GPHIN Daily Report for 2020-09-02

Special Section on Coronavirus

Canada

Areas in Canada with cases of COVID-19 as of 01 September 2020 at 07:00 pm EDT
Source: Government of Canada

Province, territory or other	Number of confirmed cases	Number of active cases	Number of deaths
Canada	129,425	5,686	9,132
Newfoundland and Labrador	269	1	3
Prince Edward Island	44	0	0
Nova Scotia	1,085	6	65
New Brunswick	191	3	2
Quebec	62,614	1,414	5,762
Ontario	42,421	1,240	2,812
Manitoba	1,232	459	14
Saskatchewan	1,622	31	24
Alberta	14,066	1,398	241
British Columbia	5,848	1,134	209
Yukon	15	0	0
Northwest Territories	5	0	0
Nunavut	0	0	0
Repatriated travellers	13	0	0

A detailed epidemiologic summary is available.
https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html#a1

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

Canada

CBC Windsor August 30 COVID-19 update: Health unit issues more exposure warnings
Source: CBC

Unique ID: 1007749805

The Windsor-Essex County Health Unit (WECHU) is warning the public an employee at the Spirit Halloween store in Devonshire Mall has tested positive for COVID-19.
The employee was at work as recently as Aug. 25.
The public health unit said all the proper precautions were taken by the store, and the employee had been wearing a face covering.
"While the risk of exposure is low, the WECHU is notifying the public because there is a potential risk of COVID-19 exposure to the customers who visited this store on the specified date," a release from the health unit read.
The public health unit recommends any customers that visited the store on Aug. 25 complete an online self-assessment and monitor for symptoms for 14 days.
This is the second such warning in a matter of days.
On Friday, the unit issued another exposure warning, after two people tested positive after attending two restaurants in Kingsville and a vineyard in Harrow.
The health unit said that on Aug. 21 two symptomatic people were at Wineology on 19 Main St. E. and El Diablo on 16 Main St. W. in Kingsville and Muscedere Vineyards on County Rd. 18.
The health unit said it would be refining its process after businesses expressed concerns about how they were notified.
the health unit also said 24 new positive cases of COVID-19 were detected in Windsor-Essex County for Saturday and Sunday, bringing the total number of cases to 2,517.
Eighteen of those cases are due to close contact with a confirmed case, one case is a resident of a retirement home and several cases remain under investigation, according to information provided by the public health unit.
New Beginnings in Leamington remains the only seniors' facility in outbreak.
There are currently two workplace outbreaks being reported — one is in the agricultural sector in Leamington and the other is within the manufacturing sector in Windsor.
Five people are currently hospitalized because of the virus, 71 are in self-isolation and 2,366 cases have been resolved.
In all, 72 people have died because of COVID-19 in Windsor-Essex County.
3rd assessment centre to open
Starting Thursday, Windsor Regional Hospital plans to use the Sportsplex for COVID-19 testing, in advance of the Labour Day weekend. It will be open Thursday, Sept. 3 and Friday, Sept. 4 from 9 a.m. to 4 p.m.
As of Tuesday, Sept. 8, the Sportsplex assessment centre will be open the same hours as the Ouellette Campus location: from 8 a.m. to 7 p.m. on weekdays and from 9 a.m. to 4 p.m. on Saturdays, Sundays and statutory holidays.
COVID-19 in Sarnia-Lambton, Chatham-Kent
Lambton Public Health did not report any new cases of COVID-19 over the weekend. There have been a total of 338 cases overall in the region.
There have been 311 resolved cases of the virus and 25 people have died.
Chatham-Kent Public Health has not reported any new cases of the virus since Thursday. There have been a total of 362 positive cases in that public health unit.
Right now, there are seven active cases of COVID-19 in Chatham-Kent, 353 people have recovered and two people have died from the virus.
https://www.cbc.ca/news/canada/windsor/covid-19-health-unit-sunday-aug30-1.5705490

Canada
OCDSB making further schedule changes; elementary students not starting until September 14.
Source: Ottawa Matters
GPHIN ID: 1007749995
The students first to go back will be Grade 9s, for orientation.
Ottawa's English public school board is again changing when its students will be expected to return to in-person classes.
Grade 9 students will be the first to go back, as the Ottawa-Carleton District School Board (OCDSB) says they'll have orientation on September 8 and 9. Then, on September 10 and 11, all high school students, who have been split into two cohorts, will return to classes.

The OCDSB explains that cohort groupings will be determined and communicated by each school, while students at Sir Guy Carleton Secondary School and Ottawa Technical High School, Adult High School, Alternate Schools, and Safe Schools classes will follow a modified version of the new schedule.
Elementary students attending classes in person will now have a multi-day start with dates ranging from September 14, 15 or 16.
Younger grades will start first, according to trhe OCDSB. It says the specific grades and start days will vary depending on the grade configuration of the school, but in all schools, the following will apply:
September 14 will include all students enrolled in specialized classes;
September 15: All students in year 1 Kindergarten (JK) start, and students in year 2 Kindergarten (SK) that are enrolled in the Extended Day Program (EDP) start.
September 16: All remaining year 2 Kindergarten students (i.e., those not enrolled in EDP) start.
The school board says that in a typical K-8 elementary school, students in grades 1-3, plus specialized class students start school on September 14; on September 15 they are expected to be joined by students in grades 4-6 and some kindergarten students; on September 16 would be joined by students in grades 7 and 8 and the rest of the kindergarten students.
Students in remote learning will have access to some scheduled orientation and/or learning activities during the week of September 14-18. On September 18, remote learning classes will begin for elementary and secondary students. Further information about remote learning will be shared as soon as possible.
Extended Day Program Third-party and OCDSB operated programs will start on the first day of the identified start dates for each elementary school. Students may only attend the EDP program on the days that they are attending school.
The OCDSB says its new plan "was built with the needs of learners in mind."
"The dates and times for entry recognize the unique needs of our youngest learners, of students who may be more vulnerable and may require additional transitions or supports," reads a letter sent by the school board.
OCDSB teachers and education support workers are back at school this week and are engaged in three days of professional learning.
It says families can expect more detailed information to be shared through their child's school over the next two weeks.
For more on the OCDSB's latest return-to-school plan, click here.
https://www.ottawamatters.com/local-news/ocdsb-making-further-schedule-changes-elementary-students-not-starting-until-september-14-2679462

Canada
Health Canada changes course on COVID testing at home | National Post
Source: National Post
Unique ID: 1007749992

TORONTO — Health Canada is willing to consider approving home COVID-19 tests to screen for the virus, a spokesman for the minister of health told Reuters, in a win for public health experts and doctors who have argued that frequent and inexpensive testing could beat back the pandemic.
The health ministry had previously said it was concerned that people might misuse home tests or misinterpret the results.
"In response to the evolution of the pandemic, Health Canada is now considering applications for home testing devices for screening purposes," said Cole Davidson, spokesman for the minister of health said in a statement.
In June 2020, Health Canada had indicated that it would not review applications for home test kits, as at that time, "the Department's position was in relation to the use of home tests for diagnostic purposes," the statement said.
Screening tests are meant to monitor large groups of seemingly healthy people for illness, while diagnostic tests investigate symptoms.
The change could allow for self collection, where samples are sent to a lab for processing, and spur the development of new tests to detect the virus at home.
Home tests may be more likely to miss positive cases than the laboratory tests. Regulators generally want those errors to be vanishingly rare, since patients who do not realize they are contagious could spread the virus.

https://nationalpost.com/pmn/health-pmn/health-canada-changes-course-on-covid-testing-at-home

Canada
Squamish Nation's COVID-19 outbreak grows to 19 cases
Source: CTV News Vancouver
ID: 1007752760

VANCOUVER -- An outbreak in the Squamish Nation has grown to more than a dozen cases of COVID-19.
The nation posted the update on its website Monday, saying there are now 19 confirmed cases of the disease both on the North Shore and in the Squamish Valley.
Other people are awaiting test results, the advisory says.
An initial alert was posted last Thursday, when one case was confirmed. By the next day, the nation had updated its alert to say "multiple cases" had been reported.
"It is really important you know we are here for you," said Kristen Rivers, Tiyáltelut council co-chair, in a statement.
"We are in this together and we are going to get through this together. I know that it is scary, but we will get through this."
The nation's advisory says anyone who has tested positive for COVID-19, who lives with someone who has tested positive or who is waiting for test results is self-isolating.
Deliveries of hand sanitizer, cleaning products, masks, gloves, toilet paper and food vouchers are being made to families who are self-isolating. Grocery and prescription deliveries are also possible for those who need it.
Anyone who suspects they're exhibiting symptoms of COVID-19 should isolate and call 811.
https://bc.ctvnews.ca/squamish-nation-s-covid-19-outbreak-grows-to-19-cases-1.5087785

Canada
University student with COVID-19 did not self-isolate, N.S. says
Source: CBC | Nova Scotia News
ID: 1007752660

The Nova Scotia government said Tuesday that a university student infected with COVID-19 did not self-isolate after arriving in the province to attend Université Sainte-Anne in Church Point, N.S.
Public health officials are working to identify close contacts of the student, who travelled from outside Atlantic Canada and is one of six active cases of the virus in the province, according to a news release.
"The positive and probable cases we announced yesterday are the reason we have a testing strategy in place for post-secondary students. It's helping us detect and manage cases early," Dr. Robert Strang, chief medical officer of health for Nova Scotia, said in the release.
"The testing strategy does not replace the need to follow other public health measures. The combination of testing, self-isolating and digital check-ins will help to ensure the safety of all students, faculty and staff, and their neighbouring communities."
On Monday, the province announced the case involving the Université Sainte-Anne student, a new case in the eastern zone, and two probable cases involving a student at Dalhousie University in Halifax and one at Acadia University in Wolfville.
The province said both the Dalhousie and Acadia students have been self-isolating since arriving from outside the Atlantic bubble. Their test results came back indeterminate, which the province said can happen when someone previously had COVID-19 or is tested before the virus is "fully detectable."
They are not included in the province's total number of cases, but the government said the two cases are being treated as lab-confirmed positives to make sure all precautions are taken.
Speaking at a news conference about expanding high-speed internet access on Tuesday, Premier Stephen McNeil said the public health team is taking the lead on testing students during their period of self-isolation.
"We're very encouraged that the system is working," McNeil told reporters, adding that universities and communities have been fully co-operative.
"We wanted to give, particularly rural communities, reassurance that we are on top of this. It also is a great opportunity for us to see thousands of people come into our province and gives us a real sense of how active this virus is as it's moving."

McNeil said they will continue to follow the epidemiology as public schools reopen, working with public health "to make sure our online portal is working and then start identifying with higher screening at the airport as people are coming in."
767 tests done on Monday
The province reported no new cases Tuesday. On Monday, 767 tests were done by the Nova Scotia Health Authority's labs.
Nova Scotia has had 1,085 positive COVID-19 cases and 65 deaths related to the virus. No one is currently in hospital.
The latest numbers from around the Atlantic bubble are:
New Brunswick has three active cases but reported no new cases Tuesday.
Newfoundland and Labrador has one active case as of Monday.
P.E.I. has three active cases as of Monday.
Symptoms list
Anyone with the following symptoms of COVID-19 should go to this website to see if they should call 811 for further assessment:

- Fever (chills, sweats).
- Cough or worsening of a previous cough.
- Sore throat.
- Headache.
- Shortness of breath.
- Muscle aches.
- Sneezing.
- Nasal congestion/runny nose.
- Hoarse voice.
- Diarrhea.
- Unusual fatigue.
- Loss of sense of smell or taste.
- Red, purple or bluish lesions on the feet, toes or fingers that do not have a clear cause.

https://www.cbc.ca/news/canada/nova-scotia/six-active-cases-universite-sainte-anne-student-1.5707898?cmp=rss

Canada
Ford defends Ontario's top doctor as calls for his resignation or removal grow louder
Source: CBC News
ID: 1007753466

Premier Doug Ford is defending Ontario's chief medical officer of health amid growing calls for new leadership as the province enters a critical new stage of the COVID-19 pandemic.

"I have all the confidence in the world in Dr. Williams and his whole entire team," Ford said during his Tuesday afternoon COVID-19 briefing.

Health Minister Christine Elliott added that Williams has "done his best to keep Ontarians safe" during the crisis.

Ford and Elliott's votes of support come on the heels of Doris Grinspun, CEO of the Registered Nurses Association of Ontario (RNAO), calling for Williams to be taken off the job immediately, whether by removal, resignation or retirement.

"We are in for a difficult time and that's why we're saying we need strong leadership at the top and we need that to happen now," said Grinspun.

QP Briefing first reported that Grinspun and the RNAO are calling for Williams to resign.

A need for change has become increasingly urgent, she said, with Ontario schools now just days away from widely reopening and a possible second wave of the novel coronavirus looming.

Toronto unveils plan to deal with 2nd wave of COVID-19 that medical officer calls 'inevitable'
Grinspun described Williams as a poor communicator and criticized him for moving too slowly on preventative measures.

The demands of nurses and health workers have often gone unheard, she said, especially during the height of the crisis in Ontario's long-term care facilities. Grinspun said that local public health leaders have been more proactive and effective in responding to the crisis.

Dr. David Fisman, the outspoken epidemiologist at the University of Toronto, has also called for a shakeup. He tweeted earlier this week that Williams' resignation is "long past time."

Fisman and Grinspun said colleagues and health leaders, including the CEOs of some Toronto hospitals, have privately expressed their desire for a new doctor to take over the province's top job.

Williams was appointed to his current post by the previous Liberal government in February 2016. He previously served as the medical officer of health for the Thunder Bay District Board of Health.

Williams said 'careful' workers unlikely to become infected
In an interview with CBC Toronto, Grinspun described months of private conversations with Ford's office, in which her organization has expressed concerns with Williams's performance during the pandemic.

She then pointed to comments made by Williams during a news conference on Thursday, Aug. 27 as a tipping point.

In his response to a question about the risks facing teachers when in-person learning widely resumes this month, Williams drew a comparison to health-care workers, and suggested that many infected workers did not actually contract the virus while on the job.

"If you then go home, casually go around and don't wear a mask, go off to the mall or wherever and expose yourself, that would be really bad," he said.

"Our approach has always been, those people who are very careful and are consistent in their practices, we usually, when we interview them, they do not get infected."

According to provincial figures, 2,642 health-care workers at long-term care facilities have contracted COVID-19, and eight of them have died.

Grinspun said Williams's comments placed unfair blame on those workers. She estimated that less than half of Ontario's health-care workers contracted the virus outside work, though she does not have data to support that assessment.

"It shows an inability to empathize and an inability to understand how hard health professionals are working to serve Ontarians," she said of Williams's comments.

"It's unfathomable that any public-health officer, let alone the chief medical officer of health of this province, would see it right to make that flippant and unfactual comment."
https://www.cbc.ca/news/canada/toronto/ford-williams-rnao-resignation-demand-1.5708331

Canada
New supportive housing coming for homeless in Vancouver, province and city say
Source: NEWS 1130
ID: 1007752253

VANCOUVER — The B.C. government and City of Vancouver are partnering to build 450 new supportive homes for people experiencing homelessness.
Housing Minister Selina Robinson and Mayor Kennedy Stewart announced plans to build 98 temporary modular homes just a few blocks from Strathcona Park where a homeless encampment has been growing.
Another 350 units of permanent supportive housing are planned for other city-owned lands with locations to be announced in the next few months.
The goal is to open the temporary units next spring pending a public information session, and the units will remain in place for about five years with an option to renew the lease for another five.
Stewart says the COVID-19 crisis and physical distancing measures have reduced space in places like shelters, dealing another blow to some of the city's most vulnerable people.
He says the city plans to move people camping at Strathcona Park into housing in a similar process as was undertaken at Oppenheimer Park.
"We started 2020 with a housing and homelessness crisis that has been exacerbated by an overdose crisis due to the poisoned drug supply. COVID-19 has made things much more difficult," Stewart says.
"These are tough times for everyone but especially those with the fewest resources."
Robinson says the province has experienced a housing affordability crisis for years, but the growth rate of homelessness had begun to slow until the pandemic struck.
"The importance of housing has become even clearer in the last few months," she says.
Robinson says the new units are part of the province's plan to provide both immediate and long-term solutions that include wraparound services like health, wellness and employment support.
Once open, each site will be managed by a non-profit housing operator who will be present full time, the government says in a news release.
The new units are among about 1,000 supportive homes opened in the city as part of a provincial housing plan since 2017.
https://www.citynews1130.com/2020/09/01/new-supportive-housing-coming-for-homeless-in-vancouver-province-and-city-say/

Canada
High vaccine use urged by Tam, Njoo to beat COVID-19, restore pre-pandemic life
Source: ctvnews.ca
ID: 1007751898

OTTAWA -- Canada's top public health officers say widespread vaccination of Canadians is the only way to corral COVID-19 and allow life to return to a semblance of its pre-pandemic state.
Dr. Theresa Tam and her deputy, Dr. Howard Njoo, are offering that assessment one day after the Trudeau government announced the latest instalment in its plan to pre-buy tens of millions of doses of potential vaccines, signing deals with two American firms.
Tam and Njoo say the time has come for Canadians to roll up their sleeves and get immunized.
Njoo says it is not clear how what percentage of Canadians need to get a vaccine to achieve broad immunity but he says it is important for as many as possible to get vaccinated.
Njoo says a vaccine could be available sometime in 2021, perhaps as early as the spring.
"Widespread vaccine uptake is the best shot Canadians have of regaining some of what we've lost," said Tam.
https://www.ctvnews.ca/health/coronavirus/high-vaccine-use-urged-by-tam-njoo-to-beat-covid-19-restore-pre-pandemic-life-1.5087882

Canada
Funeral and feast gatherings in northern B.C. lead to COVID warnings
Source: National Post
ID: 1007753655

VICTORIA — An outbreak of COVID-19 in British Columbia's Nass Valley has prompted an alert from the Northern and First Nations health authorities.
The warning goes out to anyone who attended gatherings between Aug. 21 and 25 in the valley. A statement from the Nisga'a government says all those who attended a memorial, funeral or settlement feast need to contact their community clinic.

A joint statement Tuesday from Health Minister Adrian Dix and provincial health officer Dr. Bonnie Henry says there have been 58 new cases of COVID-19 for a total of 5,848 cases.
There has been one additional death, while 4,505 people who tested positive have recovered. Since the pandemic began, 209 people have died.
The government also announced it is extending the provincial state of emergency until the end of the day on Sept. 15, which allows Public Safety Minister Mike Farnworth to use extraordinary powers in response to the pandemic.
Article content continued
Premier John Horgan says in a statement that while the majority of people are following rules to stop the spread of COVID-19, a small number are ignoring orders.
“This pandemic is not over, and whether it’s an end-of-summer gathering or hockey celebration, this is not the time to bend or break the rules. To those few who are not complying, there will be consequences.”
Ten tickets have been issued since the government gave authorities the ability to issue $2,000 tickets for violating the provincial health officer’s orders on gatherings, the statement says.
Six of those were for $2,000 related to gatherings and events, while four were issued to individuals for $200 each.
Dix says the province is almost back to its regular timelines for surgery after completing about 66 per cent of the more than 17,000 procedures that were postponed at the start of the pandemic.
The government says in a news release that it’s working with staff, unions and others to determine the best way to extend daily hours and open operating rooms on the weekends.
The government has hired more anesthesiologists, nurses and medical technicians to help accelerate the process.
Dix says that’s why it’s so important to keep the infection rate low.
“Right now, perhaps more than at any other time in our B.C. pandemic, we’re counting on each other to stop the spread of COVID-19,” he says in the release. “And the remarkable British Columbians involved in surgical renewal and getting patients the surgeries they need are counting on us to do our work, so they can continue to do theirs.”
This report by The Canadian Press was first published Sept. 1, 2020.
https://nationalpost.com/pmn/news-pmn/canada-news-pmn/funeral-and-feast-gatherings-in-northern-b-c-lead-to-covid-warnings

Canada
Yukon University shuts down campus after learning 2 students didn't self isolate
Source: CBC | North News
ID: 1007753654

Yukon University shut down its Whitehorse campus on the first day of class Tuesday afternoon, after learning two students did not self-isolate after crossing the territorial border and moving into residence.
The students did not have symptoms and are now isolating in a government facility, said communications director Michael Vernon.
The campus is closed to students for 48 hours, he said, and expected to re-open on Friday.
Most Yukon University classes are online this semester, however, and will not be affected.
The chief medical officer has told the university the risk of COVID-19 infection is low, said Vernon. The students had crossed the Yukon border in the previous 24 hours, he said, before compliance officers contacted them.
"Over the next two days we're going to be tracing the movement and the interactions of those students just so we can better define how that happened," Vernon said.
The Whitehorse campus was already fairly empty before the shutdown, as students trickled in to pick up ID cards on Monday.
"I don't think you'd be able to meet or interact with a lot of people," said Sophia Eze, who moved into campus residence from Calgary.
Every second dorm room is empty — and all her classes are online.
There are restrictions on visiting other dorm rooms and having friends over.There were no icebreaker games or back-to-class barbeque. Instead, students got links to Orientation videos.
"In a normal year ... this would be just a buzz of activities," said Janet Welch, vice president Academic and Student Services. "Just a lot quieter this year."

Students on campus had mixed feelings about online learning.
"I'm so nervous about it," said Melissa Davis, a third-year teaching student.
As the mom of two little boys, Davis says doing class at home this spring, "was like trying to focus with a wrestling ring in my living room."
Miranda Amos almost didn't go back to university this term.
"It feels sad and different," said Amos, who loves the social aspect of university.
"It'll be a challenge ... but I'm excited for that challenge."
Sparsh Arora, who works at the university as a 2nd year business administration student, said he's happy to do class online.
"If I'm safe, that's what my first preference would be," he said.
The former Yukon College officially became a university earlier this year. Yukon University is one of several post-secondary institutions moving class online amid the COVID-19 pandemic.
Once it reopens, students can still go to campus for wifi and supports. There are no meals for sale, so the cafeteria has been converted into a hub for student services.
Six-foot spacers line the floor and library staff wear masks. Browsing the library bookstacks is not allowed, and books will be quarantined for a few days after they're returned.
Some courses will be in-person with reduced class size, like science labs, trades shop and art studio class.
Instructor Stephen Biggin-Pound says adapting courses for online was a time-consuming challenge.
"It requires re-thinking what the course is and how we're going to deliver it," he said. "We don't want to do Zoom lectures all the time."
Biggin-Pound said his main concern was student access to wifi and the right technology.
Some students were also worried about learning in a virtual environment.
"Having everything online is just going to make everything more difficult to understand," said Eze.Plus, she said, it'll be harder to talk one-on-one with peers in class.
Welch did not say when in-person classes might resume, but said university classes will be online for the remainder of the semester. She said they will move "as quickly as possible" when face-to-face classes can resume.
The university projects a 15 per cent drop in enrolment over the 2020/2021 school year.
Tuition remains the same this year, Welch said, although on-campus fees won't be charged. She says developing online classes takes about 10 times more upfront work, and these courses will be "comparable" to in-class learning.
Yukon grade schools are already back to the classroom. Davis says she feels a little jealous of her 8-year-old son.
"If my kid can go back to school as a guinea pig I feel like I should also be able to go back to the college and be in class in person," she said.
But first-year student Eric Snider sees an advantage to studying online in Yukon: "When the winter comes and gets really cold, I won't have to come back into class."
About the Author
Laura Howells is a journalist from Newfoundland who is currently reporting in Whitehorse. She most recently worked as a digital reporter and radio producer in Toronto. You can reach her at laura.howells@cbc.ca and follow her on Twitter @LauraHowellsNL.
https://www.cbc.ca/news/canada/north/yukon-university-2020-covid-new-semester-online-class-1.5707326?cmp=rss

Canada
Health Unit updates potential exposure list with two Windsor-Essex businesses
Source: CTV News - Windsor
ID: 1007753638

WINDSOR, ONT. -- The Windsor-Essex County Health Unit has updated its website with two new possible COVID-19 exposures at businesses in the region.
The health unit lists Xaco Taco restaurant on Cabana Road for the dates of Aug. 24 and 25 and a second case at Xanadu Health Club on Aug.22, 23, 24, 27, 29 and 30.
“We have been advised by the Windsor Essex Health Unit that a second person has contracted COVID-19 elsewhere, but has worked out in our facility,” David Schild, Xanadu owner, told CTV News. “Upon receiving

the call we were disappointed to learn that WECHU cannot reveal the identity of the individual due to 'confidentiality rules' so we are unable to use our extensive surveillance systems to contact trace."
The gym has opted to close its doors for two weeks effective immediately until Sept. 15 in order for the facility to self-quarantine "for the safety of our staff and members." Schild said the health club was made aware that the member attended Xanadu and did not do any cardio or attend any of the FYRE studio classes.
WECHU's website now lists public locations where a person with a positive case of COVID-19 worked, visited, or attended during their infectious period when it is determined there has been a risk of exposure and the health unit is unable to contact everyone who may have been exposed.
The health unit website says the potential exposures listed on its page are considered "low risk" however as a precaution the WECHU asks anyone who visited the listed locations to self-monitor for 14 days from the date of exposure.
https://windsor.ctvnews.ca/health-unit-updates-potential-exposure-list-with-two-windsor-essex-businesses-1.5088625

Canada
Study says Ontario surgery backlog due to COVID-19 could take 84 weeks to clear
Source: Global News
ID: 1007751476

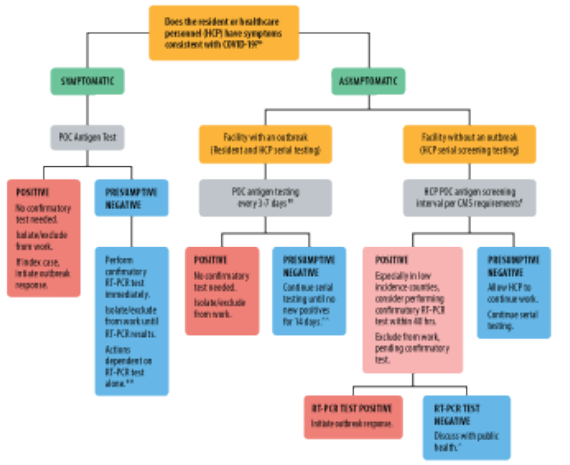
TORONTO – A new study suggests it could take more than a year and a half to clear the backlog of surgeries in Ontario hospitals caused by the COVID-19 pandemic.
Modelling research published today in the Canadian Medical Association Journal says the estimated time to clear surgeries postponed due to the pandemic is 84 weeks, with a target of 717 surgeries per week.
The provincial government instructed Ontario hospitals to cancel elective surgeries and other activities deemed not urgent in mid-March to prepare for a possible surge of COVID-19 patients.
That directive was lifted in late May and hospitals gradually resumed performing those surgeries.
The study says that between March 15 and June 13, Ontario hospitals accrued a backlog of 148,364 procedures.
Its authors say the data will play an important role in health planning moving forward, and the modelling framework can be adapted to other jurisdictions.
https://globalnews.ca/news/7310078/coronavirus-ontario-surgery-backlog/

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

United States
Considerations for Use of SARS-CoV-2 Antigen Testing in Nursing Homes
Source: US CDC

This document provides a summary of considerations for use of SARS-CoV-2 (the virus that causes COVID-19) antigen testing in nursing homes and is intended for nursing home providers and state and local public health departments.
Antigen tests are available as point-of-care (POC) diagnostics for SARS-CoV-2. They have a rapid turnaround time, which is critical to the identification of SARS-CoV-2 infection and rapid implementation of infection prevention and control strategies. These tests can augment other testing efforts, especially in settings where RT-PCR testing capacity is limited or testing results are delayed (e.g., >48 hours). In general, these POC antigen tests have a lower sensitivity, but similar specificity, for detecting SARS-CoV-2 compared to reverse-transcriptase polymerase chain reaction (RT-PCR) tests.
This document pertains to antigen tests that have been granted a US Food and Drug Administration's Emergency Use Authorization (FDA EUA) to detect SARS-CoV-2. The first two SARS-CoV-2 antigen tests to receive FDA EUA are authorized for testing symptomatic persons within 5 days of symptom onset and there are limited data on antigen test performance in asymptomatic persons. However, given the transmission of SARS-CoV-2 from asymptomatic and presymptomatic nursing home residents and healthcare personnel (HCP) with SARS-CoV-2 infection, CDC is providing considerations for the use of antigen tests in asymptomatic persons during this public health emergency. Facilities should be aware of

the FDA EUAexternal icon for antigen testsexternal icon and potential implications for the Clinical Laboratory Improvement Amendments (CLIA)external icon certificate of waiver when using antigen tests in asymptomatic individuals and in persons >5 days from symptom onset.
Considerations for Interpreting Antigen Test Results in Nursing Homes



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When a confirmatory molecular test should be considered

As the sensitivity of antigen tests is generally lower than RT-PCR, FDA EUAexternal icon recommends that negative POC antigen tests be considered presumptive. Clinical staff in nursing homes should consider when confirmatory RT-PCR testing might be needed prior to making clinical decisions, cohorting residents, or excluding HCP from work. When interpreting the results of antigen tests, test characteristics and probability of infection should be considered.

- Test sensitivity might vary between antigen testing platforms. Facilities should be aware of which platform is being used and the sensitivity of the test for the patient population to be tested. For example, the first two antigen tests that have received FDA EUAsexternal icon range in sensitivity from 84% to 97% when used within 5 days of symptom onset.
- Factors that increase the probability of infection include the presence of symptoms in the person being tested, recent exposure to someone diagnosed with COVID-19, and whether testing is being conducted in a nursing home with an outbreak or within a high-prevalence community. These factors inform the decision of whether confirmatory testing by RT-PCR is indicated following an antigen test.

If a confirmatory RT-PCR test is performed within 48 hours, individuals should be assumed infectious until the confirmatory test results are completed. For instance, if a symptomatic resident tests presumptive negative on antigen test and a RT-PCR is performed, the resident should remain in Transmission-Based Precautions until the RT-PCR test results. If an asymptomatic HCP working in a nursing home without an outbreak and in a county with low community prevalence tests antigen positive, they should be excluded from work until a negative RT-PCR test is available.

Reporting requirements for SARS-CoV-2 tests

Every COVID-19 testing site is required to report to the appropriate state or local public health department every diagnostic and screening test performed to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. POC testing may be performed with a Clinical Laboratory Improvement Amendments (CLIA)external icon certificate of waiver, but reporting of test results to state or local public health departments are mandated by the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

Uses of antigen testing in nursing homes

This document guides the interpretation of results when antigen tests are used in the following circumstances:

- Testing of symptomatic residents and HCP,
- Testing of asymptomatic residents and HCP in facilities as part of an COVID-19 outbreak response, and

- Testing of asymptomatic HCP in facilities without a COVID-19 outbreak as required by CMS recommendations.

Testing in other circumstances are likely to occur, such as testing asymptomatic residents and HCP who were exposed to persons with COVID-19 outside of the nursing home (e.g., recent hospitalization or outpatient services) or through other screening activities. The principles described here can be used to guide the interpretation of antigen test results in those situations.

Antigen tests should not be utilized to determine the duration of Transmission-Based Precautions nor when HCP can return to work. Test-based strategies are not generally recommended to determine duration of transmission-based precautions, nor to determine when HCP may return to work. If used, test-based strategies should rely only on RT-PCR.

Considerations for interpreting antigen test results in nursing homes

Testing of symptomatic residents or HCP

- If an antigen test is positive, no confirmatory test is necessary.
    - Residents should be placed in Transmission-Based Precautions or HCP should be excluded from work.
    - If the resident or HCP is the first positive test for SARS-CoV-2 within the facility (i.e., an index case), an outbreak response should be initiated immediately.*
- If an antigen test is presumptive negative, perform RT-PCR immediately (e.g., within 48 hours).
    - Symptomatic residents and HCP should be kept in transmission-based precautions or excluded from work until RT-PCR results return.
    - Some antigen platforms have higher sensitivity when testing individuals within 5 days of symptom onset. Clinical discretion should be utilized to determine if individuals who test negative on such platforms should be retested with RT-PCR.
    - Note: if an individual has recovered from SARS-CoV-2 infection in the past 3 months and develops new symptoms suggestive of COVID-19, alternative diagnoses should be considered prior to retesting for SARS-CoV-2.

Testing of asymptomatic residents or HCP in nursing homes as part of an outbreak response*

- If an antigen test is positive, no confirmatory test is necessary.
    - Residents should be placed in transmission-based precautions, and HCP should be excluded from work.
- If an antigen test is presumptive negative, residents should be placed in appropriate precautions for facilities with an outbreak. HCP should be allowed to continue to work with continued symptom monitoring. The facility should continue serial viral testing (antigen or RT-PCR) every 3-7 days until no new cases are identified for a 14-day period.
- Note: asymptomatic individuals who have recovered from SARS-CoV-2 infection in the past 3 months and live or work in a nursing home performing facility-wide testing should not be tested for SARS-CoV-2.

Testing of asymptomatic HCP in nursing homes without an outbreak per CMS recommendations

CMS recommendsexternal icon initial testing of all HCP as part of the nursing home reopening process and serial testing of HCP at an interval based on local incidence of COVID-19.

- If an antigen test is positive, perform confirmatory RT-PCR test within 48 hours of the antigen test, especially in counties with low prevalence. If confirmatory test is performed, HCP should be excluded from work until confirmatory test results are completed.
    - If the confirmatory test is positive, then exclude the HCP from work and initiate an outbreak response including facility-wide testing of all residents and HCP.
    - If the confirmatory test is negative, discuss results with the local public health department to determine how to interpret the discordant results and next steps. The incidence of SARS-CoV-2 infection in the local community can help interpret the likelihood of a false positive antigen test. The time between antigen test and RT-PCR test should also be considered. If RT-PCR is performed >48 hours after an antigen test, it is possible that the viral dynamics have changed during the time between antigen and RT-PCR and testing. Therefore, the antigen test may indicate a true infection even if the RT-PCR is negative.
- If an antigen test is presumptive negative, allow HCP to continue to work. The HCP should continue to monitor for symptoms, and serial testing should continue per CMS recommendationsexternal icon.

- Note: HCP who have recovered from SARS-CoV-2 infection in the past 3 months and are asymptomatic should not be tested for SARS-CoV-2.

Notes:
*A COVID-19 outbreak response in a nursing home is triggered when a resident or HCP tests positive for SARS-CoV-2. An index infection in a resident should include SARS-CoV-2 infections that originated in the nursing home and should not include:

- Residents who were known to have COVID-19 on admission to the facility and were placed into Transmission-Based Precautions.
- Residents who were placed into Transmission-Based Precautions on admission and developed SARS-CoV-2 infection within the 14-day period after admission.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-antigen-testing.html?deliveryName=USCDC_425-DM36794
https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/nursing-home-testing-algorithm-508.pdf?deliveryName=USCDC_425-DM36794

United States

Interim Additional Guidance for Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Outpatient Hemodialysis Facilities
Source: US CDC
Below are changes to the guidance as of August 24, 2020:

- Updated screening recommendations to include asking about exposure to others with SARS-CoV-2 infection.
- Added recommendation for universal use of eye protection (in addition to a medical facemask) during the care of all patients for healthcare personnel (HCP) working in facilities located in communities with moderate to substantial SARS-CoV-2 transmission.
- Added language that protective eyewear (e.g., safety glasses, trauma glasses) with gaps between glasses and the face likely do not protect eyes from all splashes and sprays.
- Added recommendations for how dialysis facilities should respond to newly identified patients and HCP with SARS-CoV-2 infection.

Background
This information is provided to clarify SARS-CoV-2, the virus that causes coronavirus disease 2019 (COVID-19), infection prevention and control (IPC) recommendations that are specific to outpatient hemodialysis facilities. This information complements, but does not replace, the general CDC IPC recommendations for SARS-CoV-2 available in Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic.
This guidance is based on the currently available information about SARS-CoV-2. This approach will be refined and updated as more information becomes available and as response needs change in the United States. It is important to stay informed about SARS-CoV-2 to prevent introduction and minimize spread in your dialysis facility. Consult with public health authorities to understand if transmission of SARS-CoV-2 is occurring in your community.
As part of routine infection control, outpatient dialysis facilities should have established policies and practices to reduce the spread of contagious respiratory and other pathogens.
Implement Universal Source Control Measures

- Source control refers to use of masks or medical facemasks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing. Because of the potential for asymptomatic and pre-symptomatic transmission, source control measures are recommended for everyone in a healthcare facility, even if they do not have symptoms of COVID-19.
    - Patients and visitors should, ideally, wear their own mask (if tolerated) upon arrival to and throughout their stay in the facility. If they do not have a mask, they should be offered a medical facemask or mask, as supplies allow.
        - Masks (including medical facemasks) should not be placed on young children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.

- Healthcare personnel (HCP) should wear a medical facemask at all times while they are in the healthcare facility, including in breakrooms or other spaces where they might encounter co-workers.
    - When available, medical facemasks are preferred over masks for HCP as medical facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others.
    - Masks should NOT be worn instead of a respirator or medical facemask if more than source control is needed.
    - Respirators with exhalation valves are not recommended for source control; If only a respirator with an exhalation valve is available and source control is needed, cover the exhalation valve with a medical facemask, or a mask that does not interfere with the respirator fit.

Screening, Triage, and Management of Individuals with Suspected or Confirmed SARS-CoV-2 Infection

- Implement processes for identifying and triaging individuals with suspected or confirmed SARS-CoV-2 infection before arrival.
    - Remind HCP not to report to work when they are ill and to notify occupational health services if they have an unprotected exposure to someone with SARS-CoV-2 infection (either in the community or in the dialysis facility).
    - Instruct patients to call ahead to report close contact in the past 14 days with someone with SARS-CoV-2 infection or symptoms of COVID-19 so the facility can be prepared for their arrival or triage them to a more appropriate setting (e.g., an acute care hospital).
        - Close contact is defined as being within 6 feet of an infected person for at least 15 minutes while they were infectious. Because these exposed patients could go on to develop SARS-CoV-2 infection, they should be cared for using all personal protective equipment (PPE) and precautions described for a patient with confirmed SARS-CoV-2 infection, even if viral testing is negative during their 14-day quarantine period. This includes remaining at least 6 feet from other patients at all times in the facility. Unless the exposed patients are confirmed to have SARS-CoV-2 infection, they should not be cohorted with patients with confirmed SARS-CoV-2 infection. If the exposed patients develop SARS-CoV-2 infection, full SARS-CoV-2 precautions should be followed until the patients meet criteria to discontinue Transmission-Based Precautions.
    - Post signs at clinic entrances and strategic places around the facility with instructions for patients and visitors who have symptoms of COVID-19 or who have had close contact with someone with SARS-CoV-2 infection to alert staff so appropriate precautions can be implemented.
    - Provide patients, HCP, and visitors with instructions (in appropriate languages) about screening and triage procedures, including information about the importance of practicing source control, maintaining a distance of at least 6 feet from all other persons whenever possible, and performing frequent hand hygiene.
        - Instructions should include how to use masks and medical facemasks, how to use tissues to cover nose and mouth when coughing or sneezing (if a mask cannot be tolerated), how to dispose of tissues and contaminated items in waste receptacles, and how and when to perform hand hygiene.
    - Position supplies close to dialysis chairs and nursing stations to promote adherence to hand and respiratory hygiene and cough etiquette. These include tissues and no-touch receptacles for disposal of tissues and hand hygiene supplies (e.g., alcohol-based hand sanitizer).
    - Make sure triage procedures are compliant with HIPAA guidance. While the process for screening and triage depends on facility layout and staffing, the general steps include:
        - Placing a staff member near all entrances (outdoors if weather and facility layout permit), or in the waiting room area, to ensure everyone (patients, HCP, visitors) is screened for symptoms consistent with COVID-19 or close contact with someone with SARS-CoV-2 infection before they enter the treatment area and ensure they are practicing source control.

        - Confirm absence of symptoms consistent with COVID-19. Fever is either measured temperature ≥100.0°F or subjective fever.
        - Ask them if they have been advised to self-quarantine because of exposure to someone with SARS-CoV-2 infection.
    - Properly manage anyone with symptoms of COVID-19 or who has been advised to self-quarantine:
        - HCP should return home and should notify occupational health services to arrange for further evaluation.
        - Visitors should be restricted from entering the facility.
        - Patients should be managed as described under Patient Placement below.
  - Follow local regulations regarding reporting newly identified infections to public health authorities.

Placement of Patients with Suspected or Confirmed SARS-CoV-2 Infection

- Ideally facilities should have areas for all patients to wait separated by at least 6 feet. Medically stable patients might opt to wait in a personal vehicle or outside the healthcare facility where they can be contacted by mobile phone when it is their turn to be seen.
- Patients with suspected or confirmed SARS-CoV-2 infection or who have reported close contact should be brought back to an appropriate treatment area as soon as possible in order to minimize time in waiting areas. If they must wait, facilities should ensure the following:
  - Patients with confirmed SARS-CoV-2 infection can be cohorted together (e.g., in the same waiting room); however, they should maintain at least 6 feet of separation from other patients at all times in the dialysis facility.
  - Patients with suspected SARS-CoV-2 infection and patients who have had close contact with someone with SARS-CoV-2 infection should also maintain at least 6 feet of separation from each other and from other patients at all times in the dialysis facility.
- Separation should be maintained in the treatment area. Facilities should consider separating all patients by 6 feet during dialysis treatments, especially in areas with moderate to substantial community transmission.
  - Ideally, a patient with suspected or confirmed SARS-CoV-2 infection or who has reported close contact would be dialyzed in a separate room (if available) with the door closed.
    - Hepatitis B isolation rooms should only be used for these patients if: 1) the patient is hepatitis B surface antigen positive or 2) the facility has no patients on the census with hepatitis B infection who would require treatment in the isolation room.
    - If a separate room is not available, the patient with suspected or confirmed SARS-CoV-2 infection or who reported close contact should be treated at a corner or end-of-row station, away from the main flow of traffic (if available). The patient should be separated by at least 6 feet from the nearest patient (in all directions).
- If a hemodialysis facility is dialyzing more than one patient with confirmed SARS-CoV-2 infection, consideration should be given to cohorting these patients and the HCP caring for them together in the same section of the unit and/or on the same shift (e.g., consider the last shift of the day). Only patients with confirmed SARS-CoV-2 infection should be cohorted together. Patients who report close contact with someone with SARS-CoV-2 infection and patients with symptoms for whom SARS-CoV-2 infection has not been confirmed, should not be cohorted with patients with confirmed SARS-CoV-2 infection or with each other as their diagnosis is uncertain. These patients should be dialyzed at a station that is at least 6 feet from others in all directions.

Recommended PPE When Caring for a Patient with Suspected or Confirmed SARS-CoV-2 Infection

- HCP caring for patients with suspected or confirmed SARS-CoV-2 infection or who have reported close contact with someone with SARS-CoV-2 infection should use all of the following:
  - N95 or equivalent or higher-level respirator (or medical facemask if a respirator is not available)
    - A mask (e.g., a cloth face covering) is NOT considered PPE and should not be worn by HCP when PPE is indicated.
    - In times of shortage, special care should be taken to ensure that respirators are reserved for situations where respiratory protection is most important, such as performance of aerosol generating procedures on patients with suspected or confirmed SARS-CoV-2 infection or provision of care to patients with other

infections for which respiratory protection is strongly indicated (e.g., tuberculosis, measles, varicella).
        - Respirators should be worn by fit-tested personnel in the context of a respiratory protection program; Consider implementing a respiratory protection program that is compliant with the OSHA respiratory protection standard for employees if not already in place. The program should include medical evaluations, training, and fit testing.
    - Eye protection (i.e., goggles, a face shield that covers the front and sides of the face).
        - Protective eyewear (e.g., safety glasses, trauma glasses) with gaps between glasses and the face might not protect eyes from all splashes and sprays.
    - Personal glasses and contact lenses are NOT adequate eye protection.
    - Gloves
    - Isolation gown
        - The isolation gown should be worn over or instead of the cover gown (e.g., laboratory coat, gown, or apron with incorporate sleeves) that is normally worn by hemodialysis personnel. If there are shortages of gowns, they should be prioritized for initiating and terminating dialysis treatment, manipulating access needles or catheters, helping the patient into and out of the station, and cleaning and disinfection of patient care equipment and the dialysis station.
        - When gowns are removed, place the gown in a dedicated container for waste or linen before leaving the dialysis station. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use.

Recommended PPE When Caring for Patients Not Suspected to Have SARS-CoV-2 Infection

- HCP working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic patients with SARS-CoV-2 infection. If SARS-CoV-2 infection is not suspected in a patient presenting for care (based on symptom and exposure history), HCP should follow Standard Precautions and additional precautions routinely recommended for hemodialysis facilities (e.g., wearing a gown, gloves, and face shield during catheter connection) (and Transmission-Based Precautions if required based on the suspected diagnosis).
  They should also:
    - Wear eye protection and medical facemask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters.
    - Wear an N95 or equivalent or higher-level respirator, instead of a medical facemask for aerosol generating procedures (refer to Which procedures are considered aerosol generating procedures in healthcare settings FAQ)
- HCP working in facilities located in areas with minimal to no community transmission, should continue to adhere to Standard and Transmission-Based Precautions, including use of eye protection and/or an N95 or equivalent or higher-level respirator based on anticipated exposures and suspected or confirmed diagnoses. Universal use of a medical facemask for source control is recommended for HCP.

Cleaning & Disinfection

Current procedures for routine cleaning and disinfection of dialysis stations are appropriate for patients with SARS-CoV-2 infection; however, it is important to validate that the product used for surface disinfection is active against SARS-CoV-2external icon. Facilities should ensure they are following the manufacturer's label instructions for proper use and dilution of the disinfectant. The manufacturer's instructions are specific to the product and should be followed (e.g., this might not necessarily conform to a 1:100 or 1:10 dilution); some products do not require preparation or dilution and are sold as "ready to use." The product you are currently using may need to be used at a different concentration or a different contact time.

- Refer to List Nexternal icon on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.
    - When using products from List N, ensure the products also have a bloodborne pathogen claim (e.g., hepatitis B, HIV).
    - Note about List N: Products may be marketed and sold under different brand names, but if they have the same EPA registration number, they are the same product.

Staff should be educated, trained, and have competency assessed for all cleaning and disinfection procedures in the facility. Ensure staff use appropriate PPE according to manufacturer's recommendations when cleaning.

- Include training on routine cleaning and disinfection of the dialysis station as well as any high touch surfaces that can often missed such as scale and waiting areas.
- Important reminders from the Environmental Surface Disinfection in Dialysis Facilities: Notes for Clinical Managerspdf icon and Checklist: Dialysis Station Routine Disinfectionpdf icon:
    - Routine disinfection of surfaces at the station should occur with no patient present to reduce the opportunities for cross-contamination and to avoid exposing patients to disinfectant fumes.
    - If visible blood or other soil is present, surfaces must be cleaned prior to disinfection.

Ensure that routine cleaning and disinfection procedures are followed consistently and correctly for patients with suspected or confirmed SARS-CoV-2 infection or who report close contact to someone with SARS-CoV-2 infection.

- Any surfaces, supplies, or equipment such as dialysis machines located within 6 feet of symptomatic patients should be disinfected or discarded appropriately.
- Disposable medical supplies brought to the dialysis station should be discarded.
- All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies.
- Follow standard operating procedures for the containment and disposal of used PPE and regulated medical waste.
- If linens or disposable cover sheets are used on the dialysis chairs, follow standard procedures for containing and/or laundering used items.

Additional information about recommended practices for terminal cleaning of rooms and PPE to be worn by those performing the cleaning and disinfection is available in the Healthcare Infection Prevention and Control FAQs for COVID-19.

Response to Newly Identified Patients or HCP with SARS-CoV-2 Infection

Facilities should have a process to respond to patients or HCP with newly identified SARS-CoV-2 infection, including assessing risk to others in the facility who may have had close contact with infected individuals.

- Individuals with COVID-19 symptoms are considered potentially infectious beginning 2 days before symptoms first appeared until they meet criteria to discontinue Transmission-Based Precautions (for patients) or to Return to Work (HCP).
- If the infected individual did not have symptoms, collecting information about when they could have been exposed can help inform the estimated period when they were infectious.
    - If an exposure is identified: The individual can be considered potentially infectious beginning 2 days after the exposure until criteria to discontinue Transmission-Based Precautions or Return to Work are met.
    - If the date of exposure cannot be determined: For the purposes of contact tracing, it is reasonable to use a cutoff of 2 days before the specimen testing positive for SARS-CoV-2 was collected as the starting point, continuing until the criteria to discontinue Transmission-Based Precautions or Return to Work are met.

If the infected individual is a HCP:

- Patients who were within 6 feet of the infected HCP for at least 15 minutes should be considered potentially exposed. In general, they should be dialyzed separated from other patients by at least 6 feet and cared for by HCP using all recommended PPE for SARS-CoV-2 until 14 days after their last exposure.
    - If the exposed patient was wearing a medical facemask (instead of a mask) during the entire exposure, a risk assessment should be performed (considerations for risk assessment can be found here). Patients in this group with lower risk exposures could be monitored for the development of symptoms without other precautions.
    - If the patient was wearing a mask (instead of a medical facemask) or not wearing any type of face covering (mask or medical facemask), then they should be considered an unprotected close contact.

    - If the exposed patient develops SARS-CoV-2 infection, they should be cared for using all recommended PPE for SARS-CoV-2 until the patient meets criteria for discontinuation of Transmission-Based Precautions.
    - Exposed patients determined to be close contacts should be advised to self-quarantine at home for 14 days after their last contact with someone with SARS-CoV-2 infection, other than when they need to leave their home for hemodialysis treatments or other necessary medical appointments.
- Perform a risk assessment and apply work restrictions for other HCP who were exposed to the infected provider based on whether these HCP had prolonged, close contact and what PPE they were wearing. More detailed information is available in the Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19.

If the infected individual is a patient:

- Patients who were within 6 feet of the infected patient for at least 15 minutes should be considered potentially exposed, even if masks were worn. In general, exposed patients should be dialyzed separated from other patients by at least 6 feet and cared for by HCP using all recommended PPE for SARS-CoV-2 until 14 days after their last exposure.
- If the exposed patient was wearing a medical facemask instead of a mask, a risk assessment (as described above) can be considered to determine if precautions are necessary. If they develop SARS-CoV-2 infection they should be cared for using all recommended PPE for SARS-CoV-2 until the patient meets criteria for discontinuation of Transmission-Based Precautions.
- Perform a risk assessment and apply work restrictions for HCP who were exposed to the infected patient based on whether these HCP had prolonged, close contact and what PPE they were wearing. More detailed information is available in the Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19
- Exposed patients determined to be close contacts should be advised to self-quarantine at home for 14 days after their last contact with someone with SARS-CoV-2 infection, other than when they need to leave their home for hemodialysis treatments or other necessary medical appointments.

Identifying outbreaks of SARS-CoV-2 infection within the dialysis facility

- Since patients or HCP can develop a SARS-CoV-2 infection due to exposure outside of the dialysis facility, identifying transmission within a dialysis facility can be challenging. People with SARS-CoV-2 infection, epidemiologic links within the dialysis facility, and no other identified exposures suggest that transmission might have occurred within the dialysis facility. Any transmission within a dialysis facility should be considered an outbreak.
- If an outbreak is suspected, facilities should consider using PPE recommended for care of patients with suspected or confirmed SARS-CoV-2 infection for all patients in the facility pending further investigation and testing. Notify local public health authorities of suspected or confirmed outbreaks in the dialysis facility.
- If facilities experience large numbers of newly infected HCP or patients over short periods of time (e.g., one week), universal PPE use and/or facility-wide testing might also be considered (especially in facilities located in areas with moderate or substantial transmission).

https://www.cdc.gov/coronavirus/2019-ncov/hcp/dialysis.html?deliveryName=USCDC_425-DM36794

United States

Limiting Workplace Violence Associated with COVID-19 Prevention Policies in Retail and Services Businesses

Source: CDC

Updated Sept. 1, 2020

Who this is for: This information is intended for use by employers and employees in retail, services, and other customer-based businesses. Retail or service businesses sell goods and provide services to the public and include department stores, grocery stores, gas stations, and restaurants. These businesses are open and have started state-directed, municipality-directed, and company-directed Coronavirus Disease

2019 (COVID-19) prevention policies and practices to minimize the spread of the virus among employees and customers.
This information is not intended to address every business setting. A business may need to adapt these strategies based on its physical space, staffing, and other factors.

Purpose: This webpage offers strategies to limit violence towards workers that may occur when businesses put in place policies and practices to help minimize the spread of COVID-19 among employees and customers. These policies may include requiring masks to be worn by employees and customers, asking customers to follow social distancing rules, and setting limits on the number of customers allowed in a business facility at one time.
The Centers for Disease Control and Prevention (CDC) may update this page periodically. Please check the CDC COVID-19 website regularly for updated guidance.
Please check the CDC Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 (COVID-19) for general business guidance on preventing COVID-19.

Workplace violence is "*violent acts, including physical assaults and threats of assault, directed toward persons at work or on duty*." Workplace violence includes

- **Threat:** verbal, written, and physical expressions that could reasonably be interpreted as intending to cause harm.
- **Verbal assault:** yelling, swearing, insulting, or bullying another person with the intent of hurting or causing harm. Unlike physical assaults, the intent is not necessarily to cause physical harm, but negative emotions of the person being assaulted.
- **Physical assault:** hitting, slapping, kicking, pushing, choking, grabbing, or other physical contact with the intent of causing injury or harm.

Conflict resolution is the process of finding a peaceful end to a conflict or argument.
A **nonviolent response** is a peaceful approach to address a situation in which a person is aggressive or threatening. This technique involves remaining calm, giving a person space, making sure other people are in the area, and not touching the person or trying to forcibly remove them.
Workplace violence and COVID-19
Workers may be threatened and assaulted as businesses try to put into place COVID-19 prevention policies and practices (e.g., mandatory use of masks, social distancing, and limits on the number of customers allowed in a business). These threats and assaults can come from customers, other employees, or employers. Based on a 1996 Current Intelligence Bulletin, threats and assaults can happen in any workplace, but may be more likely to occur in retail, services (e.g., restaurants), and other customer- or client-based businesses.
Resources and Trainings on Workplace Violence
Employers and employees can use the following resources and trainings to learn more about how to prevent and deal with workplace violence:

- FAA Workplace Violence Prevention and Response external
- FBI Workplace Violence: Issues in Response external
- NIOSH Occupational Violence
- OSHA Recommendations for Workplace Violence Prevention Programs in Late-Night Retail Establishments external

Employers can take action to prevent workplace violence

Offer customers options to minimize their contact with others and promote social distancing. These options can include curbside pick-up; personal shoppers; home delivery for groceries, food, and other services; and alternative shopping hours.

Post signs that let customers know about policies for wearing masks, social distancing, and the maximum number of people allowed in a business facility.

Advertise COVID-19-related policies on the business website.

Provide employee training on threat recognition, conflict resolution, nonviolent response, and on any other relevant topics related to workplace violence response.

Put in place steps to assess and respond to workplace violence. Response will depend on the severity of the violence and on the size and structure of the business. Possible responses may include reporting to a manager or supervisor on-duty, calling security, or calling 911.

Remain aware of and support employees and customers if a threatening or violent situation occurs.

Assign two workers to work as a team to encourage COVID-19 prevention policies be followed, if staffing permits.

Install security systems (e.g., panic buttons, cameras, alarms) and train employees on how to use them.

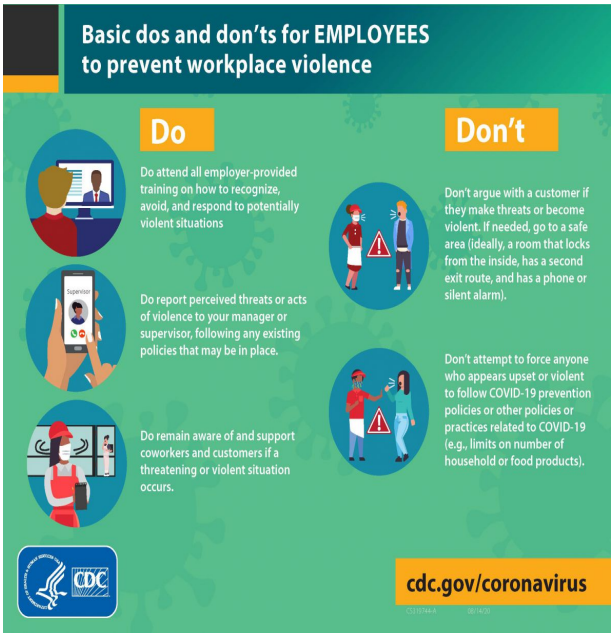
Identify a safe area for employees to go to if they feel they are in danger (e.g., a room that locks from the inside, has a second exit route, and has a phone or silent alarm).
Provide Employee Training: Warning Signs & Response
Employee training on workplace violence typically covers definitions and types of violence, risk factors and warning signs for violence, prevention strategies, and ways to respond to threatening, potentially violent, or violent situations.

Warning Signs

As part of training, employees often learn verbal and non-verbal cues that may be warning signs of possible violence. Verbal cues can include speaking loudly or swearing. Non-verbal cues can include clenched fists, heavy breathing, fixed stare, and pacing, among other behaviors. **The more cues shown, the greater the risk of violence.**

Response

During training, employees also learn how to appropriately respond to potentially violent or violent situations. Responses range from paying attention to a person and maintaining non-threatening eye contact to using supportive body language and avoiding threatening gestures, such as finger pointing or crossed-arms.



https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/business-employers/limit-workplace-violence.html

United States

Leading U.S. health agencies' credibility at risk under political pressure

Source: Xinhua News Agency
Unique ID: 1007747132

WASHINGTON, Aug. 31 (Xinhua) -- The credibility of two leading U.S. health agencies has been questioned after they made controversial coronavirus-related decisions under possible political pressure, according to a report by the Associated Press (AP).

Stephen Hahn, head of the Food and Drug Administration (FDA), overstated the therapeutic effect of a

plasma therapy for COVID-19 authorized by his agency, drawing criticism from scientists, who argue that it was an exaggeration of the benefits, said the report on Saturday.

Meanwhile, the Centers for Disease Control and Prevention (CDC) quietly revised its guidelines, suggesting that fewer Americans need to get tested for the virus, the report said.

"I do worry about the credibility of the FDA and CDC, especially at a time when the capacity of the federal government to advance public health should be a priority for all policymakers," Daniel Levinson, former inspector general of the Department of Health and Human Services, was quoted by the AP as saying.

Trump administration officials said on Wednesday that the White House virus task force revised CDC's testing guidance to "reflect current evidence" without giving further details, the report said.

According to CDC's new guidance, people who have been in close contact with COVID-19 patients do not have to get tested if they do not feel sick.

It obviously breaches the scientific consensus that large-scale testing is needed to curb the pandemic, the report added.
http://www.xinhuanet.com/english/2020-09/01/c_139333915.htm

United States
U.S. will not participate in COVAX project to develop coronavirus vaccine
Source: tass.ru
ID: 1007752527

The United States does not want to be constrained by international organizations under the influence of a "corrupt World Health Organization," said White House press secretary Judd Deere
TASS, September 1. The United States will not participate in COVAX's international initiative to develop, manufacture and distribute a new type of coronavirus vaccine. According to The Washington Post on Tuesday, deputy White House press secretary Judd Deere announced this.
"The United States will continue to work with our international partners to ensure victory over coronavirus, but we will not be constrained by international organizations under the influence of the corrupt World Health Organization (WHO)," he said.
The COVAX project is run by the Global Alliance for Vaccines and Immunization (GAVI), the Coalition for Epidemic Preparedness Innovation (CEPI), WHO, and multinational vaccine-producing corporations that see the tool as an additional source of government funding.
The aim of the mechanism is to invest in some 12 different vaccines and to ensure that they are accessed fairly early when they are marketed. About 2 billion doses of the vaccine are expected to be distributed with the assistance of COVAX by the end of 2021.
Last week, the WHO Director-General announced that 172 countries had joined the mechanism.
https://tass.ru/obschestvo/9345291

United States
HHS deploys Abbott's new coronavirus tests to states hit by wildfires, hurricanes
Source: CNBC Top News and Analysis
ID: 1007752421

The federal government is deploying extra coronavirus testing materials, including Abbott's new rapid test kits, to areas of the country recently hit hard by natural disasters, Assistant Secretary for Health Adm. Brett Giroir said Tuesday.
Hurricane Laura in Louisiana and the wildfires on the West Coast have prompted the evacuation of hundreds of thousands of people.
"We will be working with Abbott on training, communication and numerous other implementation details, but we are prioritizing, as early as today, the very first shipments to areas of natural disasters, including Louisiana with the hurricanes and wildfires in the West, to support care for those who are displaced," Giroir said on a conference call with reporters.

Giroir, who heads the Trump administration's testing effort, said the Department of Health and Human Services will begin to send shipments of Abbott's new rapid test to governors and nursing homes in mid-September.
The Food and Drug Administration granted emergency use authorization last week to Abbott for the new coronavirus antigen test, which it said is the first Covid-19 test that costs about $5 and delivers results in minutes on a testing card without lab equipment, similar to a pregnancy test. The Trump administration quickly secured most of the supply of the test through the end of the year through a deal worth $750 million that will deliver at least 150 million tests.
The new test, called BinaxNOW, is an antigen test, which is more likely than a molecular test to deliver a false negative result to someone who's actually infected. While molecular tests are the most accurate on the market, they depend on technical lab equipment, trained personnel and a strained supply chain, which makes scaling up molecular tests to a massive level difficult.
The test is only authorized for use in patients suspected to have Covid-19 and "within seven days of symptom onset," the FDA says, but Giroir added Tuesday that the test can be used on people without symptoms if prescribed by state or local health officials.
Giroir said the government is sending some tests to Louisiana and other areas hit by natural disasters as soon as possible. He added that going forward, HHS will distribute some tests to nursing homes to help protect the elderly, who are among the most vulnerable to Covid-19. The majority of tests, though, will be distributed to governors, who will then use the tests to help reopen schools and "critical infrastructure," Giroir said.
"We will continue to build the testing ecosystem to support flattening the curve and saving lives," he said. "Full speed ahead in terms of quantity, quality, and diversity of testing to support our national strategy."
Louisiana Gov. John Bel Edwards warned last week that the state is "blind" to the size of the coronavirus outbreak there because it had to shutter many testing sites as it battened down for Hurricane Laura. Officials in Louisiana and Texas acknowledged last week that responding to an emergency during the pandemic presents new challenges.
"We are responding to Hurricane Laura while also responding to a pandemic," Texas Gov. Greg Abbott said. "And we are not taking our eye off of what needs to be done to adequately respond to the pandemic, so several things are being done as we assist those who are evacuating that's different from what has been done in the past."
Both governors encouraged fleeing residents to seek refuge in hotels or motels rather than potentially crowded evacuation centers to prevent the spread of Covid-19.
https://www.cnbc.com/2020/09/01/hhs-deploys-abbotts-new-coronavirus-tests-to-states-hit-by-wildfires-hurricanes.html

United States

Health workers, first responders should be first to get COVID-19 vaccines -U.S. panel

Source: Financial Post
ID: 1007752411

CHICAGO/NEW YORK — Healthcare workers and first responders who are at the highest risk of contracting COVID-19 should be at the front of the line for vaccines when they become available, an independent expert panel tapped by top U.S. health officials said on Tuesday.
The draft report, issued by the National Academies of Sciences, Engineering and Medicine, recommends vaccines be rolled out in four phases, with the first “Jumpstart” phase focused on managing what is expected to initially be a scarce supply of vaccines.
Government officials have said a vaccine could be available by the end of this year and possibly sooner on an emergency basis, depending on how a handful of vaccines currently in large late-stage trials fare.
The next in line as part of a first rollout phase would be people of all ages with underlying conditions that put them at high risk of severe COVID-19 and older adults living in long-term care facilities. About 15% of the U.S. population of about 330 million would be eligible under Phase 1.
The second phase would target critical at-risk workers such as teachers, people with underlying conditions at moderately higher risk, and all older adults not included in phase 1. This phase would also include people in prisons, those with disabilities and those in homeless shelters and staff in these settings.
https://financialpost.com/pmn/business-pmn/health-workers-first-responders-should-be-first-to-get-covid-19-vaccines-u-s-panel

United States

NIH-supported study to track prevalence and impact of SARS-CoV-2 among pregnant women in low- and middle-income countries

Source: National Institutes of Health
News Releases: Tuesday, September 1, 2020

WHAT:
The National Institutes of Health has launched a study to track the prevalence and impact of SARS-CoV-2 infection among approximately 16,000 pregnant women in seven low- and middle-income countries. The study will follow women through pregnancy and 12 months after childbirth to compare maternal, fetal and newborn outcomes of participants who have been infected with the virus to those of pregnant women who have not been infected.

At delivery, women enrolled in the study will receive an antibody test to determine if they have been exposed to SARS-CoV-2. Researchers hope to determine if infection increases the risk of complications such as preterm birth, fetal growth restriction, stillbirth, newborn death and birth defects. They also hope to assess participants' knowledge and attitudes of COVID-19 during pregnancy, including safety, protective practices and prenatal care. Women in the study will also be invited to participate in a follow-up analysis to determine if maternal SARS-CoV-2 infection influences infant outcomes such as cerebral palsy, developmental delays and hearing and vision abnormalities.

The study is being conducted by the Global Network for Women's and Children's Health Research, a group of clinical sites funded by NIH's Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD). The participating countries are Guatemala, Bangladesh, India, Pakistan, Kenya, Democratic Republic of Congo and Zambia.

WHO:
NICHD Director Diana W. Bianchi, M.D., is available for comment.

About the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD): NICHD leads research and training to understand human development, improve reproductive health, enhance the lives of children and adolescents, and optimize abilities for all. For more information, visit https://www.nichd.nih.gov.

About the National Institutes of Health (NIH): NIH, the nation's medical research agency, includes 27 Institutes and Centers and is a component of the U.S. Department of Health and Human Services. NIH is the primary federal agency conducting and supporting basic, clinical, and translational medical research, and is investigating the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit www.nih.gov.
https://www.nih.gov/news-events/news-releases/nih-supported-study-track-prevalence-impact-sars-cov-2-among-pregnant-women-low-middle-income-countries

PAHO

Epidemiological Alert: COVID-19 among health workers - 31 August 2020

Source: PAHO/WHO

GPHIN ID: 1007750045
In light of the increase in cases and deaths of COVID-19 among healthcare workers in the countries and territories in the Region of the Americas, the Pan American Health Organization/World Health Organization (PAHO/WHO) urges Member States to strengthen the capacity of healthcare services across all levels and to equip healthcare workers with the appropriate resources and training in order to ensure an adequate and timely response to the pandemic within the healthcare system. As of 19 August 2020, according to available information from 191 countries in the Region of the Americas, a total of 569,304 cases of COVID-19, including 2,506 deaths, have been reported among healthcare workers. Of these, 72% are female, and the age groups with the highest proportions of confirmed cases are 30-39 years and 40-49 years.

https://www.paho.org/en/documents/epidemiological-alert-covid-19-among-health-workers-31-august-2020

PAHO

The Region of the Americas accounts for majority of new COVID-19 deaths worldwide

Source: Pan American Health Organization

1 Sep 2020

Washington D.C., September 1, 2020 (PAHO) – The Region of the Americas accounted for 64% of the new deaths reported globally over the prior two months, numbering more than 213,000 new deaths, though it only makes up about 13% of the global population, according to a new Epidemiological Update published by the Pan American Health Organization (PAHO).

The epidemiological update notes that the majority of the new deaths globally were reported by Brazil, with 19%, the United States of America, with 16%; India, comprising 13%; and Mexico, making up 12%.

The number of cases worldwide has increased by 158%, with some 14 million additional cases, since the PAHO report published June 23. Deaths rose by 72%, comprising some 300,000 additional deaths.

In the Region of the Americas, "while COVID-19 cases seem to have steadied in some countries and territories at the national level (e.g. the United States and Canada), daily notification rates are now accelerating in other countries and territories, many of which are experiencing larger outbreaks for the first time since the onset of the pandemic in the Region (e.g. countries and territories in the Caribbean subregion)," the PAHO update noted.

However, daily notifications of cases in the United States of America and Brazil are trending downwards, the report said. In Central America, cases and deaths increased by over 300% since June, (cases went from 61,058 to 266,000 and deaths rose from 1,580 to 7,203).In the Caribbean there was a 230% increase in cases (reaching more than 100,000 new cases) and a 123% increase in deaths (reaching 1,384 deaths) compared with what they reported in June. South America has reported more than 5.6 million cases and 186,000 deaths report, nearly three times the number of cases and twice the deaths since last June.

In a press briefing this week, PAHO Director Carissa F. Etienne said that rising numbers of cases signal an urgent need to implement public health measures to slow the spread of COVID-19 such as contact tracing, social distancing, sheltering in place and limits on public gatherings. "We can't stop all transmission, but if countries stay vigilant and expand testing and surveillance, they can better identify spikes in cases and act quickly to contain them before they spread out of control," she said.
https://www.paho.org/en/news/1-9-2020-region-americas-accounts-majority-new-covid-19-deaths-worldwide

PAHO

PAHO offers a series of virtual courses and webinars on COVID-19 for health professionals

Source: Pan American Health Organization

1 Sep 2020

Virtual Campus of Public Health has nine courses and more than 60 open and free webinars to strengthen capacities of health workers on the novel coronavirus

Washington, DC, September 1, 2020 (PAHO) - Nine virtual courses and more than 60 webinars in Spanish and English on different aspects of COVID-19 are being offered free of charge through the Pan American Health Organization (PAHO) Virtual Campus of Public Health.

The educational offer includes a course on basic precautions of hand hygiene in health facilities, which summarizes WHO guidelines on hand hygiene; another on how to put on and remove personal protective equipment, which aims to help health personnel protect themselves properly from COVID-19; and another course on the prevention and control of infections caused by the new coronavirus.

“Real-time training during global emergencies is critical for effective preparedness and response. The COVID-19 channel provides learning resources for health professionals, decision-makers and the public for the outbreak of coronavirus disease (COVID-19). As the outbreak continues to evolve, new resources will be added and existing courses will be updated to best reflect the changing context,” says the Virtual Campus portal.

Courses are available on psychological aid in emergencies, clinical management of severe acute respiratory infections, such as COVID-19, respiratory infections, occupational health and safety, and emerging respiratory viruses, including SARS-CoV-2, which causes COVID-19.

"Self-learning courses are freely accessible, free of charge, people can take them at their own pace, without defined times and autonomously," explained Gabriel Listovsky, Regional Coordinator of the Virtual Campus. In addition, the Virtual Campus also offers courses with tutoring, which are coordinated by teaching teams and have start and end dates. Eligible individuals may apply, and PAHO issues certificates for completed courses.

PAHO's Virtual Campus online learning options also include webinars that have been conducted by the organization’s experts and partners since the start of the pandemic. Topics addressed, which can be revisited at any time include convalescent blood and plasma services, recommendations on the use of chemical disinfectants, suicide prevention, mental health and psychosocial support for health workers, among others.
Virtual Campus participants can also freely access educational materials from completed courses, such as guides, presentations, videos and bibliographies.
https://www.paho.org/en/news/1-9-2020-paho-offers-series-virtual-courses-and-webinars-covid-19-health-professionals

WHO
WHO warns that 'no country can just pretend the pandemic is over'
Source: CNBC

Unique ID: 1007749937
"The more control countries have over the virus, the more they can open up. Opening up without having control is a recipe for disaster," WHO Director-General Tedros Adhanom Ghebreyesus said.
Tedros outlined "four essential things that all countries, communities and individuals must focus on to take control."
Dr. Soumya Swaminathan, the World Health Organization's chief scientist, warned that authorizing a vaccine too early and with too little data could create a variety of negative consequences.
The World Health Organization on Monday urged countries to continue implementing safety measures to control the spread of the coronavirus, such as limiting public gatherings and protecting vulnerable groups as they try to reopen businesses and services.
"The more control countries have over the virus, the more they can open up. Opening up without having control is a recipe for disaster," WHO Director-General Tedros Adhanom Ghebreyesus said at a virtual news briefing from the United Nations health agency's Geneva headquarters. "No country can just pretend the pandemic is over."
Tedros outlined "four essential things that all countries, communities and individuals must focus on to take control." He said countries should "prevent amplifying events," which he said many countries have linked to large gatherings at stadiums, nightclubs and places of worship. He added that countries and people could find "creative ways" to be social.
He added that countries should prevent deaths by protecting vulnerable people, including older people, people with underlying conditions and essential workers. This will help save lives and alleviate the burden on countries' health systems, he said.
Tedros also said, "Individuals must play their part" by wearing masks, social distancing and washing their hands frequently. He added that governments can avoid stay-at-home orders by implementing targeted responses to outbreaks through testing, contact tracing and isolating.

"If countries are serious about opening up, they must be serious about suppressing transmission and saving lives," he said. "This may seem like an impossible balance, but it's not. It can be done and it has been done."
Tedros added that the WHO recently published guidance on how hotels, cargo ships and fishing vessels can safely resume operations as "part of our commitment to supporting every sector to reopen as safely as possible."
WHO officials said the so-called new normal would include at least some mitigation measures, such as social distancing and mask wearing. The organization has previously said that such measures will likely need to be followed in many countries even after a vaccine is eventually brought to market.
Dozens of vaccine manufacturers have launched trials for their coronavirus vaccine candidates, according to the WHO, and at least two have started large phase three trials. Dr. Stephen Hahn, commissioner of the U.S. Food and Drug Administration, said over the weekend that his agency would consider issuing an emergency use authorization for a vaccine before its phase three clinical trial is fully complete.
But Dr. Soumya Swaminathan, the WHO's chief scientist, warned Monday that authorizing a vaccine too early and with too little data could create a variety of problems.
"The risk of approving a vaccine prematurely for us is that, first of all, it will make it very difficult to continue with randomized clinical trials," she said. "And secondly, there's a risk of introducing a vaccine that's been inadequately studied and might turn out to have a low efficacy, thereby not doing the job of bringing an end to this pandemic or even worse, have a safety profile that's not acceptable."
She added that the emergency use of a vaccine should be done "with a great deal of seriousness," particularly because it could lead to adverse side effects in some parts of the population. She added that the decision should be made using as much safety and efficacy data as is possible.
"Scientists around the world are united in a call for agencies and for companies, and most companies have supported this stance, that the approval of a vaccine must be based on data from phase three clinical trials," Swaminathan said.
Dr. Mike Ryan, executive director of the WHO's health emergencies program, echoed Swaminathan in saying that collecting and monitoring vast amounts of data is crucial as nations start distributing vaccines to their general population. As the vaccine is introduced to larger and perhaps more diverse parts of the population, negative side effects could emerge, underscoring the importance of the collection of safety data.
"The difficulty and the the challenge with the vaccine is, at the moment, we're moving from vaccinating tens or hundreds of people to now vaccinating thousands of people," he said. "We need to get the safety and efficacy data from those studies. Because if you move too quickly to vaccinating millions or hundreds of millions or billions of people, we may miss certain adverse events that you won't pick up with smaller numbers so you need to maintain monitoring."
Earlier this month, Russia announced that it would authorize a vaccine that it calls Sputnik V, named for the world's first satellite, launched in 1957, before phase three data was available. Medical professionals around the world criticized the move, saying it remains unclear whether the vaccine is safe and effective.
Ryan added that there are strict regulations around emergency use of vaccines and drugs in the European Union and the U.S. as well as in parts of Africa and India. It's crucial that governments are led by their regulatory agencies, he said.
"Each country has a sovereign right to define its policy for vaccination or any other therapeutic intervention in its population, but it must be guided by the highest possible ethical standards, the highest possible scientific standards," he said.
https://www.cnbc.com/2020/08/31/coronavirus-who-warns-that-no-country-can-just-pretend-the-pandemic-is-over.html

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

Europe

Europeans Citizens Supportive of Stricter Border Controls But Also Human Rights
Source: Shengen Visa Info

GPHIN ID: 1007750020
European countries need to protect more their borders amid the Coronavirus pandemic. That is what the majority of EU citizens think according to a poll conducted by the European Council on Foreign Relations

in nine European (ECFR) countries. At the same time the respondents agreed that the respect for human rights should also be supported.

ECFR's poll, which was conducted in April, counted over 11,000 participants citizens of nine European countries, including Denmark, Bulgaria, Germany, Italy, France, Poland, Spain, Portugal and Sweden, SchengenVisaInfo.com reports.

"One of its most unequivocal results was a widespread belief that, over the long term, borders needed to be controlled more," the ECFR's statement reads.

The support for stricter border controls ranged from 48 per cent in Denmark, while in Portugal, 73 per cent of respondents supported the idea of stricter border controls.

Twenty-six per cent of citizens included in the poll said that the European Union should hold more control over borders between member states when the Coronavirus situation comes to an end. The percentage was higher in Portugal, where 48 per cent of persons believe the EU impose more border controls between the countries, once the COVID-19 crisis is over.

The European Council on Foreign Relations emphasized that "strong support for tighter borders has not provoked a shift in support away from European values."

A large share of respondents from 9 countries supports the respect for the rule of law, democracy and human rights.

"Apart from Bulgaria (38 per cent), the idea of returning more powers from the EU to the national level nowhere receives the support of more than one-third of the total population (and just 18 per cent in Spain and 20 per cent in Germany); even if proponents of tighter border controls favour it more than the rest of the population," ECFR' statement reads.

The discussion of border protection amid the COVID-19 in European countries, often causes polemics. A large share of countries is seeking to find alternatives to the border closure in a bid to prevent the further devastation of the economic sector.

The International Air Transport Association (IATA) had previously urged European governments to lift the imposed border restrictions and find alternatives to quarantine rules.

European airlines and airport associations also had said that travel restrictions in European countries are not science-based, therefore need to be lifted. These comments were addressed in a joint letter that was sent to Prime Ministers, as well as Health Transport, and Home Affairs Ministers across Europe.

Whereas, Hungary has become the first Schengen Zone country to reclose its borders for internationals, from today, September 1, after estimating the Coronavirus situation in the country as well as in other countries.
https://www.schengenvisainfo.com/news/europeans-citizens-supportive-of-stricter-border-controls-but-also-human-rights/

Russia

Chong Kun Dang proceeds to phase 2 trial in Russia to treat COVID-19
Source: The Korea Heald
Unique ID: 1007749984

According to CKD, Russia's Drug Ministry approved of its clinical phase two trial design targeting some 100 seriously afflicted COVID-19 pneumonic patients there. The patients will be administered nafamostat for 10 days.
Nafamostat has demonstrated strong antiviral qualities in previous tests, and the results from this phase two clinical trial will be known by end of the year at the earliest, CKD said.

While it is not known which country will first get hold of the final product, CKD said that once the clinical trials are successfully completed through phase three it will apply for an expedited approval process with drug authorities both in Korea and overseas.

Russia was selected as the destination for the phase two clinical trial because of its rapidly growing number of COVID-19 confirmed patients facilitating easy securing of test candidates, CKD said.

Nafamostat's potential to be repurposed as a COVID-19 treatment was found through research carried out by Institut Pasteur Korea and supported by the local ministries for drugs and science.

IPK had said that nafamostat could better restrain SARS CoV-2 viral infection than remdesivir.
By Lim Jeong-yeo (kaylalim@heraldcorp.com)
https://www.bloomberg.com/profile/company/0837680D:KS
http://www.koreaherald.com/view.php?ud=20200901000612

International
Survey shows 74 pct respondents want COVID-19 vaccine
Source: ECNS
Unique ID: 1007749806

An opinion poll by Ipsos for the World Economic Forum shows about three quarters of the respondents in the world would like to get a COVID-19 vaccine if it becomes available.

The survey included responses from nearly 20,000 people from 27 countries, with the most enthusiasm in China and the least in Russia.

Experts are concerned that more than a quarter of people worldwide would not get a vaccine.

"The 26% shortfall in vaccine confidence is significant enough to compromise the effectiveness of rolling out a COVID-19 vaccine," said Arnaud Bernaert, head of Shaping the Future of Health and Healthcare at the World Economic Forum, in a statement.
http://www.ecns.cn/news/2020-09-01/detail-ifzzpxeu2686314.shtml

International
Scientists see downsides to top COVID-19 vaccines from Russia, China
Source: Financial Post
ID: 1007752437

TORONTO/CHICAGO — High-profile COVID-19 vaccines developed in Russia and China share a potential shortcoming: They are based on a common cold virus that many people have been exposed to, potentially limiting their effectiveness, some experts say.
CanSino Biologics' vaccine, approved for military use in China, is a modified form of adenovirus type 5, or Ad5. The company is in talks to get emergency approval in several countries before completing large-scale trials, the Wall Street Journal reported last week.
A vaccine developed by Moscow's Gamaleya Institute, approved in Russia earlier this month despite limited testing, is based on Ad5 and a second less common adenovirus.
"The Ad5 concerns me just because a lot of people have immunity," said Anna Durbin, a vaccine researcher at Johns Hopkins University. "I'm not sure what their strategy is … maybe it won't have 70% efficacy. It might have 40% efficacy, and that's better than nothing, until something else comes along."
Vaccines are seen as essential to ending the pandemic that has claimed over 845,000 lives worldwide. Gamaleya has said its two-virus approach will address Ad5 immunity issues.
Both developers have years of experience and approved Ebola vaccines based on Ad5. Neither CanSino nor Gamaleya responded to requests for comment.
https://financialpost.com/pmn/business-pmn/scientists-see-downsides-to-top-covid-19-vaccines-from-russia-china-3

China

CanSino Bio says Russia trial for virus vaccine okayed
Source: The Standard

Published: 2020-09-02 10:38 UTC
Received: 2020-09-02 10:38 UTC (0 minutes)
Unique ID: 1007755711

CanSino Biologics (6185) announced it has initiated the phase III clinical trial for its recombinant novel coronavirus vaccine (Ad5-nCoV).
The company has cooperated with NPO Petrovax Pharm to conduct the phase III clinical trial for the vaccine Russia and received approval from the Ministry of Health of the Russian Federation and began enrollments In addition, the drugmaker is currently driving the international multi-center phase III clinical trials and plans phase III clinical trials in several countries. Shares of the company slid by 5.73 percent to HK$149.80 as of 1:09 pm.
https://www.thestandard.com.hk/breaking-news/section/2/154503/CanSino-Bio-says-Russia-trial-for-virus-vaccine-okayed

International

MediciNova Reports Progress in Covid-19 Vaccine Animal Tests
Source: Dow Jones Institutional News
ID: 1007750329

MediciNova Inc. has created prototypes of an intranasal vaccine for Covid-19 that has induced strong antibody responses in mice, the California-based pharmaceutical company said Tuesday.
The company, along with Japanese partner BioComo, is preparing to begin manufacturing the vaccine candidate for toxicology tests and clinical trials.
MediciNova shares climbed 15% to $6.00 in premarket trading.
Write to Matt Grossman at matt.grossman@wsj.com
(END) Dow Jones Newswires
September 01, 2020 06:52 ET (10:52 GMT)
https://gphin.canada.ca/cepr/showarticle.jsp?docId=1007750329

Brazil

Bolsonaro government rules out vaccine obligation
Source: CE NoticiasFinancieras
ID: 1007753506

The Government of Brazil's President Jair Bolsonaro stressed on Tuesday 1-S that the vaccine against the new coronavirus will not be mandatory in the second country in the world with the most deaths and cases of covid-19, an idea that has already been defended by the leader of the far right. The Executive, through its Secretariat of Communication, noted that it will "invest in the production of the vaccine" against the coronavirus, but stated that "imposing obligations definitively is not in the plans". Through a message on its social networks, the Secretariat of Communication (Secom) underlined a statement made the eve by Bolsonaro, who stated that "no one can force anyone to take a vaccine".The Government of Brazil has invested millions of dollars in recent months to ensure the acquisition of 100 million doses of the Oxford candidate vaccine against the new coronavirus and its eventual production in Brazil.
At the same time, the regional government of Sao Paulo, Brazil's richest and most populous state with 46 million inhabitants, closed a partnership with Chinese laboratory Sinovac for the import and production of the antidote. With more than 200 million inhabitants, Brazil has become a benchmark for clinical trials against covid-19, with at least 4 vaccines being tested, due to the high number of contagions, as well as its scientific, regulatory and clinical evaluation capacity. Brazil already exceeds 3.9 million cases and 121,000 deaths, figures that place it as the second most contagious and death-rich country in the world, behind only the United States. Despite the seriousness of the situation in the country, Bolsonaro, who came to contract

the disease, has become one of the most skeptical world leaders on the severity of the virus, which he went on to describe as "gripecita".

Brazil

Unicamp Center to Produce Saliva Test Enzymes for COVID-19

Source: SP Notícias | Governo do Estado de São Paulo
ID: 1007751293

The Center for Medicinal Chemistry (CQMED) of the State University of Campinas (Unicamp), the Genomics Laboratory Mendelics and the Brazilian Industrial Research and Innovation Company (Embrapii) have just signed an agreement for the improvement of the saliva test for COVID-19. CQMED is responsible for developing two key test reagents that are imported, while Mendelics will be responsible for the tests.
The idea is to combine the experience of the Center for Medicinal Chemistry in the design and production of specific enzymes at scale and the logistics of Mendelics. With this, the expectation is to increase the availability of these essential components for the autonomy of the country in the production of tests for COVID-19.
Currently, one of the main bottlenecks in the fight against coronavirus is the mass testing of the population. This is because broad, fast and accessible testing is critical to tracking the virus, quickly identifying new cases, and preventing disease transmission.
"The test called RT-LAMP #PARECOVID brings safety in returning to face-to-face work activities, in schools and to leisure. The Brazilian production of supplies by CQMED will increase the availability of the test in Brazil, reduce costs and ensure independent supply of the world demand for testing", says David Schlesinger, CEO of Mendelics, to the Unicamp Portal.
Sample
The new COVID-19 molecular test was developed by Mendelics in partnership with the Syrian-Lebanese Hospital. It is able to identify the presence of SARS-CoV2 in a saliva sample during the period of active infection of the virus. Like RT-PCR, it does not detect the antibodies of people already recovered from the disease, but rather the virus itself.
The protocol is based on a technique called "reverse transcriptase with loop-mediated isothermal amplification" or RT-LAMP. This technique is already used for the diagnosis of other diseases such as Dengue, Chikungunya, Hepatitis A and Zica.
The RT-LAMP #PARECOVID was launched last June by Mendelics and has the sensitivity and specificity comparable to RT-PCR, besides enabling noninvasive self-collection without the need for swabs. The saliva test can maintain the stability of the sample for up to three days at room temperature and suppresses the extraction stage of the genetic material (RNA) of the virus.
The technology developed for this test is capable of producing results in a few hours, much faster than the RT-PCR tests available, and the cost of RT-LAMP is five times lower than RT-PCR, whose supply of supplies is strongly limited worldwide.
Partnership
CQMED has expertise in the characterization of little-known proteins related to human diseases, especially cancer, infectious and neurological diseases. With the growing demand for tests for the disease, the Center has expanded its operations in the production of proteins (proteins) to meet the COVID-19 Task Force of Unicamp. The know-how of production of insums brought CQMED closer to organizations interested in uniting genetic research and diagnosis.
Katlin Massirer, cbmeg researcher and project coordinator at Unicamp, points out that Embrapii catalyzed the partnership through the emergency plan for Covid-19 projects, as well as online workshops that brought interests closer to universities, SENAI and companies. "Thus, the Embrapii model of participation of resources between the three pillars of the university, Embrapii and the company, allowed the assembly of the action plan and allocation of resources for a project", he explains.
In the project for the improvement of reagents, researchers from Unicamp and Mendelics join forces to maintain high availability of COVID tests. CQMED will act on the development of two test enzymes and the execution of quality control while Mendelics will focus on the adaptations of the reagents for application in the RT-LAMP tests already in operation.
About CQMED

CQMED located at Unicamp was founded in 2015 as a PITE-Fapesp project and was accredited as embrapii unit in July 2017. He has competence in the field of drugs and medicinal chemistry, more specifically in the initial phase of the development of new drugs.
The Center has a platform for the development of inhibitory molecules of specific targets related to human diseases. It also represents the INCT of Medicinal Chemistry, supported by Capes, CNPq, Fapesp and Unicamp.
About Mendelics
Mendelics is the first and largest Brazilian laboratory specialized in New Generation Sequencing (NGS). It was created in 2012 by doctors David Schlesinger, Fernando Kok, André Valim and bioinformata João Paulo Kitajima, and invested by Laércio Cosentino (chairman of the board of Mendelics), finhealth fund and several investors.
Mendelics' mission is to make genetic diagnosis fast, accurate and accessible to all who need it. With the largest laboratory structure of sequencing in Latin America, more than 80,000 genomic samples already performed, a team of over 140 employees, with pioneering technical and analytical processes and with international quality standard, consolidated itself as a reference in genetic analysis.
Mendelics is the only Latin American genomic laboratory to obtain the accreditations of CAP (American College of Pathologists – #8671464) and INMETRO (NBR/ISO-15189) and is also internationally recognized and awarded by MIT for the development of Abracadabra®, an exclusive platform that uses artificial intelligence to make genetic analyses more accurate and efficient.
Since its foundation, it continues to develop innovative products in the health area, such as the Bochechinha Test, a complementary examination to the foot test for newborns, capable of identifying more than 310 early childhood diseases, which are usually severe and silent, but which already have effective treatments when identified early.
About EMBRAPII
The Brazilian Industrial Research and Innovation Company was created in 2013 as a social organization that has autonomy in managing funds from the Ministry of Science Technology and Innovation and the Ministry of Education with the objective of stimulating innovation in the Brazilian industry, promoting interaction between technological research institutions and companies in the industrial sector.
Its model of action provides for financing up to one third of the total cost of each approved project, with non-reimbursable resources (i.e. the industry does not need to return the amount added) and the remainder is divided between the industry and the EMBRAPII units.
https://www.saopaulo.sp.gov.br/ultimas-noticias/centro-da-unicamp-produzira-enzimas-para-teste-de-saliva-para-covid-19/

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

Canada
Finding COVID-19 answers in sewage
Source: Ottawa Citizen
GPHIN ID: 1007750163

Sewage can act as an early warning system for COVID-19 spikes in a community or institution, Ottawa researchers have found.

And a more sensitive method of testing that sewage, developed by a team led by Dr. Alex MacKenzie, senior scientist at the CHEO Research Institute, could make the early warning system more effective.

Ottawa researchers say they would eventually like to see wastewater surveillance expanded to pilot projects across the province that could test communities as well as schools and long-term care homes in real time.

Since the pandemic began, a team of Ottawa researchers has been looking in the sewers for answers about the spread of COVID-19. What they have found and developed could be game-changers in helping to control spread of the disease.

The data produced by analyzing wastewater can predict COVID-19 outbreaks days before people begin showing symptoms and getting tested — something that could potentially help to reduce outbreaks in institutions and schools.

uOttawa engineering professor Robert Delatolla, MacKenzie, and a team of researchers have produced one paper — not yet peer reviewed or published — showing that their analysis of wastewater in Ottawa and Gatineau is useful in tracking the number of COVID-19 cases in a community.

"In the absence of an effective vaccine to prevent COVID-19 it is important to be able to track community infections to inform public health interventions aimed at reducing the spread and therefore reduce pressures on health-care units, improve health outcomes and reduce economic uncertainty," the authors wrote, adding that wastewater surveillance has emerged as an effective tool to do so.

This summer, after that research paper had been submitted, they found out just how useful data gathered from wastewater could be.

In mid-July, the daily COVID-19 case count suddenly spiked from single digits to new daily cases in the upper 20s in Ottawa. When researchers looked at the data around that time, they found the spike showed up in wastewater two days before it started showing up in tests.

"We caught it two days before the daily numbers went up and four days before an associated increase in the hospitalizations," said Delatolla.

That is significant and suggests, if available in real time, wastewater surveillance could give public health officials more information to act sooner.

Research being led by the CHEO Research Institute's MacKenzie, could make that surveillance tool more accurate and potentially give public health officials an even earlier warning system by tracking proteins instead of RNA.

Wastewater surveillance has, so far, been done by measuring RNA in SARS-CoV-2, the virus that causes COVID-19. But that can be tricky, especially when case counts are low. RNA tends to be fragile and breaks down in the wastewater, said MacKenzie.

He has developed a means of tracking SARS-CoV-2 by looking at proteins associated with the virus. He believes he is the first in the world to do so. The advantage, MacKenzie said, is that protein signals the presence of SARS-CoV-2 at a rate thousands of times higher than RNA does, which means the warning signal of an outbreak would be stronger and earlier and case levels could be more accurately measured even when they are low.

Wastewater surveillance is now being used around the world to track COVID-19 cases and is being studied across Canada.

Officials at the University of Arizona said last week they may have been able to prevent a large outbreak on campus after getting a positive sample in sewage from one of the university's dorms. After testing more than 300 people who live or work there, they found two asymptomatic students who were positive and isolated them. Wastewater testing is also being used in other parts of the world.

Delatolla said the sewage system is built so that wastewater can be collected at individual sites, as officials at the University of Arizona did. It offers the possibility of narrowing the source of a spike early and taking action.

"Maybe now we can monitor the long-term care homes and make sure that we catch it early."

The scientists, who say they have had to scrape together funding to keep the research going, are scrambling to get their research published. They have sent details of their work to the province's scientific table on COVID-19, which looks at the scientific and research response to the pandemic. They are hoping for funding to use the knowledge to help lessen the impact of the pandemic.

In a written statement, Ottawa Public Health called the work promising but still in early days when it comes to "reliably seeing an increasing signal from sewage before it is seen from human test surveillance.

"Ottawa Public Health is in regular contact with the uOttawa researchers and is hopeful that one or more facets of this work will contribute to COVID-19 surveillance activity in the near future."

Meanwhile, MacKenzie, who usually does research on rare diseases in children, said the pandemic has opened a new world for him — underground — trying to work with researchers like Delatolla to make a difference.

"It is like life during war time: It is stressful and a tragedy but at the same time the better part of humanity comes out."

https://ottawacitizen.com/news/local-news/finding-covid-19-answers-in-sewage

[APG]

Canada

U of S researchers hunting for COVID-19 in Saskatoon's sewage

Source: Saskatoon StarPhoenix
ID: 1007753665

Researchers at the University of Saskatchewan are looking for the virus that causes COVID-19 in a place you might not expect: your toilet.

Or, more accurately, the network of sewers below it.

U of S toxicologist Dr. Markus Brinkmann and his colleagues are working on a way to test Saskatoon's sewage for COVID-19, a step they hope could help health officials track the spread of the virus on a community level.

SARS-CoV-2 usually spreads via droplets from the nose and mouth, but people with the virus also have traces of it in their feces. The U of S team is one of roughly 30 members of the Canadian Water Network's COVID-19 Wastewater Coalition studying whether they can develop an effective test to estimate how many people in a given centre have the virus based on a sewage sample.

That could be useful, Brinkmann says, because roughly a fifth of people who have tested positive for COVID-19 in Saskatchewan have no symptoms and others may take days or even weeks to develop them.

"That basically means that you might be able to detect traces of this virus in wastewater even before you see a new resurgence of the virus, before it happens," Brinkmann said.

Wastewater-based epidemiology is nothing new. Countries like the United States are already using it to complement other COVID-19 tracking measures.

In Canada, one test whose results are published through Statistics Canada looks at traces of illegal substances in sewage across different cities.

The work is in its early stages, but Brinkmann and colleagues are already looking at samples of Saskatoon's wastewater.

City of Saskatoon water director Russ Munro said employees collected samples from the headwaters at the city's waste treatment plant for the lab to analyze. The location is important because it's where "mixage is really good," so the sample represents the entire city, Munro said.

"Wastewater itself contains all the remnants from us that we don't want, so to speak, so there can be a number of viruses in the wastewater."

Brinkmann and colleagues are now analyzing the samples in the lab using a polymerase chain reaction method that can amplify and analyze tiny traces of the virus's RNA.

Canadian Water Network CEO Bernadette Conant said it's a tricky process. Tests have to be calibrated to a setting, meaning different members of the coalition can't simply swap their models.

"If a lab runs a sample from the Saskatoon wastewater plant and then Brandon (Manitoba) sends one, it's all the background information that changes. You can't just switch from one to another," she said.

Article content continued

Brinkmann and Conant stress the tests are still in their early days and the future of the work will depend on how useful their findings are to public health officials.

Saskatchewan Health Authority spokeswoman Amanda Purcell said the authority is aware of the research and is looking forward to seeing the findings. She cautioned that it's not a substitute for any existing surveillance systems.

"However, the data generated through this research could be a compliment to the work already ongoing, and may help public health officials to better understand the extent of COVID-19 infections in communities," Purcell wrote.

https://thestarphoenix.com/news/local-news/u-of-s-researchers-could-hunt-for-covid-19-in-saskatoons-sewage

United States

The syndrome that seems to predict a 'lethal outcome' in coronavirus patients

Source: The New Orleans Advocate
ID: 1007753552

Dr. Josh Denson treated the first known case of severe coronavirus in Louisiana in early March. As patients flooded hospitals in New Orleans, he started noticing a pattern in who fared the worst.
"I could identify a patient that would do poorly from this just by standing at the edge of the room," said Denson, assistant professor of medicine and pulmonary and critical care medicine physician at Tulane University School of Medicine.
This week, that pattern was quantified in a study published in the journal Diabetes Care. By looking at patients during the one-week peak of coronavirus in New Orleans, Denson found that the overlap of certain conditions, known as metabolic syndrome, could predict a "lethal outcome," Denson said.
Metabolic syndrome is a combination of at least three of five conditions: high fasting blood sugar, which indicates diabetes or pre-diabetes; high blood pressure; high triglycerides, a type of fat found in the blood; low HDL, the "good" cholesterol; and obesity, defined as a body-mass index of 30 or above.
According to the study, when a patient had diabetes, high blood pressure and obesity, they were 3.4 times as likely to die in the hospital than a patient without metabolic syndrome.
Researchers looked at data from 287 people who needed treatment for coronavirus at University Medical Center and Tulane Medical Center from March 30 to April 5.
They divided the patients into two groups — those who had metabolic syndrome and those who did not. Almost all of the study subjects — 85% — were Black, and the average age was 61.
Just over half of hospitalized patients with metabolic syndrome required intensive care, compared with about 1 in 4 without it. When it came to ventilator usage, half of metabolic syndrome patients needed one compared with only about 1 out of 5 without it. The fatality rate was much higher as well: 26% of metabolic syndrome patients died compared with 10% of those without it.
When patients had just one of the conditions, mortality risk was not increased. But having obesity or diabetes was associated with increased risk of ICU admission and the need for a ventilator.
It's still not clear why the coronavirus hits people with these conditions harder.
"For typical respiratory viruses, usually when I have someone with the flu or another coronavirus, people who get it and get really sick are from all walks of life," said Denson. He said the increased risk may be related to the level of inflammation caused by excess fat cells.
Eric Ravussin, an expert in obesity and diabetes at LSU's Pennington Biomedical Research Center, points out that the ACE2 receptor, which is how the coronavirus locks into and enters cells, may have something to do with it.
"The ACE2 receptor is very prevalent on fat cells," said Ravussin, who is not associated with the study. "It's also more prevalent in the lungs of people with obesity. If you have more attachment, you will have a higher viral load."
As one of the states with the highest rates of diabetes, hypertension and obesity, Louisiana is especially vulnerable, given these and other findings that show obesity's connection to severe cases of COVID-19.
"When it comes to hospitalization and death rate, there is no question," said Ravussin. "The severity of the surge (in New Orleans) was probably due to obesity and conditions like diabetes and hypertension."
But Denson also points out that many of his patients are unaware they have metabolic syndrome.
"What I'm finding is a lot of new cases of diabetes or they have high blood pressure and they don't know it," said Denson. "It's not that their high blood pressure or diabetes is out of control."
"They may not realize they're obese," said Denson. "A lot of people think they're fine when they're the most at-risk population. There is a bit of a disconnect."
That disconnect boils down to education and environment, said Ravussin. It's only been in the past decade that medical schools started teaching nutrition.
In New Orleans, many neighborhoods are considered "food swamps" — areas so crammed with fast food options that experts can predict higher obesity rates.
In Black neighborhoods, these options abound, with 2.4 fast food restaurants per square mile compared with 1.5 every square mile in White neighborhoods, according to studies. Preventing obesity and rippling health effects starts with changing the surroundings, experts point out.
"If you have too many deaths on the road, you impose seat belts," said Ravussin. "If you have too many deaths from malaria, you dry the swamps. If you have too many deaths from obesity, you have to reverse some of the environment."
https://gphin.canada.ca/cepr/showarticle.jsp?docId=1007753552

China
Study of secondary COVID-19 cases underscores importance of physical distancing

Source: Infectious Disease News
ID: 1007753663

Less than 4% of about 3,400 close contacts of people with COVID-19 in the early days of the pandemic in China were infected with SARS-CoV-2, researchers wrote in Annals of Internal Medicine.
Most of the secondary infections occurred at home, researchers said, and patients with more clinically severe disease were more likely to infect their close contacts. According to experts unaffiliated with the study, the findings reinforce the need for physical distancing and other basic prevention efforts to slow transmission.
Lei Luo, PhD, of the Guangzhou Center for Disease Control and Prevention in China, and colleagues studied 3,410 close contacts of 391 COVID-19 index cases in Guangzhou. Tracing took place between Jan. 13 and March 6. The researchers gathered data on the setting of the exposure, test results and clinical characteristics of COVID-19 cases.
Luo and colleagues found that among the close contacts, 127 (OR = 3.7%; 95% CI, 3.1%–4.4%) were secondarily infected with COVID-19. Of 119 symptomatic cases, 20 were mild, 87 were moderate and 12 were severe or critical. The remaining patients (OR = 6.3%; 95% CI, 2.1%–10.5%) were asymptomatic.
The researchers found that the most common source of exposure for those who acquired secondary infections was household environments (10.3%), followed by health care settings (OR = 0.09; 95% CI, 0.04–0.20) and public transportation (OR = 0.01; 95% CI, 0– 0.08). The secondary infection rate increased with the severity of the index cases, from 0.3% (95% CI, 0%–1%) for asymptomatic, to 3.3% (95% CI, 1.8%–4.8%) for mild, 5.6% (CI, 4.4%–6.8%) for moderate and 6.2% (95% CI, 3.2%–9.1%) for severe or critical cases. Index cases with expectoration were associated with a higher risk for secondary infection (13.6% vs. 3% for index cases without expectoration [OR = 4.81; 95% CI, 3.35–6.93]).
William Schaffner, MD, professor of preventive medicine and infectious diseases at Vanderbilt University Medical Center, said the timing of the Luo study is critical to understanding its significance.
“Notice how workplace does not show up at all among the places of secondary exposure,” he said. “Guangzhou was on lockdown when the secondary infections occurred. The home, with its four walls, is the ideal environment for the spread of the virus.”
Schaffner, who is also medical director of the National Foundation for Infectious Diseases, added that the study “reinforces the importance of social distancing and masking in public and avoiding groups outside the home, since those activities might bring it into the home,” he said.
Luo and colleagues’ findings corroborate what is already known about coronavirus, added Aaron E. Glatt, MD, FACP, FIDSA, FSHEA, hospital epidemiologist and chair of medicine at Mount Sinai South Nassau and spokesperson for the Infectious Diseases Society of America.
“We are not going to get COVID from most things around our houses,” he told Healio Primary Care. “But it's very important that people understand that there is a potential to get COVID when someone coughs and/or sneezes. Routine handwashing remains important.”
https://www.healio.com/news/primary-care/20200901/study-of-secondary-covid19-cases-underscores-importance-of-physical-distancing

Study Ties COVID-19-Related Syndrome in Kids to Altered Immune System
Source: NIH Blog
Most children infected with SARS-CoV-2, the virus that causes COVID-19, develop only a mild illness. But, days or weeks later, a small percentage of kids go on to develop a puzzling syndrome known as multisystem inflammatory syndrome in children (MIS-C). This severe inflammation of organs and tissues can affect the heart, lungs, kidneys, brain, skin, and eyes.
Thankfully, most kids with MIS-C respond to treatment and make rapid recoveries. But, tragically, MIS-C can sometimes be fatal.
With COVID-19 cases in children having increased by 21 percent in the United States since early August [2], NIH and others are continuing to work hard on getting a handle on this poorly understood complication. Many think that MIS-C isn’t a direct result of the virus, but seems more likely to be due to an intense autoimmune response. Indeed, a recent study in *Nature Medicine* [1] offers some of the first evidence that MIS-C is connected to specific changes in the immune system that, for reasons that remain mysterious, sometimes follow COVID-19.
These findings come from Shane Tibby, a researcher at Evelina London Children’s Hospital, London. United Kingdom; Manu Shankar-Hari, a scientist at Guy’s and St Thomas’ NHS Foundation Trust, London;

and colleagues. The researchers enlisted 25 children, ages 7 to 14, who developed MIS-C in connection with COVID-19. In search of clues, they examined blood samples collected from the children during different stages of their care, starting when they were most ill through recovery and follow-up. They then compared the samples to those of healthy children of the same ages.
What they found was a complex array of immune disruptions. The children had increased levels of various inflammatory molecules known as cytokines, alongside raised levels of other markers suggesting tissue damage—such as troponin, which indicates heart muscle injury.
The neutrophils, monocytes, and other white blood cells that rapidly respond to infections were activated as expected. But the levels of certain white blood cells called T lymphocytes were paradoxically reduced. Interestingly, despite the low overall numbers of T lymphocytes, particular subsets of them appeared activated as though fighting an infection. While the children recovered, those differences gradually disappeared as the immune system returned to normal.
It has been noted that MIS-C bears some resemblance to an inflammatory condition known as Kawasaki disease, which also primarily affects children. While there are similarities, this new work shows that MIS-C is a distinct illness associated with COVID-19. In fact, only two children in the study met the full criteria for Kawasaki disease based on the clinical features and symptoms of their illness.
Another recent study from the United Kingdom, reported several new symptoms of MIS-C [3]. They include headaches, tiredness, muscle aches, and sore throat. Researchers also determined that the number of platelets was much lower in the blood of children with MIS-C than in those without the condition. They proposed that evaluating a child's symptoms along with his or her platelet level could help to diagnose MIS-C.
It will now be important to learn much more about the precise mechanisms underlying these observed changes in the immune system and how best to treat or prevent them. In support of this effort, NIH recently announced $20 million in research funding dedicated to the development of approaches that identify children at high risk for developing MIS-C [4].
The hope is that this new NIH effort, along with other continued efforts around the world, will elucidate the factors influencing the likelihood that a child with COVID-19 will develop MIS-C. Such insights are essential to allow doctors to intervene as early as possible and improve outcomes for this potentially serious condition.
https://directorsblog.nih.gov/2020/09/01/study-ties-covid-19-related-syndrome-in-kids-to-altered-immune-system/
https://pubmed.ncbi.nlm.nih.gov/32812012/
https://www.bmj.com/content/370/bmj.m3249

Iceland
Study finds coronavirus antibodies last months, offering hope for vaccine efficacy
Source: Global News
ID: 1007753635

Antibodies that people make to fight the new coronavirus last for at least four months after diagnosis and do not fade quickly as some earlier reports suggested, scientists have found.
Tuesday's report, from tests on more than 30,000 people in Iceland, is the most extensive work yet on the immune system's response to the virus over time, and is good news for efforts to develop vaccines.
If a vaccine can spur production of long-lasting antibodies as natural infection seems to do, it gives hope that "immunity to this unpredictable and highly contagious virus may not be fleeting," scientists from Harvard University and the U.S. National Institutes of Health wrote in a commentary published with the study in the New England Journal of Medicine.
One of the big mysteries of the pandemic is whether having had the coronavirus helps protect against future infection, and for how long. Some smaller studies previously suggested that antibodies may disappear quickly and that some people with few or no symptoms may not make many at all.
The new study was done by Reykjavik-based deCODE Genetics, a subsidiary of the U.S. biotech company Amgen, with several hospitals, universities and health officials in Iceland. The country tested 15% of its population since late February, when its first COVID-19 cases were detected, giving a solid base for comparisons.

Scientists used two different types of coronavirus testing: the kind from nose swabs or other samples that detects bits of the virus, indicating infection, and tests that measure antibodies in the blood, which can show whether someone was infected now or in the past.
Blood samples were analyzed from 30,576 people using various methods, and someone was counted as a case if at least two of the antibody tests were positive. These included a range of people, from those without symptoms to people hospitalized with signs of COVID-19.
In a subgroup who tested positive, further testing found that antibodies rose for two months after their infection initially was diagnosed and then plateaued and remained stable for four months.
Previous studies suggesting antibodies faded quickly may have been just looking at the first wave of antibodies the immune system makes in response to infection; those studies mostly looked 28 days after diagnosis. A second wave of antibodies forms after a month or two into infection, and this seems more stable and long-lasting, the researchers report.
The results don't necessarily mean that all countries' populations will be the same, or that every person has this sort of response. Other scientists recently documented at least two cases where people seem to have been reinfected with the coronavirus months after their first bout.
The new study does not establish how much or which type of antibody confers immunity or protection — that remains unknown.
The study also found:
— Testing through the bits-of-virus method that's commonly done in community settings missed nearly half of people who were found to have had the virus by blood antibody testing. That means the blood tests are far more reliable and better for tracking spread of the disease in a region and for guiding decisions and returning to work or school, researchers say.
— Nearly a third of infections were in people who reported no symptoms.
— Nearly 1% of Iceland's population was infected in this first wave of the pandemic, meaning the other 99% are still vulnerable to the virus.
— The infection fatality rate was 0.3%. That's about three times the fatality rate of seasonal flu and in keeping with some other more recent estimates, said Dr. Derek Angus, critical care chief at the University of Pittsburgh Medical Center.
Although many studies have been reporting death rates based on specific groups such as hospitalized patients, the rate of death among all infected with the coronavirus has been unknown.
The news that natural antibodies don't quickly disappear "will be encouraging for people working on vaccines," Angus said.
https://globalnews.ca/news/7311194/coronavirus-antibody-study-iceland/

France
Sanofi says Kevzara drug fails as possible COVID-19 treatment
Source: Reuters

PARIS (Reuters) - The rheumatoid arthritis drug Kevzara has failed as a COVID-19 treatment, French drugmaker Sanofi said on Tuesday following a similar flop of a Roche product.

Sanofi said Kevzara - which it produces with partner Regeneron - had failed as a COVID-19 treatment after the latest set of trials in patients across the world showed adverse effects, and would be dropped for studies in this field.

Sanofi said the trials had led in some cases to COVID-19 pneumonia infections and even death in a few cases.

The two companies do not anticipate conducting further clinical studies of it, Sanofi added.

Trials had shown that the drug did not help patients with less severe COVID-19, the companies had said in July.

"Although this trial did not yield the results we hoped for, we are proud of the work that was achieved by the team to further our understanding of the potential use of Kevzara for the treatment of COVID-19," said Sanofi's global head of research and development, John Reed.

[APG]

“At Sanofi, we are committed to help combat the global COVID-19 pandemic, including developing vaccine candidates that can be manufactured at large scale,” he added.

Pharmaceutical companies have been racing to develop treatments against the COVID-19 pandemic that has claimed more than 849,000 lives and crippled economies.

Last month, CEO Paul Hudson said Sanofi’s confidence in its coronavirus vaccine candidates had increased over the summer as the drugmaker prepared to start clinical trials.

In July, Roche said its attempt to retool its rheumatoid arthritis drug Actemra/RoActemra to treat patients hospitalised with severe COVID-19-related pneumonia has failed in a late-stage trial.
https://www.reuters.com/article/us-health-coronavirus-sanofi/sanofi-says-kevzara-drug-fails-as-possible-covid-19-treatment-idUSKBN25S3R4

Goodbye, nasal swabs? Saliva tests can detect coronavirus.
Source: South China Morning Post
GPHIN ID: 1007749916

- Two new studies found that saliva tests were about as reliable as those that require a sample from the back of the nose.
- In theory, anyone could administer a saliva-based test, so there may not be a need for a trip to a testing centre.

If there’s one thing we can safely predict about the Covid-19 pandemic, it’s that plenty of coronavirus tests lie in our future. Luckily, researchers have some good news.

Two new studies have found that tests that look for the virus in samples of saliva are about as reliable as tests that require a sample from the back of the nose.

That’s sure to be a welcome development to anyone who would rather avoid the discomfort of having a long, stiff swab inserted so far back into their nasal cavity that it feels like it’s tickling their brain.
But it’s not the only benefit. Pretty much anyone can administer a saliva-based test, so there’s no need for a trip to a testing centre. It also frees up the time of medical personnel and spares them potential exposure to the virus.

In one of the new studies, a team from Yale identified 70 hospital patients with Covid-19 whose infections had been confirmed with the traditional nasopharyngeal swabs. Each time a health care worker carried out additional nasal swab tests, the researchers asked the patients to give themselves a saliva test as well.

The saliva tests did a better job of detecting the virus formally known as SARS-CoV-2, the researchers found. In the first five days after diagnosis, 81 per cent of the saliva tests came back positive, compared with 71 per cent of the nasopharyngeal tests. A similar gap remained through the 10th day after diagnosis. In addition, the researchers detected more copies of the virus’ genetic material in patients’ saliva than in the samples taken from the back of their nasal cavities.

To see how the tests stacked up among people with asymptomatic infections, the researchers recruited 495 health care workers with no signs of Covid-19 and gave them the saliva test. Thirteen of the tests came back positive.

Among those 13 people, nine had given themselves nasal swabs on the same day, and only two of those tests came back positive. However, all 13 of the saliva tests were later confirmed by additional nasopharyngeal tests.
The results were reported in the New England Journal of Medicine.

“Given the growing need for testing, our findings provide support for the potential of saliva specimens in the diagnosis of SARS-CoV-2 infection,” the Yale team wrote.
In the second study, researchers from Canada recruited nearly 2,000 people with either mild symptoms consistent with Covid-19 or who had no symptoms but were at high risk of infection. The study design was meant to simulate the conditions of mass screening, the authors wrote.
Participants submitted to a standard nasal swab test and also collected their own saliva samples. Of the 1,939 pairs of tests, 34 came back positive for coronavirus infection. There were also 14 cases where the virus was detected in the saliva sample but not the nasal sample, and 22 cases where the reverse was true.
These results were published Friday in the Annals of Internal Medicine.
Although the nasal swab test detected more infections than the saliva test, the latter performed well enough to earn consideration as a screening tool, wrote the team from the University of Ottawa, Dalhousie University and Canada’s National Microbiology Laboratory.
“Saliva testing presents potential advantages,” the researchers wrote. “Collection does not require trained staff or personal protective equipment, can be done outside testing centres, and may be better tolerated in challenging or paediatric populations.”

The Yale team noted some of those same benefits and added a few more. Saliva tests eliminate the need for health care workers to come into contact with people who might be infected, reducing transmission risk. Being able to conduct a test without medical personnel on hand also removes a “major testing bottleneck,” the team wrote.

Dr Stephen Hahn, the commissioner of the US Food and Drug Administration, has also noted that the saliva tests can allow screening to proceed even when the chemical reagents needed for nasal swab tests are in short supply.
At least five saliva tests have received emergency use authorisation from the FDA, including one developed at Yale.
https://www.scmp.com/news/world/article/3099700/goodbye-nasal-swabs-saliva-tests-can-detect-coronavirus-infection

Study

Study offers evidence of asymptomatic COVID-19 transmission on plane
Source: The Korea Herald
Unique ID: 1007748013

Asymptomatic carriers may be capable of spreading the novel coronavirus to others on airplanes, a new study published by the US Centers for Disease Control and Prevention showed.

The study, published in the peer-reviewed Emerging Infectious Diseases journal, found that a passenger on an evacuation flight from Milan to Seoul appears to have contracted the disease after sharing the same restroom as an asymptomatic patient.

That passenger, who was seated three rows away from the said patient, had worn her N95 face mask throughout the flight except to eat or go to the bathroom.

Pulmonologist Dr. Yon Dong Keon, one of the Korean researchers who conducted the study, said based on epidemiological investigations, “the most plausible explanation for the passenger’s infection with COVID-19 is that she was exposed to possible contaminants while using an onboard lavatory.”

As the passenger was isolating at her home in Italy by herself for three weeks prior to the travel, inflight contact with the asymptomatic patient is suspected as the point of infection, he said.

All of the 299 passengers were screened for coronavirus symptoms and given N95 respirators before they boarded the airplane. At airports and in the air, they followed strict infection control procedures under the guidance of medical workers.

Despite not having symptoms, the passengers were quarantined for two weeks upon arrival as per the Korean government guidance and tested regularly for the virus. Six tested positive on the first day, and remained without symptoms until they were discharged from the hospital. Given the incubation period, they are believed to have been sick before flying.

On the final day of the quarantine, the passenger who used the same toilet stall as the asymptomatic patient during the flight-tested positive after she was found to be negative in earlier examinations. She had no outside contact while quarantining as she stayed at a facility overseen by public health authorities.

“One key takeaway from this is that public restrooms are vulnerable to contagion,” Yon said. To be safe, he recommended minimizing surfaces touched by hands and flushing the toilet with the lid closed, as leaving it open may launch a plume of virus-laden particles into the air.

Other air travel safety tips include wearing facemasks, washing hands, disinfecting shared surfaces and limiting contact among passengers, he said.

Click here to see image

Figure on left shows timeline of flight, passenger quarantine, and testing protocol. On the right indicates the location of six asymptomatic patients (marked red) and the passenger (marked blue) who is suspected of contracting the disease via the inflight contact. (US CDC journal Emerging Infectious Diseases)
Study: https://wwwnc.cdc.gov/eid/article/26/11/20-3353_article
http://www.koreaherald.com/view.php?ud=20200901000764&kr=1&nt=1

Study

NIH-supported study to track prevalence and impact of SARS-CoV-2 among pregnant women in low- and middle-income countries
Source: NIH

WHAT:
The National Institutes of Health has launched a study to track the prevalence and impact of SARS-CoV-2 infection among approximately 16,000 pregnant women in seven low- and middle-income countries. The study will follow women through pregnancy and 12 months after childbirth to compare maternal, fetal and newborn outcomes of participants who have been infected with the virus to those of pregnant women who have not been infected.
At delivery, women enrolled in the study will receive an antibody test to determine if they have been exposed to SARS-CoV-2. Researchers hope to determine if infection increases the risk of complications such as preterm birth, fetal growth restriction, stillbirth, newborn death and birth defects. They also hope to assess participants’ knowledge and attitudes of COVID-19 during pregnancy, including safety, protective practices and prenatal care. Women in the study will also be invited to participate in a follow-up analysis to determine if maternal SARS-CoV-2 infection influences infant outcomes such as cerebral palsy, developmental delays and hearing and vision abnormalities.
The study is being conducted by the Global Network for Women’s and Children’s Health Research, a group of clinical sites funded by NIH’s *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD). The participating countries are Guatemala, Bangladesh, India, Pakistan, Kenya, Democratic Republic of Congo and Zambia.
WHO:
NICHD Director Diana W. Bianchi, M.D., is available for comment.
About the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD): NICHD leads research and training to understand human development, improve reproductive health, enhance the lives of children and adolescents, and optimize abilities for all. For more information, visit https://www.nichd.nih.gov.
About the National Institutes of Health (NIH): NIH, the nation's medical research agency, includes 27 Institutes and Centers and is a component of the U.S. Department of Health and Human Services. NIH is the primary federal agency conducting and supporting basic, clinical, and translational medical research,

and is investigating the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit www.nih.gov.
https://www.nih.gov/news-events/news-releases/nih-supported-study-track-prevalence-impact-sars-cov-2-among-pregnant-women-low-middle-income-countries

WHO

New research helps to increase understanding of the impact of COVID-19 for pregnant women and their babies

Source: WHO

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Unique ID: 1007755856

Pregnant women with COVID-19 are less likely than non-pregnant women with COVID-19 to have symptoms, but more likely to need intensive care if severely ill – according to new findings

New research findings published today in the BMJ helps to shed light on the risks of COVID-19 for pregnant women and their babies. The paper suggests that pregnant women seen at the hospital with suspected or confirmed COVID-19 are less likely to experience a fever or muscle pain, but if they develop severe disease they are more likely to need intensive care than non-pregnant women with COVID-19.

This is first paper of a 'living systematic review'; ongoing, global, research which is collecting and synthesising data on the situation for pregnant women with COVID-19 in countries worldwide. It has been led by researchers at the University of Birmingham, UK, the World Health Organization, and the Special Programme HRP alongside other collaborators.

Pre-existing medical conditions

Evidence currently suggests that people who are non-white, are older, who are overweight and/or have a pre-existing medical condition, are more vulnerable to severe disease due to COVID-19. According to the findings published today, pregnant women with COVID-19, who have pre-existing medical conditions, such as diabetes or chronic high blood pressure, or those who are older or overweight, are also more likely to suffer severe health complications due to COVID-19.

Mercedes Bonet, an author of the study comments, "The evidence shows us that having pre-existing health conditions such as diabetes or high blood pressure, puts you at greater risk, whether or not you are pregnant."

These findings underline the need for pregnant women and recently pregnant women to take all precautions to avoid COVID-19 disease, in particular if they have underlying conditions.

Risks for newborn babies and women

The research findings show that pregnant or recently pregnant women with COVID-19 were more likely to give birth prematurely. The findings also show that 1 in 4 of all babies born to women with COVID-19, were admitted to a neonatal unit but data on causes of preterm births or indications for admission to neonatal units among these babies is lacking. Stillbirth and newborn death rates however were low.

Implications for healthcare

It is important healthcare providers are aware that pregnant women with COVID-19 and their newborn babies may be more likely to need specialist care, and that women and their babies have access to this care. This is particularly true for pregnant women with COVID-19 alongside other co-morbidities.

In addition it is crucial to stress that whether or not a woman has COVID-19, her right to a positive pregnancy and childbirth experience must be ensured. Read more

It is also important to recognise the increased stress and anxiety caused by COVID-19 which may be particularly felt by pregnant women, recently-pregnant women, and their partners, children, and families; healthcare providers have a role in responding to pregnant women in an appropriate and compassionate way.

https://www.who.int/news-room/detail/01-09-2020-new-research-helps-to-increase-understanding-of-the-impact-of-covid-19-for-pregnant-women-and-their-babies

Domestic Events of Interest

Canada

Public Health Notice: Outbreak of Salmonella infections linked to red onions imported from the United States

Source: PHAC

August 31, 2020 – Update

The outbreak investigation is ongoing as illnesses continue to be reported to the Public Health Agency of Canada. Since August 21, there have been 78 additional illnesses reported in the ongoing Canadian investigation. There are now 457 confirmed cases in Canada. One individual has died, but it is not known if Salmonella contributed to the cause of death.

There is no evidence to suggest that onions grown in Canada are associated with this outbreak. Onions imported from the United States are under investigation.

Do not eat, use, sell or serve any red, white, yellow, and sweet yellow onions from Thomson International Inc. of Bakersfield, California, USA, or any products made with these onions. This advice applies to all individuals across Canada, as well as retailers, distributors, manufacturers and food service establishments such as hotels, restaurants, cafeterias, hospitals and nursing homes.

If you are not sure where a red, yellow, white, or sweet yellow onion was grown, do not eat it. This notice contains more advice on how to avoid getting sick.

The Canadian Food Inspection Agency (CFIA) has issued food recall warnings for related products that came to Canada. Some of these products were possibly distributed nationally. Additional food recall warnings in Canada are possible. More information on recalled products is available on CFIA's website.

On this page

Why should you take note

The Public Health Agency of Canada (PHAC) is collaborating with federal and provincial public health partners, the United States Centers for Disease Control and Prevention (U.S. CDC), and the U.S. Food and Drug Administration to investigate an outbreak of Salmonella infections occurring in seven provinces.

In Canada, based on the investigation findings to date, exposure to red onions imported from the USA has been identified as a likely source of the outbreak. Many of the ill individuals under investigation reported having eaten red onions before getting sick.

Through a collaborative investigation between public health and food safety partners in Canada and the U.S., traceback information has identified that the contaminated red onions are coming from Thomson International Inc. of Bakersfield, California, USA.

The CFIA has issued food recall warnings for related products that came to Canada. Some of these products were possibly distributed nationally. Additional food recall warnings in Canada are possible. More information is needed to determine the cause of contamination in red onions imported from Thomson International Inc. The outbreak is ongoing, as recent illnesses continue to be reported to the PHAC.

Given this information, and until more is known about the outbreak, do not eat, use, sell or serve any red, yellow, white, and sweet yellow onions grown by Thomson International Inc. of Bakersfield, California, USA, or any products made with these onions. This advice applies to all individuals across Canada, as well as retailers, distributors, manufacturers and food service establishments such as hotels, restaurants, cafeterias, hospitals and nursing homes.

Onions grown in Canada are not affected by this advice.

As the investigation is ongoing, it is possible that additional sources could be identified, and additional food recall warnings related to this outbreak may be issued. This public health notice will be updated as the investigation evolves.

Investigation summary

As of August 31, 2020, there have been 457 confirmed cases of Salmonella Newport illness linked to this outbreak in the following provinces: British Columbia (107), Alberta (257), Saskatchewan (33), Manitoba (25), Ontario (11), Quebec (23) and Prince Edward Island (1).

Individuals became sick between mid-June and early August 2020. Sixty-six individuals have been hospitalized. One individual has died, but it is not known if Salmonella contributed to the cause of death. Individuals who became ill are between 1 and 100 years of age. The majority of cases (55%) are female.

Individuals who became ill reported eating red onions at home, in menu items ordered at restaurants and in residential care settings.

The Canadian Food Inspection Agency (CFIA) is conducting a food safety investigation and has issued related food recall warnings. Additional food recall warnings in Canada are possible. More information on recalled products is available on CFIA’s website.

The U.S. CDC is also investigating an outbreak of Salmonella Newport illnesses that have a similar genetic fingerprint to illnesses reported in this outbreak. Investigators in Canada and the U.S. continue to collaborate to exchange information and identify commonalities in the outbreak information that may identify additional sources of illness or help to identify the cause of contamination in the red onions.

It is possible that more recent illnesses may be reported in the outbreak because there is a period of time between when a person becomes ill and when the illness is reported to public health officials. For this outbreak, the illness reporting period is between two and four weeks.

Who is most at risk

Anyone can become sick with a Salmonella infection, but children aged 5 years and under, older adults, pregnant women or people with weakened immune systems are at higher risk for contracting serious illness.

Most people who become ill from a Salmonella infection will recover fully after a few days. It is possible for some people to be infected with the bacteria and to not get sick or show any symptoms, but to still be able to spread the infection to others.

What should you do to protect your health

Do not eat, use, sell or serve any red, white, yellow, and sweet yellow onions from Thomson International Inc., of Bakersfield, California, USA, or any products made with these onions. This advice applies to all

individuals across Canada, as well as retailers, distributors, manufacturers and food service establishments such as hotels, restaurants, cafeterias, hospitals and nursing homes.

Advice to consumers

Individuals are asked to check their homes for red, white, yellow, and sweet varieties, including whole, sliced, or chopped onions, and any prepared foods that contain onions as an ingredient, such as premade salads, sandwiches, wraps, salsas, dips or guacamole.
•If you have onions at home:
◦Look for a label showing where the onion was grown. It may be printed on the package or on a sticker.
◦If the packaging or sticker shows that it is from Thomson International Inc., don't eat it. Throw it away and wash your hands.
◦If it isn't labeled, don't eat it. Throw it away and wash your hands.
◦If you don't know whether the onion found in a premade salad, sandwich, wrap, salsa, dip or guacamole contains onions from Thomson International Inc., don't eat it. Throw it away and wash your hands.
◦Wash and sanitize any surfaces that may have come in contact with onions or their packaging, such as countertops, fridge drawers, pantry shelves, knives, and cutting boards.
•If you buy onions at grocery or convenience stores:
◦Make sure they are not selling onions from Thomson International Inc., or serving fresh foods prepared with them.
◦If you can't confirm that the onion in stores is not from Thomson International Inc., don't buy it.
•If you order salad or any other food items containing onions at a restaurant or food establishment:
◦Ask the staff whether their onions come from Thomson International Inc. If they did, or they don’t know, don’t eat it.
•Do not eat any recalled food products. Check to see if you have recalled food products at home. If you do, throw them out and wash your hands.
•If you have been diagnosed with a Salmonella infection or any other gastrointestinal illness, do not cook food for other people.
•Contact your local public health authority to report any food safety concerns at restaurants or grocery stores, or if you suspect food poisoning from a restaurant or other food establishments.

Advice to restaurants, retailers, suppliers and distributors
•Check the label on bags or boxes of onions, or ask suppliers about the source of their onions.
•Do not ship or sell onions from Thomson International Inc. of Bakersfield, California, USA, or any products made with these onions.
•Clean and sanitize all surfaces and storage bins that onions may have come in contact with, including cutting boards, countertops, slicers, utensils, and containers used to store or transport them.

Symptoms

Symptoms of a Salmonella infection, called salmonellosis, typically start 6 to 72 hours after exposure to Salmonella bacteria from an infected animal, person or contaminated product.

Symptoms include:
•fever
•chills
•diarrhea
•abdominal cramps
•headache
•nausea
•vomiting

These symptoms usually last for 4 to 7 days. In healthy people, salmonellosis often clears up without treatment, but sometimes antibiotics may be required. In some cases, severe illness may occur and hospitalization may be required. People who are infected with Salmonella bacteria can be infectious from

several days to several weeks. People who experience symptoms, or who have underlying medical conditions, should contact their health care provider if they suspect they have a Salmonella infection.

What is the Government of Canada doing

The Government of Canada is committed to protecting the health of Canadians from enteric disease outbreaks.

The Public Health Agency of Canada leads the human health investigation into an outbreak and is in regular contact with its federal, provincial and territorial partners to monitor the situation and to collaborate on steps to address an outbreak.

Health Canada provides food-related health risk assessments to determine whether the presence of a certain substance or microorganism poses a health risk to consumers.

The Canadian Food Inspection Agency conducts food safety investigations into the possible food source of an outbreak.

The Government of Canada will continue to update Canadians if new information related to this investigation becomes available.

Epidemiological information

Figure 1 is an epidemiological curve for this outbreak, which shows the numbers of new cases by week. Outbreak investigators use this information to show when illnesses begin, when they peak and when they trail off. It can take several weeks from the time a person becomes ill to when the illness is reported and testing confirms a link to the outbreak. Data are available for 454 cases.

Figure 1: Number of people infected with Salmonella Newport
Figure 1: Number of people infected with Salmonella Newport

Additional information
•CFIA's food safety investigation
• U.S. CDC's Salmonella Newport investigation notice
•Salmonella
•Safe food handling practices
•COVID-19 and food safety
•Recalls and safety alerts mobile application

Media contact

Public Health Agency of Canada
Media Relations
613-957-2983

Public inquiries

Call toll-free: 1-866-225-0709
Email: info@hc-sc.gc.ca
https://www.canada.ca/en/public-health/services/public-health-notices/2020/outbreak-salmonella-infections-under-investigation.html

New Brunswick
Harvest House says CERB payments fueling illicit drug market in Moncton
Source: Global News
ID: 1007752532

Harvest House Shelter in Moncton says that some people are using Canadian Emergency Response Benefit cheques to support their addiction which could have a long-term impact on the city's most vulnerable.
Cal Maskery, executive director at Harvest House Shelter, operates a drug rehabilitation program and said the pandemic bailout money has been fueling the illicit drug market in the city for months.
"All of a sudden they got money they never had and that temptation was too strong and we lost several guys," said Maskery.
In the last few months, four people dropped out of his rehab program and started using again after receiving CERB funds when they didn't even qualify for it, he said.
"Once word got out to the street level that you could apply for it and there was no accountability a number of people applied for it that hadn't worked in years," he said.
The federal emergency financial aid was designed to help people out of work due to the pandemic.
Kirk Hollett, who is enrolled in the rehab program, says he considered applying for the benefit because he saw people getting access to easy money but decided it was not worth the risk since he has been clean for six months.
"I just knew it was going to be a trap. I could see it and the thoughts went through my head right away and I just thought 'no that is just a death sentence for me,'" Hollett said.
Dr. Susan Crouse of the Salvus Clinic in Moncton said some of her clients on income assistance were also getting CERB checks even though they should never have qualified.
She said she worries about the impacts on the vulnerable population once the benefit runs out later this month. Some of her patients have already had a portion of their income assistance clawed back by the provincial Department of Social Development, she said.
"Some people really did make good use of their benefits and did get housing for the short time they were receiving the CERB benefit and now, of course, that is gone and they are left with housing that they really no longer can afford so they, unfortunately, lost that housing," said Crouse.
According to the Department of Social Development, New Brunswickers who collect CERB are not able to also collect social assistance. But they can keep some benefits according to an emailed statement from Communication Officer, Abigail McCarthy.
"During the pandemic, the department determined that clients who chose to apply for CERB should still be able to keep their provincially-funded health cards and supplementary benefits, so when the federally funded CERB program ends, clients will have an easier time transitioning back to their traditional SA services."
Meanwhile, Maskery said if some people have to pay back a portion of their CERB money, he worries that more people already living on limited means trying to overcome their addictions will feel a sense of desperation and relapse in the coming months
"I am glad the CERB money came out for those who really needed it. But, because there was no accountability with it anybody could access it and that was the danger of it," he said.
https://globalnews.ca/news/7309965/cerb-drugs-moncton/

Nunavut
Whooping cough outbreak declared over in Sanikiluaq
Source: CBC | North News
ID: 1007752757

A whooping cough outbreak that started in Sanikiluaq this spring is now over, Nunavut's Health Department announced Tuesday.
Officials declared the outbreak in June, after the disease was confirmed to be in the community in May.
Whooping cough — also called pertussis — affects the throat and lungs, and spreads easily from person to person, the Health Department said in a news release.
Children under one are likely to experience the most severe cases, but it can impact anyone.
Residents should see their health-care provider if they have any of these symptoms:
Cough lasting longer than a week.
Cough followed by an unusual noise that sounds like "whoop."
Trouble breathing.
Vomiting after coughing.

Coughing that worsens at night.
High fever (39 C and above) lasting more than three days.
Early diagnosis and treatment are important in fighting whooping cough, which can be prevented with a vaccine, the Health Department's news release said.
People should ensure their vaccines are up to date.
They should also be sure to wash their hands frequently; cough into their sleeve or a tissue; and avoid sharing food, utensils or toothbrushes, the Health Department said.
https://www.cbc.ca/news/canada/north/sanikiluaq-nunavut-whooping-cough-outbreak-over-1.5708098?cmp=rss

Prince Edward Island

New P.E.I. survey aims to measure illicit drug use during pandemic

Source: CBC | Prince Edward Island News
ID: 1007752535

A group that promotes harm reduction for Islanders who use drugs is hoping a new survey will help them better understand how the global health pandemic has changed illicit drug use on P.E.I.
The survey is aimed at anyone who consumes illicit drugs, whether that's occasionally or habitually.
Angele Desroches, program co-ordinator with PEERS Alliance, says there's been an increase in drug-related harm nationwide since the start of the pandemic.
"Since the pandemic, we have seen an increase in drug-related harms, including overdose, and that's been the case in Prince Edward Island," said Desroches, adding that she's hearing reports from across the province.
Drugs increasingly laced with fentanyl
She says with the borders closed, the drug supply has changed, and she believes what's available on the Island is increasingly contaminated with fentanyl.
"And that's a concern because we're seeing not only opioid users being affected, but also stimulant users," said Desroches.
"And so recreational cocaine users may not be super aware of the risks involved; similarly with folks who are consuming methamphetamines. Opioid overdose may not be front of mind, but it is certainly a risk as we see these substances become more contaminated with fentanyl."
The survey — called COVID Check-in with PEERS Alliance For Everyone Who Uses Drugs — asks general questions about age and drug use, and other questions about the supply of drugs since the beginning of the pandemic, including access and costs, whether frequency of consumption has changed, and what users think might help increase safety.
Michael Redmond, residential manager of Bedford MacDonald House and co-ordinator for the Community Outreach Centre in Charlottetown, said he's noticed changes since the pandemic as well — and he's heard about them from his clients.
'People just taking risks'
"Things changed quite dramatically because obviously there wasn't as much drugs coming across the bridge," said Redmond.
"So certainly drugs were being diluted, heavier usage, a lot of trading of drugs and prescription drugs, and people just taking risks that they don't normally take. And so that certainly affected a lot of people."
Redmond said those problems include everything from increased agitation to violence among community members. He said the pandemic has been especially hard on anyone with mental health or addictions issues, and he hopes that data captured through the survey will lead to better supports for drug users on P.E.I.
"I think we have to all recognize that we do have a major problem in Charlottetown and in Prince Edward Island with drug usage. And the only way we can address an issue like this is, first of all, recognize we have an issue."
He'd like to see that data result in additional facilities for vulnerable populations, and more mental health support on the ground.
Officials with the alliance hope anyone who uses illicit drugs will take a few minutes to respond to the survey, since data collection is vital to understanding problems and advocating for solutions.
The survey will be available online through the PEERS Alliance social media accounts until Sept. 18.
https://www.cbc.ca/news/canada/prince-edward-island/cbc-pei-illicit-drug-covid-1.5706793?cmp=rss

International Events of Interest

United States

FDA provides guidance to industry for detecting and preventing nitrosamines in drugs
Source: Food and Drug Administration

The following is attributed to FDA Commissioner Stephen M. Hahn, M.D., and Patrizia Cavazzoni, M.D., acting director, Center for Drug Evaluation and Research

Since the outset of our discovery of impurities called nitrosamines in some types of drugs more than two years ago, the U.S. Food and Drug Administration has undertaken a thorough investigation in an effort to protect patients. While nitrosamines are common in water and foods, nitrosamine impurities may increase the risk of cancer if people are exposed to them above acceptable levels and over long periods of time. For this reason, the discovery of unexpected nitrosamine impurities in some drug products is a serious concern, and the FDA has been working, in collaboration with regulatory counterparts around the world, to find and remove drugs with unacceptable nitrosamine impurities from the U.S. drug supply. As we do so, we're also taking proactive efforts to help ensure that in the future, drugs can be free from unsafe levels of these impurities from the start of production.

Ensuring that drugs are safe, effective and high-quality is a critical part of FDA's mission. In our continued efforts to be transparent and provide guidance to manufacturers on how to detect and prevent unacceptable levels of nitrosamine impurities, today we're publishing our guidance Control of Nitrosamine Impurities in Human Drugs for immediate implementation. This guidance recommends steps, including a comprehensive risk assessment strategy and other actions that manufacturers can take to reduce or prevent the presence of nitrosamine impurities in their drugs.

There are many reasons why these impurities might appear in some drugs, and consequently many approaches to screening for and preventing the appearance of nitrosamines to help ensure drug quality and safety. The source of these impurities can be related to the drug's manufacturing process, the materials used in manufacturing, the drugs' chemical structure, or even the conditions in which drugs are stored or packaged. Under FDA's oversight, manufacturers are responsible for mitigating these impurities.

The most common nitrosamine impurity, N-nitrosodimethylamine (NDMA), is found at low levels in water and foods, including cured and grilled meats, dairy products and vegetables. The FDA and the international scientific community do not expect NDMA to cause harm when ingested at low levels. However, given the risk that genotoxic substances such as NDMA may increase the risk of cancer if people are exposed to them above certain levels and over long periods of time, manufacturers have recalled drugs with NDMA levels higher than the FDA's recommended acceptable intake levels. Patients taking medications with potential nitrosamine impurities should not stop taking their medications and should talk with their health care professional about concerns and other treatment options.

We believe that the guidance we've issued today will assist manufacturers in preventing unacceptable levels of nitrosamines in drugs. Protecting patients is the FDA's highest priority, and we will continue to work with manufacturers and our international regulatory partners to investigate and definitively resolve this problem.

The FDA, an agency within the U.S. Department of Health and Human Services, protects the public health by assuring the safety, effectiveness, and security of human and veterinary drugs, vaccines and other biological products for human use, and medical devices. The agency also is responsible for the safety and security of our nation's food supply, cosmetics, dietary supplements, products that give off electronic radiation, and for regulating tobacco products.
https://www.fda.gov/news-events/press-announcements/fda-provides-guidance-industry-detecting-and-preventing-nitrosamines-drugs

Sudan

Circulating vaccine-derived poliovirus type 2 – Sudan
Source: WHO
ID: 1007752961

On 9 August 2020, the Federal Ministry of Health, Sudan notified WHO of the detection of a circulating vaccine-derived poliovirus type 2 (cVDPV2) in the country. According to the notification, the virus is genetically-linked with Chad (sequencing results showed 12 to 19 nucleotide changes). Two Acute Flaccid Paralysis (AFP) cases were notified. The first case, a child of 48 months, had onset of paralysis on 7 March 2020 and was from Sulbi city of Kas locality in South Darfur state. The state is in the west of the country, bordering Central African Republic, South Sudan and close to the border with Chad. The second case, a child of 36 months, had onset of paralysis on 1 April 2020 and was from Shari city of Al Gedarif locality in Gedarif state in the east, close to the border with Eritrea and Ethiopia. Both children received the their last bOPV (type 1 & 3) dose in 2019. Initial investigation indicates these cases are linked to cVDPV2s from the CHA-NDJ-1 emergence group which was first detected in October 2019 and is currently circulating in Chad and Cameroon. Eleven additional suspected cases have also been confirmed as cVDPV2 and field investigation reports are being consolidated. These cases are in the following states – Red Sea, West Darfur, East Darfur, White Nile, River Nile and Gezira. Hence, between 9 August and 26 August 2020, there have been a total of 13 cVDPV2 cases reported. Additionally, three cVDPV2-positive environmental samples from Soba, Elgoz and Hawasha sites from Khartoum were detected (samples collected on 29 March 2020). Sequencing of viruses isolated in Sudan so far reflects that the viruses are related with viruses reported earlier in neighboring Chad from where there were multiple separate introductions into Sudan from Chad. There is local circulation in Sudan and continued sharing of transmission with Chad.

Public health response
Following the detection of cVDPV2 in the country, the following response activities are being planned and/or implemented:

The Acting Federal Minister of Health declared a cVDPV2 outbreak in Sudan to the Cabinet within eight hours on Day Zero of outbreak (9 August 2020);
The Ministry of Health, supported by Global Polio Eradication Initiative (GPEI) partners, implemented a full field investigation, and started implementation of polio outbreak preparedness and response plan from Day Zero;
A national task force for outbreak response with representation from WHO and UNICEF has been established, Federal Epidemiological Team finalized Terms of Reference and composition of National Technical Committee for cVDPV2 outbreak control and convened first meeting on 9 August 2020;
Undersecretary of Health is chairing the steering committee for outbreak response, and the first meeting was convened on 9 August 2020;
Federal Epidemiological Team advised state epidemiological managers of South Darfur and Al Gedarif and other states with cases to activate the state's emergency committee and start implementation of polio outbreak preparedness and response plan;
Response is coordinated with other departments such as health promotion and health emergencies; and cross-border coordination with neighbouring countries is being initiated.
WHO risk assessment
WHO assesses the risk of further international spread of cVDPV2 across central Africa and the Horn of Africa to be high. With large-scale population movements with other areas of central Africa and the Horn of Africa. A more thorough region-wide risk assessment is being conducted by the polio program. Across the African continent, 172 type 2 cases in 14 countries have been reported in 2020.

WHO advice
It is important that all countries, in particular those with frequent travel and contacts with polio-affected countries and areas, strengthen surveillance for Acuter Flaccid Paralysis in order to rapidly detect any new virus importation and to facilitate a rapid response. Countries, territories and areas should also maintain uniformly high routine immunization coverage at the district level to minimize the consequences of any new virus introduction.

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

As per the advice of an Emergency Committee convened under the International Health Regulations (2005), efforts to limit the international spread of poliovirus remains a Public Health Emergency of International Concern (PHEIC). Countries affected by poliovirus transmission are subject to Temporary Recommendations. To comply with the Temporary Recommendations issued under the PHEIC, any country infected by poliovirus should declare the outbreak as a national public health emergency and consider vaccination of all international travelers who live or visited the country for four weeks or longer. Countries infected by cVDPV2 should encourage residents and long-term visitors to receive a dose of IPV four weeks to 12 months prior to international travel.
https://www.who.int/csr/don/01-september-2020-polio-sudan/en/

Researches, Policies and Guidelines

United States

Flu study highlights difficulty of achieving covid-19 'herd immunity'
Source: The Herald Zimbabwe
ID: 1007753692

Researchers say women are more likely than men to get a flu shot. They add that whites and Asians also have higher rates of immunization.
In a new study, researchers say a low influenza vaccination rate in certain parts of the United States doesn't bode well for this year's flu season.
They add that the trend could also affect how many people are willing to get immunized against COVID-19 once a vaccine is available for that disease.
They note that the combination of flu and COVID-19 could strain healthcare services this fall.
Too few people in the United States typically get the flu shot to achieve "herd immunity."
That's the point at which enough people in a population are immune to an illness so that community spread of that disease declines or disappears.
That's discouraging news for the upcoming flu season and also may not bode well for the ability to achieve herd immunity for COVID-19, an ailment for which no vaccine is currently available.
A new study from researchers at the University of California, San Francisco found that self-reported flu vaccination rates were as low as 16 percent among people without health insurance.
Researchers noted that insurance status, having a personal doctor, and age were among the biggest determining factors in whether Americans receive an annual flu shot.
The study also noted that fewer than half of U.S. adults received the flu vaccine during the 2017–2018 season, when 61,000 Americans died from influenza.
"To achieve herd immunity, we would need to reach about an 80 percent vaccination rate, but no subgroup in our study eceeded 60 percent," said Dr. R. Adams Dudley, a senior study author and a professor of medicine at the UCSF Philip R. Lee Institute for Health Policy Studies and School of Medicine. He is also associated with the University of Minnesota School of Medicine, School of Public Health, and Institute for Health Informatics.
According to Dudley and his colleagues, flu vaccination rates varied widely based on demographics and other factors. For eample:
COVID-19's impact on flu season
Dudley said that some of the steps taken to prevent spread of COVID-19, such as mask wearing, handwashing, and physical distancing, also should help prevent the spread of seasonal flu.
"COVID-19 will likely encourage more people to get the flu shot," Brandon Yan, a study first author and health policy researcher at UCSF, told Healthline.
"However, in-person healthcare visits have fallen dramatically in favor of tele-visits, especially in primary care, during the pandemic so opportunities for flu shot administration will be much more limited. This is where wide availability of the flu vaccine outside of traditional clinics, like in grocery-store pharmacies, is especially critical."

However, Dr. Faisel Syed, the national director of primary care for ChenMed, which operates primary care medical practices for seniors in 10 states, said the U.S. response to COVID-19 may actually make it less likely that people get vaccinated against influenza this year.
“Right now, there is a lack of confidence in our healthcare systems,” Syed told Healthline. “I can’t imagine with all the misinformation around COVID-19 that it will in any way increase someone’s desire to get a flu vaccine.”
Protesters took to the streets over the weekend in Massachusetts, for eample, after state officials mandated flu vaccination for all students returning to class this fall.
Combining flu, COVID-19
The Centers for Disease Control and Prevention (CDC) has announced a goal of getting 65 percent of Americans immunized for the flu in a bid to establish herd immunity and prevent a major flu outbreak on top of the COVID-19 pandemic.
“This fall nothing can be more important than to try to increase the American public’s decision to embrace the flu vaccine with confidence,” Dr. Robert R. Redfield, the CDC’s director, said during a recent JAMA Network video interview.
“This is a critical year for us to try to take flu as much off the table as we can.”
Redfield previously stated that the combination of the flu and COVID-19 could make fall 2020 the worst ever eperienced in the United States from a public-health perspective.
“COVID-19 has stretched our resources beyond anything we were prepared to handle,” said Syed. “It won’t take much of a flu season to push an already strained healthcare system over the edge into the abyss.”
However, Dr. Charles C. Bailey, the medical director for infection prevention at St. Joseph Hospital and Mission Hospital in Southern California, told Healthline that COVID-19 could make the public “take the risk of flu more seriously, which should benefit compliance with vaccination and other preventative measures.”
The annual flu season typically begins in October and peaks between December and January. Bailey said that between COVID-19 related precautions and lessons learned in the healthcare system, a ‘bad flu season’ does not appear to be evolving thus far.
Achieving a 65 percent vaccination rate, as the CDC wants, would be unprecedented. But it still would be at the low end of what would be required to achieve herd immunity against influenza.
Similarly, World Health Organization eperts say that it will take at least 60 to 70 percent of the population being infected to achieve herd immunity for COVID-19 — assuming that getting sick once with the novel coronavirus confers lasting immunity, something that has not yet been definitively proven.
Frank Sloan, PhD, a study co-author and a health economist at Duke University’s Sanford School of Public Health in North Carolina, cautioned that herd immunity “probably has never been achieved with respect to flu,” although “it has been achieved for some other infectious diseases.”
A vaccination education campaign
The study authors called for a concerted public health campaign to increase flu vaccination rates, especially among the at-risk populations identified in their research.
“Flu shots need to be readily available without a major time commitment on the part of the potential recipient,” said Sloan.
“Employers should provide them. Pharmacies should be encouraged to promote them. There have been improvements on this score. More pharmacies are located in supermarkets where people shop for food than previously.”
The researchers said educational campaigns are needed to overcome myths about the risks of vaccines. They added that mandated vaccination should be considered in certain settings, such as for school populations and in the workplace.
The Washington Post reported this week that Dr. Scott W. Atlas, a neuroradiologist from Stanford University’s Hoover Institution in California and a member of the Trump administration’s COVID-19 task force, has been advocating that the United States shift from a prevention and containment strategy to allowing the novel coronavirus to spread in an effort to achieve herd immunity.
That would be a fatal mistake, said Sloan.
“We don’t want to achieve herd immunity for COVID without an effective vaccine,” he told Healthline. “There would be too many deaths along the way.”
Written by Bob Curley on August 31, 2020 — Fact checked by Dana K. Cassell
Flu Study Highlights Difficulty of Achieving COVID-19 ‘Herd Immunity’
https://gphin.canada.ca/cepr/showarticle.jsp?docId=1007753692