current coronavirus pandemic, it is usually expected that a majority of the population will be infected before herd immunity is achieved and the epidemic abates. The estimate of when the threshold for this is reached is usually based on models that assume all individuals in a population are identical. Researchers at the Max Planck Institute for the Physics of Complex Systems...

In rapidly spreading epidemics such as the current coronavirus pandemic, it is usually expected that a majority of the population will be infected before herd immunity is achieved and the epidemic abates. The estimate of when the threshold for this is reached is usually based on models that assume all individuals in a population are identical. Researchers at the Max Planck Institute for the Physics of Complex Systems in Dresden have used a new model to demonstrate that herd immunity can be achieved at a lower threshold if some individuals are more easily infected than others.

Most epidemics abate before the majority of the population becomes infected. What exactly determines this turning point, and the extent of the epidemic, is not yet well understood. Many epidemic models are based on the assumption that individuals in a population are essentially identical. However, in an actual population, every person is different. For example, some people are less likely to become infected through contact with an infected individual, perhaps due to a more effective immune system, or better hygiene.

A team led by Frank Jülicher from the Max Planck Institute for the Physics of Complex Systems has been investigating the influence of this heterogeneity on the spread of an epidemic. When individuals differ in their susceptibility to an infection, it is primarily the most susceptible who become infected first. This leads to a rapid increase in infection numbers at the beginning of an epidemic. However, this highly susceptible portion of the population soon becomes immune or dies. Therefore, in the uninfected population, the average susceptibility to the virus decreases. This slows the infection rate of the epidemic, and thus the threshold for herd immunity can be lower than previously assumed. A heterogeneous population can thus achieve herd immunity even when only a minority of people are immune. In contrast, in a homogeneous population, herd immunity can only be achieved once a majority is immune.

Different scenarios

According to the Dresden researchers' model, different scenarios can yield what appears to be the same

epidemic course. Specifically, two epidemics, which have different levels of heterogeneities and effectiveness of mitigation measures, can have the same reported time course of infection. In a homogeneous population, immunity only plays a significant role in impacting infection rates when a considerable fraction of the population has been immunized. An early decline in infection rates could therefore only be explained by other factors such as containment measures. In contrast, for a highly heterogeneous population, significant reductions in infections can occur when even a small fraction of the population has been immunized.

An early decline in infection rates is not necessarily the result of containment measures alone, but could also be attributed to the fact that a population is approaching the heterogeneous population herd immunity. An evaluation of the effectiveness of epidemic containment measures must therefore consider the heterogeneity of a population.

More information: Jonas Neipel et al. Power-law population heterogeneity governs epidemic waves, PLOS ONE (2020). DOI: 10.1371/journal.pone.0239678

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0239678>

<https://medicalxpress.com/news/2020-10-heterogeneous-populations-herd-immunity-quicker.html>

## Study

### Oxford to trial new COVID-19 test for individuals without symptoms

Source: [medicalxpress.com](https://medicalxpress.com)

Unique ID: [1008152984](https://doi.org/10.1008152984)

The University of Oxford will take part in a new pilot scheme to assess the use of Lateral Flow Tests (LFTs), a new COVID-19 test designed to identify asymptomatic individuals with the virus. The Lateral Flow Test (LFT) is one of a number of new testing technologies for COVID-19 currently being trialed across the UK. It is hoped it will help identify those most at risk of spreading COVID-19 (those who are infectious...

The University of Oxford will take part in a new pilot scheme to assess the use of Lateral Flow Tests (LFTs), a new COVID-19 test designed to identify asymptomatic individuals with the virus.

The Lateral Flow Test (LFT) is one of a number of new testing technologies for COVID-19 currently being trialed across the UK. It is hoped it will help identify those most at risk of spreading COVID-19 (those who are infectious, but not aware of this) and enable them to alter their behavior accordingly, thereby breaking the chains of transmission and reducing the infection rate.

The pilot scheme, developed by Oxford in partnership with the Department of Health and Social Care, Public Health England and Durham University, will help us understand how best to use the technology and how it could be operationalised in the real world as part of broader COVID-19 testing strategies beyond the polymerase chain reaction (PCR) test.

The LFT produces results within a few minutes. Individuals swab their nose and throat to collect a sample, and then insert it into a tube of liquid for a short time. LFTs have already been validated and undergone clinical testing. If LFTs are able to detect enough people with the virus before they get symptoms, they could help prevent the spread of COVID-19.

Oxford is now rolling out the Feasibility and Acceptability of community COVID-19 rapid Testing Strategies (FACTS) study within the University community to assess how to organize using LFTs on a regular basis.

Staff and students within particular areas of the University will be offered LFTs as part of the study and will be trained in how to take the test, process the test and record the results using NHS Test and Trace.

At this moment in time, the study has been opened up to Merton College and St Hilda's College.

Participation is completely voluntary. Further details are being communicated to those directly involved.

The study will track how many people take up the offer of testing, how many carry on doing the tests regularly, and how many cases of COVID-19 are detected. It is envisaged that participants will be tested over a few weeks.

The test currently more commonly used in the NHS is the RT-PCR (reference test polymerase chain reaction) test. All students or staff who receive positive tests (LFTs) in the pilot will require a confirmatory PCR test in accordance with current public health guidance. These are readily available through the NHS or the University's Testing for COVID-19: Early Alert Service (EAS).

Richard Hobbs, Nuffield Professor of Primary Care Health Sciences at the University of Oxford and lead



on the study said: "The results of this study will be important because some of the spread of COVID-19 happens before people get symptoms and self-isolate. Further, some people with the infection never get symptoms, especially young people. This is one reason that universities across the world have suffered outbreaks of COVID-19 as students go back to campus.

"The primary purpose of the study is not whether the University adopts this test, but to help uncover how to organize such screening in the national and international fight against COVID-19."

Professor Gavin Sreaton, Head of Medical Sciences Division at the University of Oxford said: "Through Oxford's Testing for COVID-19: Early Alert Service (EAS) the University has been operating a comprehensive testing service, seven days a week, for all staff and students out of two testing pods, one at the Radcliffe Observatory Quarter (ROQ) and the other at the Old Road Campus (ORC) in Headington since August.

"We are keen to do everything we can to support the local, national and international effort to reduce the spread of COVID-19. This new research pilot of LFTs aims to gather important information to further the national testing efforts. Our priority is to engage with the most promising research and innovations in testing, and to support delivery of those we think will have the most impact for the wider community."

Professor Louise Richardson, Vice-Chancellor of the University of Oxford said: "We have all looked on with pride as our medics have worked tirelessly to develop a vaccine, discover therapeutics and assume a leading role in the global effort against COVID-19. I am very pleased that this new FACTS research pilot will provide an opportunity for a much larger segment of our community to participate in advancing knowledge of this virus and effective means of countering it."

Provided by University of Oxford

<https://medicalxpress.com/news/2020-10-oxford-trial-covid-individuals-symptoms.html>

## Domestic Events of Interest

### Canada, ON

#### **Salmonella outbreak at restaurant in Sarnia under investigation**

Source: CTV News - London

ID: 1008155866

LONDON, ONT. -- **A salmonella outbreak is being investigated by Lambton Public Health (LPH). The outbreak is in relation to people who recently ate at the Barakat Restaurant in Sarnia between Oct. 21 and Oct. 29.**

**There are currently four confirmed cases of salmonella involving guests who reportedly ate at Barakat between those dates.**

**LPH is following up with others who became ill after eating at the same restaurant.**

**The owners of Barakat are cooperating with LPH and have voluntarily shut their restaurant for the time being to prevent ongoing risk.**

Symptoms of salmonella can include diarrhea, fever, stomach cramps, and vomiting.

Visit the Ontario Ministry of Health's website for more information on salmonella and contact Lambton Public Health if you feel that you have possibly been affected.

<https://london.ctvnews.ca/salmonella-outbreak-at-restaurant-in-sarnia-under-investigation-1.5168331>

## International Events of Interest

### **IHR announcement**

#### **Poliomyelitis (Circulating vaccine-derived poliovirus and Wild Poliovirus) – Global update**



Announcement Displayed From : Monday, November 2, 2020 - 11:40

Poliomyelitis (Circulating vaccine-derived poliovirus and Wild Poliovirus) – Global update  
30 October 2020

Between 1 January and 28 October 2020, there have been several countries affected by poliomyelitis including circulating vaccine-derived poliomyelitis type 1 and 2 (cVDPV1 and cVDPV2) and wild poliovirus type 1 (WPV1) globally. This announcement is a weekly update on the status of cVDPV and WPV1 in these affected countries.

Between 22 and 28 October 2020, there have been no WPV1 in Acute Flaccid Paralysis (AFP) cases and 20 WPV1 positive environmental samples reported in Afghanistan and Pakistan. Moreover, during the same period, there have been 57 cVDPV2 in AFP cases and 2 cVDPV2 positive environmental samples reported in Afghanistan, Pakistan, Cameroon, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Mali, Nigeria, and South Sudan. Below is the description of the reported cases by country:

- Afghanistan: two WPV1 positive environmental samples and one cVDPV2 positive environmental sample
- Pakistan: 18 WPV1 positive environmental samples and 16 cVDPV2 in AFP cases
- Cameroon: two cVDPV2 in AFP cases
- Chad: eight cVDPV2 in AFP cases
- Côte d'Ivoire: three cVDPV2 in AFP cases
- Democratic Republic of the Congo (DR Congo): four cVDPV2 in AFP cases
- Mali: 15 cVDPV2 in AFP cases
- Nigeria: one cVDPV2 positive environmental sample
- South Sudan: 9 cVDPV2 in AFP cases

Please find below the link to the weekly global polio update published by the global polio eradication initiative (GPEI) that includes an update on polio (WPV 1, cVDPV1, and cVDPV2) case count for this week (between 22 and 28 October 2020) and cumulative case count by country since 1 January 2019.

<http://polioeradication.org/polio-today/polio-now/this-week/>

## Public Health Response

The Global Polio Eradication Initiative (GPEI) is continuing to support countries in their response implementation, including field, virological, and epidemiological investigations, strengthening surveillance for acute flaccid paralysis and evaluating the extent of virus circulation. GPEI staff in countries are supporting on adjusting routine immunization and outbreak response to the prevailing COVID-19 situation.

In 2019 and early 2020, the Global Polio Eradication Initiative developed the Strategy for the Response to Type 2 Circulating Vaccine-derived Poliovirus 2020-2021, an addendum to the Polio Endgame Strategy 2019-2023 to more effectively address the evolving cVDPV2 epidemiology, which will drive outbreak response in 2020 and 2021. Necessary adaptations of delivery strategy and timelines are continuously being made.

Accelerating the development of novel oral polio vaccine type 2 (nOPV2) and enabling its use is an important step forward for GPEI. The new vaccine is anticipated to have a substantially lower risk of seeding new type 2 vaccine-derived polioviruses compared to mOPV2.

## WHO risk assessment

The continued spread of existing outbreaks due to circulating vaccine-derived poliovirus type 2 as well as the emergence of new type 2 circulating vaccine-derived polioviruses points to gaps in routine immunization coverage as well as the insufficient quality of outbreak response with monovalent oral polio vaccine type 2. The risk of further spread of such strains, or the emergence of new strains, is magnified by an ever-increasing mucosal-immunity gap to type 2 poliovirus on the continent, following the switch from trivalent to bivalent oral polio vaccine in 2016.

The detection of cVDPV2s underscores the importance of maintaining high routine vaccination coverage everywhere to minimize the risk and consequences of any poliovirus circulation. These events also underscore the risk posed by any low-level transmission of the virus. A robust outbreak response is needed to rapidly stop circulation and ensure sufficient vaccination coverage in the affected areas to prevent similar outbreaks in the future. WHO will continue to evaluate the epidemiological situation and outbreak response measures being implemented.

The COVID-19 pandemic is continuing to affect the global polio eradication effort. Given that operationally polio vaccination campaigns are close-contact activities, they are incompatible with the current global guidance on physical distancing regarding the COVID-19 response efforts. As such, the programme has taken a very difficult decision to temporarily delay immunization campaigns. The overriding priority is to ensure the health and safety of health workers as well as communities. All GPEI recommendations are in line with those on essential immunization and are available [here](#).

The programme has implemented a two-pronged approach to minimise the risk of an increase in polio cases, particularly in areas which are affected by the disease and possibly a spread of the virus to other areas.

- i) The programme will continue, to the extent possible, its surveillance activities to monitor the evolution of the situation.
- ii) The programme aims to return to action in full strength including with vaccination campaigns, as rapidly as is safely feasible. The timing will depend on the local situation and the programme will then need to operate in the context of the respective countries national health systems risk assessments and priorities. Comprehensive, context-specific plans to resume efforts are being developed, to be launched whenever and wherever the situation allows.

In many countries, polio assets (e.g., personnel, logistics, operations) are assisting national health systems to respond to the COVID-19 pandemic and help ensure the crisis is dealt with as rapidly and effectively as possible.

## WHO advice

It is important that all countries, in particular those with frequent travels and contacts with polio-affected countries and areas, strengthen surveillance for acute flaccid paralysis (AFP) cases in order to rapidly detect any new virus importation and to facilitate a rapid response. Countries, territories and areas should also maintain uniformly high routine immunization coverage at the district level to minimize the consequences of any new virus introduction.

WHO's International Travel and Health recommends that all travellers to polio-affected areas be fully vaccinated against polio. Residents (and visitors for more than 4 weeks) from infected areas should receive an additional dose of OPV or inactivated polio vaccine (IPV) within 4 weeks to 12 months of travel.

As per the advice of an Emergency Committee convened under the International Health Regulations (2005), efforts to limit the international spread of poliovirus remains a Public Health Emergency of International Concern (PHEIC). Countries affected by poliovirus transmission are subject to Temporary Recommendations. To comply with the Temporary Recommendations issued under the PHEIC, any country infected by poliovirus should declare the outbreak as a national public health emergency and consider vaccination of all international travelers.

For more information:

- Global Polio Eradication Initiative: <http://polioeradication.org/>
- Polio Factsheet: <https://www.who.int/topics/poliomyelitis/en/>
- WHO/UNICEF estimates of national routine immunization: [https://apps.who.int/immunization\\_monitoring/globalsummary/timeseries/tswucoveredtp3.html](https://apps.who.int/immunization_monitoring/globalsummary/timeseries/tswucoveredtp3.html)
- GPEI Public health emergency status: <http://polioeradication.org/polio-today/polio-now/public-health-emergency-status/>
- International travel and health: <https://www.who.int/ith/en/>
- Vaccine-derived polioviruses: <http://polioeradication.org/polio-today/polio-prevention/the-virus/vaccine-derived-polio-viruses/>
- Use of OPV in the context of COVID-19: <http://polioeradication.org/wp-content/uploads/2020/03/Use-of-OPV-and-COVID-20200421.pdf>
- Guiding principles for immunization activities during the COVID-19 pandemic: <https://apps.who.int/iris/handle/10665/331590>
- WHO guidance document - COVID-19: Operational guidance for maintaining essential health services during an outbreak: <https://www.who.int/publications-detail/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak>

## **Nigeria**

### **At Least 15 Persons Die From Mysterious Disease In Delta**

ID: [1008167211](#)

Source: Channels Television

November 1, 2020

**Not less than 15 people have died mysteriously within the last two weeks in Ute Okpu and Idumesa communities in Ika North East Local Government Area of Delta State.**

The state Commissioner for Health, Dr. Mordi Ononye, confirmed this to Channels Television in an interview on Sunday.

Ononye said he already led a team of public health officials including the representative of the World Health Organisation in the state to the affected communities with a view to unravelling the mysterious disease.

Families of the deceased, as well as the hospital in Umunede were also visited to get an assessment on how the strange illness progressed and resulted in death.

Samples of the victims, who were mostly between the ages of 18 and 25, have also been collected for investigation.

According to the commissioner, there is a high suspicion of viral haemorrhagic fever, or even drug intoxication.

But the outcome of the test on collected samples will give clearer information on the disease and will inform the next line of action.

<https://www.channelstv.com/2020/11/01/at-least-15-persons-die-from-mysterious-disease-in-delta/>

## Germany

### Schistosomiasis case reported in Germany, Travel history to Corsica

ID: 1008162171

Source: outbreaknewstoday.com

October 31, 2020

In a report posted on the infectious disease website, [ProMED-Mail Friday](#), officials in Munich reported a case of urogenital schistosomiasis in a 49-year-old German man with no history of travel outside the European continent.

The case presented with symptoms of macrohematuria (gross blood in the urine) this past summer and was diagnosed with *Schistosoma haematobium*/S. bovis hybrid.

While he had no travel history outside Europe, he did travel to Corsica Island, southeast of mainland France twice, in 2019 and 2013. An outbreak of schistosomiasis was first reported in Corsica in 2014.

However, he did not swim in the same river that was linked to the previous outbreak (Cavu River). He did, however, bath in the Solenzara River, which is not connected to the Cavu.

Officials say the parasite strain in this case is the same as identified during the previous outbreak, suggesting the transmission in Corsica is ongoing.

<http://outbreaknewstoday.com/schistosomiasis-case-reported-in-germany-travel-history-to-corsica-94368/>

## Study

### Wistar creates a new synthetic DNA vaccine against Powassan virus

Source: EurekAlert! Science News

Unique ID: [1008153219](#)

PHILADELPHIA -- (Oct. 30, 2020) -- Scientists at The Wistar Institute have designed and tested the first-of-its-kind synthetic DNA vaccine against Powassan virus (POWV), targeting portions of the virus envelope protein. A rapidly reemerging tick-borne disease, POWV has been reported to be fatal in 10% of infected people with detrimental neurological consequences including encephalitis and meningitis. This new POWV...

Scientists at The Wistar Institute have designed and tested the first-of-its-kind synthetic DNA vaccine against Powassan virus (POWV), targeting portions of the virus envelope protein. A rapidly reemerging tick-borne disease, POWV has been reported to be fatal in 10% of infected people with detrimental neurological consequences including encephalitis and meningitis. This new POWV vaccine candidate, described in a paper published today in *PLOS Neglected Infectious Diseases*, is one of many emerging infectious disease DNA vaccine discoveries being advanced by the Vaccine and Immunotherapy Center at The Wistar Institute.

Unlike the widely recognized Lyme disease, POWV causes a little known, potentially deadly infectious disease that is transmitted through tick bites during fall and spring seasons. POWV is an RNA virus belonging to the flavivirus family, the same as Zika virus, but passed to people by ticks instead of mosquitoes.

Transmission can occur rapidly and symptoms including flu-like fever, body aches, skin rash, and headaches can present anytime during the 1-4 week incubation period. Although still considered relatively

rare, in recent years the number of reported cases of people sick from Powassan virus has been increasing in North America, including infecting former U.S. Senator Kay Hagan who contracted Powassan virus and died from the disease. There are no vaccines or therapies available to treat or prevent this emerging infection.

Kar Muthumani, Ph.D., former associate professor and director of the Laboratory of Emerging Infectious Diseases at The Wistar Institute,\* and senior author on the study, collaborated with the laboratory of David B. Weiner, Ph.D., executive vice president and director of Wistar's Vaccine and Immunotherapy Center, to design and test this synthetic DNA vaccine.

The effectiveness of this vaccine was evaluated in preclinical studies that showed a single immunization elicited broad T and B cell immune responses in mice similar to those induced naturally in POWV-infected individuals, and that vaccine-induced immunity provided protection in a POWV challenge animal model.

"The significant protection in mice demonstrated by our vaccine is highly encouraging and strongly supports the importance of this vaccine approach for further study," said Muthumani.

Residents of and visitors in POWV-endemic areas are considered at risk of infection, especially during outdoor work and recreational activities. In the U.S., cases of POWV disease have been reported in Northeastern states and the Great Lakes region.

"Given the risk of serious complications from POWV and the 300% increase in incidence of POWV infection over the past 16 years, we will continue efforts to advance this urgently needed emerging infectious disease vaccine candidate towards the clinic," said Weiner.

Co-authors: Hyeree Choi<sup>1</sup>, Michelle Ho<sup>1</sup>, Sagar B. Kudchodkar<sup>1</sup>, Emma L. Reuschel<sup>1</sup>, Kenneth Ugen<sup>5</sup>, Erin Reynolds<sup>2</sup>, Pablo Tebas<sup>3</sup>, J. Joseph Kim<sup>4</sup>, Mohamed Abdel-Mohsen<sup>1</sup>, Saravanan Thangamani<sup>2</sup>, David B. Weiner<sup>1</sup>, Kar Muthumani<sup>1</sup>

<sup>1</sup>Vaccine & Immunotherapy Center, The Wistar Institute, Philadelphia, PA; <sup>2</sup>Department of Microbiology and Immunology, SUNY Center for Environmental Health and Medicine, SUNY Upstate Medical University, Syracuse NY 13210. <sup>3</sup>Division of Infectious Diseases, Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA. <sup>4</sup>Inovio Pharmaceuticals, Plymouth Meeting, PA., <sup>5</sup>University of South Florida, Tampa, FL.

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Work supported by: INOVIO Pharmaceuticals, Inc.

Publication information: A novel synthetic DNA vaccine elicits protective immune responses against Powassan virus, PLOS Neglected Tropical Diseases (2020). Advanced online publication.

The Wistar Institute is an international leader in biomedical research with special expertise in cancer research and vaccine development. Founded in 1892 as the first independent nonprofit biomedical research institute in the United States, Wistar has held the prestigious Cancer Center designation from the National Cancer Institute since 1972. The Institute works actively to ensure that research advances move from the laboratory to the clinic as quickly as possible. Wistar's Business Development team is dedicated to advancing Wistar Science and Technology Development through creative collaborations. [wistar.org](http://wistar.org).

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<https://journals.plos.org/plosntds/article/comments?id=10.1371/journal.pntd.0008788>

## United Kingdom

### A bacterial virus helped the spread of a new Salmonella strain

Source: [phys.org](http://phys.org)

Unique ID: [1008153122](https://doi.org/10.1008153122)

Salmonella is associated with a large number of cases of foodborne infection resulting in diarrhea and in some cases severe complications. Half of all Salmonella infections in the European Union are linked to pigs, and a new strain called ST34 is dominant in this livestock animal. ST34 has now spread in pig populations worldwide and is pandemic. New strains are known to have emerged repeatedly since surveillance...

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New strains are known to have emerged repeatedly since surveillance records began over 60 years ago. The ST34 strain is a type of Salmonella called Typhimurium, which accounts for a quarter of all Salmonella infections. In the UK over half of all Typhimurium infections are now caused by the ST34 strain. Typhimurium has been increasing as a proportion of all Salmonella infection for more than a decade, largely due to the emergence of this new strain.

Unlike a related Salmonella called Enteritidis that has been largely controlled in layer hen flocks in the UK, little headway has been made in intervening years to control Salmonella Typhimurium. The occasional replacement of the dominant epidemic strain of Typhimurium causing disease may make this a moving target. Therefore, understanding why new strains emerge and what makes them distinct from previous strains is important to devise ways of tackling this pathogen.

Viruses are best known for causing some of the worst infections in people throughout history, and the current pandemic SARS-CoV-2 is no exception. They are very small packages of genetic material that require cells to replicate their genetic material, and in doing so cause disease. There are also viruses, called bacteriophages, that use bacteria to replicate and in doing so kill the bacterium. However, some are also able to hide inside the bacterial cell by merging with the bacteria's genetic material.

In a new paper, published in the journal Microbial Genomics, the researchers report that this is what happened perhaps hundreds of times during the emergence of the ST34 pandemic strain and that this has helped the bacteria spread globally.

The research was led by Eleonora Tassinari and Professor Rob Kingsley from the Quadram Institute and University of East Anglia and his research group, working with Public Health England, Animal and Plants Health Agency, the Earlham Institute and Teagasc Food Research Center. Their study was funded by the Biotechnology and Biological Sciences Research Council, part of UKRI.

They found that the common ancestor of the epidemic in UK pigs existed around 30 years ago but went unnoticed until 2005 when surveillance by the UK governments Animal and Plant Health Agency (APHA) first picked up ST34 in low numbers. Analysis of the genome sequence from human infections using data from Public Health England (PHE) indicated that a bacterial virus called mTmV infected ST34 on multiple occasions starting around 2002.

By analyzing the population structure of ST34 it was clear that Salmonella harboring the mTmV virus in their genetic material became more numerous over time and that they had gained a competitive advantage over their brethren lacking the virus. Inspecting the virus in more detail revealed that it carried a gene called sopE encoding a 'toxin' that is known to help the Salmonella to infect their animal hosts species, cause diarrhea and be passed on to new hosts in food and feed.

Prof Rob Kingsley explained: "The mTmV virus seems to have been helping Salmonella spread, and because it was living in the Salmonella, it was aiding its own survival."

It is hoped that understanding how and why new strains of Salmonella emerge in livestock will help develop improved strategies to reduce its incidence, making our food supply safer and healthier.

More information: Eleonora Tassinari et al. Whole-genome epidemiology links phage-mediated acquisition of a virulence gene to the clonal expansion of a pandemic Salmonella enterica serovar Typhimurium clone, Microbial Genomics (2020). DOI: 10.1099/mgen.0.000456

<https://www.microbiologyresearch.org/content/journal/mgen/10.1099/mgen.0.000456>

<https://phys.org/news/2020-10-bacterial-virus-salmonella-strain.html>

## Study

### Avian flu threat looms large in EU after cases detected in Netherlands

Source: Euractiv.Com

Unique ID: [1008153184](#)

The detection of several cases of avian influenza in the Netherlands has set the EU on red alert for the possibility of spread elsewhere, leaving the country itself on 'high alert' and preparing a mass culling of animals. Avian influenza is a highly contagious viral disease which occurs primarily in poultry and wild water birds. There are two strains of the virus; high or low pathogenic viruses, known as HPAI and...

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According to media reports, it is this highly pathogenic strain of avian flu that was diagnosed at a poultry farm in the Netherlands on Thursday (29 October).

The diagnosis comes after the discovery of the virus in two wild mute swans last week.

A mass culling of 35,700 animals is now to be carried out by the Dutch Food and Consumer Product Safety Authority in an attempt to prevent the spread of the virus, according to a statement on the government website.

The statement adds that there are nine other poultry farms in the immediate vicinity of the farm, which are currently undergoing sampling and examination for avian flu.

In addition, there are also 25 other poultry farms in the 10-km zone around the farm, and that transport ban has been applied to this zone.

The risk for Dutch commercial poultry farming of becoming infected with highly pathogenic avian influenza (HPAI) has now been rated as high, especially in areas with many wild waterfowl, according to an analysis by Wageningen Bioveterinary Research (WBVR) this month.

Birthe Steenburg, secretary-general of AVEC, the voice of the EU's poultry sector, told EURACTIV that this outbreak could have serious repercussions for trade.

"When highly pathogenic avian flu is found in a country, many third-country markets shut down for poultry meat," she said, adding that the Netherlands is a large producer of poultry meat.

This is because of the bilateral agreement that the EU has with third countries, which requires a veterinary certificate confirming the country of origin is free from avian influenza.

However, in accordance with EU laws, trade is still possible within the EU, provided that the meat comes from an area outside of a 10km radius of the outbreak.

She added that everyone is now on very high alert to the possibility of the spread of the virus.

In response to the news, a number of EU countries have issued statements over the risk and have started putting preventative measures in place.

In the UK, the avian influenza risk has been raised to medium by the department of environment and rural affairs (DEFRA), while Ireland and France have also sounded the alarm.

This is due to the fact that, at this time of year, wild birds that can carry avian influenza viruses traditionally migrate along the East Atlantic flyway from colder parts of Northern and Eastern Europe to Western European countries including Ireland.

As such, Ireland's Agriculture Minister, Charlie McConalogue, has emphasised the need to review biosecurity practises as we now move into a higher risk period for the bird flu.

France too has upped their surveillance and preventative measures in response to the news over fears it could spread.

The 2016/2017 epidemic of HPAI was the largest recorded outbreak to date in the EU in terms of the number of poultry outbreaks, geographical spread and number of dead wild birds.

There is no evidence to suggest that avian influenza can be transmitted to humans through the consumption of contaminated poultry products.

[Edited by Zoran Radosavljevic]

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<https://www.euractiv.com/section/agriculture-food/news/avian-flu-threat-looms-large-in-eu-after-cases-detected-in-netherlands/>

## United States

### CDC Opens New South America Regional Office in Brazil

#### Press Release

For Immediate Release: Thursday, October 29, 2020

Contact: [Media Relations](#)

(404) 639-3286

The Centers for Disease Control and Prevention (CDC) today opened its new South America regional office in Brasilia, Brazil. The new regional office strengthens CDC's ability to meet its mission of protecting Americans by responding more rapidly to health threats wherever they occur and building key relationships to tackle shared health priorities.

"The United States is one of the strongest advocates of global health security in the world, in addition to being the single largest bilateral health donor, and these commitments have special importance within our own hemisphere," Health and Human Services Secretary Alex M. Azar II said at the opening event. "Creating the CDC South American Regional Office is vital to building a sustainable presence around the world, including in South America. We intend for this office to work with every single country in the region to improve health security, and we believe the regional model is the best way to maximize this engagement over the long term."

South America faces public health threats stemming from emerging diseases, humanitarian crises, changing ecosystems, urbanization, and the resulting habitat loss, travel, and migration issues. The rapid spread of Zika across the Americas and to other countries and territories on the North and South American continents is a compelling example. CDC is uniquely suited to increase engagement and collaboration with South American leaders to better protect the US from health threats.

"CDC's regional approach advances global health security and maintains a sustainable global presence," said CDC Director Robert R. Redfield, MD. "It allows CDC the flexibility to focus efforts and to deploy staff and other resources where they are most urgently needed – such as responding to outbreaks at their source, providing technical assistance, and advancing programmatic objectives that improve health."

Juliette Morgan, MD, is the new CDC South America regional director. She will develop a global health security strategy for the region and coordinate global health security activities. In collaboration with CDC country offices, she will implement headquarter programs, and work with other relevant stakeholders.

Since diseases know no borders, CDC is establishing other regional offices around the world to advance U.S. global health security goals and build and maintain a sustainable global presence. CDC recently established regional offices in Eastern Europe/Central Asia (Georgia), the Middle East/North Africa (Oman), and Southeast Asia (Vietnam).

<https://www.cdc.gov/media/releases/2020/p1030-new-south-america-office.html>

## United States

### Vaccine-preventable disease outbreaks were sustained at ICE detention centers

Source: Outbreak News Today

ID: 1008155867

More than a dozen U.S. Immigration and Customs Enforcement (ICE) detention centers experienced large, repeated outbreaks of vaccine-preventable illnesses in the last three years, according to a new study by researchers at UC San Francisco.

Between Jan. 1, 2017, and March 22, 2020, the researchers identified 1,280 cases of influenza, 1,052 cases of chickenpox, and 301 cases of mumps. There were 41 flu outbreaks, 26 chickenpox outbreaks, and 12 mumps outbreaks.

"These numbers are pretty shocking, and very concerning," said Nathan C. Lo, MD, PhD, the first author, who is a resident physician and public health scientist at UCSF. "They suggest this vulnerable population is being placed at very high risk for these infections while being detained."

Given how widespread the outbreaks were, Lo said federal authorities should offer vaccination to both adult and child migrants as soon as they are brought to the detention centers, which is not currently being done. The vaccines should protect people, even if they have already been exposed. Chickenpox, in particular, can be very serious and even life-threatening.

"Crowding people together and giving them poor access to health care or vaccines makes these detention centers ripe for facilitating infectious outbreaks," Lo said.

The study is published October 29, 2020 in JAMA.

When the study began in January of 2017, only a handful of centers reported cases of chickenpox, flu or mumps. By the time it ended in March of 2020, 17 of the 22 ICE detention centers under review had outbreaks of one or more of the three viruses.

One facility had a chickenpox outbreak that lasted for 33 months, and also had year-round transmission of the influenza virus. Many centers had outbreaks of mumps. Both chickenpox and mumps are relatively rare in the general population, and flu typically circulates in the winter, but not all year round.

Nearly half of the infections—44.7 percent—occurred in the South Texas Family Residential Center.

Another 16.5 percent occurred at the Port Isabel Service Processing Center, also in Texas.

Given how many outbreaks they found, and how long they lasted, experts said it was very likely the viruses were being spread by transfers of migrants between detention centers, which bring infected people into close contact with others who are highly susceptible to these diseases, either because they have never been vaccinated against them, or because their immunity has waned.

"Typically, migrants are detained, held for a few days, then moved to another center," Lo said. "That moving around of people is likely a big contribution. Otherwise, how would you get so many outbreaks in so many centers with infections that are not so common?"

The study most likely underestimates the number of infections. The scientists were only able to get data from the 22 centers that have the ICE electronic health record system and are served by ICE Health Service Corps. That is a small subset of the 315 facilities around the country, some of which are privately managed, that house detained migrants.

Also, the data came from ICE officials at those 22 detention centers who searched the medical charts of detained migrants to see which of them had been diagnosed with chickenpox, flu or mumps, so any cases that went undiagnosed would have been missed.

"These are infectious diseases that can be prevented through vaccination," Lo said. "These detention centers are high-risk environments for infectious diseases, so we should change policy to offer vaccines that can minimize preventable suffering."

<http://outbreaknewstoday.com/vaccine-preventable-disease-outbreaks-were-sustained-at-ice-detention-centers-72446/>

## Japan

### Emirates News Agency - Tokyo 2020 Athletes' Village to have health base for COVID-19 infections

Tagged by: lhussein

Unique ID: [1008152002](#)

TOKYO, 29th October, 2020 (WAM) -- A "health base" is set to be established at the Athletes' Village for the Tokyo 2020 Olympic and Paralympic Games in case of potential COVID-19 infection. A coronavirus countermeasures taskforce, formed of officials from the Japanese Government, Tokyo Metropolitan Government and Tokyo 2020, decided to implement a health base following their fourth meeting. The base, separate from...

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A coronavirus countermeasures taskforce, formed of officials from the Japanese Government, Tokyo Metropolitan Government and Tokyo 2020, decided to implement a health base following their fourth

meeting.

The base, separate from the general clinic in the Village, will be responsible for monitoring athletes' health, selecting medical institutions to hospitalise those who contract the virus and organising transportation for patients, Kyodo News reported.

The panel also agreed to set up an "infectious disease control centre" in the Tokyo 2020 main operation centre.

Outfitted with doctors, this will centralise control over COVID-19 countermeasures.

It will work together with the health base and general clinic in the Athletes' Village to keep on top of the health condition of athletes and detect infection at an early stage, while also gathering and sharing information on coronavirus.

The coronavirus countermeasures taskforce was established following the postponement of Tokyo 2020 as a result of the pandemic.

It is expected to announce policies for the Games by the end of the year, with other measures set to include a mechanism for lifting the entry ban on foreign tourists, which is currently in place for 159 countries and regions, a health-checking app, mandatory testing, health insurance and exclusive health centres for tourists.

Despite the difficulties thrown up by the global health crisis, officials have remained confident Tokyo 2020 will take place next year.

International Olympic Committee President Thomas Bach recently said he does not expect any country to "opt out" of the Games due to the pandemic, while Japanese Prime Minister Yoshihide Suga reiterated his commitment to hosting the Olympics and Paralympics earlier this week.

<https://www.wam.ae/en/details/1395302881741>