

COVID-19 EVERGREEN QUESTIONS AND ANSWERS

Questions and answers

Table of contents

COVID-19	1
THE SITUATION IN CANADA	13
Q1. What is Canada doing in response to the current pandemic?	13
Q2. When and how have the provinces and territories been activating and implementing their pandemic plans?	14
Q3. If the Public Health Agency of Canada sets up temporary hospitals, where would they be?	14
INFORMING CANADIANS	14
Q4. What are Canada's projections for COVID-19?	14
Q5. Why is the Government of Canada running a COVID-19 ad campaign?	15
LAUNCH OF THE CANADA COVID-19 APP	15
Q6. How do I access the Canada COVID-19 app?	15
Q7. How does it work?	15
Q8. How does this app fit in with resources already available in some provinces?	16
Q9. What are the results of the self-assessment tool?	16
Q10. Does the government plan to make other digital COVID-19 tools and resources available to Canadians?	16
FUNDING	16
Q11. <i>Can you confirm what the Public Health Agency will do with the \$50 million allocated for COVID-19 public health information work?</i>	16
MENTAL HEALTH SUPPORT FOR CANADIANS	17
LAUNCH OF THE WELLNESS TOGETHER CANADA PORTAL	17
Q12. How do I access the Wellness Together Canada portal?	17
Q13. How does the portal work?	17
Q14. Will information I share on this portal be protected?	17
Q15. Does the government plan to make other digital COVID-19 tools and resources available to Canadians?	17
Q16. Will the Government of Canada make additional investments in mental health and suicide prevention?	18
Q17. Does the portal take the specific needs of First Nations into account?	18
Q18. Can people who do not have Internet access use the portal?	18
Q19. Il y a eu un grand nombre d'annonces liées à la santé mentale ces derniers temps. Est-ce que les gens auront de la difficulté à s'y retrouver?	18

Q20. What is the situation regarding the Pan-Canadian Suicide Prevention Service? 18

Q21. This initiative does not address the issue of a safe drug supply. As the supply of illicit drugs continues to decline due to supply chain problems in the illicit market, those who traffic in illicit substances may begin to use harmful cutting agents, making the drug supply even more dangerous. What is the government doing to prevent overdose deaths from increasing during the COVID-19 pandemic? 19

FUNDING FOR KIDS HELP PHONE IN RESPONSE TO AN INCREASED DEMAND FOR MENTAL HEALTH SERVICES FOR CHILDREN AND YOUTH IN RELATION TO COVID-19 19

Q22. Why is the government supporting just one of the many crisis hotlines in Canada? 20

Q23. What is the Government of Canada doing for other Canadians in terms of emergency support? 20

Q24. What other resources are available to Canadians? 20

LONG-TERM CARE FACILITIES 21

Q25. Why do you recommend that personal support workers and essential visitors and volunteers wear personal protective equipment when there is a shortage? 21

Q26. Why are you telling workers to not to have multiple jobs when they may need to have multiple jobs to survive? 21

Q27. How would residents' needs be met if there is a further restriction on the availability of personal support workers? 22

Q28. What is the Government doing to support low wage workers? 22

Q29. What is the Government of Canada doing to protect seniors' financial security? 22

Q30. What is the Government doing to protect seniors' pensions? 23

Q31. What is the Government doing to protect seniors from elder abuse? 23

Q32. What is the Government doing to protect seniors from COVID-19 related fraud and scams? 23

ISOLATION, QUARANTINE (SELF-ISOLATION) AND PHYSICAL DISTANCING 24

Q33. For returning travellers, what is the difference between what they can do at home if they have symptoms and what they can do if they have none? 24

Q34. I have heard elsewhere that people who are asymptomatic can go outside for walks, for example, as long as they maintain physical distancing. Now you are saying they cannot leave their place of isolation. Which is correct? 25

Q35. Under what circumstances should Canadians get in their cars? Can we drive around without picking up basic necessities? 25

Q36. A team of Canadian and Chinese researchers analyzed 2000+ COVID cases and found that 1 in 8 people develop symptoms more than 14 days after exposure. The research team recommends that quarantines be extended from 2 weeks to 3 weeks. Is Canada considering extending the quarantine period? 26

EMERGENCY ORDER– MANDATORY ISOLATION 26

Q37. What is the new federal Emergency Order made pursuant to the *Quarantine Act* and why has the Government of Canada implemented it? 26

Q38. How is this new Order different from the first mandatory isolation Order? 26

Q39. How will travellers be informed of the protocol applicable to this type of situation when they enter Canada? 27

Q40.	What does the order issued under the <i>Quarantine Act</i> require of travellers returning to Canada?	27
Q41.	Who is considered a vulnerable person?	30
Q42.	What is the difference between isolation and quarantine?	30
Q43.	How is it determined if travellers meet the conditions to isolate or quarantine at home or in a place of their choice?	30
Q44.	How do I monitor for signs and symptoms of COVID-19?	30
Q45.	When does the 14-day period start? Is it from the day of entry into Canada or the day the traveller arrives at the place where they will quarantine themselves or isolate?	30
Q46.	What is considered to be an appropriate non-medical mask or face covering?	31
Q47.	Who determines whether the traveller is wearing an appropriate non-medical mask or face covering upon entry into Canada?	31
Q48.	Are co-travellers able to quarantine or isolate together if one of them is a vulnerable person?	31
Q49.	Am I required to comply with the Order if my province or territory has its own legal requirements for quarantine or isolation?	31
Q50.	What type of masks or face coverings will be provided at border entries? If all travellers entering Canada will be required to wear masks, how will this impact the supplies available for health care workers?	32
Q51.	Will the new requirements (e.g. travellers having to confirm their planned place to isolate or quarantine; being given a non-medical masks or face covering) create back-ups at airports?	32
TRAVELLERS WITH NO SYMPTOMS (ASYMPTOMATIC)		32
Q52.	Why do travellers with no signs or symptoms of COVID-19 have to quarantine? Is it mandatory?	32
Q53.	Why can some people without symptoms quarantine at home or a place of their choice and others must go to a quarantine facility?	33
Q54.	If I do not have symptoms, should I quarantine at home if vulnerable people live with me?	33
Q55.	Why does my quarantine period reset if I am exposed to COVID-19 from another person subject to the Order?	33
Q56.	Can travellers with no symptoms take public transportation (including taxi) or rent a vehicle (from the airport) to get home or to the place where they will quarantine?	34
Q57.	Can travellers without symptoms who will transit home by private vehicle have someone pick them up and drive them or must they be the sole occupant of the vehicle? If someone drives them, does that person then need to quarantine for 14 days?	34
Q58.	Why do travellers have to wear a non-medical mask or face covering when taking public transportation to get to their place of quarantine if they do not have symptoms of COVID-19?	35
Q59.	Are travellers with no symptoms allowed to take connecting flights?	35
Q60.	What happens if a Canadian traveller not exhibiting symptoms misses their connecting flight and has to stay overnight in a city before getting on their connecting flight the next day? Can they stay at a hotel or with friends or family?	35
Q61.	If people arrive in Canada on a charter flight, not at one of the designated four international airports, can they use a private vehicle to get to their final destination in another province to isolate there?	36
Q62.	What about people entering Canada by land? Can they stay overnight in a hotel during their drive home?	36

Q63. There are reports of RVs being spotted in store parking lots near the border. Are they allowed to stop there to shop on their return home?	36
Q64. Can people stop to get gas, use a washroom or acquire essential items on their way home to isolate?	37
Q65. What happens if a traveller without symptoms is unable to get to a place to quarantine themselves for 14 days?	37
TRAVELLERS WITH SYMPTOMS	37
Q66. Why can some people with symptoms isolate at home while others must go to a quarantine facility or hospital?	37
Q67. How is symptomatic being defined?	38
Q68. I am symptomatic and was told I cannot isolate at home because I live with a vulnerable person(s). Who is considered vulnerable?	38
Q69. Can symptomatic travellers who are going home to isolate by private transportation be picked up and driven by someone or must they be the sole occupant of the vehicle?	38
Q70. If I am symptomatic, can I stop at a hotel while I am driving home?	38
Q71. Can I stop at a store to acquire essential items on my way to self-isolation?	39
Q72. What happens if symptomatic travellers are unable to travel to a location where they can self-isolate?	39
Compliance and enforcement of the law	39
Q73. What happens if someone does not comply with the Order?	39
Q74. How are travellers notified that they must comply with the Order and informed of the potential consequences if they do not?	40
Q75. Who will verify compliance with the Order (i.e. spot-checks)?	40
Q76. Is anyone exempted from compliance and law enforcement requirements?	40
ESSENTIAL SERVICE WORKERS	41
Q77. Are essential service workers exempt from enforcement of the Order?	41
Q78. Why are some essential service workers not allowed to work with people 65 years of age or older until they complete their 14-day quarantine?	41
Q79. How will employers of temporary foreign workers support compliance with the Order?	42
Q80. I am a temporary foreign worker and do not have a place to quarantine myself for 14 days in Canada. What must I do?	42
QUARANTINE FACILITIES	42
Q81. What is a quarantine facility?	42
Q82. How will the Public Health Agency of Canada lodge and feed people who enter Canada who are not allowed to return to their homes for 14 days?	43
Q83. How will my medical needs be tended to if I am required to stay in a quarantine facility?	43
Q84. How many people are quarantining in the federal facilities and how many reports of quarantine-related breaches have there been across the country?	43
Q85. Where are the federally designated quarantine sites? Are hotels used as quarantine sites for travellers who self-isolate for 14 days upon their return from abroad?	43
QUARANTINE (VOLUNTARY SELF-ISOLATION), ISOLATION AND PHYSICAL DISTANCING	43

Q86. For returning travellers, what is the difference between what they can do at home if they have symptoms and what they can do if they have none? 44

MODELLING AND SURVEILLANCE 45

Q87. What is predictive modelling? 45

Q88. What are the objectives of modelling? What are the projections for COVID-19 cases in Canada? 45

Q89. What factors are the modelling data based on? What information is used to make predictions? 46

Q90. What are the different public health measures being used by communities and modelled to anticipate their potential impacts on the epidemic? 46

Q91. Are these data reliable? 46

Q92. Why propose two different models? Isn't one enough? What is the difference between the two models and what are their limitations? 47

Q93. Do we have different projections from provinces and territories that have released modelling data? If so, why? 47

Q94. What external experts are advising on this work? 47

Q95. Will these models show us whether we are achieving our objectives? 47

Q96. Will federal modelling take into account specific demographics? 48

GPHIN'S ROLE IN SURVEILLANCE 48

Q97. During virus outbreaks, what data does the Global Public Health Intelligence Network (GPHIN) collect and use for alerts and in what languages is the data disclosed? 48

Q98. What data was the first to be collected on the coronavirus outbreak and from what source? 48

Q99. When did GPHIN first send out an alert about the coronavirus outbreak and to whom? 49

Q100. How does GPHIN's data selection or data analysis differ from approaches taken by ProMED, HealthMap and commercial providers such as BlueDot? 49

Q101. Does the Government of Canada use BlueDot's AI to track people who have been in contact with COVID-19? 50

Q102. I have confirmed with Public Health Ontario and the Institut national de santé publique du Québec that they are not collecting race/ethnicity data in relation to COVID-19. My understanding is that the Public Health Agency of Canada does not collect this type of data either. Could you confirm that? 50

Q103. What is Health Canada's role in the Ontario Health Data Platform? Will this become the norm across provinces? Does Health Canada approve this plan, which is designated to slow the spread of COVID-19? 50

CONTACT TRACING 51

Q104. Can you tell us more about the federal government's program to recruit contact tracers? 51

Q105. Does the Department plan to use digital data technology like cellphone apps to improve contact tracing? What type of digital data model is the Department considering? 51

Q106. A company partly based in Canada has developed a smartphone app that helps with contact tracing, similar to the one in place in Singapore. Will the government enlist this type of technology to make contact tracing easier? 51

NML'S RESPONSE TO THE OUTBREAK 52

Q107. What is the Public Health Agency of Canada (PHAC) National Microbiology Laboratory's (NML) response to the current 2019-nCoV outbreak? Were additional resources required to manage the extra workload? 52

VIRUS TRANSMISSION 52

Q108. How is COVID-19 transmitted? 52

Q109. Can COVID-19 be transmitted when a person is not showing symptoms? 53

Q110. What should you do if you have been exposed to an individual who has a confirmed case of COVID-19? 53

Q111. Are Canadians at risk for contracting COVID-19 if they touch a surface that could potentially be contaminated? 54

Q112. Are Canadians at risk for contracting COVID-19 from products shipped within or from outside of Canada? 54

Q113. Can COVID-19 be transmitted through food or water? 54

TESTING AND CASE CONFIRMATION 55

Q114. How is Canada currently testing patients for COVID-19? 55

Q115. What specific test is currently authorized in Canada to screen for COVID-19? Is all of this done by using RT-PCR tests? What is the accuracy rate (percentage) of the COVID-19 screening tests that are currently used in Canada? Is the federal government aware of any cases of false positives or false negatives resulting from the current testing methods? If so, how many cases of each type have been identified (as a percentage of total tests performed)? What is the government's general position on the safety and accuracy of current COVID-19 screening test methods used in Canada? 55

Q116. Does the Public Health Agency of Canada agree that the best way to understand the transmission and progression of COVID-19 is to perform serological tests to detect antibodies? Is Canada working on a serological test for COVID-19? 56

Q117. Is the government considering the possibility of establishing serological or immunity passports or certificates to allow immunized individuals to travel freely again? 57

Q118. Are enough people being testing to prevent community spread? 57

Q121. Is Health Canada looking to the cannabis sector for additional COVID-19 testing? 59

DRUG, HEALTH PRODUCTS AND MEDICAL SUPPLIES 59

Q122. Is Health Canada aware of the advertising or sale of any products that make false or misleading claims in connection with COVID-19? 59

Q123. Has Health Canada been made aware of any misinformation or false claims about alcohol-based hand sanitizers? 60

Q124. Has the Government of Canada discovered any fraudulent N95 or KN95 masks? 60

Q125. Is there a drug shortage because of COVID-19, and what is being done to monitor the supply? 61

Q126. What is Health Canada doing to limit potential shortages of tier 3 drugs? 62

Q127. What is driving the potential for drug shortages? 62

Q128. The government has given itself the power to pass regulations to prevent shortages. What kinds of regulations could do this? 63

Q129. When you say that you are working with drug suppliers, what are you actually doing?	63
Q130. What role do provinces and territories play in being alert to potential shortages in their jurisdictions?	63
Q131. Can you confirm whether Health Canada is looking for alternative sources for Salbutamol or Ventolin?	64
Q132. What is the supply of the following drugs: remdesivir, chloroquine and hydroxychloroquine, ritonavir/lopinavir, and ritonavir/lopinavir and interferon beta?	64
Q133. Is Canada seeking to increase its imports of hydroxychloroquine from India?	65
Q134. Is Immune-Tami going to be licensed for sale in Canada?	65
Q135. Is Health Canada aware of any medical device shortages due to COVID-19? What is being done to monitor supply?	65
Q136. Will 3D printed medical devices be allowed to be used to alleviate supply shortages in Canada during this pandemic?	65
Q137. Are there any concerns about devices being produced without the usual quality checks or certification process?	66
Q138. What is the scope of Canada's need for reagent chemicals used for testing COVID-19?	66
Q139. Is there an estimate in terms of how many ICU beds Canada will require as the epidemic reaches its peak? And how many ICU beds are available now?	67
Q140. Where will medical supplies be stored before they are distributed by Canada Post or Purolator to hospitals?	67
Q141. How many ventilators does Canada have at this time? How many will be needed when the epidemic peaks?	67
Q142. What is the federal government doing in terms of increasing the supply of ventilators and masks?	67
Q143. Has Health Canada approved KN95 masks for use in Canada? If not, why?	68
Q144. Is the KN95 respirator NIOSH certified? Does it meet an equivalent alternate standard?	68
Q145. Can we sell a mask that is advertised as being for non-medical use? Does it matter if there is no English text on the mask?	68
Q146. What is the status of Health Canada's review of the "WOODBIDGE INOAC MASK" and whether it can be used at hospitals?	68
Q147. Is the government thinking about increasing supply of the flu shot for the next flu season in light of the demand of the COVID-19 pandemic?	68
INTERIM ORDER RESPECTING DRUGS, MEDICAL DEVICES AND FOODS FOR A SPECIAL DIETARY PURPOSE IN RELATION TO COVID-19	69
Q148. How will Health Canada assess these health products for safety and effectiveness?	69
Q149. Is Canada guaranteed to receive adequate supply of these items?	69
Q150. How does this Interim Order compare to the interim measure the Department announced last week to allow for the importation of hand sanitizers, disinfectants, personal protective equipment and swabs that do not fully meet Health Canada requirements?	69
Q151. And how does it compare to the shortage provisions in the Legislative Amendments?	69
Q152. What are the new requirements for medical device shortage reporting?	69
Q153. How does this Interim Order affect personal importation?	70

Q154. How do we know which COVID-19 diagnostic kits have been approved by Health Canada under the Interim Order for Expedited Medical Devices, signed on March 18, 2020?	70
Q155. What qualifies as a “food for a special dietary purpose” under the Interim Order, other than infant formula?	70
Q156. How will access to disinfectants and hand sanitizers be expedited?	70
Q157. What is the Government currently doing to address any drug and medical device shortages related to COVID-19?	70
Q158. How will these amendments enhance the Government’s ability to manage drug shortages?	71
Q159. Will Health Canada use these amendments to the <i>Patent Act</i> to bypass patent protection (sometimes called compulsory licensing) and allow other companies to produce patented drugs?	71

EXPEDITING ACCESS TO DISINFECTANTS, HAND SANITIZERS, PERSONAL PROTECTIVE EQUIPMENT AND SWABS **72**

Q160. Were these changes made through new regulations?	72
Q161. What does this new rule mean?	72
Q162. When will these products be made available on store shelves?	72
Q163. Is Health Canada actively reaching out to manufacturers to get more products imported?	72
Q164. Is Health Canada using the three forensic laboratories of the Royal Canadian Mounted Police (RCMP) to provide health care workers with personal protective equipment?	73
Q165. How does the federal government handle donations made to Canada by other countries? After donations arrive at our border, where are they sent? What is the federal government's distribution procedure? Who gets the donations first?	73
Q166. Does the government require medical supplies used by local health agencies to meet certain standards? If so, what are the standards?	73
Q167. Do you ever have concerns about the quality/standard of medical equipment donated to Canada?	73
Q168. Has the Public Health Agency of Canada rejected supply donations during their quality control? Has any equipment failed quality checks over the last two months?	74
Q169. Who specifically are the members of the interdepartmental, multidisciplinary technical assessment committee?	74
Q170. When will the assessment of donated medical supplies be completed?	74
Q171. Did the medical supplies donated by China last week arrive in Canada? Are they being stored in Ottawa?	74
Q172. What is the status of quality control testing for donations/purchases of PPE from China? (On March 27, the Bank of China stated that it was donating medical supplies to Canada, including 30,000 medical masks, 10,000 sets of protective clothing, 10,000 pairs of protective eyewear and 50,000 pairs of gloves, as well as N95 medical masks.)	74
Q173. How many of these items have been quality controlled and how many have not?	75
Q174. What happens to items that don’t pass inspection? Are they destroyed? Are they sent back to the country that donated them?	75
Q175. How many swabs has Canada received to date, and how many have been distributed?	75
Q176. Does the federal government have a plan in place to speed up the evaluation process for donated medical supplies to fulfil the medical equipment shortage?	75

Q177. Inasmuch as these products do not meet all of Health Canada's regulatory requirements, should Canadians be worried about their safety?	76
Q178. How are medical devices regulated in Canada? What are Class I devices?	76
Q179. How can consumers distinguish between a fraudulent product and a product imported through this interim measure?	77
Q180. What else is Health Canada doing to improve the supply of health products during the COVID-19 pandemic?	77
Q181. Can people obtain access to medical devices and drugs that have not been authorized in Canada, but are available in other countries?	77

INTERIM ORDER RESPECTING COVID-19 RELATED MEDICAL DEVICES 78

Q182. When will Health Canada be able to approve the first test kits for COVID-19 as medical devices?	78
Q183. How quickly are submissions sent to Health Canada regarding COVID-19 tests being reviewed?	78
Q184. Is Health Canada exploring the idea of take-home antibody tests, in a similar vein as the UK? Could you comment on the efficacy of these tests?	78
Q185. How will these new test kits help test more patients?	79
Q186. How often are Interim Orders used?	79
Q187. How will Health Canada ensure that these kits are safe and effective?	79
Q188. Is Canada guaranteed to receive adequate supply of diagnostic test kits?	80

NATIONAL EMERGENCY STRATEGIC STOCKPILE (NESS) 80

Q189. Who is in charge of the NESS? Where are NESS storage facilities located?	80
The Public Health Agency of Canada (PHAC) maintains the National Emergency Strategic Stockpile (NESS). NESS facilities consist of a central depot in the National Capital Region and warehouses strategically located across Canada. For security reasons, we don't disclose specific locations.	80
Q190. How large is the stockpile and how will the supplies be allocated and distributed?	80
Q191. Which provinces and territories have drawn on supplies from the NESS? What have they taken?	81
Q192. Alberta's modelling data indicates that Alberta is waiting for six ventilators from the Public Health Agency of Canada. Are they coming from the NESS or from another source?	81
Q193. How many surgical masks and N95 masks does Canada currently have? How many will be needed when the epidemic peaks?	81
Q194. How many masks and gloves were disposed of and why? Have they been replaced? If so, how many gloves and masks are currently in the Regina warehouse? If they were discarded because they were expired, why would Ottawa allow masks and gloves purchased with taxpayers' money to expire instead of injecting them into the health care system supply cycle where they could be used before they expired?	81
Q195. How is personal protective equipment distributed, and how are priorities for distribution established?	82
Q196. Is it the Government of Canada's responsibility to restock the National Emergency Strategic Stockpile, or is it the responsibility of the provinces and territories to do so?	83
Q197. Has inventory been added to the NESS since the COVID-19 outbreak?	83
Q198. Is the NESS fully integrated with other medical supply repositories in Canada?	83

- Q199. Was a recent notice posted on the Government of Canada's Buy and Sell site a tender to identify additional suppliers for the NESS? 84
- Q200. Does PHAC have to go to tender to replenish NESS supplies, or can it use the Emergency Rule to buy directly? 84
- Q201. What has changed since the 2011 NESS evaluation report? 84

VACCINE AND TREATMENT 84

- Q202. Is there a vaccine that protects against coronaviruses in humans? If no vaccines have been approved, are any being developed or tested? 84
- Q203. Is the PCV13 vaccine, used against pneumonia, useful as a therapy against COVID-19? 85
- Q204. How long will it take to develop a vaccine? 85
- Q205. How are people being treated for this illness? 86
- Q206. Is Health Canada investigating these reports, and are there any current guidelines for the use of Vitamin C as a defence or treatment against the coronavirus? 86
- Q207. Are there safety issues with the use of ibuprofen in COVID-19 cases? 87
- Q208. Can hydroxychloroquine and azithromycin be used to treat anyone who has COVID-19? Will they be effective for everyone? 87
- Q209. Are there clinical trials underway to determine whether hydroxychloroquine and azithromycin are effective? 87
- Q210. What are hydroxychloroquine and azithromycin usually used for? What are the approved indications? 87
- Q211. Does Health Canada have an official position on the use hydroxychloroquine and chloroquine to treat COVID-19?** 88
- Q212. Is hydroxychloroquine or chloroquine used in Canadian hospitals for trials or treatment?** 88
- Q213. What is Health Canada doing about products claiming to prevent, treat or cure COVID-19? 88
- Q214. Are there any natural health products, including traditional Chinese medicines, Ayurvedic medicines and homeopathic products to protect against or treat this virus? 89
- Q215. Is Avigan or favipiravir approved in Canada? Is Canada taking any steps to get them approved? 89
- Q216. Will Health Canada or the Public Health Agency of Canada be issuing treatment guidelines if drugs like favipiravir or other antivirals, or any other drug, is found effective in another country/jurisdiction at treating COVID-19? 90

TEMPORARY EXEMPTION UNDER THE CONTROLLED DRUGS AND SUBSTANCES ACT FOR MEDICAL TREATMENTS 90

- Q217. Was this exemption requested by provinces and territories? 90
- Q218. How soon will pharmacists and practitioners be able to begin doing these new activities? 90
- Q219. What activities are currently authorized for pharmacists? 90
- Q220. If a patient doesn't have a prescription, can a pharmacist now prescribe new medications for patients? 91
- Q221. Does this exemption apply to other health care professionals? 91
- Q222. Has there been any consideration of permanently giving pharmacists extended authorities? 91

Q223. Are there any special provisions being made to assist supervised consumption sites during the COVID-19 pandemic? 92

PREVENTION AND RISKS 92

Q224. How can I protect myself from this virus? 92

Q225. Should the general population in Canada wear masks to protect themselves from this virus? 92

Q226. Can vaping/smoking/doing drugs damage the lungs, making someone more vulnerable to COVID-19? 93

Q227. In the US, people under age 44 make up a large proportion of hospitalizations. What are we seeing with younger people in Canada? 93

Q228. What is your message to young people (especially those who smoke/vape/do drugs) who think they are immune to COVID-19? 93

ANIMALS 93

Q229. Can I get the virus from animals in Canada? 93

Q230. Can my pet or other domestic animals get the virus? 93

Q231. Am I at risk of getting COVID-19 if I have had contact with an animal recently imported from an affected area (e.g. a dog imported by a rescue organization)? 94

SCREENING AND BORDER MEASURES 95

Q232. Does the Canadian government really want to prevent sick Canadians from boarding return flights? 95

Q233. If so, why aren't you taking temperatures to screen for the disease? 95

Q234. What considerations have been given to ways and means that would allow sick Canadians to fly home? 96

Q235. Have additional screening measures been put in place at all airports? 96

Q236. Will Canada close its border or start banning flights from other countries? 96

Q237. What can travellers arriving at airports expect? 96

Q238. Are passengers being isolated at airports? 97

Q239. How many quarantine officers are on duty at Canadian airports? 97

Q240. Are public health officers stationed at land border crossings? If not, please explain why. 98

Q241. What about people arriving in Canada through connections through other airports? What about at land border crossings? 98

DISINFECTION AND SANITATION MEASURES FOR AIRLINES AND AIRPORTS 99

Q242. Is there a role for air carriers in preventing the spread of infectious diseases? 99

Q243. Are there guidelines for decontaminating aircraft that have carried passengers with symptoms of the virus during the flight? 99

Q244. Are touch screen kiosks and other communal area surfaces at airports being cleaned and sanitized on a regular basis? 99

Q245. What precautions does PHAC recommend for flight attendants who are in close proximity to sick people for extended periods of time? 99

SAFETY OF EMPLOYEES

100

Q246. What is Health Canada doing to ensure federal employees are taking the appropriate precautions? 100

Q247. What protocols did Health Canada follow after receiving confirmation that an employee tested positive for COVID-19? 101

Q248. Can you confirm that a certain number of employees who work at Canada's National Microbiology Laboratory in Winnipeg have tested positive for COVID-19? 101

THE SITUATION IN CANADA

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

Our top priority is the health and safety of Canadians. The Public Health Agency of Canada is actively monitoring the situation regarding the new coronavirus (COVID-19) and is continuously assessing the risks in order to adjust Canada's response accordingly.

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

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

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

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

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

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

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

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

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

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

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

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

INFORMING CANADIANS

Q4. What are Canada's projections for COVID-19?

For the most recent information, go to Canada.ca/coronavirus. You can also follow Dr. Theresa Tam, Chief Public Health Officer of Canada, on Twitter (@CPHO_Canada).

There is also a new toll-free phone number (1-833-784-4397) where Canadians can get answers to questions regarding the new 2019 coronavirus. The service is available from 7 a.m. to midnight.

Canadians travelling abroad should consult the travel guidelines on the travel.gc.ca site.

Q5. Why is the Government of Canada running a COVID-19 ad campaign?

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

The first elements of this campaign have begun to roll out. They include two 30-second national television advertisements, a radio spot and newspaper advertisements.

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

- Increase awareness and understanding about symptoms and treatment;
- Provide information on preventive measures such as self-isolation;
- Address misinformation and public concerns.

For more information, you can watch the English advertisements here:

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

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

And the French advertisements here:

<https://www.youtube.com/watch?v=TS7UorOEmbW>

https://www.youtube.com/watch?v=lh3Db_Mb8OI

LAUNCH OF THE CANADA COVID-19 APP

Q6. How do I access the Canada COVID-19 app?

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

Q7. How does it work?

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

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

The Canada COVID-19 app will help Canadians access the information they need, whether through email, app or online service. In addition, we are putting in place other tools to further



enhance the ability of Canadians to easily receive reliable and up-to-date information on COVID-19.

Q8. How does this app fit in with resources already available in some provinces?

The app builds on what provinces and territories are doing and provides another valuable resource for Canadians. This mobile platform was based on a mobile app launched by the provincial government of British Columbia and developed by Thrive Health.

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

Q9. What are the results of the self-assessment tool?

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

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

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

Q10. Does the government plan to make other digital COVID-19 tools and resources available to Canadians?

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

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

FUNDING

Q11. Can you confirm what the Public Health Agency will do with the \$50 million allocated for COVID-19 public health information work?

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

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

- Increase awareness and understanding about symptoms and treatment;
- Provide information on preventive measures such as self-isolation;
- Address misinformation and public concerns.

MENTAL HEALTH SUPPORT FOR CANADIANS

LAUNCH OF THE WELLNESS TOGETHER CANADA PORTAL

Q12. How do I access the Wellness Together Canada portal?

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

Q13. How does the portal work?

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

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

Q14. Will information I share on this portal be protected?

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

Q15. Does the government plan to make other digital COVID-19 tools and resources available to Canadians?

The portal makes up part of a series of virtual products supported or funded by Health Canada that aim to provide Canadians with information and support during the COVID-19 pandemic. The [self-assessment tool](#) and [Canada COVID-19 app](#) have already been launched.

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

Q16. Will the Government of Canada make additional investments in mental health and suicide prevention?

With school closures and reduced access to community resources, Kids Help Phone is experiencing increased demand for its confidential, 24-hour crisis support services available online, as well as by phone and text messaging. In response, the Government of Canada has provided Kids Help Phone with \$7.5 million to help it meet this increased demand and provide young people with the mental health support they need during this difficult time. This additional funding will make it possible to provide electronic mental health services in English and French for children and youth across Canada who are experiencing the social and financial effects of the COVID-19 pandemic. This will help vulnerable Canadian children and youth find the help they need when they need it most.

Q17. Does the portal take the specific needs of First Nations into account?

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

Q18. Can people who do not have Internet access use the portal?

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

Q19. Il y a eu un grand nombre d'annonces liées à la santé mentale ces derniers temps. Est-ce que les gens auront de la difficulté à s'y retrouver?

La situation actuelle est très difficile pour les Canadiens. Nous sommes très heureux de voir autant d'organisations se proposer pour offrir des services directs, des ressources et du financement dans ce domaine. Canadians shouldn't worry or be confused. No matter who they call or what resources they use, there will be someone there to help them. This portal is just one way to consolidate a variety of organizations in one place that are uniquely positioned to provide a wide range of information, resources and advice.

Q20. What is the situation regarding the Pan-Canadian Suicide Prevention Service?

In the 2019 Budget, the Government announced that it would invest \$25 million over five years, and \$5 million annually thereafter, to implement and sustain a fully operational pan-Canadian suicide prevention service. This service will give Canadians across the country access to a bilingual crisis support service, using the technology of their choice (telephone, text messaging or chat), that will be available 24/7 and will be staffed by trained professionals.

In July 2019, the Public Health Agency of Canada issued a call for funding requests from

organizations interested in developing a pan-Canadian suicide prevention service. This process closed on October 31, 2019, and a decision is expected shortly.

Q21. This initiative does not address the issue of a safe drug supply. As the supply of illicit drugs continues to decline due to supply chain problems in the illicit market, those who traffic in illicit substances may begin to use harmful cutting agents, making the drug supply even more dangerous. What is the government doing to prevent overdose deaths from increasing during the COVID-19 pandemic?

The Government of Canada is taking action to help community health service providers and all levels of government respond to the COVID-19 pandemic. The government is funding harm reduction, treatment and housing services, etc., for drug users. It is committed to ensuring that the provinces and territories have the necessary tools to address the combined effects of the opioid overdose crisis and the COVID-19 pandemic on their populations.

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

This means that people with a substance use disorder who are on opioid agonist therapy will be able to continue getting their medication while maintaining physical distancing guidelines.

- On April 6, 2020, Health Canada granted class exemptions allowing the provinces and territories to establish new, urgently needed public health sites (also known as temporary overdose prevention centres) within existing supervised consumption sites, shelters and other sites, as needed, to help people avoid overdoses while practising physical isolation and self-isolation.

Health Canada will also allow health service providers in the community to ensure that existing supervised consumption sites can quickly adapt their operations to meet public health recommendations within the context of COVID-19. This can be done without the need to notify or seek additional authorization from Health Canada. Changes to operations could include, but are not limited to, new measures regarding how people move around the premises and changes to hours of operation or the number of booths.

FUNDING FOR KIDS HELP PHONE IN RESPONSE TO AN INCREASED DEMAND FOR MENTAL HEALTH SERVICES FOR CHILDREN AND YOUTH IN RELATION TO COVID-19

Q22. Why is the government supporting just one of the many crisis hotlines in Canada?

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

- A nearly 100% increase in text message conversations since March 15;
- An almost 350% increase in phone, text and chat conversations about COVID-19.

Without the additional support, Kids Help Phone would have difficulty meeting demand, and COVID-19 would have a disproportionate impact on the vulnerable youth population, which has fewer resources to help them deal with the health, social, and economic impacts of the pandemic. The cumulative risks of stress, hardship, and abuse are expected to rise as young people become unable to access the social and community supports that they rely on.

This investment is an important first step in connecting Canadians across the country with the mental health resources they need.

Q23. What is the Government of Canada doing for other Canadians in terms of emergency support?

Budget 2019 announced \$25 million over 5 years, and \$5 million per year ongoing, to implement and sustain a fully operational pan-Canadian suicide prevention service. This will provide people across Canada with access to bilingual, 24/7 crisis support from trained responders, using the technology of their choice: voice, text or online chat.

In July 2019, the Public Health Agency of Canada launched a call for applications for funding for organizations interested in implementing the pan-Canadian suicide prevention service. The process ended on October 31, 2019. A decision is expected soon.

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

Q24. What other resources are available to Canadians?

The COVID-19 pandemic is new and unexpected. It can be unsettling. This situation can be unsettling and can cause a sense of loss of control. It is normal for people and communities to feel sad, stressed, confused, scared or worried.

The Government of Canada is working with the provinces and territories to expand and scale-up digital platforms that can help governments in their response to COVID-19, through education, information, mental health supports, alerts and tracing tools.

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

There are a number of resources available to help people in crisis, including:

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

LONG-TERM CARE FACILITIES

Q25. Why do you recommend that personal support workers and essential visitors and volunteers wear personal protective equipment when there is a shortage?

Personal support workers are an integral part of the health care system. Personal support workers provide close, direct care to patients. Every person entering a long-term care home, including essential visitors and volunteers, has a responsibility to prevent infections among residents of these facilities, who are at high risk of severe illness and death from COVID-19.

The Government of Canada is working to ensure health care workers have the personal protective equipment and medical supplies they need. We are doing this through collaborative bulk procurement with the provinces and territories, building domestic production capacity, and identifying potential alternatives and ways to extend product life.

Q26. Why are you telling workers to not to have multiple jobs when they may need to have multiple jobs to survive?

We know that seniors are more at risk of developing severe complications from COVID-19 because of their underlying medical conditions and age.

For seniors living in long-term care homes or assisted-living facilities, there is an even greater risk of infection and transmission of the virus owing to proximity. The movement of workers from one facility to another increases the risk of spread of infection, which ultimately puts seniors more at risk of contracting the virus. We need to protect seniors in these challenging times.

Therefore, the guidelines recommend identifying staff who work in more than one location and ensuring efforts are made to prevent this where possible.

Q27. How would residents' needs be met if there is a further restriction on the availability of personal support workers?

The administration of long-term care is the responsibility of provincial and territorial governments. They have put in place a number of measures to support continued quality care to residents during this crisis. For example, actions undertaken have included introducing flexibility in staffing policies and approaches, and working with third-party providers to deliver short-term care support.

The Government of Canada is working with provincial and territorial governments to respond to COVID-19. A national recruitment campaign has been developed, seeking volunteers, including individuals with health care experience, to help conduct case tracking functions and support health system surge capacity. An inventory of volunteers is being maintained from which provincial and territorial governments can draw as needed.

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

Q28. What is the Government doing to support low wage workers?

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

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

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

Q29. What is the Government of Canada doing to protect seniors' financial security?

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

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

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

To further protect seniors' financial security, we are introducing several new measures. For low- and modest-income Canadians, including seniors, starting April 9, 2020, the Government began

providing a one-time special payment through the Goods and Services Tax (GST) credit. This will provide close to \$400 to low-income single individuals and close to \$600 to low-income couples.

We are also reducing required minimum withdrawals from Registered Retirement Income Funds (RRIFs) by 25% for 2020. This will give seniors more flexibility and help protect their RRIF assets in the face of an unstable market.

Furthermore, we are extending the deadline to file your income taxes to June 1, 2020, and allowing any new balances due, or instalments, to be deferred until September 1, 2020, without incurring interest or penalties. Q41.

Q30. What is the Government doing to protect seniors' pensions?

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

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

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

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

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

Q31. What is the Government doing to protect seniors from elder abuse?

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

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

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

Q32. What is the Government doing to protect seniors from COVID-19 related fraud and scams?

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

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

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

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

ISOLATION, QUARANTINE (SELF-ISOLATION) AND PHYSICAL DISTANCING

Q33. For returning travellers, what is the difference between what they can do at home if they have symptoms and what they can do if they have none?

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

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

- Go directly to their place of quarantine, without delay, and stay there for 14 days;
- Do not go to school, work, other public areas and community settings;
- Monitor your health for symptoms of COVID-19;
- Arrange to have someone pick up essentials like groceries or medication for you;
- Do not have visitors;
- Stay in a private place like your yard or balcony if you go outside for fresh air;
- Keep a distance of at least 2 arms lengths (approximately 2 metres) from others.

If you develop symptoms during the 14-day period, you should:

- Isolate yourself from others;
- Immediately call a health care professional or public health authority;
 - Describe your symptoms and travel history;
 - Follow their instructions carefully.

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

Mandatory isolation means that you must:

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

- Stay **INSIDE** your place of isolation;
 - Not leave your place of isolation unless it's to seek medical attention;
 - Not go to school, work, other public areas or use public transportation (e.g. buses, taxis);
 - Stay in a separate room and use a separate bathroom from others in your home, if possible;
 - Not have visitors and limit contact with others in the place of isolation, including children;
 - Not isolate within a place where you will have contact with vulnerable people such as older adults and individuals with underlying medical conditions.
- If your symptoms get worse, immediately contact your health care provider or public health authority and follow their instructions.

Q34. I have heard elsewhere that people who are asymptomatic can go outside for walks, for example, as long as they maintain physical distancing. Now you are saying they cannot leave their place of isolation. Which is correct?

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

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

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

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

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

Q35. Under what circumstances should Canadians get in their cars? Can we drive around without picking up basic necessities?

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

- Use food delivery services or online shopping;
- Exercise at home or outside;
- Use technology, such as video calls, to keep in touch with family and friends through online dinners and games;
- Conduct virtual meetings;
- Host virtual play dates for your kids;
- Work from home, if possible;
- On your own property, go outside on your balcony or deck, walk in your yard or get creative by drawing chalk art or running back yard obstacle courses and games.

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

Q36. A team of Canadian and Chinese researchers analyzed 2000+ COVID cases and found that 1 in 8 people develop symptoms more than 14 days after exposure. The research team recommends that quarantines be extended from 2 weeks to 3 weeks. Is Canada considering extending the quarantine period?

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

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

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

EMERGENCY ORDER– MANDATORY ISOLATION

Q37. What is the new federal Emergency Order made pursuant to the *Quarantine Act* and why has the Government of Canada implemented it?

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

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

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

Q38. How is this new Order different from the first mandatory isolation Order?



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

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

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

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

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

Q39. How will travellers be informed of the protocol applicable to this type of situation when they enter Canada?

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

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

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

Q40. What does the order issued under the *Quarantine Act* require of travellers returning to Canada?

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

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

Asymptomatic people

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

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

Asymptomatic people entering Canada must:

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

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

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

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

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

If a person develops symptoms within 14 days, they must:

- Isolate themselves from others;
- Immediately call a health care professional or the [public health authority](#), and:
 - Describe their symptoms and travel history;

- Carefully follow the instructions provided.

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

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

Symptomatic people

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

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

Asymptomatic people entering Canada must:

- Use private transportation (i.e. a personal vehicle) to get to their places of isolation;
- Wear a non-medical mask or an appropriate face cover during your travels to the place of isolation;
- Go directly to the place where they will isolate, without delay, and stay there for 14 days;
- Not quarantine in a place where they will have contact with vulnerable people such as adults aged 65 and over, and those of all ages with compromised immune systems or underlying medical conditions;
- Ensure they have a suitable place to isolate where they will have access to the necessities of life;
- Undergo any health assessments required;
- Monitor their signs and symptoms and report to the public health authority if they require additional medical care;
- Remain in their places of isolation;
- Not leave their place of quarantine unless it is to seek medical attention;
- Arrange for the delivery of essentials like groceries or medication;
- Limiting taking public transit;
- Avoid receiving visitors;
- Not go to school, work or any other public areas;
- Practise physical distancing at all times (i.e. keep a distance of at least 2 metres from others).

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

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

Q41. Who is considered a vulnerable person?

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

Q42. What is the difference between isolation and quarantine?

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

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

Q43. How is it determined if travellers meet the conditions to isolate or quarantine at home or in a place of their choice?

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

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

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

Q44. How do I monitor for signs and symptoms of COVID-19?

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

Consult the public health authority of the province or territory where you are located to get further information, including when to contact the public health authority.

Q45. When does the 14-day period start? Is it from the day of entry into Canada or the day the traveller arrives at the place where they will quarantine themselves or isolate?

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

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

Q46. What is considered to be an appropriate non-medical mask or face covering?

Wearing an appropriate non-medical mask or face covering is an additional measure you can take to protect others around you, even if you have no symptoms. It can be useful for short periods of time to prevent respiratory droplets from contaminating others or landing on surfaces. Examples of appropriate non-medical masks and face coverings include a homemade cloth mask, a dust mask or a bandana.

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

Q47. Who determines whether the traveller is wearing an appropriate non-medical mask or face covering upon entry into Canada?

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

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

Q48. Are co-travellers able to quarantine or isolate together if one of them is a vulnerable person?

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

Q49. Am I required to comply with the Order if my province or territory has its own legal requirements for quarantine or isolation?

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

Provinces and territories may implement their own legal requirements regarding quarantine and isolation. People entering Canada will be expected to comply with the federal government's

Order and any measures and/or restrictions enforced by the province or territory as long as they do not contradict or replace those of the federal Order (i.e. they must be stricter than the requirements of the Order).

People should consult their provincial or territorial public health authorities for any additional measures or restrictions.

Q50. What type of masks or face coverings will be provided at border entries? If all travellers entering Canada will be required to wear masks, how will this impact the supplies available for health care workers?

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

Medical masks, including surgical, medical procedure face masks and respirators (like N95 masks), must be kept for health care workers and others providing direct care to COVID-19 patients.

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

Q51. Will the new requirements (e.g. travellers having to confirm their planned place to isolate or quarantine; being given a non-medical masks or face covering) create back-ups at airports?

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

TRAVELLERS WITH NO SYMPTOMS (ASYMPTOMATIC)

Q52. Why do travellers with no signs or symptoms of COVID-19 have to quarantine? Is it mandatory?

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

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

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

Q53. Why can some people without symptoms quarantine at home or a place of their choice and others must go to a quarantine facility?

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

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

Q54. If I do not have symptoms, should I quarantine at home if vulnerable people live with me?

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

Q55. Why does my quarantine period reset if I am exposed to COVID-19 from another person subject to the Order?

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

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

Q56. Can travellers with no symptoms take public transportation (including taxi) or rent a vehicle (from the airport) to get home or to the place where they will quarantine?

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

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

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

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

Q57. Can travellers without symptoms who will transit home by private vehicle have someone pick them up and drive them or must they be the sole occupant of the vehicle? If someone drives them, does that person then need to quarantine for 14 days?

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

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

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

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

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

Q58. Why do travellers have to wear a non-medical mask or face covering when taking public transportation to get to their place of quarantine if they do not have symptoms of COVID-19?

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

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

Q59. Are travellers with no symptoms allowed to take connecting flights?

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

Travellers will be instructed by quarantine officers or screening officers to follow additional precautions while travelling to their place of quarantine to avoid spreading infection to others. For example, travellers must practise physical distancing when possible — maintain a 2-metre distance — and practise good hand hygiene and cough etiquette.

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

Q60. What happens if a Canadian traveller not exhibiting symptoms misses their connecting flight and has to stay overnight in a city before getting on their connecting flight the next day? Can they stay at a hotel or with friends or family?

Travellers entering Canada and not exhibiting symptoms may be permitted, if so instructed by a quarantine officer or screening officer, to stay at a hotel overnight before continuing their trip to their final destination. They must wear an appropriate non-medical mask or face covering while in public settings and go directly to their hotel without any unnecessary stops along the way.

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

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

Q61. If people arrive in Canada on a charter flight, not at one of the designated four international airports, can they use a private vehicle to get to their final destination in another province to isolate there?

Yes. People may continue onward travel, including driving a private vehicle to another province to isolate.

If they must make a stop, they must take precautions to avoid infecting others. Travellers must wear an appropriate non-medical mask or face covering, avoid contact with others (maintain a 2-metre distance) and practise good hand hygiene and cough etiquette.

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

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

Q62. What about people entering Canada by land? Can they stay overnight in a hotel during their drive home?

Asymptomatic individuals may be permitted by the instructions of a quarantine or screening officer to stay in a hotel overnight if necessary, but should go directly to their hotel without any unnecessary stops along the way. An appropriate non-medical mask or face covering must be worn at all times when in public settings.

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

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

Q63. There are reports of RVs being spotted in store parking lots near the border. Are they allowed to stop there to shop on their return home?

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

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

Q64. Can people stop to get gas, use a washroom or acquire essential items on their way home to isolate?

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

If they must make a stop, they must take precautions to avoid infecting others. They must avoid contact with others (maintain a 2-metre distance), and practise good hand hygiene and cough etiquette at all times.

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

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

Q65. What happens if a traveller without symptoms is unable to get to a place to quarantine themselves for 14 days?

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

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

Transportation from the port of entry to the quarantine facility will be provided by the Government of Canada.

TRAVELLERS WITH SYMPTOMS

Q66. Why can some people with symptoms isolate at home while others must go to a quarantine facility or hospital?

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

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

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

Q67. How is symptomatic being defined?

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

Q68. I am symptomatic and was told I cannot isolate at home because I live with a vulnerable person(s). Who is considered vulnerable?

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

Q69. Can symptomatic travellers who are going home to isolate by private transportation be picked up and driven by someone or must they be the sole occupant of the vehicle?

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

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

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

Q70. If I am symptomatic, can I stop at a hotel while I am driving home?

No. It is important that you avoid contact with others. Go to the place where you will mandatorily isolate for 14 days. This means that you must:

- Wear a non-medical mask or an appropriate face cover during your travels to the place of isolation;
- Go directly to your place of isolation using private transportation (i.e. your personal vehicle) and stay there for 14 days.

If they must make a stop, they must take precautions to avoid infecting others. Wear a non-medical mask or an appropriate face cover, avoid contact with others (maintain a two-metre distance from others), make sure you have good hand hygiene and practise cough etiquette.

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

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

Q71. Can I stop at a store to acquire essential items on my way to self-isolation?

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

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

Q72. What happens if symptomatic travellers are unable to travel to a location where they can self-isolate?

If private transportation is unavailable, PHAC will arrange for transportation for medical reasons right up to the traveller's home or place of isolation over a distance requiring no more than 12 hours on the road. If the traveller has onward connections or the distance to get to their place of isolation is too far for PHAC-arranged medical transportation, travellers will be required to complete their 14-day isolation in a quarantine facility chosen by the Chief Public Health Officer of Canada.

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

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

Transportation from the port of entry to the quarantine facility will be provided by the Government of Canada.

Compliance and enforcement of the law

Q73. What happens if someone does not comply with the Order?

Failure to comply with the Order is an offence under the *Quarantine Act*. Individuals who contravene the mandatory isolation or the mandatory quarantine requirements may be subject

to a range of enforcement measures under the *Quarantine Act*, including verbal and written warnings, arrest, detention or escort to a designated quarantine site.

The Government of Canada will carry out spot checks to verify compliance with the Order.

Maximum penalties include a fine of up to \$750,000 or imprisonment for up to six months. Peace officers will use their discretion in determining the most appropriate action in each circumstance. Further, a person who causes a risk of imminent death or serious bodily harm to another person while willfully or recklessly contravening this *Act* or the regulations could be fined up to \$1,000,000 or be given a prison sentence of up to three years, or be subject to both measures.

Amendments under the *Contraventions Act* now allow for increased flexibility in enforcement for offences under the *Quarantine Act*. Law enforcement agencies, including the Royal Canadian Mounted Police (RCMP), local and provincial police forces, can issue tickets to individuals with fines ranging from \$275 to \$1,000, based on the seriousness of the non-compliance with the *Quarantine Act* and the Order.

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

Q74. How are travellers notified that they must comply with the Order and informed of the potential consequences if they do not?

Upon entering Canada, travellers will be asked to acknowledge that they are required, under the *Quarantine Act*, to isolate or quarantine (self-isolate) for a 14-day period that begins on the day on which they enter Canada.

Travellers will be provided with a handout upon entering Canada informing them that they are subject to the Order and outlining the requirements of the Order. They will also be informed of compliance monitoring and verification activities and the potential consequences of failure to comply with the Order, including enforcement actions and penalties.

Q75. Who will verify compliance with the Order (i.e. spot-checks)?

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

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

Q76. Is anyone exempted from compliance and law enforcement requirements?

People who cross the border regularly to ensure the continued flow of goods and essential services, or individuals who receive or provide other essential services to Canadians, are exempt from the requirements to quarantine themselves, as long as they do not have symptoms of COVID-19 upon entry in Canada. As such, they are exempt from PHAC's monitoring and compliance activities.

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

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

ESSENTIAL SERVICE WORKERS

Q77. Are essential service workers exempt from enforcement of the Order?

People who cross the border regularly to ensure the continued flow of goods and essential services, or individuals who receive or provide other essential services to Canadians, are exempt from the requirements to quarantine themselves, as long as they do not have symptoms of COVID-19 upon entry in Canada.

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

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

Q78. Why are some essential service workers not allowed to work with people 65 years of age or older until they complete their 14-day quarantine?

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

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

Q79. How will employers of temporary foreign workers support compliance with the Order?

Employers have an important role to play in helping to prevent the introduction and spread of COVID-19. Importantly, employers must not, in any way, prevent or inhibit workers from meeting their obligations under the *Quarantine Act*. The employer is responsible for regularly monitoring the health of workers who are in quarantine, as well as any employee who becomes sick after the quarantine period. If a worker becomes symptomatic at any time, the employer must immediately arrange for the worker to be completely isolated from others, and contact local public health officials. It is also suggested that the employer contact the appropriate consulate.

Like all Canadians, the employer is asked to report a violation of the *Quarantine Act* on the part of a worker placed under quarantine or in isolation to local law enforcement. This includes workers who do not respect the mandatory quarantine or isolation period.

Q80. I am a temporary foreign worker and do not have a place to quarantine myself for 14 days in Canada. What must I do?

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

Quarantine facilities (for example, hotels designated by the Government of Canada) may be used to lodge symptomatic or asymptomatic people unable to isolate or quarantine because they do not have appropriate accommodations.

QUARANTINE FACILITIES

Q81. What is a quarantine facility?

The Government of Canada has designated quarantine facilities (e.g. hotels) to prevent a possible propagation of COVID-19. Quarantine facilities will be used to lodge travellers arriving in Canada who cannot self-isolate or quarantine because they cannot comply with the conditions of the Federal Emergency Order (e.g. if they are living with a vulnerable person, have no private transportation if they are symptomatic). Transportation between the point of entry and the quarantine facility will be provided by the Government of Canada.

These measures will help protect seniors and medically vulnerable people, who are at the greatest risk of severe COVID-19 disease.

Q82. How will the Public Health Agency of Canada lodge and feed people who enter Canada who are not allowed to return to their homes for 14 days?

The Government of Canada has designated quarantine facilities (e.g. hotels) to prevent a possible propagation of COVID-19. Quarantine facilities will be used to lodge travellers arriving in Canada who cannot self-isolate or quarantine because they cannot comply with the conditions of the Federal Emergency Order (e.g. if they are living with a vulnerable person, have no private transportation if they are symptomatic).

The PHAC is working with its partners to provide travellers who will be isolated in a designated quarantine facility with the basic necessities, including food and all medical supplies and care.

Q83. How will my medical needs be tended to if I am required to stay in a quarantine facility?

People requiring care for other health problems will have access to medical care and emergency medical services at the quarantine facility.

Q84. How many people are quarantining in the federal facilities and how many reports of quarantine-related breaches have there been across the country?

As of 10 p.m. on April 5, 2020, there were 23 Canadians in federally designated quarantine sites and federally supported self-quarantine lodgings. There have been no charges laid for violations against the *Quarantine Act* as of April 6, 2020.

Q85. Where are the federally designated quarantine sites? Are hotels used as quarantine sites for travellers who self-isolate for 14 days upon their return from abroad?

The Government of Canada has established designated quarantine sites that offer lodgings to travellers entering Canada who either present known COVID-19 symptoms or who are asymptomatic and do not have appropriate lodgings to self-isolate. In order to protect the privacy and security of travellers, the locations of these designated quarantine sites are not made public.

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

Q86. For returning travellers, what is the difference between what they can do at home if they have symptoms and what they can do if they have none?

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

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

Asymptomatic people entering Canada must:

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

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

If a person develops symptoms within 14 days, they must:

- Isolate themselves from others;
- Immediately call a health care professional or the public health authority, and:
 - Describe their symptoms and travel history;
 - Carefully follow the instructions provided.

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

Symptomatic people

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

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



Asymptomatic people entering Canada must:

- Use private transportation (i.e. a personal vehicle) to get to their places of isolation;
- Wear a non-medical mask or an appropriate face cover during your travels to the place of isolation;
- Go directly to the place where they will isolate, without delay, and stay there for 14 days;
- Not quarantine in a place where they will have contact with vulnerable people such as adults aged 65 and over, and those of all ages with compromised immune systems or underlying medical conditions;
- Ensure they have a suitable place to isolate where they will have access to the necessities of life;
- Undergo any health assessments required;
- Monitor their signs and symptoms and report to the public health authority if they require additional medical care;
- Remain in their places of isolation;
- Not leave their place of quarantine unless it is to seek medical attention;
- Arrange for the delivery of essentials like groceries or medication;
- Limiting taking public transit;
- Avoid receiving visitors;
- Not go to school, work or any other public areas;
- Practise physical distancing at all times (i.e. keep a distance of at least two metres from others).

MODELLING AND SURVEILLANCE

Q87. What is predictive modelling?

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

Q88. What are the objectives of modelling? What are the projections for COVID-19 cases in Canada?

The objectives are to:

- Predict the possible number of cases of COVID-19 that may occur in the coming weeks or months; and
- Assess the best methods to control the epidemic in Canada.

The projections help us to decide what public health measures we need to use, and how to prepare the health care system for the anticipated number of patients who may be affected by COVID-19.

Using these methods, and based on how the epidemic has developed so far, we estimate that the number of cases will reach 22,580 to 31,850 by April 16.

Q89. What factors are the modelling data based on? What information is used to make predictions?

There are two major types of models:

- Forecasting models: Forecasting models use our knowledge of how the epidemic has evolved in Canada and in other parts of the world in recent days and weeks, in order to forecast how many new cases we may expect to see in the coming week or so. These models are based on the hypothesis that the number of infections will continue to increase at the same pace as they have in previous days or weeks.
- Dynamic or mathematical models: Dynamic or mathematical models use our knowledge of the virus causing COVID-19 (the SARS-CoV2 virus) and how it spreads based on studies from around the world. This knowledge is used to produce a mathematical representation (i.e. a model) of how COVID-19 may spread in the Canadian population under different public health measures to control the disease. These models are invaluable planning tools, and they are adjusted as we get a better data on the actual epidemic situation. The resulting predictions will change over time.

Q90. What are the different public health measures being used by communities and modelled to anticipate their potential impacts on the epidemic?

The main public health measures whose impact we are trying to measure through modelling are:

- Social or physical distancing: Adopting measures such as closing schools, universities, assembly or meeting places, and teleworking, in order to reduce the possibility that an infected person will transmit the virus to another person.
- Case detection and isolation: Identifying infected people through public health testing and surveillance and isolating them (at home or in hospital) so that they cannot transmit the infection to someone else.
- Contact tracing and quarantine: Finding out who has had contact with a COVID-19 case, and making sure they remain in quarantine for 14 days (or longer if they themselves start to show symptoms) so that they cannot transmit virus to others.

All these public health measures are intended to break the chains of transmission in the community.

Q91. Are these data reliable?

Our knowledge of COVID-19 continues to evolve internationally. The epidemic in Canada also continues to evolve, and new data on cases are disseminated every day. The predictions resulting from modelling will be updated daily and adjusted as the science evolves and new data on cases occurring in Canada become available. The models will also be updated to reflect any changes in public health measures used to control the epidemic.

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

The actions Canadians take every day will continue to influence the predictions and the actual data.

Q92. Why propose two different models? Isn't one enough? What is the difference between the two models and what are their limitations?

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

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

Q93. Do we have different projections from provinces and territories that have released modelling data? If so, why?

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

Q94. What external experts are advising on this work?

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

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

Q95. Will these models show us whether we are achieving our objectives?

Models suggest what will happen with the different types of public health measures we adopt, and the effectiveness of these measures will be reflected in the surveillance data. We are continuously assessing the impact of our public health measures on the number of reported cases as part of surveillance. If necessary, we will revise these measures together with our provincial and territorial partners. However, it is important to remember that it takes about two weeks or so before we can see the impact of public health measures in our surveillance data.

This is because of the time lapse between the moment when a person is infected and when their case is reported to the Public Health Agency of Canada as a confirmed case.

Q96. Will federal modelling take into account specific demographics?

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

GPHIN'S ROLE IN SURVEILLANCE

Q97. During virus outbreaks, what data does the Global Public Health Intelligence Network (GPHIN) collect and use for alerts and in what languages is the data disclosed?

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

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

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

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

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

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

Q98. What data was the first to be collected on the coronavirus outbreak and from what source?

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

Q99. When did GPHIN first send out an alert about the coronavirus outbreak and to whom?

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

International Events of Interest

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

Authorities are investigating an outbreak of viral pneumonia in central China amid online speculation that it might be linked to SARS, the flu-like virus that killed hundreds of people a decade ago. There were 27 cases of “viral pneumonia of unknown origin” reported in Wuhan, in the central Hubei province, the city’s health commission said in a statement. Seven (7) patients were in critical condition.

Q100. How does GPHIN’s data selection or data analysis differ from approaches taken by ProMED, HealthMap and commercial providers such as BlueDot?

GPHIN consists of two critical components:

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

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

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

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

BlueDot is a private company for which you need to pay a subscription to access its data. It gathers information from official and mass media sources including the WHO and ProMED-mail.

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

Q101. Does the Government of Canada use BlueDot's AI to track people who have been in contact with COVID-19?

PHAC and Health Canada have contracts with BlueDot. None of these contracts involve using AI to track people.

Q102. I have confirmed with Public Health Ontario and the Institut national de santé publique du Québec that they are not collecting race/ethnicity data in relation to COVID-19. My understanding is that the Public Health Agency of Canada does not collect this type of data either. Could you confirm that?

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

Also, is PHAC exploring the possibility of doing so or is it ruling that out at this time? How do we ensure that COVID-19 is not disproportionately affecting these populations?

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

At this time, there are no plans to add the social determinants of health (education or income) as risk factors on the case report forms used to collect data on COVID-19. If a revision of the form were considered, PHAC would call on a national advisory committee composed of provincial and territorial public health experts to discuss it, as the responsibility of collecting data rests with the provincial and territorial health authorities.

Q103. What is Health Canada's role in the Ontario Health Data Platform? Will this become the norm across provinces? Does Health Canada approve this plan, which is designated to slow the spread of COVID-19?

Understanding a patient's history is essential to safe and appropriate care. This is why sharing health information among health care providers, safeguarded by strong privacy and data security requirements, can lead to better outcomes through more informed, coordinated and integrated care. A system that is responsive to the needs of patients can also enable patients to have better access to their own health information. Health Canada is working with provincial and territorial partners, as well as key national data agencies, to support greater patient access to health data while ensuring the protection of personal health information.

CONTACT TRACING

Q104. Can you tell us more about the federal government's program to recruit contact tracers?

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

To assist the provinces and territories, the Government of Canada is working with them to determine their needs. They have identified contact tracing and case registration as areas where they need assistance. As a result, they require individuals with case management, data collection and management, raising public awareness, and telephone interviewing skills. Additional calls may be made when jurisdictions identify new areas requiring assistance. As needs evolve, support will be provided in other areas requiring assistance.

The Government of Canada is reaching out in phases. The first and second phases are already underway. The first phase brought in qualified federal public servants, not currently in core functions for ongoing federal work, to work in the jurisdictions feeling the most pressure. The second phase aims to build up the inventory developed through the volunteer recruitment campaign for COVID-19 and reach out to health, public health and science faculties across the country, issuing a call for individuals interested in joining the inventory. The third phase will target retirees or individuals not currently involved in the response to COVID-19 from all health and health science professional associations.

As of April 15, more than 34,304 volunteers had registered in the inventory.

Q105. Does the Department plan to use digital data technology like cellphone apps to improve contact tracing? What type of digital data model is the Department considering?

Mobile apps can help to encourage physical distancing by empowering Canadians to change their activities and reduce risky behaviours. These could complement health measures aimed at flattening the curve, such as:

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

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

Q106. A company partly based in Canada has developed a smartphone app that helps with contact tracing, similar to the one in place in Singapore. Will the government enlist this type of technology to make contact tracing easier?

Contact tracing is an important public health measure used to identify individuals who have potentially been exposed to COVID-19 and to ensure that people take precautions (e.g. they self-isolate and/or monitor for symptoms) to avoid exposing others. Contact tracing is a provincial and territorial responsibility that has been ongoing since the start of the COVID-19 epidemic. While it is an essential public health tool, contact tracing requires a lot of resources. Phone apps that use location or proximity data to help alert those who have been in contact with COVID-19 patients are a useful tool to help fight the epidemic. Please address any questions on specific provincial or territorial contact tracing policies or regulations to the relevant provincial and territorial public health authorities.

NML'S RESPONSE TO THE OUTBREAK

Q107. What is the Public Health Agency of Canada (PHAC) National Microbiology Laboratory's (NML) response to the current 2019-nCoV outbreak? Were additional resources required to manage the extra workload?

The Public Health Agency of Canada (PHAC) National Microbiology Laboratory's (NML) response to the current 2019-nCoV (novel coronavirus) outbreak is a whole-of-community effort, with more than 75 staff directly contributing at this time. Almost all NML staff have training in emergency response, and all have something to contribute from their various areas of expertise.

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

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

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

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

VIRUS TRANSMISSION

Q108. How is COVID-19 transmitted?

Based on current evidence, COVID-19 is most often transmitted from an infected person:

- Through respiratory droplets produced when an infected person coughs or sneezes;
- Through close personal contact with an infected person, such as direct contact or a handshake;
- Through contact with surfaces contaminated with the virus, followed by contact of unwashed hands with the mouth, nose or eyes.

In general, coronaviruses are a large family of viruses, some of which cause disease in humans, while others circulate in animals, including camels, cats and bats.

Q109. Can COVID-19 be transmitted when a person is not showing symptoms?

Now that more countries have had large numbers of cases and have analyzed transmission patterns, recent studies provide evidence that infected people can transmit the virus before they develop symptoms. We refer to this as *pre-symptomatic transmission*.

There is also evidence that some infected people who never develop symptoms are also able to transmit the virus. This is called *asymptomatic transmission*. We do not know how much of a role pre-symptomatic and asymptomatic transmission plays in driving this epidemic at this time—but we know that it is occurring among those in close contact or in close physical settings.

The main vectors of the global COVID-19 pandemic are people with visible symptoms, since coughing and respiratory droplets are the main modes of spread of the virus. However, as asymptomatic transmission is now proven to exist, it is important that everyone, even those who do not feel sick, applies proven methods to prevent transmission.

The following are methods proven to prevent the transmission of COVID-19:

- Staying at home as much as possible;
- Practising physical distancing;
- Washing your hands;
- Protecting those most vulnerable from infection and limiting their exposure to others;
- Coughing into a tissue or your sleeve.

Q110. What should you do if you have been exposed to an individual who has a confirmed case of COVID-19?

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

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

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

If you **develop symptoms of COVID-19**, isolate yourself as quickly as possible. Immediately call a health care professional or the public health authority <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/2019-novel-coronavirus-information-sheet.html>.

Describe your symptoms and travel history. They will advise you on what action to take.

Q111. Are Canadians at risk for contracting COVID-19 if they touch a surface that could potentially be contaminated?

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

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

- Avoid touching your eyes, nose and mouth with your hands;
- Consistently use good hand hygiene measures, which includes frequent handwashing with soap and water for at least 20 seconds, or using an alcohol-based hand sanitizer if soap and water are not available;
- Maintain good respiratory etiquette, such as covering your mouth and nose with your arm or sleeve when coughing or sneezing, disposing of any used tissues as soon as possible, and washing your hands immediately after with soap and water or an alcohol-based hand sanitizer when soap and water are not available;
- Frequently clean and disinfect surfaces that people commonly touch, such as toilets, bedside tables, doorknobs, telephones and television remotes with regular household cleaners or diluted bleach (one part bleach to nine parts water).

Q112. Are Canadians at risk for contracting COVID-19 from products shipped within or from outside of Canada?

It is not yet known how long the virus causing COVID-19 lives on objects and surfaces; however, early evidence suggests it can live on objects and surfaces from a few hours to days depending on a variety of factors, including:

- temperature;
- type of surface;
- humidity of the environment.

Products shipped within or from outside of Canada could also be contaminated. However, because parcels generally take days or weeks to be delivered, and are shipped at room temperature, the risk of spread is **low**. There is no evidence that coronaviruses could enter Canada simply by existing on parcels or packages.

To protect yourself from COVID-19, make sure to do the following when handling products shipped within or outside of Canada:

- Practise good hygiene measures;
- Regularly clean and disinfect surfaces;
- Do not touch your eyes, nose and mouth.

Q113. Can COVID-19 be transmitted through food or water?

There is currently no evidence to suggest that food is a likely source or route of transmission of the virus, and there are currently no reported cases of COVID-19 transmission through food. The virus is not likely to infect people through food.

Scientists and food safety authorities around the world are closely monitoring the spread of COVID-19.

The novel coronavirus causing COVID-19 is not considered a foodborne pathogen.

If we become aware of a potential food safety risk, we will take appropriate action to protect Canada's food supply.

Routine cleaning and disinfection methods, as well as cooking food to a safe internal temperature, eliminate coronaviruses.

If the CFIA becomes aware of a potential food safety risk, actions will be taken to ensure the safety of Canada's food supply.

TESTING AND CASE CONFIRMATION

Q114. How is Canada currently testing patients for COVID-19?

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

The NML is internationally recognized for its scientific excellence.

Multiple provincial public health laboratories can now test for the novel coronavirus with a very high degree of accuracy.

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

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

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

Q115. What specific test is currently authorized in Canada to screen for COVID-19? Is all of this done by using RT-PCR tests? What is the accuracy rate (percentage) of the COVID-19 screening tests that are currently used in Canada? Is the federal government aware of any cases of false positives or

false negatives resulting from the current testing methods? If so, how many cases of each type have been identified (as a percentage of total tests performed)? What is the government's general position on the safety and accuracy of current COVID-19 screening test methods used in Canada?

Since the new diagnostic tests for the new SARS-CoV-2 virus have been put in place, Canadian public health laboratories have used the collective strengths of their network to assess these new test to ensure their accuracy, all while promoting how these testing capabilities can quickly be distributed across Canada.

After the genetic sequence of the virus was published in January, it was possible to immediately develop multiple molecular tests (polymerase chain reaction), which detect specific genetic traits of the virus. The Canadian laboratory network recommends that molecular tests target two different traits found in the virus that is used to diagnose infections, and in certain cases (such as travellers from countries that have not yet reported COVID-19 infections) additional tests incorporating genetic sequencing be done in order to provide definitive evidence that SARS-CoV-2 is present. Several testing methods have been used and tests have been conducted at a number of sites, for example a test presumed positive in a province is then confirmed by the NML, as a result, Canada was able to ensure that every confirmed case was in fact a real case.

We have a certain level of confidence in the tests; however, we must streamline their process in order for them to be performed in additional laboratories in Canada. As a result, the case definition was successively adjusted in order for cases to be confirmed using a single molecular test. This test was chosen based on the knowledge that was collected on the performance of various tests that were conducted in various Canadian laboratories. We now regularly use the most sensitive targets.

When it comes to false negative test results, it is necessary to better understand COVID-19 infections and the course that the virus takes during infections. It is likely that at the beginning or at the end of infections, the virus is not easily detected and the current molecular tests will not detect these cases. However, seeing how laboratories have responded to this epidemic, it has established that they will continue to improve their approach to testing based on evidence.

Furthermore, current molecular tests that are being used across the country, and that were created from the collective sharing of information and tools by laboratories, will soon serve as a point of reference when comparing and implementing the next phase of tests. Point-of-care rapid testing will be put in place in order to allow health care institutions to perform tests rather than requiring that specimens be sent to a laboratory for testing.

Q116. Does the Public Health Agency of Canada agree that the best way to understand the transmission and progression of COVID-19 is to perform serological tests to detect antibodies? Is Canada working on a serological test for COVID-19?

Antibody-based serological tests will be essential to understanding the immune response to viral infection and will play a key role in a number of public health investigations to determine the immune status of infected individuals. The Public Health Agency of Canada's National Microbiology Laboratory and its partners are working on developing a number of serological

tests in addition to assessing various commercial serological COVID-19 tests. This Canada-wide collaboration includes members of the Canadian Public Health Laboratory Network, clinical researchers from frontline health care facilities and Canadian Blood Services, all of which are working on establishing the equipment needed for assessment and the implementation of serological tests.

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

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

Q117. Is the government considering the possibility of establishing serological or immunity passports or certificates to allow immunized individuals to travel freely again?

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

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

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

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

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

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

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

Q118. Are enough people being testing to prevent community spread?

The Public Health Agency of Canada is working with provincial and territorial colleagues to monitor the situation and plan for all possible scenarios based on evidence. We want to have

the most accurate picture of what is happening in our communities. While testing in Canada is focused on people who present with symptoms consistent with COVID-19, Canada's testing strategies continue to evolve as the outbreak of COVID-19 spreads.

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

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

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

Health Canada is working with manufacturers to make commercial diagnostic devices available and improve Canada's COVID-19 diagnostic capacity.

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

With this Interim Order, two new diagnostic tests are made widely available in Canada:

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

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

Q119. Why does it take so long to get test results back?

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

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

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

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

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

For questions about provincial and territorial testing turnarounds, please contact the appropriate public health authority in that jurisdiction.

Q120. Do we have enough diagnostic tests? What are you doing to obtain more of them?

We expect there to be enough diagnostic test kits.

Health Canada is working with manufacturers to make commercial diagnostic devices available and improve Canada's COVID-19 diagnostic capacity.

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

With this Interim Order, two new diagnostic tests are made widely available in Canada:

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

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

Point-of-care diagnostic tests are being developed and may become available through this Interim Order, which would also make patient screening easier and more convenient.

Q121. Is Health Canada looking to the cannabis sector for additional COVID-19 testing?

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

DRUG, HEALTH PRODUCTS AND MEDICAL SUPPLIES

Q122. Is Health Canada aware of the advertising or sale of any products that make false or misleading claims in connection with COVID-19?

As of March 31, Health Canada has received more than 60 complaints from consumers and industry about health products with false or misleading claims related to COVID-19.

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

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

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

Q123. Has Health Canada been made aware of any misinformation or false claims about alcohol-based hand sanitizers?

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

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

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

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

More information to help inform Canadians on buying and using drug and health products safely is available [here](#).

Q124. Has the Government of Canada discovered any fraudulent N95 or KN95 masks?

Health Canada has received information that fraudulent and unauthorized N95 respirators that falsely claim to protect consumers against COVID-19 are being illegally sold to consumers

online. Health Canada is taking action to stop this activity and has already issued an advisory warning Canadians about the risks of buying products that make false or misleading claims related to COVID-19.

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

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

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

Selling or advertising health products making false or misleading claims is illegal. The Department takes this issue seriously and will not hesitate to use all tools at its disposal to stop these activities.

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

Q125. Is there a drug shortage because of COVID-19, and what is being done to monitor the supply?

Health Canada is actively monitoring the impact of the COVID-19 pandemic on the drug supply in Canada. This includes looking proactively at the Canadian supply chain to identify areas where supply may be more vulnerable and addressing this vulnerability before a shortage occurs. In addition, the department has increased surveillance efforts and regularly engages with provinces and territories, industry, the health sector and patient groups, sometimes daily. Health Canada is also working with its international regulatory partners, including the European Medicines Agency, the U.S. Food and Drug Administration, the Australian Therapeutic Goods Administration and the World Health Organization, to share information on any signs of global supply disruptions. This commitment has allowed us to better identify early signs of shortages, and possible mitigation strategies, and to coordinate responses.

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

Health Canada is also aware of the shortage of hydroxychloroquine, a drug approved for the treatment of lupus, rheumatoid arthritis and malaria, which is being studied as a potential treatment for COVID-19. We are working with industry and health partners to mitigate the impact of the increased demand for this drug, including working with companies that can increase the supply for the Canadian market.

Q126. What is Health Canada doing to limit potential shortages of tier 3 drugs?

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

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

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

Information for companies on how to propose the addition of a drug to the *List of Drugs for Exceptional Importation and Sales* is available on the Health Canada [website](#).

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

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

Q127. What is driving the potential for drug shortages?

There are multiple factors that may impact the availability of a drug and increase the potential for a shortage. These include manufacturing disruptions, availability of ingredients, supply chain

disruptions and increase in demand. Health Canada works with companies and partners to identify the root cause of shortages and mitigate any impact on patients as quickly as possible. Health Canada recently advised Canadians not to purchase more medication than they need, and health professionals to avoid prescribing or dispensing larger supplies of medication than necessary, to help prevent shortages caused by increased demand.

Q128. The government has given itself the power to pass regulations to prevent shortages. What kinds of regulations could do this?

As part of the whole-of-government response to the COVID-19 pandemic, the *COVID-19 Emergency Response Act* was adopted last week. The amendments to the *Food and Drugs Act* allow Health Canada to implement stronger tools to support efforts to address shortages when they occur and to prevent future shortages where possible. For example, these amendments would allow the Government of Canada to put a regulatory framework in place to help facilitate timely access to drugs and medical devices needed to address an anticipated shortage.

Q129. When you say that you are working with drug suppliers, what are you actually doing?

Health Canada is working with industry, provinces and territories and other health care partners to mitigate the impact on Canadians of any shortages related to COVID-19. When an anticipated or actual shortage is reported to Health Canada, the Department works with companies from across the supply chain to better understand root causes, plans to resolve the shortage and measures that can be taken to mitigate the impacts on Canadians. In the event of a critical national shortage, Health Canada engages with the company reporting the shortage, as well as other companies that supply the Canadian market, in order to explore all options for meeting Canadian demand. This includes options to facilitate access to alternative supply as needed and working with companies that are able to ramp up supply for Canadians. Health Canada is working with other federal departments, provincial and territorial governments, international partners and industry to that Canadians have access to the drugs and medical devices they need during the COVID-19 pandemic.

Q130. What role do provinces and territories play in being alert to potential shortages in their jurisdictions?

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

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

Q131. Can you confirm whether Health Canada is looking for alternative sources for Salbutamol or Ventolin?

Health Canada is aware that an increase in demand is resulting in supply constraints for a certain number of salbutamol inhalers, such as Ventolin. Information concerning these shortages is available at <https://www.drugshortagescanada.ca>.

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

Health Canada recently [advised](#) Canadians not to buy more medication than they need, and health professionals to avoid prescribing or dispensing larger supplies of medication than necessary, to guarantee that all Canadians can continue to have access to the drugs they need and to prevent shortages caused by increased demand.

Q132. What is the supply of the following drugs: remdesivir, chloroquine and hydroxychloroquine, ritonavir/lopinavir, and ritonavir/lopinavir and interferon beta?

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

Remdesivir is a drug authorized for sale in Canada and is manufactured by Gilead Sciences Canada Inc. Due to the high global demand for remdesivir, Gilead Sciences Canada Inc. informed Health Canada on March 23, 2020, of the transition from access to remdesivir through Health Canada's Special Access Program to access through clinical trials developed by the company for this drug. During this transition period, Gilead is not in a position to accept new individual requests under the Special Access Program. However, exceptions will be made for pregnant women and children under the age of 18 who have received a confirmed diagnosis of COVID-19 and who have severe symptoms of the disease (Special Access to [Remdesivir for COVID-19 in Canada](#)).

Hydroxychloroquine is marketed in Canada by four companies: Apotex Inc, JAMP Pharma Corporation, Mint Pharmaceuticals Inc. and Sanofi Aventis Canada Inc. Apotex Inc. is currently reporting a [shortage](#) of this drug due to an increase in demand, with an expected end date of April 15, 2020. The other three companies are not reporting shortages. Chloroquine is marketed in Canada by Teva and is reported to be in [shortage](#) with an anticipated end date of December 31, 2022, due to a shortage of an active ingredient.

Ritonavir/lopinavir is marketed in Canada by AbbVie, which is not currently reporting any shortage of the drug.

Interferon-beta is marketed in Canada by EMD Serono Canada and Biogen Canada Inc. and neither are reporting a shortage.

Health Canada will continue to closely monitor supplies of these drugs in Canada and will take any necessary actions in collaboration with the companies, provinces and territories and other stakeholders to help ensure continued supply in Canada. Companies are the best source for information regarding the supply of a particular drug and should be contacted for any questions about market status and the availability of a particular drug. Canadians may also wish to visit www.drugshortagescanada.ca for the latest information on any reported drug shortages in Canada.

Q133. Is Canada seeking to increase its imports of hydroxychloroquine from India?

Health Canada is aware of a shortage of Hydroxychloroquine, a drug approved for the treatment of lupus, rheumatoid arthritis and malaria, which is being studied as a potential treatment for COVID-19.

There are currently four companies marketing Hydroxychloroquine in Canada: Apotex Inc, JAMP Pharma Corporation, Mint Pharmaceuticals Inc. and Sanofi-Aventis Canada Inc. Apotex Inc. is currently reporting a shortage due to increased demand, with an expected end date of April 15, 2020. The other three companies are not currently reporting shortages.

The Department is working with industry and health care partners to mitigate the impact of the shortage, including working with companies that can increase supply to the Canadian market and exploring international procurement; the priority is to maintain supply for patients who depend on it for approved treatments and to support clinical trials.

Q134. Is Immune-Tami going to be licensed for sale in Canada?

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

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

Q135. Is Health Canada aware of any medical device shortages due to COVID-19? What is being done to monitor supply?

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

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

Q136. Will 3D printed medical devices be allowed to be used to alleviate supply shortages in Canada during this pandemic?

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

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

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

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

Q137. Are there any concerns about devices being produced without the usual quality checks or certification process?

Medical devices sold, imported or distributed in Canada must meet the safety, effectiveness and quality regulatory requirements of the *Medical Devices Regulations* or the *Interim Order* in cases of devices involving COVID-19. These regulated devices include medical devices manufactured via 3D printing. Health Canada is the regulatory authority for all medical devices intended to be sold or imported and has processes to quickly assess safety, efficacy and quality for medical devices manufactured for the COVID-19 response.

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

Q138. What is the scope of Canada's need for reagent chemicals used for testing COVID-19?

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

Q139. Is there an estimate in terms of how many ICU beds Canada will require as the epidemic reaches its peak? And how many ICU beds are available now?

According to the Canadian Institute for Health Information (CIHI), Canada (excluding Quebec, Nunavut and Yukon) had 3,902 intensive care beds in 2017-2018. That is the most recent and complete data available. Further details can be downloaded from the CIHI's website. Health care system officials in the provinces and territories are closely monitoring their jurisdiction's health system capacity, including the demand and supply for key assets such as ICU beds and ventilators as the number of COVID-19 cases rises. The situation continues to evolve as many jurisdictions are taking various actions, including cancelling elective surgeries and moving alternative level care (ALC) patients to other sites to improve their acute care capacity in hospitals.

Health Canada is currently discussing with provincial and territorial officials the availability of ICU and ventilator capacities.

Q140. Where will medical supplies be stored before they are distributed by Canada Post or Purolator to hospitals?

Amazon will work directly with Canada Post to provide warehousing, and leverage its current third-party delivery channels, through Canada Post and Purolator, to deliver the products to provincial and territorial health authorities, across the country, for the frontline health care response.

Q141. How many ventilators does Canada have at this time? How many will be needed when the epidemic peaks?

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

The global demand for these items is high, and PHAC will continue to assess needs with the provinces and territories as this event evolves.

Q142. What is the federal government doing in terms of increasing the supply of ventilators and masks?

The Government of Canada is investing \$2 billion to purchase PPE, including for bulk purchases with provinces and territories. This includes masks and face shields, gowns, ventilators, test kits and swabs, and hand sanitizer.

Discussions are continuing within the Government of Canada (Innovation, Science and Economic Development Canada, Public Services and Procurement Canada, Health Canada and the Public Health Agency of Canada) to explore alternative PPE supply routes and to scale up domestic production with Canadian companies such as Thornhill Medical and Medicom. To ensure that these production lines meet the technical specifications appropriate for use in frontline response, Health Canada and the Public Health Agency of Canada are conducting

technical evaluations. This includes the Minister of Health's most recent signing of an Interim Order to allow expedited access to COVID-19-related medical devices. The list of authorized COVID-19 devices (with authorization dates) is available [here](#) and [all licensed medical devices are listed](#) in the *Medical Device Active Licence Listing*.

Q143. Has Health Canada approved KN95 masks for use in Canada? If not, why?

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

Q144. Is the KN95 respirator NIOSH certified? Does it meet an equivalent alternate standard?

No. KN95 respirators are not NIOSH certified. They meet GB2626-2006, which is an equivalent standard to NIOSH-42CFR84. Equivalencies for masks and other equipment can be found at <https://buyandsell.gc.ca/specifications-for-COVID-19-products>.

Q145. Can we sell a mask that is advertised as being for non-medical use? Does it matter if there is no English text on the mask?

If they are not used in a clinical setting and the product label clearly states that they are for non-medical use (e.g. "not for medical use," "industrial use only"), masks and respirators are not considered medical devices and are not regulated by Health Canada.

Q146. What is the status of Health Canada's review of the "WOODBRIIDGE INOAC MASK" and whether it can be used at hospitals?

Health Canada authorized the "WOODBRIIDGE INOAC MASK" on April 4, 2020. The device is intended to mitigate the wearer's exposure to hazardous particles. This device is not an N95 respirator, it is a surgical mask Level 3, which can be used in hospitals settings in accordance with the manufacturer's labelling.

Q147. Is the government thinking about increasing supply of the flu shot for the next flu season in light of the demand of the COVID-19 pandemic?

The Public Health Agency of Canada (PHAC) helps coordinate and monitor the distribution of influenza vaccines for public programs, in collaboration with Public Services and Procurement Canada, Health Canada, manufacturers and federal, provincial and territorial partners.

In light of the COVID-19 pandemic, provincial and territorial governments are reviewing their vaccine orders for next year's flu season to determine whether they are sufficient or should be increased. There is still an opportunity to increase orders before final decisions are made.

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

Q148. How will Health Canada assess these health products for safety and effectiveness?

The Interim Order allows for the importation and sale of drugs, medical devices, and special foods that support Canada's response to the COVID-19 pandemic.

As with all drugs and medical devices, Health Canada will assess and monitor the safety, quality, and efficacy of all products allowed for import and sale under this Interim Order.

Drug and medical device manufacturers will be required to follow strict post-market safety requirements.

Q149. Is Canada guaranteed to receive adequate supply of these items?

Supply issues related to drugs, medical devices, or foods for special dietary purposes could occur at any time. That's why Health Canada is monitoring supplies of prescription drugs, medical devices, and health products such as hand sanitizers, and enabling the continued supply of these products to Canadians.

Q150. How does this Interim Order compare to the interim measure the Department announced last week to allow for the importation of hand sanitizers, disinfectants, personal protective equipment and swabs that do not fully meet Health Canada requirements?

This Interim Order applies to a greater variety of products, including prescription drugs and certain special foods, and creates shortage reporting requirements for medical devices.

Q151. And how does it compare to the shortage provisions in the Legislative Amendments?

Both the Interim Order and the legislative amendments have provisions to allow products that are not approved for sale to be sold in Canada with certain restrictions.

The legislative amendments provide more flexibility on what may be imported, and provide additional powers such as allowing another company to make, use or sell a drug or medical device that is protected by patent in order to meet demand, when needed supplies cannot be obtained from the patent holder, subject to certain conditions as described in the interim order.

Q152. What are the new requirements for medical device shortage reporting?

Manufacturers and importers will be required to notify the Minister of shortages of devices considered critical during the COVID-19 pandemic. Manufacturers and importers will have to notify Health Canada within five days of becoming aware of a real or anticipated shortage. This is similar to what is already required of drug companies.

A manufacturer may allow an importer to report information on its behalf, to avoid duplication.

Having an accurate understanding of real and anticipated medical device and drug shortages will help the Minister decide which products to consider allowing for import and sale.

Q153. How does this Interim Order affect personal importation?

This Interim Order will not alter Health Canada's existing position, policies, and laws with respect to personal importation.

Q154. How do we know which COVID-19 diagnostic kits have been approved by Health Canada under the Interim Order for Expedited Medical Devices, signed on March 18, 2020?

A [list of diagnostic instruments](#) approved under [the Interim Order](#) is posted online. The list is updated daily.

Q155. What qualifies as a “food for a special dietary purpose” under the Interim Order, other than infant formula?

Foods for a special dietary purpose could include foods that are specially formulated to meet the needs of consumers with health conditions, such as low-protein foods for those with kidney disease. These could also be foods that are the primary or sole source of nutrition for a person, such as infant formulas and specially formulated liquid diets for those unable to get proper nutrition through solid food.

Q156. How will access to disinfectants and hand sanitizers be expedited?

The Interim Order changes an application requirement for biocide drugs (hard surface disinfectants and certain hand sanitizers) to allow for their expedited review and authorization. In addition, the Interim Order exempts certain hand sanitizers, regulated under the *Food and Drug Regulations* (FDR), from establishment licensing.

Q157. What is the Government currently doing to address any drug and medical device shortages related to COVID-19?

Health Canada is actively monitoring the potential impact of the COVID-19 pandemic on the supply of drugs and medical devices in Canada.

Health Canada continues to actively engage the pharmaceutical drug and medical device industry and provinces and territories to monitor for any signals of supply disruptions in Canada. Health Canada is also working in collaboration with international regulatory partners, including the European Medicines Agency, the United States Food and Drug Administration, the Australian Therapeutic Goods Administration, and the World Health Organization (WHO) to share information on any global supply disruptions.

Drug companies are required by regulation in Canada to publicly report actual and anticipated drug shortages and discontinuations within a specified time frame on [drugshortagescanada.ca](https://www.drugshortagescanada.ca). Drug and medical device shortage signals may also be reported to Health Canada by the provinces and territories, health care professionals or the public.

Health Canada has contacted all Drug Establishment Licence holders in Canada to remind them of the requirement to report anticipated and actual drug shortages, and to notify the Department of any event that may affect the quality, safety or efficacy of a drug. Medical Device Establishment Licence holders have also been requested to report any shortages to Health Canada.

Health Canada is also closely monitoring the supply of any potential treatments for COVID-19 and working with companies to help ensure continued supply in Canada, including working with companies that can ramp up supply for the Canadian market.

The Department will continue to closely monitor this situation and take any necessary action in collaboration with companies, provinces and territories and other stakeholders to help ensure continued supply of medications in Canada.

Q158. How will these amendments enhance the Government's ability to manage drug shortages?

These amendments will allow the Government of Canada to put in place more robust tools to support efforts to help prevent and alleviate shortages. For example, it enhances the Government's ability to put in place, through the Interim Order, a regulatory framework that allows for the importation of drugs and medical devices necessary to prevent a shortage related to COVID-19.

Q159. Will Health Canada use these amendments to the *Patent Act* to bypass patent protection (sometimes called compulsory licensing) and allow other companies to produce patented drugs?

The Government of Canada respects patent rights and their importance to business, and knows that industry will do everything it can to meet the needs of Canadians.

To address a pandemic such as COVID-19, the Commissioner of Patents can authorize the Minister of Health to allow another company to make, use or sell a drug or medical device that is protected by patent in order to meet demand, when needed supplies cannot be obtained from the patent holder.

The amendments to the *Patent Act* that were introduced the week of March 22, 2020, would only be used in exceptional circumstances, and include several safeguards to protect the interests of patent holders, including ensuring that a patent holder receives adequate remuneration for the use of the patent and placing limitations on the duration of the authorization.

The Minister of Health's power to seek authorization for third-party manufacturers to supply needed patented inventions is in place until September 30, 2020.

EXPEDITING ACCESS TO DISINFECTANTS, HAND SANITIZERS, PERSONAL PROTECTIVE EQUIPMENT AND SWABS**Q160. Were these changes made through new regulations?**

These are interim measures implemented given the unprecedented demand and the urgent need for products that can help limit the spread of COVID-19, including hand sanitizers, disinfectants and personal protective equipment (e.g. masks and gowns). This is not a new regulation.

Q161. What does this new rule mean?

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

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

Health Canada will allow these low-risk products to be distributed in Canada to address the current shortage in supplies. The expedited process requires that a certification form be completed. This helps Health Canada maintain a record of all hand sanitizers and disinfectants on the Canadian market. As with all health products, Health Canada will continue to monitor the safety of these products once they are on the market and will take action to protect the health and safety of Canadians, if necessary.

Q162. When will these products be made available on store shelves?

For hand sanitizers and disinfectants subject to this interim measure, products may be imported and sold as soon as companies have submitted a complete declaration form that meets the established criteria.

For personal protective equipment (Class I medical devices), products may be imported or sold immediately once Health Canada has issued a medical device establishment licence. Health Canada currently issues these licences within 24 hours of receipt of a completed declaration.

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

Q163. Is Health Canada actively reaching out to manufacturers to get more products imported?

Information about this expedited process was shared with all drugs, natural health products and

medical device establishment licence holders and product licence holders in Canada and with relevant industry associations.

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

Q164. Is Health Canada using the three forensic laboratories of the Royal Canadian Mounted Police (RCMP) to provide health care workers with personal protective equipment?

The Government of Canada has not asked the Royal Canadian Mounted Police to provide personal protective equipment to health care workers. We are working directly with the provinces and territories to identify needs and buy in bulk to leverage our collective buying power. We are also accepting donations, enhancing domestic industrial capacity, and expediting the regulatory process to ensure we are able to get critically needed products to Canadian markets.

Q165. How does the federal government handle donations made to Canada by other countries? After donations arrive at our border, where are they sent? What is the federal government's distribution procedure? Who gets the donations first?

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

Currently, PHAC manages donations. Partners are helping PHAC to process all donations received as efficiently as possible and to distribute them as widely as possible.

When the federal government receives a donation, it must assess its quality. PHAC and Health Canada use a pre-established list of product specifications for this purpose. They have also created a technical review team to help with this process.

Q166. Does the government require medical supplies used by local health agencies to meet certain standards? If so, what are the standards?

PHAC is directing suppliers [online](#) to provide information on the items we are seeking, as well as the expedited process for suppliers to follow, including information on product specifications.

Q167. Do you ever have concerns about the quality/standard of medical equipment donated to Canada?

A multidisciplinary interdepartmental technical assessment committee was established to



assess donated medical supplies. The committee verifies that these supplies comply with the Government of Canada's technical specifications for COVID-19 as outlined on Public Services and Procurement Canada's Buy and Sell website. The process for verification varies depending on the medical device.

Q168. Has the Public Health Agency of Canada rejected supply donations during their quality control? Has any equipment failed quality checks over the last two months?

Shipments received are always subjected to quality control. For example, items may sometimes be damaged during shipping, and the Public Health Agency of Canada (PHAC) ensures that these items are not distributed to provinces and territories. For example, items may sometimes be damaged during shipping, and the Public Health Agency of Canada (PHAC) ensures that these items are not distributed to provinces and territories. Currently, no shipments have been rejected for quality reasons.

Q169. Who specifically are the members of the interdepartmental, multidisciplinary technical assessment committee?

The interdepartmental, multidisciplinary technical assessment committee comprises representatives from the Public Health Agency of Canada (including the National Microbiology Laboratory), Health Canada and the National Research Council of Canada.

Q170. When will the assessment of donated medical supplies be completed?

The Government of Canada is assessing donations as they are received. The objective is to conduct this process as rapidly as possible so that products that meet specifications can be distributed to the provinces and territories without delay.

Q171. Did the medical supplies donated by China last week arrive in Canada? Are they being stored in Ottawa?

A number of shipments have arrived in Canada, including from China, and the Government of Canada is working to rapidly allocate supplies to the provinces and territories. The Public Health Agency of Canada does not disclose the locations of the warehouses it is using to store personal protective equipment and other medical supplies.

Q172. What is the status of quality control testing for donations/purchases of PPE from China? (On March 27, the Bank of China stated that it was donating medical supplies to Canada, including 30,000 medical masks, 10,000 sets of protective clothing, 10,000 pairs of protective eyewear and 50,000 pairs of gloves, as well as N95 medical masks.)

Personal protective equipment (PPE) and medical supplies received by the Public Health Agency of Canada (PHAC) are verified for compliance with technical specifications before being allocated to the provinces and territories. The process may vary depending on the medical device and is the same for procurement and donations.

The Government of Canada cannot comment on the Bank of China's donation, as it was received directly by the Bethune Medical Development Association of Canada.

Q173. How many of these items have been quality controlled and how many have not?

Shipments received by PHAC are always subject to quality control. For example, items are sometimes damaged in transit, and PHAC ensures that these items are not distributed to the provinces and territories. During its COVID-19 response, PHAC received a small amount of PPE that was not delivered, because it had been damaged in transit. PHAC continues to check PPE and donations as they are received.

Q174. What happens to items that don't pass inspection? Are they destroyed? Are they sent back to the country that donated them?

PPE requirements for health care workers are stricter than they are for domains outside of health care. Equipment that does not meet health care facility specifications will be subject to further review to determine its potential use in the community.

Q175. How many swabs has Canada received to date, and how many have been distributed?

As of April 9, 2020, the Government of Canada, in collaboration with the provinces and territories, has confirmed orders for more than 8 million swabs, as well as other medical supplies and personal protective equipment (PPE). Bulk orders for PPE and medical supplies are in the process of being delivered and the Government of Canada is working to distribute them quickly to the provinces and territories, taking into account multiple factors, including COVID-19 intervention needs, equity and optimal use of PPE.

To date, the Public Health Agency of Canada has received more than 568,800 swabs. All have been distributed to provincial and territorial public health laboratories for testing.

Q176. Does the federal government have a plan in place to speed up the evaluation process for donated medical supplies to fulfil the medical equipment shortage?

PHAC and Health Canada have been working closely with the CBSA to expedite medical supply donations.

In response to the COVID-19 pandemic, Health Canada has implemented interim measures to expedite the importation of medical equipment including hand sanitizers, disinfectants, personal

protective equipment (such as masks and gowns) and swabs. Details on Health Canada's interim measures can be found [here](#).

Q177. Inasmuch as these products do not meet all of Health Canada's regulatory requirements, should Canadians be worried about their safety?

No. While these products are typically subject to certain regulatory requirements, such as licensing and bilingual labelling, Health Canada is allowing these low-risk products to be distributed in Canada to address the current unprecedented demand in order to help slow the spread of COVID-19.

The expedited process requires companies to complete and submit a notification form that allows Health Canada to maintain a record of all hand sanitizers, hard surface disinfectants and personal protective equipment being sold in Canada under this interim approach. As with all health products, Health Canada will continue to monitor the safety of these products once they are on the market and will take the appropriate action to protect the health and safety of Canadians, if necessary.

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

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

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

Q178. How are medical devices regulated in Canada? What are Class I devices?

Canada takes a risk-based approach to the regulation of medical devices, where the level of review before approval depends on the potential risk that the use of the device presents. Canada takes a risk-based approach to the regulation of medical devices, where the level of review before approval depends on the potential risk that the use of the device presents. This approach balances the need to provide the health system with quick access to new and innovative technologies with the level of surveillance and time required to assess safety and effectiveness.

There are four classes of medical devices in Canada: Class I devices present the lowest potential risk (e.g. masks or gowns) and Class IV devices the greatest potential risk (e.g. pacemakers). Class II, III and IV medical devices must have a Medical Device Licence to be sold in Canada. Companies selling Class I medical devices in Canada are required to have a Medical Device Establishment Licence. However, during this pandemic situation, Class I to IV devices can instead receive authorization under the Interim order respecting the importation and sale of medical devices for use in relation to COVID-19.

Health Canada is currently expediting its review of licensing applications for any medical device related to COVID-19. In addition, as with hand sanitizers and disinfectants, Class I medical devices that may not fully meet all regulatory requirements and are notified to Health Canada under this interim measure are being allowed on the market.

Q179. How can consumers distinguish between a fraudulent product and a product imported through this interim measure?

Health Canada will maintain an updated list of products sold in Canada through this measure on its website for consumers to consult.

Hand sanitizers and hard surface disinfectants authorized for sale by Health Canada have an eight-digit Drug Identification Number (DIN) or Natural Product Number (NPN) on the product label. These products are listed on Health Canada's Drug Product Database or Licensed Natural Health Products Database.

Class I medical devices are not licensed by Health Canada, but companies importing or manufacturing them do require a Medical Device Establishment Licence from Health Canada. These are listed on Health Canada's website.

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

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

Q180. What else is Health Canada doing to improve the supply of health products during the COVID-19 pandemic?

The Minister of Health signed an Interim Order on March 18, 2020, to speed up access to medical devices for COVID-19. The list of COVID-19 medical devices authorized under the Interim Order is available on Health Canada's website.

Q181. Can people obtain access to medical devices and drugs that have not been authorized in Canada, but are available in other countries?

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

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

INTERIM ORDER RESPECTING COVID-19 RELATED MEDICAL DEVICES

Q182. When will Health Canada be able to approve the first test kits for COVID-19 as medical devices?

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

On March 13, 2020, Health Canada received two applications for a diagnostic device: One from Roche Diagnostics and one from ThermoFisher Scientific. These applications were fast-tracked for approval. Health care professionals now have access to these devices through our Special Access Program (SAP).

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

Health Canada is also working with many other companies that are in the process of preparing and submitting information for the Department's review. These requests will also be fast-tracked for review.

Q183. How quickly are submissions sent to Health Canada regarding COVID-19 tests being reviewed?

Health Canada is working to increase the access to diagnostic tests in Canada through an expedited review pathway. The list of authorized COVID-19 devices (with authorization dates) is available here and all licensed medical devices are listed in the *Medical Device Active Licence Listing*.

On March 18, the Minister of Health signed an Interim Order to allow expedited access to COVID-19-related medical devices for use by health care providers, including diagnostic test kits. This is an important development in the fight against COVID-19. It will help ensure quicker and more flexible approval of the importation and sale of medical devices that are necessary for Canada's response to COVID-19, including test kits.

Q184. Is Health Canada exploring the idea of take-home antibody tests, in a similar vein as the UK? Could you comment on the efficacy of these tests?

On March 18, the Minister of Health signed an Interim Order to allow expedited access to COVID-19-related medical devices for use by health care providers, including diagnostic test kits. The Interim Order will allow Health Canada to provide quicker and more flexible approval of the importation and sale of medical devices that are necessary for Canada's response to COVID-19, including test kits. The list of authorized COVID-19 devices (with authorization dates) is available here and all licensed medical devices are listed in the *Medical Device Active Licence Listing*.

Public health laboratories across Canada and around the world are using tests that detect the presence of the virus that causes COVID-19. These tests are being prioritized for review by

Health Canada to increase the number of tests available in Canada to detect active infections of COVID-19.

Serological tests—like the take-home tests being evaluated in the United Kingdom—have limitations. These tests do not detect the virus itself. Instead, they detect the antibodies produced in response to an infection. These tests are also being accepted for review; however, the World Health Organization does not currently recommend serological tests for clinical diagnosis and Health Canada is following this advice. Research into serological testing is ongoing within Canada and worldwide. The Department is working with the National Microbiology Laboratory to validate testing and research, along with expert advice, so that we can have confidence in the test results.

Q185. How will these new test kits help test more patients?

This Interim Order makes it easier and faster for certain medical devices, such as laboratory diagnostic test kits, to be imported and sold in Canada. It will help ensure access to medical devices that will make screening faster and more convenient, especially as samples will not have to be sent to the National Microbiology Laboratory in Winnipeg. Thus, the test results will be available more quickly.

Point-of-care diagnostic tests are under development and could be used as a result of this Interim Order. This would allow patients to be tested more quickly and conveniently. Quicker test results would enable health care providers and patients to take appropriate actions more quickly in order to help reduce the spread of the disease.

Q186. How often are Interim Orders used?

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

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

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

Q187. How will Health Canada ensure that these kits are safe and effective?

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

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

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

Q188. Is Canada guaranteed to receive adequate supply of diagnostic test kits?

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

NATIONAL EMERGENCY STRATEGIC STOCKPILE (NESS)

Q189. Who is in charge of the NESS? Where are NESS storage facilities located?

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

Q190. How large is the stockpile and how will the supplies be allocated and distributed?

The Public Health Agency of Canada (PHAC) does not disclose specifics related to National Emergency Strategic Stockpile (NESS) holdings.

The NESS contains supplies of personal protective equipment and ventilators. In the current environment, the inventory numbers are constantly fluctuating as stock is released, at the request of provinces and territories, to provide surge support.

Bulk orders of PPE and medical supplies have been delivered, and the Government of Canada is rapidly allocating supplies to the provinces and territories as per the allocation formula agreed upon by federal, provincial and territorial ministers of health. In addition to responding to requests for assistance to the National Emergency Strategic Stockpile (NESS), the Government of Canada supported the distribution of 6.8 million surgical masks from Medicom, which were shipped directly to provinces and territories. Ontario received its allocation on April 3. As well, 1.7 million nitrile gloves are in transit to provinces and territories.

In alignment with Health Canada's guidance on optimizing the use of masks and respirators during the COVID-19 outbreak<<https://www.canada.ca/en/health-canada/services/drugs-health-products/medical-devices/masks-respirators-covid19.html>>, the NESS has also shipped almost 300,000 expired N95 masks to provinces and territories.

Q191. Which provinces and territories have drawn on supplies from the NESS? What have they taken?

To address immediate short-term needs, PHAC deploys supplies from the NESS based on requests for assistance. As of April 6, 23 requests for assistance from provinces and territories have been received by the NESS and completed. Items released from the NESS have included N95 masks, surgical masks, face shields, gloves, gowns and ventilators. To maintain NESS inventory, a portion of the federal, provincial and territorial collaborative procurement is retained at the NESS to provide surge support to meet the urgent needs of provinces and territories.

Q192. Alberta's modelling data indicates that Alberta is waiting for six ventilators from the Public Health Agency of Canada. Are they coming from the NESS or from another source?

The Public Health Agency of Canada (PHAC) continues to provide provinces and territories with personal protective equipment and ventilators from the National Emergency Strategic Stockpile (NESS) in response to requests for assistance. As part of this process, the PHAC can confirm that six ventilators have been sent to Alberta.

Q193. How many surgical masks and N95 masks does Canada currently have? How many will be needed when the epidemic peaks?

The National Emergency Strategic Stockpile (NESS) contains supplies of personal protective equipment (PPE), including N95 respirators, to provide surge capacity to provinces and territories.

Based on needs identified by provinces and territories, collaborative federal, provincial and territorial procurement efforts are focused on procurement of large quantities of PPE, such as N95 respirators. PPE procurement orders are starting to arrive, and jurisdictions are discussing approaches for allocation to support an effective health system response to COVID-19.

To date, the federal government has ordered more than 200 million surgical and N95 masks.

The Public Health Agency of Canada is receiving shipments of personal protective equipment (PPE) at various locations in Canada, including the shipment of over a million masks to a warehouse in Hamilton. Once these deliveries have been appropriately validated, the PPE will be rapidly distributed to the provinces and territories for use by frontline health care workers.

The demand for them will continue to be assessed with the provinces and territories as this event continues to progress.

The safety of health care workers is a top priority. The Government of Canada continues to work with provincial and territorial partners to respond to the COVID-19 outbreak, and is taking steps to ensure that health care workers have the PPE they need to be safe and to protect the health of patients.

Q194. How many masks and gloves were disposed of and why? Have they been replaced? If so, how many gloves and masks are currently in the

Regina warehouse? If they were discarded because they were expired, why would Ottawa allow masks and gloves purchased with taxpayers' money to expire instead of injecting them into the health care system supply cycle where they could be used before they expired?

The National Emergency Strategic Stockpile (NESS) reviews its stock of equipment regularly and as part of the review, expired material is disposed of in accordance with the Treasury Board Directive on Disposal of Surplus Materiel. In 2019, approximately 2 million expired masks and 440,000 expired gloves were disposed of during the closure of the NESS warehouse in Regina. The masks and gloves had been purchased in 2009 and had passed the limit of five years for their use, as recommended by the manufacturer.

While the World Health Organization allows for the donation of personal protective equipment, it requires that any equipment be supported by the manufacturer for a minimum of two years. What this means is that equipment must be donated two years before it expires.

The Public Health Agency of Canada (PHAC) follows strict guidelines when deploying materials. If the PHAC cannot account for the quality of material, it will not deploy it. Even under the current circumstances of the COVID-19 pandemic, where Health Canada guidance allows for the deployment of expired personal protective equipment, the PHAC would examine very closely any equipment that is five years old or more. This is in accordance with manufacturers' guidelines.

Q195. How is personal protective equipment distributed, and how are priorities for distribution established?

The Government of Canada and the provinces and territories have agreed on a strategy for distributing personal protective equipment (PPE).

Based on needs identified by the provinces and territories, collaborative federal, provincial and territorial (FPT) procurement efforts are focused on acquiring large quantities of PPE and medical supplies, including N95 respirators, surgical masks, face shields, nitrile gloves, gowns and other protective clothing, disinfectants, ventilators and testing supplies. The allocation of these supplies is a collective FPT decision that will support Canada's health care system in its response to COVID-19.

Additionally, to provide surge support to the province and territories, the Public Health Agency of Canada (PHAC) has released items from the National Emergency Strategic Stockpile (NESS). These items include specific types of PPE, such as surgical masks, gloves and N95 respirators, and other items, such as ventilators, disinfectants and hand sanitizers.

To receive supplies from the NESS, the provinces and territories have to submit Requests for Assistance (RFA). PHAC processes RFA as they are received and allocates supplies to provide the provinces and territories with surge capacity, while maintaining a conservative NESS inventory to ensure surge support. Given the current situation, due to high demand for PPE globally, provinces and territories are encouraged to submit RFA for shorter time frames (e.g. surge requirements for one or two weeks) with the option of submitting additional RFA as the outbreak progresses.

Q196. Is it the Government of Canada's responsibility to restock the National Emergency Strategic Stockpile, or is it the responsibility of the provinces and territories to do so?

The NESS mandate is to provide surge support to provinces and territories and to federal agencies, such as the Correctional Service of Canada.

PHAC has been working with Public Services and Procurement Canada to place bulk procurement orders of PPE to respond to the needs of provinces and territories, which are also working hard to ensure that they have the necessary supplies for front-line health care workers.

Canada is receiving supply orders and redistributing the majority of supplies to provinces and territories, but it maintains a conservative portion to replenish the NESS for future surge support needs.

Q197. Has inventory been added to the NESS since the COVID-19 outbreak?

Orders for personal protective equipment (PPE) and medical supplies were placed early on by federal, provincial and territorial governments to supplement their existing stocks. On March 9, the Prime Minister and Deputy Prime Minister wrote to all premiers to announce their intention to place a bulk procurement order for the medical supplies needed to respond to the COVID-19 pandemic.

PHAC has been working with Public Services and Procurement Canada for some time now to place bulk procurement orders of PPE to meet the needs of provinces and territories, which are also actively trying to obtain the supplies they need to be able to provide front-line health care.

Canada is receiving procurement orders, and FPT governments are working together to ensure that the health care system can effectively fight COVID-19, while replenishing the NESS to meet surge support needs.

We continue to do our best to update the population on the rapidly changing numbers of PPE; however, our priority is getting this protective equipment and delivering it to provinces so that the health care workers who need it most have access.

Q198. Is the NESS fully integrated with other medical supply repositories in Canada?

The NESS mandate is to provide surge support to provinces and territories and to federal populations, such as the Correctional Service of Canada. However, in support of the COVID-19 response, PHAC is also accepting and distributing medical supplies from other government departments, companies and countries.

In addition, under Canada's Plan to Mobilize Industry to fight COVID-19, the Government of Canada is providing businesses with direct support to rapidly scale up production or retool the ir

assembly lines to develop products, such as personal protective equipment and other critical medical supplies, in Canada.

The Government of Canada has created the Strategic Innovation Fund to provide rapid support to Canadian companies conducting development projects and extensive, promising research aimed at providing medical countermeasures to COVID-19, including vaccines and critical medical supplies.

Q199. Was a recent notice posted on the Government of Canada's Buy and Sell site a tender to identify additional suppliers for the NESS?

The Government of Canada is exploring all avenues to secure medical supplies, including personal protective equipment (PPE), in order to prepare for and respond to the COVID-19 outbreak.

The notice posted on the Buy and Sell site to identify additional suppliers will benefit federal, provincial and territorial governments, and the National Emergency Strategic Stockpile (NESS).

More information on the Government of Canada's response can be found [here](#).

Q200. Does PHAC have to go to tender to replenish NESS supplies, or can it use the Emergency Rule to buy directly?

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

On March 14, 2020, PHAC requested and received a national security exception for the procurement of goods and services required by the Government of Canada to respond to the COVID-19 outbreak. With this authority, PHAC will not be required to go to tender to replenish NESS supplies and will work with Public Services and Procurement Canada to determine the best procurement strategy.

Q201. What has changed since the 2011 NESS evaluation report?

Since the 2011 evaluation, the NESS has evolved to better align with the ever-changing risk environment and is investing in strategic assets, such as medical countermeasures and mini-clinics, to enhance the Agency's ability to support surge requests during health emergencies. In addition, there has been increased engagement with provincial and territorial partners and other stakeholders to increase awareness of NESS capabilities.

VACCINE AND TREATMENT

Q202. Is there a vaccine that protects against coronaviruses in humans? If no vaccines have been approved, are any being developed or tested?

Currently, there is no approved vaccine that protects against coronaviruses in humans.

The World Health Organization (WHO), along with the Coalition for Epidemic Preparedness Innovations, is coordinating an international collaboration to help advance research and vaccine development for the 2019-nCoV.

The Public Health Agency of Canada and the Canadian Institutes of Health Research—in consultation with international partners, including the WHO and the Global Research Collaboration for Infectious Disease Preparedness — are assessing how scientists at our National Microbiology Laboratory, along with the broader Canadian research community, will participate in global research efforts.

Q203. Is the PCV13 vaccine, used against pneumonia, useful as a therapy against COVID-19?

There are currently no vaccines or other health products authorized specifically for the prevention or treatment of COVID-19, as it is still a relatively new virus.

For vaccines or other health products that show early promise in treating COVID-19, including secondary infections that may be associated with the illness, clinical trials are the best way to proceed, as they give the health care community a way to systematically collect information on the treatments' effectiveness and possible risks. To date, Health Canada has not received any applications for clinical trials to test pneumonia vaccines as treatments for COVID-19-related infections.

Health Canada is working closely with many potential clinical trial sponsors to support Canadians' access to COVID-19 clinical trials. To facilitate earlier access to needed therapeutic products to treat or prevent COVID-19, Health Canada will expedite its regulatory process, including the review of submissions and the approval of clinical trial applications, for any COVID-19-related health products, while ensuring the safety of trial participants. In addition to work done by professional societies, clinical trials are being coordinated across the portfolio for Health Canada and globally.

Q204. How long will it take to develop a vaccine?

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

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

It could take years for researchers to develop a vaccine for a specific coronavirus.

For example, there are currently no licensed vaccines or specific treatments for Middle East Respiratory Syndrome coronavirus (MERS-CoV)—a particular coronavirus that was first identified in 2012. We know that work is being done elsewhere to better understand how MERS-

CoV infections might be prevented and to develop a MERS-CoV vaccine. This includes vaccine development efforts being coordinated by the WHO and the Coalition for Epidemic Preparedness Innovations (CEPI).

Q205. How are people being treated for this illness?

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

The World Health Organization has provided health care professionals with advice that includes recommendations for early supportive therapy, management of symptoms and prevention of complications.

The novel coronavirus causes a range of symptoms from mild to severe, depending on the individual. Therefore, if you have travelled outside of the country, it is important to monitor your health when you return to Canada. While abroad, you may have come into contact with the novel coronavirus. PHAC asks that you monitor your health for fever, cough and difficulty breathing for 14 days after you arrive in Canada. If you develop any of these symptoms, call your health care provider or your local public health authority to inform them. They will advise you as to what to do.

Q206. Is Health Canada investigating these reports, and are there any current guidelines for the use of Vitamin C as a defence or treatment against the coronavirus?

Since the outbreak of COVID-19, Health Canada has taken actions to support Canadians in accessing health products they need to either treat or prevent COVID-19. Currently, there are no drugs specifically authorized to treat COVID-19, since it is still a relatively new virus. Much work is being done to investigate new potential therapies, including drugs that may have been authorized for the treatment of illnesses other than COVID-19. The best way to provide Canadians with access to drugs that show an early promise in treating COVID-19 is through clinical trials, as they give the health care community a way to systematically collect information on the treatments' effectiveness and possible risks.

Health Canada recently approved an application for a clinical trial to investigate the use of intravenous Vitamin C to improve the functioning of certain organs in patients with severe cases of COVID-19 and closely monitor the progress.

To facilitate earlier access to needed therapeutic products to treat or prevent COVID-19, Health Canada will expedite its regulatory process, including the review of submissions and the approval of clinical trial applications, for any COVID-19-related health products. In addition to work done by professional societies, clinical trials are being coordinated across the health portfolio in Canada and globally. The landscape is rapidly changing, and the health portfolio is working to adapt to shifting needs.

Q207. Are there safety issues with the use of ibuprofen in COVID-19 cases?

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

If you have COVID-19 symptoms, talk to your health care provider about the most appropriate health products to treat fever or pain. If you are currently taking ibuprofen, especially for a chronic illness, do not stop taking it.

Q208. Can hydroxychloroquine and azithromycin be used to treat anyone who has COVID-19? Will they be effective for everyone?

Evidence shows that these drugs may be effective in some patients. However, these are preliminary findings from a few small-scale studies. There are also some known significant safety risks associated with both drugs, such as QT prolongation, which is a serious heart rhythm condition. A health care practitioner may choose to use these drugs for off-label purposes, depending on the patient's situation, specifically the seriousness of the patient's illness, if the potential benefits outweigh the drug's known risks.

In Canada, a doctor's decision to prescribe a particular drug to a patient for a labelled or off-label use is part of the practice of medicine. While Health Canada regulates drugs, it is the responsibility of health care professionals to consider information from medical journals, reports, and peer-reviewed studies when prescribing medication.

Q209. Are there clinical trials underway to determine whether hydroxychloroquine and azithromycin are effective?

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

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

A list of clinical trials approved for the prevention or treatment of COVID-19 or its complications can be found in [Health Canada's Clinical Trials Database](#) by entering "COVID" in the medical condition box.

Q210. What are hydroxychloroquine and azithromycin usually used for? What are the approved indications?

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

Q211. Does Health Canada have an official position on the use of hydroxychloroquine and chloroquine to treat COVID-19?

Health Canada recognizes that Canadians with COVID-19 need access to safe and effective drugs and treatments. Hydroxychloroquine and chloroquine are available on the Canadian market to treat other illnesses, but they have not been approved to treat COVID-19.

International reports suggested that hydroxychloroquine and chloroquine were promising drugs for treating COVID-19, but that remains to be confirmed. For drugs that show promise in the treatment of COVID-19, the best way to bring them to Canadians is through clinical trials. Clinical trials allow the health care community to systematically collect information about the effectiveness of treatments and the associated risks. Therefore, Health Canada encourages manufacturers to work with researchers so that these drugs can be given to patients with COVID-19 during clinical trials.

On April 8, 2020, Health Canada approved two clinical trials for the use of hydroxychloroquine to treat COVID-19. Health Canada also approved nine clinical trials for other potential therapies. A list of clinical trials approved for the prevention or treatment of COVID-19 and its associated complications can be found in Health Canada's [Clinical Trials Database](#). To search the database, enter "COVID" in the medical condition field.

Q212. Is hydroxychloroquine or chloroquine used in Canadian hospitals for trials or treatment?

There are two Canadian-approved clinical trials being conducted in several locations across the country.

Since both hydroxychloroquine and chloroquine have been approved in Canada for the treatment of other diseases, medical practitioners may prescribe these drugs outside of their approved indications (off-label use). The use of off-label drugs is within the scope of medical practice and is regulated at the provincial level.

Q213. What is Health Canada doing about products claiming to prevent, treat or cure COVID-19?

At this time, there is no vaccine for COVID-19 or any natural health products—including traditional Chinese medicines—that are authorized to treat or protect against COVID-19.

Selling unauthorized health products or making false or misleading claims to prevent, treat or cure COVID-19 is illegal in Canada. The Department takes this matter very seriously and will take action to stop this activity. To date, Health Canada has not approved any product to treat or cure COVID-19. Health products that have been authorized for sale by Health Canada will have an eight-digit Drug Identification Number (DIN), Natural Product Number (NPN) or Homeopathic Drug Number (DIN-HM). The Department is taking action to address complaints regarding unauthorized products on the Canadian market that make false or misleading claims for the treatment, prevention or cure of COVID-19.

The Department encourages anyone who has information regarding the potential non-compliant sale or advertising of any health product claiming to treat, prevent or cure COVID-19, to report it using the online complaint form.

When Health Canada identifies or is notified of potential non-compliance with the *Food and Drugs Act* or its associated regulations, it takes steps to confirm whether non-compliance has occurred and takes action based on the risk to the health of Canadians. A number of compliance and enforcement options are available to correct non-compliance or mitigate a risk to Canadians, including site visits, public communications, recalls, and the seizure of products and advertising materials. The primary objective of the Department's compliance and enforcement approach is to manage the risks to Canadians by using the most appropriate level of intervention, in accordance with Health Canada's [Compliance and Enforcement Policy for Health Products](#).

Q214. Are there any natural health products, including traditional Chinese medicines, Ayurvedic medicines and homeopathic products to protect against or treat this virus?

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

Q215. Is Avigan or favipiravir approved in Canada? Is Canada taking any steps to get them approved?

Avigan is the brand name for favipiravir. This antiviral drug has been approved in Japan and China for the treatment of influenza. There are currently no products containing favipiravir approved in Canada.

Since the outbreak of COVID-19, Health Canada has taken measures to support Canadians in accessing health products they need to either treat or prevent COVID-19. To provide earlier access to a vaccine or therapeutic product for COVID-19, Health Canada will expedite its regulatory process for any COVID-19-related health products, including the review of submissions and authorization of clinical trial applications.

Health Canada initiated conversations with companies whose products have shown promise in fighting COVID-19, including the company that manufactures favipiravir. However, to date, Health Canada has not received a submission for a product containing favipiravir. It is ultimately up to the manufacturer to decide whether they choose to seek market authorization for their product in Canada.

For medications that show some promise in treating COVID-19, such as favipiravir, Health Canada encourages sponsors to work with researchers and offer medicine to patients in the context of clinical trials. This would ensure that there is informed consent for patients, and the health care community would be able to learn whether the treatments are effective, and what the associated risks are.

Q216. Will Health Canada or the Public Health Agency of Canada be issuing treatment guidelines if drugs like favipiravir or other antivirals, or any other drug, is found effective in another country/jurisdiction at treating COVID-19?

At this time, there is insufficient evidence to recommend any specific anti-COVID-19 treatment for patients with confirmed COVID-19 outside of clinical trials. There are many ongoing clinical trials testing various potential antivirals registered on <https://clinicaltrials.gov/> or on the Chinese Clinical Trial Registry (<http://www.chictr.org.cn/abouten.aspx>). Clinical guidelines are currently being developed in conjunction with the Association of Medical Microbiology and Infectious Disease Canada and the Canadian Critical Care Society.

Drugs not available in Canada can be accessed through clinical trials or the Special Access Program. Should there be data available to support a submission to Health Canada concerning the effectiveness of a drug in treating COVID-19, if approved, directions for use would be included in the product monograph. Other organizations may provide additional guidelines for off-label use of other products shown to be effective.

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

Q217. Was this exemption requested by provinces and territories?

Health Canada received inquiries from a few jurisdictions regarding measures that would be implemented to facilitate access to certain medical treatments during the pandemic. The Department has taken quick action to respond to their concerns and to prevent potential issues related to accessing medical treatment during the pandemic.

Q218. How soon will pharmacists and practitioners be able to begin doing these new activities?

In response to the COVID-19 outbreak, Health Canada has temporarily exempted certain new activities that apply to pharmacists who are registered and entitled to practise pharmacy under the laws of their province or territory and are entitled to conduct activities with controlled substances. They may practise these activities if their province or territory and licensing body adopt these measures. Health Canada recommends contacting the provincial and territorial licensing bodies for more information.

Given the seriousness of the COVID-19 outbreak, Health Canada is working quickly to help jurisdictions maintain access to medications for Canadians.

Q219. What activities are currently authorized for pharmacists?

Pharmacists are medication experts and play a significant role in monitoring patients and medication to ensure safe and optimal use while contributing to the delivery of outcome-focused care. According to the regulations under the *Controlled Drugs and Substances Act*, a pharmacist is authorized to sell or provide a controlled substance to a person if they have received a prescription or a written order from a practitioner.

While these regulations do not permit pharmacists to prescribe medication, other related activities that are included in the meaning of sell or provide are permitted as long as the quantity dispensed does not exceed the amount originally authorized. These activities include, but are not limited to:

- **Adjusting the formulation:** adjusting the dosage form in which the drug is prescribed
 - E.g. change from pill to liquid formulation;
- **Adjusting the dose and regimen:** a structured plan that specifies the frequency in which a dose of medication should be ingested
 - E.g. change from 20 mg per day for 5 weeks to 10 mg per day for 10 weeks;
- **De-prescribing:** the planned and supervised process of reducing or stopping a medication;
- **Part-filling:** dispensing a quantity of a medication that is less than the total amount of the drug authorized by a practitioner.
 - For greater clarity, this includes part-fills requested by a patient, when a pharmacy is dealing with an inventory shortage or other situations where the nature of the part-fill is a matter of discussion between the pharmacist and patient.

With the goal of supporting better medication management and protecting the health and safety of Canadians, Health Canada has shared with pharmacists an interpretive guide on activities related to prescribing controlled substances under the *Narcotic Control Regulations* and the *Benzodiazepines and Other Targeted Substances* and *Part G of the Food and Drug Regulations*.

Q220. If a patient doesn't have a prescription, can a pharmacist now prescribe new medications for patients?

With this exemption, pharmacists can be authorized to renew or extend prescriptions in order for the patient to have access to a medication. Pharmacists are not authorized to prescribe new medical treatment with controlled substances (e.g. narcotics).

Q221. Does this exemption apply to other health care professionals?

This exemption applies to other health care professionals, including nurse practitioners, dentists and veterinarians, allowing them to verbally prescribe narcotics (depending on the prescriber's scope of practice and the provincial or territorial authorization).

Q222. Has there been any consideration of permanently giving pharmacists extended authorities?

Pharmacists are medication experts and play a significant role in monitoring patients and medication to ensure safe and optimal use in patient care.

With the goal of supporting better medication management and protecting the health and safety of Canadians, in March 2019, Health Canada launched an official consultation for input on ways to modernize the role of pharmacists in the health care system. The Department is currently analyzing all feedback received. It will still be possible to comment on any draft regulations in Part I of the *Canada Gazette*. Health Canada invites everyone to participate in the consultation.

Q223. Are there any special provisions being made to assist supervised consumption sites during the COVID-19 pandemic?

Health Canada recognizes that local precautionary measures taken to combat the pandemic may impact the operations of supervised consumption sites and services. The Department continues to work directly with site operators to assess situations on a case-by-case basis and determine appropriate modifications to their protocols and practices. Operators are encouraged to contact the Office of Controlled Substances' exemption section at (hc.exemption.sc@canada.ca).

PREVENTION AND RISKS

Q224. How can I protect myself from this virus?

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

- Washing your hands often with soap and warm running water for at least 20 seconds;
- Using alcohol-based hand sanitizer only if soap and water are not available;
- Avoiding touching your eyes, nose or mouth with unwashed hands;
- Avoiding contact with sick people, especially if they have a fever, a cough or difficulty breathing;
- Coughing or sneezing into your arm to reduce the spread of germs;
- Staying home if you become sick to avoid infecting others.

Q225. Should the general population in Canada wear masks to protect themselves from this virus?

The following are methods proven to prevent the transmission of COVID-19:

- Staying at home as much as possible;
- Practising physical distancing;
- Washing your hands;
- Protecting those most vulnerable from infection and limiting their exposure to others;
- Covering your cough with a tissue or your sleeve.

Health care workers need medical masks, including surgical masks, medical procedure masks and respirators such as N95 masks. It is extremely important that we keep the supply of medical masks for health care workers because they urgently need them for medical procedures and to care for individuals who have COVID-19.

Wearing a non-medical mask or face covering (i.e. made to completely cover the nose and mouth without gaping, and secured to the head by ties or ear loops) in the community has not been proven to protect the person wearing it. However, wearing a non-medical mask or face covering is an additional measure that you can take to protect others around you.

Wearing a non-medical mask is another way of covering your mouth and nose to prevent your respiratory droplets from contaminating others or landing on surfaces. A cloth mask or face covering can reduce the risk that others are coming into contact with your respiratory droplets, in the same way that covering your cough with tissues or your sleeve can reduce that risk.

For short periods of time when physical distancing is not possible in public settings (e.g. grocery stores or in confined areas such as public transit), wearing a non-medical mask is one way to protect those around you.

Non-medical masks or facial coverings should not be placed on young children under age two, or anyone who has trouble breathing, is unconscious, or is unable to remove the mask without assistance.

Q226. Can vaping/smoking/doing drugs damage the lungs, making someone more vulnerable to COVID-19?

No direct evidence has been published on vaping or drug use and its association with COVID-19 outcomes.

Studies that have looked at the association between smoking and COVID-19 disease severity indicate that smokers may be more susceptible than non-smokers.

Q227. In the US, people under age 44 make up a large proportion of hospitalizations. What are we seeing with younger people in Canada?

In Canada, people under the age of 40 make up 31% of cases. Compared to other age groups, people under the age of 40 have milder conditions with only 9% of hospitalizations and 4% of ICU admissions being reported from this age group. (These numbers are subject to change as new cases are identified and the situation evolves.)

Q228. What is your message to young people (especially those who smoke/vape/do drugs) who think they are immune to COVID-19?

Everyone is susceptible to this virus—you are not immune. Vaping can increase your exposure to chemicals that could harm your health (e.g. cause lung damage). It is also important to remember that equipment used for vaping or doing drugs should never be shared with others. At this time it is particularly important to maintain a healthy lifestyle.

ANIMALS

Q229. Can I get the virus from animals in Canada?

The spread of COVID-19 currently results from person-to-person transmission. There is no evidence that pets and other animals play a role in the transmission of the disease to humans. Scientists are still trying to understand if and how the disease affects animals.

Q230. Can my pet or other domestic animals get the virus?

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

As a precautionary measure, if you have symptoms of COVID-19 or if you are in self-isolation due to contact with a case of COVID-19, you should follow similar recommendations with animals as with people.

- Avoid close contact with animals while you are sick;
 - Maintain good hand hygiene and avoid coughing or sneezing on your animals;
 - Do not visit farms and avoid contact with livestock;
- If possible, have another member of the household take care of your animals;
 - If this is not possible, always wash your hands before and after touching the animals, their food and supplies, and follow good respiratory hygiene practices when coughing or sneezing;
- Limit contact between your pets and people and animals that are not part of your household until you are no longer sick.

These measures, which are basic practices to prevent the transmission of disease between humans and animals, are recommended as a precautionary measure. If you have any concerns, consult a veterinarian or public health professional who can help you find answers to your questions.

More information about animals and COVID-19 can be found on the Canadian Food Inspection Agency (CFIA) website.

Q231. Am I at risk of getting COVID-19 if I have had contact with an animal recently imported from an affected area (e.g. a dog imported by a rescue organization)?

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

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

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

Take these precautions to prevent diseases from spreading from animals to humans:

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

For further information on animals and COVID-19, visit the following websites:

- https://www.oie.int/fileadmin/Home/eng/Our_scientific_expertise/docs/pdf/COV-19/COVID19_21Feb.pdf
- <https://www.who.int/en/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters>

SCREENING AND BORDER MEASURES

Q232. Does the Canadian government really want to prevent sick Canadians from boarding return flights?

Yes. As part of the Government of Canada's enhanced border measures to limit the introduction and spread of COVID-19, airlines conduct health checks on all travellers before they board a flight to Canada. This health assessment is based on information from the Public Health Agency of Canada, as recommended by the World Health Organization. Airline personnel will screen for fever, cough and breathing difficulties and ask the following questions:

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

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

Additional instructions and advice will be provided to passengers who are denied boarding, advising them to follow the instructions of local public health authorities. These travellers will also be referred to the appropriate consular services.

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

These measures will help protect the health of all Canadians.

Q233. If so, why aren't you taking temperatures to screen for the disease?

We learned from the Severe Acute Respiratory Syndrome (SARS) outbreak in 2003 that temperature checks at airports are not an effective measure to prevent the introduction of infectious diseases across borders. Over 6.5 million screening operations were conducted at Canadian airports, including for travellers arriving and departing. Of these, 2.3 million passengers were screened using thermal scanners. Despite this intensive screening effort, no cases of SARS were detected using these methods.

Despite this intensive screening effort, no cases of SARS were detected using these methods. This is why Canada maintains a multilayered system with all levels of government and health authorities across the country working together to prevent and control infectious diseases. In addition to border measures, our system includes:

- A comprehensive surveillance infrastructure to rapidly identify emerging events and infectious diseases, including respiratory diseases;
- Infection prevention and control precautions in all Canadian hospitals;

- A well-equipped public health laboratory capacity to rapidly detect serious infectious diseases.

Q234. What considerations have been given to ways and means that would allow sick Canadians to fly home?

Travellers who are denied boarding will be provided with further instructions and advised to follow the guidance of local public health authorities. These travellers will also be directed to the appropriate consular services to assist with isolation.

Q235. Have additional screening measures been put in place at all airports?

On January 22, 2020, enhanced screening measures were implemented at the Vancouver, Toronto and Montréal international airports. As of February 9, 2020, additional measures are also in place at the following airports:

- Calgary International Airport
- Edmonton International Airport
- Winnipeg Richardson International Airport
- Billy Bishop Toronto City Airport
- Ottawa International Airport
- Québec City Jean Lesage International Airport
- Halifax Stanfield International Airport

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

Q236. Will Canada close its border or start banning flights from other countries?

- A travel ban is currently in effect for most people entering Canada, including:
 - All foreign nationals entering Canada by air;
 - All travellers arriving from the United States, by whatever means, for tourism or pleasure;
 - Foreign nationals entering Canada from a foreign country other than the United States, with some exceptions, including temporary foreign workers and international students;
 - Foreign nationals arriving from the United States who exhibit signs or symptoms of respiratory illness.

There are exemptions to the travel bans, which are described in the orders in council.

Q237. What can travellers arriving at airports expect?

Enhanced screening measures are in place at Canada's 10 international airports. Travellers arriving in these airports will see additional signage in French and English asking them to alert a

border services officer if they have a fever, cough or difficulty breathing. Additional information, in the form of a handout, advises travellers what they should do if they develop these symptoms before or after they reach their destination or arrive home.

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

Anyone entering Canada, regardless of country of origin and mode of transportation, **MUST** self-isolate for 14 days.

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

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

All travellers entering Canada are provided with documentation from the Public Health Agency of Canada that includes instructions for a 14-day self-isolation. People with symptoms receive a red pamphlet while people without symptoms receive a green pamphlet.

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

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

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

If the use of thermal analyzers is insisted upon:

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

Q238. Are passengers being isolated at airports?

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

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

Q239. How many quarantine officers are on duty at Canadian airports?

To prevent the introduction and spread of communicable diseases in Canada that pose a significant risk to public health, the Public Health Agency of Canada (PHAC) works with its border partners, such as the Canada Border Services Agency (CBSA), to enforce the Quarantine Act at all times at all points of entry into Canada.

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

The PHAC quarantine officer then conducts a more detailed assessment by asking questions about the symptoms presented by the traveller and confirming travel information and all possible high-risk exposures to a communicable disease, such as close contact with a sick person. If deemed necessary, the quarantine officer may then take appropriate action to address a potential public health risk (e.g. order the traveller to be transported to hospital for a medical examination or require the traveller to report to local public health authorities).

PHAC has increased the number of public health officers at major airports to join the team of border services officers, who are also designated as screening officers under the *Quarantine Act*. Trained quarantine officers with experience in screening and assessing ill travellers are also available during business hours or upon arrival of flights from China. The number of employees at each airport is adjusted to meet the growing number of passenger assessments required. PHAC employees also act as resource people for CBSA officers and airline and airport staff, facilitate communication, and coordinate response activities with partners.

Q240. Are public health officers stationed at land border crossings? If not, please explain why.

To prevent the introduction and spread of communicable diseases in Canada that pose a significant risk to public health, the Public Health Agency of Canada (PHAC) works with its border partners, such as the Canada Border Services Agency (CBSA), to enforce the *Quarantine Act* at all times at all points of entry into Canada.

Border measures are one element of our multilayered response. Canada has a number of standard border measures in place to mitigate the potential risk of introduction and spread of communicable diseases into Canada. These measures include access to a PHAC quarantine officer 24/7 from any point of entry into Canada. CBSA officers are highly trained to identify travellers seeking entry to Canada who may pose a health and safety risk. If an officer believes that a traveller has symptoms of concern (e.g. fever, cough or difficulty breathing), they may contact a Quarantine Officer who will then conduct an assessment of the ill traveller. If deemed necessary, the quarantine officer may then take additional measures to mitigate the risk to public health, such as ordering the traveller to undergo a medical examination. These measures complement routine traveller screening procedures already in place to prepare for, detect and respond to prevent the spread of serious infectious diseases in Canada.

Q241. What about people arriving in Canada through connections through other airports? What about at land border crossings?

To protect Canadians and reduce the potential burden that non-essential travel could place on our health care system and its front-line workers, the CBSA has implemented new travel

restrictions at all ports of entry and for all modes of transportation, including land, marine, air and rail.

DISINFECTION AND SANITATION MEASURES FOR AIRLINES AND AIRPORTS

Q242. Is there a role for air carriers in preventing the spread of infectious diseases?

Airlines are important partners in mitigating the potential risk of entry and spread of communicable diseases. In addition, airlines will prohibit travellers of any nationality who exhibit symptoms of COVID-19 from boarding international flights to Canada. Airlines will be required to conduct a summary health assessment of all air travellers based on guidelines provided by the Public Health Agency of Canada.

Q243. Are there guidelines for decontaminating aircraft that have carried passengers with symptoms of the virus during the flight?

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

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

In addition, if a passenger on a flight has been identified as suspected of being ill, PHAC will advise the airline so that the area within a two-metre radius of the passenger's seat can be thoroughly cleaned and disinfected, in addition to the enhanced routine sanitation practises.

Q244. Are touch screen kiosks and other communal area surfaces at airports being cleaned and sanitized on a regular basis?

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

For traveller screening areas such as the Canada Border Services Agency (CBSA) hall and Public Health Agency of Canada assessment rooms, the CBSA has been using a specialized cleaning solution to sanitize these areas multiple times daily.

Q245. What precautions does PHAC recommend for flight attendants who are in close proximity to sick people for extended periods of time?

Protecting the health of Canadians, front-line workers and in this case, flight attendants, is extremely important. As part of the Government of Canada's efforts to stem the spread of COVID-19, the Public Health Agency of Canada (PHAC) has provided guidelines for hand hygiene and respiratory etiquette, as well as disinfection and sanitation practises at airlines. In addition to routine cleaning practices, PHAC recommends thorough cleaning and sanitizing of frequently touched surfaces.

One of the best measures to contain the spread of COVID-19 is to increase the frequency of routine cleaning practices and the sanitization of frequently touched surfaces. Guidelines include recommendations for equipment and disinfectants, frequently touched surfaces and sanitizing instructions. In addition, if there is a suspicion that a passenger is ill, PHAC will notify the airline so that the airline can in turn notify staff of the flight in question; they can self-monitor and ensure that surfaces within two metres in diameter of the seat are properly cleaned and disinfected, in addition to normal cleaning practices.

Like any other Canadian, flight attendants should monitor themselves for any symptoms, isolate themselves quickly if symptoms occur, and contact local public health authorities for more information: where to go for treatment, what mode of transportation to use, and what precautions to take.

In addition, Transport Canada is working with air carriers to strengthen current practices to ensure that if a passenger develops symptoms during a flight, that the passenger is isolated quickly, in accordance with international standards, and that flight attendants wear appropriate personal protective equipment. In addition, staff would notify air traffic control of a passenger who presents symptoms of COVID-19.

SAFETY OF EMPLOYEES

Q246. What is Health Canada doing to ensure federal employees are taking the appropriate precautions?

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

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

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

In addition, given the variety of federal work settings, PSOHP developed supplemental advice for specific workplaces. The first priority was advice for employees based at airports who interact with travellers, for example, what personal protective equipment should be used when searching luggage or escorting an ill traveller. Health Canada Occupational health nurses also supported our departmental partners with information sessions for personnel at airports and CFB Trenton.

The department is also working with Global Affairs Canada to ensure that departments and agencies with employees in affected countries have all of the occupational health information they require.

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

Q247. What protocols did Health Canada follow after receiving confirmation that an employee tested positive for COVID-19?

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

The Department followed established protocol:

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

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

The Government of Canada has asked teleworking to be used whenever and wherever possible, subject to each department's operating requirements. Departments and agencies are actively exercising this flexibility. We are constantly re-assessing the situation and striving to balance both our duty to Canadians and the health and safety of all public servants.

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

Q248. Can you confirm that a certain number of employees who work at Canada's National Microbiology Laboratory in Winnipeg have tested positive for COVID-19?

Two employees working at Canada's National Microbiology Laboratory in Winnipeg tested positive for COVID-19. The employees are in isolation and are following the guidelines of the local public health authority. Contact tracing is underway by the local public health authority who will implement all necessary follow-up procedures to prevent the spread of the virus.

Procedures for cleaning and disinfection of work and common areas have been followed according to established lab protocol. Our employees continue to practise effective public health measures, including physical distancing, hand-washing and respiratory etiquette. It is not unexpected that we would see cases among our workforce as COVID-19 infection is circulating in our community. We are prepared for such circumstances through business

continuity plans that ensure that critical NML operations continue under circumstances where employees are ill or absent. For federal employees whose duties allow them to work from home, this arrangement is supported as part of the Government of Canada's policy during the COVID-19 pandemic. We wish our employees a speedy recovery and our thoughts are with them and their families during this difficult period.