

GPHIN Daily Report for 2020-09-09

Special section on Coronavirus

Canada

Areas in Canada with cases of COVID-19 as of 08 September 2020 at 19:00 EDT

Source: Government of Canada

Province, territory or other	Number of confirmed cases	Number of active cases	Number of deaths
Canada	133,748	7,030	9,153
Newfoundland and Labrador	270	2	3
Prince Edward Island	53	9	0
Nova Scotia	1,086	3	65
New Brunswick	192	2	2
Quebec	63,876	1,944	5,770
Ontario	43,536	1,527	2,813
Manitoba	1,349	393	16
Saskatchewan	1,669	58	24
Alberta	15,093	1,692	247
British Columbia	6,591	1,400	213
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

Remarks from the Chief Public Health Officer on COVID-19, September 8, 2020

Source: Canada News Centre - Public Health Agency of Canada

ID: 1007799405

Good afternoon. Bonjour. I hope everyone had an enjoyable and safe long weekend.

Schools across the country are starting the process of welcoming students back today. I'd like to say a few words about how we can all support each other during this time, but first, I'll begin with the usual numbers update.

There have been 132,142 cases of COVID-19 in Canada, including 9,146 deaths. 88% of people have now recovered. Over the past week, close to 46,000 people were tested daily, with 0.9% of people testing positive. An average of 545 new cases have been reported daily during the most recent seven days.

Many school districts across the country are starting to welcome students back, whether in-person or virtually. **The transition back to school for children and families can be stressful under normal circumstances and we know this year will present very real and new challenges.**

Schools, classrooms and shared spaces will look fundamentally different and teaching methods will vary. Many children will welcome the return to school, routines and classmates, but others will find the numerous changes more difficult. We can help children transition by listening to their concerns and by being honest about our own.

I would like to thank provincial authorities, local school boards, and educators who have been working overtime to reconfigure schools in order to lower the risk of transmitting the virus in these settings.

Although Canada is striving to maintain a "slow burn", the average daily case count has been increasing in recent days. This is concerning. And I want to underscore that when cases occur, including in schools, it is a reflection of what is happening in the community. So the key to keeping COVID-19 at a manageable level is for each and every one of us to keep up effective public health practices at home, at work and in the public spaces we frequent.

Finally, I would like to take a moment to say a few words to parents, caregivers and guardians. You are doing your very best you can right now and there is no "one-size fits all" approach to a child's learning. Decisions are not made lightly. So, to all of us...kind words, encouragement, and letting a parent in your life know that you are there for them can be a lifeline.

There are also mental health resources for parents and children on Canada.ca and there are other mental health resources including the Kids Help Phone, Families Canada, and Crisis Services Canada that provide invaluable support.

Now is not the time for complacency. To reduce community transmission, keeping up with public health measures, such as frequent hand washing, physical distancing and wearing a mask or face covering is key. Thank you.

<https://www.canada.ca/en/public-health/news/2020/09/remarks-from-the-chief-public-health-officer-on-covid-19-september-8-2020.html>

Canada

Statement from the Chief Public Health Officer of Canada on September 7, 2020

From: Public Health Agency of Canada

Statement

OTTAWA -

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

"This Labour Day Monday, I would like to thank our front line medical providers, public health professionals, and support workers who are on the job today, providing health services and support to Canadians during the time of COVID-19. It can be easy to forget, while out enjoying the last long weekend of summer, that many healthcare providers, paramedics, personal support and other medical and public health services and support staff are on duty, caring for patients, including those who are ill with COVID-19.

Unfortunately COVID-19 has not been taking a rest over the long weekend. There have been 131,895 cases of COVID-19 reported in Canada, including 9,145 deaths. 88.2% of people have now recovered. Over the past week, close to 46,000 people were tested daily, with 0.9% of people testing positive. An average of 545 new cases have been reported daily during the most recent seven days.

This summer, Canadians by-and-large followed public health guidance and as a result, nationally, Canada has been able to keep COVID-19 under manageable control, allowing us to carefully resume activities that are important to our social and economic wellbeing. With this said, the average daily case count has been increasing in recent weeks. This is a concern and a reminder that we all need to maintain public health measures to keep COVID-19 on the slow-burn path that we need.

As we enter the fall, Canadians will need to be even more vigilant about following public health guidance, particularly as the cold weather shifts activities indoors. In addition to the colder weather, the fall brings holidays and traditional family gatherings for many Canadians. While I know we are all eager to gather with our extended family and friends for the holidays, indoor gatherings may not be right for every Canadian or every family.

Before you decide to attend an event or activity, remember to ask yourself some quick-check questions about your personal risk factors and the setting of the event or activity.

First, ask yourself two questions about your personal risk, and that of your household or contact bubble:

Are you at high risk of developing serious complications if you become infected or if you would have to self-isolate, would this seriously disrupt your upcoming plans, priorities and responsibilities?

Are there people at high risk of developing serious complications of COVID-19 in your household or in-person contact bubble that you could unintentionally infect?

Then ask yourself two questions about the location of the event:

Has the host made changes to the location to reduce the risk of spreading COVID-19, including making it easy to maintain a 2-metre physical distance from others while indoors and requiring people to wear face masks?

Are you able to adjust your plan at the event or activity, for example by stepping away if it gets crowded, wearing a mask and washing your hands?

Asking yourself these questions can help you determine if the event or activity is appropriate for you to attend.

Finally, know there are things you can do before you go to an event that can reduce your risk of getting infected and spreading the virus to your loved ones:

If you have any symptoms, even mild ones, stay home, stay away from others, and get tested;

Keep up with effective public health practices like physical distancing, hand washing and wearing a mask or face covering; and

Limit the number of locations and social gatherings you attend in the days and weeks before a planned important event to reduce the risk of spread during the event.

Taking these precautions will provide layers of protection to keep you and those you care about safe, while helping to keep COVID-19 on the slow burn in Canada. Importantly, all of these efforts will help to support the front-line workers we need and value so much, and recognize on this Labour Day.”

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Search for related information by keyword: HE Health and Safety | Public Health Agency of Canada | Canada | Coronavirus (COVID-19) | media | statements

<https://www.canada.ca/en/public-health/news/2020/09/statement-from-the-chief-public-health-officer-of-canada-on-september-7-2020.html>

Canada

Health Minister orders review of pandemic warning system, concerns raised by scientists

Source: The Globe and Mail

Unique ID: [1007796552](#)

Canada's Health Minister has ordered an independent review of the country's pandemic early warning system, after The Globe and Mail reported that the respected surveillance and research unit was silenced last year, several months before the COVID-19 outbreak hit.

Health Minister Patty Hajdu said the federal review will probe the shutdown of the system, as well as allegations from scientists inside the Public Health Agency of Canada that their voices were marginalized within the department, preventing key messages from making it up the chain of command.

"My hope is that we can get the review off the ground as soon as possible," Ms. Hajdu said in an interview. "The independence of this review is critically important."

A Globe investigation in late July detailed how the unit, known as the Global Public Health Intelligence Network, or GPHIN, was effectively silenced in May, 2019. The team of analysts – including doctors and epidemiologists specially trained to scour the world for health threats – were reassigned to other tasks within the government amid shifting department priorities.

Though GPHIN had garnered a stellar reputation internationally, and was dubbed a "cornerstone" of global pandemic preparedness by the World Health Organization, officials within Public Health decided in late 2018 and early 2019 that the operation was too internationally focused and could be put to better use working on domestic projects. The new work did not involve pandemic preparedness.

Those changes led to the shutdown of a special surveillance and alert system that helped Canada and the WHO gather intelligence on potentially threatening outbreaks, particularly in situations where foreign governments were trying to hide or play down the event.

Current and former scientists and doctors at Public Health also said they began to fear that their messages were not being heard, or understood, by layers of department officials who lacked a sufficient background in science. That made it difficult to convey urgent and complex information up the chain of command.

How many coronavirus cases are there in Canada, by province, and worldwide? The latest maps and charts
When do schools reopen? Do I have to wear a mask indoors? A guide to COVID-19 rules across Canada
Responding to those concerns, Ms. Hajdu said her office has spent the past month looking into the problems at the departmental level, which led her to order the review.

"I'm concerned when there is an accusation that scientists are not being fully empowered, or in some way feel their voices are being blunted or muted," Ms. Hajdu said in an interview.

"I can listen to those kinds of worries and do the kinds of things that I'm prepared to do, which is to order a review of the program and to determine whether or not the changes are actually resulting in the kind of information that Canada needs."

Ms. Hajdu said she has asked that the review be done expeditiously, so that fixes can be identified and the recommendations implemented as soon as possible. She said that could mean having the recommendations back in six months.

"We're working on [appointing] some professionals that would have the experience and the expertise to be able to do this review thoroughly, but also expeditiously ... I don't want this to be a two-year review," the Health Minister said. The people leading the review are expected to be named in the coming weeks and will be independent of Public Health Canada.

Created as an experiment in the 1990s, GPHIN became a key part of Canada's pandemic preparedness capacity after the deadly 2003 SARS outbreak, and was seen as a way to collect intelligence on global outbreaks. The point was not merely to identify the threat early, but also to monitor crucial developments and clues about the spread, often before official announcements were made by foreign governments, to speed up government decision-making.

With a team of roughly a dozen highly specialized analysts working in multiple languages, GPHIN was globally renowned for its ability to collect and disseminate credible information. It scoured more than 7,000 data points a day, including medical data, news reports, scraps of information on social media, and details on internet blogs to gather intelligence on outbreaks.

GPHIN had been credited with detecting some of the most important signals from the 2009 H1N1 outbreak in Mexico, outbreaks of Zika in West Africa, and a potentially catastrophic 2005 bird flu outbreak that the Iranian government tried to hide. As recently as two years ago, the WHO credited the Canadian unit for supplying 20 per cent of its "epidemiological intelligence."

However, department changes effectively shuttered the operation, and limited the power of scientists inside the agency. The Globe obtained 10 years of internal GPHIN records which showed the system, which had issued more than 1,500 intelligence alerts about potential health threats over that time, went silent on May 24 last year. That coincided with a department edict that all such alerts had to be approved by senior managers inside Public Health. GPHIN analysts were shifted to domestic projects, such as tracking the effects of vaping in Canada, which effectively curtailed Canada's surveillance of international health threats. Past and present employees told The Globe that the system was designed to provide information to speed up Canada's response to a dangerous outbreak such as COVID-19, including measures such as shutting down the border, quarantining travellers, enforcing physical distancing, and locking down long-term care homes.

"A lot of the work that we've done [over the past month] is to try to dig a little bit deeper into how this is working and why were these changes made," Ms. Hajdu said.

GPHIN "has the potential to be a very valuable asset for Canada. It can't be wasted," the Health Minister said.

"The intent when there is an emerging pathogen is to close it off, to try and contain it as best as possible – at its source. So that you don't end up in a pandemic like this again."

The independent review follows a pair of other developments in recent weeks. Last month, the Auditor-General of Canada launched an investigation into the shutdown of the pandemic surveillance unit. And Public Health officials have restarted the GPHIN alert system.

COVID-19 has been a reckoning for governments around the world, exposing weaknesses in pandemic readiness and responsiveness. Ms. Hajdu said countries must now take stock of what needs to be done to implement stronger measures, including early warning and surveillance capacity, that will remain effective and not be eroded over time, when the memories of the crisis fade.

The federal review will look at "governance and what works best" for GPHIN, Ms. Hajdu said, adding that the messages raised by scientists inside Public Health, who took risks by speaking out publicly, resonated with her.

"In [The Globe's] reporting, the plea from the scientists and the researchers that work in that team were particularly profound," Ms. Hajdu said.

"There is still enough there to save, and to boost, and I think this independent review is going to be very helpful," she said. "Obviously there is a lot of work to do."

Sign up for the Coronavirus Update newsletter to read the day's essential coronavirus news, features and explainers written by Globe reporters.

<https://www.theglobeandmail.com/canada/article-health-minister-orders-review-of-pandemic-warning-system-concerns/>

Canada

First COVID-19 death reported in Northumberland County; outbreak over at Campbellford seniors' lodge

Source: globalnews.ca

ID: 1007799996

September 8, 2020 4:32 pm

The Haliburton, Kawartha, Pine Ridge District Health Unit reports a Northumberland County resident has died of COVID-19 — the first in the county.

Details on the case were not provided in the brief statement from the health unit issued late Tuesday afternoon.

The health unit on Tuesday also reported 229 cases overall (179 in the City of Kawartha Lakes, 35 in Northumberland County and 15 in Haliburton County). Of that total, 205 are resolved — approximately 89.5 per cent. The health unit notes its data is 25 hours behind real-time data.

"We offer our sincere condolences to this individual's family and our thoughts are with them during this sad time," stated Dr. Lynn Noseworthy, the health unit's medical officer of health.

“While we have not seen a high number of COVID-19 cases in Northumberland, this person’s unfortunate passing is a reminder that we cannot become complacent about this virus. It is still in our community and it poses a threat to all of us, especially our older and more vulnerable residents.”

An outbreak declared on Aug. 26 at the Campbellford Memorial Multicare Lodge was lifted on Tuesday, the health unit reported. A resident tested positive for the coronavirus and was hospitalized at the adjoining Campbellford Memorial Hospital. The lodge offers 49 apartment units for seniors.

In the City of Kawartha Lakes, 158 of its 179 cases are resolved (one case was transferred to another health unit). Two cases are currently active. Eleven cases required hospital care.

All 15 cases in Haliburton County have been resolved. One of the cases required hospital care.

Current high-risk contacts (defined as asymptomatic individuals who are known to have been in contact with a confirmed or probable case) are as follows:

11 in the City of Kawartha Lakes (down one from Friday)

Zero in Northumberland County (down seven on Friday)

Zero in Haliburton County (down three on Friday)

Since the pandemic was declared in March, 33 residents in the health unit’s jurisdiction have died of COVID-19 complications. Thirty-two of the deaths were in the City of Kawartha Lakes. Twenty-eight of the deaths were associated with an outbreak at Pinecrest Nursing Home in Bobcaygeon.

<https://news/7322048/first-coronavirus-covid-19-death-northumberland-county/>

Canada

COVID-19 cases confirmed at five schools within Ottawa’s French board

Source: ottawamatters.com

ID: 1007800001

8 September

Ottawa Public Health is confirming cases of Covid-19 at Sainte Anne, Saint Francois d’Assise, Roger Saint Denis, Laurier-Carriere and Franco-Ouest.

The local health unit says five Ottawa schools, within the French board, have seen students test positive for COVID-19.

Ottawa Public Health tells 1310 NEWS there are confirmed cases at Sainte Anne, Saint Francois d’Assise, Roger Saint Denis, Laurier-Carriere and Franco-Ouest.

In those facilities, 193 students and seven staff have been deemed high risk contacts and were instructed to stay home.

A letter has been issued to parents, guardians and school staff to inform them of the positive tests, and OPH will be reaching out to close contacts to provide more information on isolation and testing.

Further details about the individuals who tested positive cannot be shared to protect their personal health information.

The schools are part of the Conseil des écoles catholiques du Centre-Est (CECCE). Classes in that board resumed on September 3.

OPH confirms there are no outbreaks at this time.

<https://www.ottawamatters.com/local-news/covid-19-cases-confirmed-at-five-ottawa-schools-2694856>

Canada

Ontario won't consider additional easing of COVID-19 restrictions for at least a month due to uptick in cases

Source: CP24.com

ID: 1007799699

Published Tuesday, September 8, 2020 1:32PM EDT

Last Updated Tuesday, September 8, 2020 2:34PM EDT

Ontario won't consider any additional loosening of public health measures for the next month due to a recent uptick in COVID-19 infections.

Health Minister Christine Elliott made the announcement at Queen's Park on Tuesday afternoon, noting that it was a decision her government made on the basis of advice from Chief Medical Officer of Health Dr. David Williams.

She said that the decision will mean that the province won't consider increasing the number of people allowed to gather indoors (50) or outdoors (100) for the time being, nor will it expand social circles any further.

Other things that are currently prohibited from operating, such as amusement parks and nightclubs, will also remain closed until at least October.

"Ontario's business leaders have shown incredible ingenuity and innovation in keeping our public safe, however we do need to ensure that the progress we have made is not lost," she said. "Taking a pause in further reopening at this time will help us to avoid returning to broad scale closures and shutdowns."

On Tuesday, Ontario reported 190 new cases of COVID-19, which is the highest daily count since July 24. The seven-day rolling average of new cases has also risen steadily and now stands at 159 after dropping as low as 85 in August when the province went an entire week in which the daily number of new cases was in the double digits.

Speaking with reporters at Tuesday's press conference, Premier Doug Ford conceded that the recent increase in cases has been "frustrating" but he pointed out that it has largely been driven by higher levels of infection in three regions – Brampton, Toronto and Ottawa.

He said that while his government is not yet at that point where it might consider putting some regions back in stage two of the reopening plan, it might get there should the transmission of the virus continue to increase.

Stage two allowed bars and restaurants to serve patrons but only on patios and not inside. Movie theatres and other entertainment venues were also forced to close.

"We aren't there yet but if it just keeps creeping and creeping and people are ignoring the guidelines and the protocols (we would)," Ford said. "Come on guys, we have gone through everything together as a team and you can't let your guard down now."

Reopening of schools was a factor in decision

The positive rate in Ontario has gradually increased and was at 0.88 per cent on Tuesday.

That said, it is nowhere near the levels reached in early April when the province was struggling to ramp up its testing capacity and hundreds of new cases were still being confirmed each day.

At Tuesday's press conference, Williams said that Ontario is at a different phase in the epidemic curve than it was in March when the number of infections were rising "rapidly."

"When you talk about the second wave you see the numbers from your baseline start to go up by 300 or 400 per cent. We are not seeing that. We are seeing a percent increase. But that doesn't mean we can be casual about it," he said.

For her part, Elliott said that part of the reason to put a pause on reopening now is out of a desire to give the province the best chance possible at a safe reopening of schools, with some boards already back in classes and others following in the coming weeks.

"The reality is that spread in the community will also likely mean spread in the schools so we need to limit the spread in the community as much as possible," she said.

Air Date: September 8, 2020

<https://www.cp24.com/news/ontario-won-t-consider-additional-easing-of-covid-19-restrictions-for-at-least-a-month-due-to-uptick-in-cases-1.5096371>

Canada

Ontario Takes Extraordinary Steps to Reopen Schools Safely

Government of Ontario
ID: 1007799123

Provincial Back-to-School Plan Includes Substantial Investments in PPE Along with More Teachers, Nurses, and Custodians

September 8, 2020

Office of the Premier

TORONTO — As students, teachers and staff return to school, the Ontario government is providing up to \$1.3 billion in critical supports and has delivered more than 37 million pieces of personal protective equipment (PPE) to safely reopen classrooms across the province. These investments are part of Ontario's comprehensive back to school plan which was developed in consultation with medical experts, school boards, and educators.

"Our entire team has been working around the clock over the last few weeks to make sure all of the public health measures are in place to safely welcome back our students and staff," said Premier Ford. "This school year will be unlike any we have ever seen, but by working together, we can all play a part to keep our children, teachers and education workers safe and ensure our students continue to thrive and be inspired to learn during these extraordinary times."

The government has taken the following steps to make schools as safe as possible:

- Providing more funding than any jurisdiction in the country to implement physical distancing measures, support hiring of up to 1,300 custodians and adopt enhanced cleaning protocols in schools and on school buses, and hire more teachers to reduce class sizes.
- Hiring up to 625 school-focused nurses to provide rapid-response support to schools and boards, and facilitate public health measures, including screening, surveillance testing, tracing and mitigation strategies.
- Working in collaboration with the Ministry of Government and Consumer Services to ensure that sufficient PPE has been delivered to all 72 school boards and 10 education authorities, including more than 19.5 million masks, 16 million gloves, 317,000 face shields, 320,000 bottles of hand sanitizer, and 218,000 containers of disinfectant, among other critical supplies; and,
- Providing students and families with clear and transparent standards for those that choose fully remote virtual learning, which is teacher-led, timetabled, live, synchronous, and on a regular daily schedule. "Our plan is the most cautious, safe and comprehensive in the country, fully funded and fully informed by leading medical leaders to ensure we reduce the risk, support positive mental health, and improve the safety of all students and staff," said Stephen Lecce, Minister of Education. "I remain inspired by our students, and we owe it to them to continue to do our part to stop the spread in our communities to ensure schools can remain safe and positive learning spaces."

The following public health protocols and procedures will be implemented to help protect students, teachers, staff and visitors:

- Parents must screen their children and all staff must self-screen every day before attending school. Students and staff who are unwell must stay home from school.
- Schools must immediately report any suspected or confirmed cases of COVID-19 within the school to the local public health unit. Every day, school boards must report any staff or student absences due to confirmed cases of COVID-19 to the ministry.
- Students in Grades 4-12 will be required to wear face coverings (non-medical or cloth masks) indoors in school, including in hallways, entrances and during classes. Face coverings are not required but are encouraged for students up to Grade 3. The province is funding each school board to provide PPE to teachers and other school-based staff, including medical masks and eye protection (for example, face shields).

- Schools will teach and remind students about appropriate hand hygiene and provide breaks in schedules to allow students to wash their hands. Teachers and staff are also receiving additional health and safety training.
- Each student will be kept with the same group of children and teachers as much as possible throughout the school day.
- Schools will significantly limit visitors, including parents.
- Schools will keep rigorous daily class attendance records, seating charts, lists of bussed students, and approved daily visitors (e.g. supply and occasional teachers, custodians) for contact-tracing purposes.

"With the new school year beginning, the health and safety of students, teachers and staff is our government's top priority," said Christine Elliott, Deputy Premier and Minister of Health. "We have been working closely with our public health experts and making the necessary investments to ensure safety measures and protocols are in place for returning to the classroom."

"Our government's top priority is to ensure students, teachers, and staff have what they need to stay safe when they return to school," said Lisa Thompson, Minister of Government and Consumer Services. "By leveraging our government's collective buying power and introducing new domestic sources of supply, we were able to successfully secure sufficient supplies to support the safe reopening of over 4,800 schools and over 5,000 child care facilities this fall."

<https://news.ontario.ca/en/release/58295/ontario-takes-extraordinary-steps-to-reopen-schools-safely>

Canada

Quebec will not have to offer online learning to all students for now, court rules

Source: globalnews.ca

ID: 1007800106

Posted September 8, 2020 2:57 pm

The Quebec government is allowed to require in-class attendance after the province's superior court denied a safeguard order to a group of parents demanding wider access to online learning during the COVID-19 health crisis.

Justice Frédéric Bachand issued his ruling Tuesday, saying the evidence presented by the plaintiffs did not justify emergency intervention until a full legal challenge can be heard. The safeguard order would have provided parents access to remote courses for their children immediately.

While the restriction is being upheld, the parents will be able to challenge the province's revised coronavirus measures for schools in more exhaustive detail before the court during the fall.

The group, which consists of mothers from the Greater Montreal area, wants the government to offer remote learning options for families who don't want their children to physically attend school to be able to keep them at home without a medical exemption.

Under the plan, only students with a medical exemption or who contract COVID-19, the disease caused by the virus, during the school year are permitted access to online learning.

The parents who launched the legal action argue that securing a medical exemption is difficult and, at times, arbitrary. They also claim the province's protective measures don't go far enough.

Sarah Gibson, one of the plaintiffs, said she was disappointed by the ruling.

"It's a really tough day for especially the families who were refused the medical exemption," she said.

"Their concerns are really serious and this news for them are very difficult. We need time to digest the very long decision and to determine what the next steps are."

Julius Grey, a well-known human rights lawyer representing the parents, also said he was disappointed since it means that parents will either have to get a medical exemption or opt for homeschooling if they don't want to send their children to school — but that the fight isn't over yet.

"But I do know that the judge says that we do have a case, a strong case," he said. "And that we have irreparable damage. And the case is not finished, there will be a hearing on the merits presumably shortly."

The ruling comes as 118 confirmed cases in at least 70 schools were reported by the province's education minister, who has defended his government's plan. Jean-François Roberge has previously said it is important for students to return to class and socialize after months-long closures.

A spokesperson for Roberge said the minister will not immediately comment on the ruling.

2:30

<https://globalnews.ca/news/7322000/quebec-parents-coronavirus-plan-rejected-court/>

Canada

Quebec introduces COVID-19 regional alert system ahead of potential second wave

Source: rcinet.ca

ID: [1007799408](#)

September 8, 2020 14:15

The province of Quebec has introduced a regional COVID-19 alert and intervention system on Tuesday in light of a potential second wave of cases, according to an announcement from the province's Health Minister Christian Dubé.

The alert and intervention system will allow the Quebec government to intervene and deploy measures to slow down transmission of the virus in specific regions to ensure the safety and security of Quebecers when it is needed over the coming months.

According to a press release from the Quebec government, there are four alert levels; Vigilance (green), Early Warning (yellow), Moderate alert (orange), and Maximum alert (red), and health measures are going to be associated with each alert level.

When a region enters alert level yellow, basic health measures are going to be reinforced. An orange alert level would introduce measures such as limiting the number of people private gatherings and a red alert level would indicate a limit on interregional travel and reduced hours for certain commercial sectors.

"With this alert system and regional intervention, our government has found the right balance: ensure the maximum protection of public's health, while minimizing the impact of measures on our society and economy," Dubé said in a press release. "This is why we have developed a gradual approach and adapted to the realities of the different regions in Quebec."

The Quebec government said that the region's level of alert depends on the epidemiological situation, transmission control and the capacity of the region's health care system. They added that each region's alert level will be revised each week by public health officials.

Cases of COVID-19 have been steadily rising in Quebec over the last few days. On Sunday, the province said that there were 205 new confirmed cases of the virus, which was the highest number recorded in three months, and an additional 216 new cases on Monday.

On Tuesday, the province recorded 163 new cases, a small decline when compared to the previous couple of days.

<https://www.rcinet.ca/en/2020/09/08/quebec-introduces-covid-19-regional-alert-system-ahead-of-potential-second-wave/>

Canada

Seven schools have positive COVID-19 cases in southern Alberta

Source: 660 NEWS

Unique ID: [1007797457](#)

CALGARY (660 NEWS) – While Alberta politicians believe the first week of school went well, many teachers, principals and students disagree.

At least seven schools in southern Alberta have reported positive cases of COVID-19 since students returned last week, including a few schools in Calgary.

St. Angela, Bridlewood School, Lester B. Pearson High School, and Bowness High School have all reported cases of the virus.

Other schools with confirmed COVID-19 cases include Raymond High School, St. Mary's in Fort Vermillion, and Lawrence Grassi Middle School in Canmore.

Over the weekend, an entire class at Bowness was told to self-isolate for two weeks because of the positive case.

Principal Jana Macdonald said staff followed all Alberta Health Services (AHS) guidelines, yet they still couldn't stop the virus.

In a Facebook post, she said she is exhausted, devastated and sad at how the situation has unfolded and puts the blame squarely on the UCP government.

"This is the scenario I thought about all summer and here it is. My staff, teachers, support staff and caretakers have worked so hard to create a safe and welcoming space for our students to learn. I feel a very heavy load and I've never been more angry. This is your fault, Jason. This is your fault, Adriana. Why don't you come and visit us this week to show your support?" Macdonald writes.

This post is being shared on social media, it shows a FB post from the principal of Bowness HS. She says her school followed every single Alberta Health Services guideline, yet they still found themselves w/ a positive #COVID19 case.#Alberta #Calgary #yyc — Full post: pic.twitter.com/K21A4PBoiR — Saif Kaisar (@StaySaif) September 8, 2020

The case at Bowness was brought in from outside the school and not linked to a staff member or student. Positive cases were also reported at Canyon Meadows School and Meadow Ridge in Okotoks before classes began.

AHS said it will work directly with schools to limit the spread of COVID-19, but won't provide any case-specific details as it said a single case in schools won't be considered an outbreak.

Canada

Classes move outdoors to prevent COVID-19 spread

Source: The Globe and Mail

Unique ID: [1007797483](#)

Students at an elementary school in Gatineau are spending part of their day learning outdoors while sitting on logs and working on clipboards underneath white party tents. And when students return to a west-end Toronto school next week, they will also sit on tree stumps and milk crates and be shaded by pop-up canopy tents.

As schools across Canada reopen, a smattering of principals, teachers and parents are moving learning outdoors amid worries about coronavirus outbreaks in crowded, poorly ventilated classrooms that don't allow for physical distancing.

Recent reports from Harvard University and a group of Ontario hospitals have recommended moving classes outside when possible because the risk of transmitting COVID-19 is much lower there. The idea itself is not new: Open-air schoolrooms were built to prevent the spread of tuberculosis in some North American cities in the early 20th century.

However, provincial governments and school boards have not mandated outdoor learning, though some are encouraging teachers to take their students outside when practical.

In order to create a destination for teachers and shield students from the elements, David McFall, principal of Pierre Elliott Trudeau Elementary School in Gatineau, used more than \$3,000 of his own money in the summer to order three large wedding-style tents that have been secured with concrete blocks.

"It's one thing to say 'Go underneath the tree and do your English-language arts outside,'" he said. "It's another thing to have a tent, to have a place where they can go." Mr. McFall, who has since been reimbursed, hopes to keep the makeshift classrooms until the end of November.

"It's a big shift in thinking and a big cultural shift to even entertain the idea of moving outdoors," he said. "There are so many benefits and one is obviously to reduce the potential to be exposed to any virus."

Toronto parent Chernell Bartholomew, who offered to help her daughter's principal find supplies for outdoor learning but has not heard back, said that while fresh-air teaching is not practical during the winter, it would be beneficial even just for half-days in the fall.

"If there was ever a time to try it, I think the time would be now to just ensure a little more safety," said Ms. Bartholomew, a personal health coach whose elder daughter is entering Grade 2 in Scarborough in Toronto's east side.

"It's a way that we can reduce the risk for having to start school and shut it back down in two weeks and then we're back at square one," she said.

In early August, after realizing that school board and politicians weren't moving classes outdoors, S. Bear Bergman mobilized a group of parents at The Grove Community School, a Toronto public alternative elementary school that focuses on the environment and social justice.

"The key to moving forward in terms of the economy, in terms of education, is figuring out how to get the most of what we want and the least of what we don't. An outdoor education solves that problem," said Mr. Bergman, a writer who has two children at the school. "I don't know why this did not happen so much sooner and why it wasn't centrally co-ordinated."

Led by a parent who is an architect, the group mapped out 15 outdoor classrooms in the schoolyard, which The Grove shares with Alexander Muir/Gladstone Avenue Junior and Senior Public School. They hope to have a spot outdoors for every class in both schools when students return next week and are discussing using a nearby city park if needed.

Parents are using proceeds from previous fundraisers to buy pop-up canopy tents that volunteers will set up each morning and take down at the end of the day. Students will sit on donated chairs, tree stumps and milk crates and work on clipboards and lap desks. Organizers are also hoping to set up a bank of winter clothing but Mr. Bergman says he believes a second wave of COVID-19 will eventually force everyone to go back to online learning.

The group has gotten support from the school's principal and some teachers but not all educators have embraced their plans for outdoor classrooms, Mr. Bergman said.

"When teachers are able to see them in person, and how appealing and functional they are, then they will want to use them," he said. "There's some teachers who are already 100-per-cent like, 'I'm going to be outside all the time. That's it, that's what we want.' And there's some teachers who I think are trying still to imagine how they might be able to do school in an outdoor setting."

The Toronto District School Board (TDSB) encourages outdoor education but decisions on what form it takes are made at the school level, said spokeswoman Shari Schwartz-Maltz, adding that outdoor classrooms are not a "permanent solution" because of poor weather conditions.

The TDSB has said parents cannot raise money for tents or air filters because of a policy banning fundraising for anything the government would typically cover. Ms. Schwartz-Maltz said additional fundraising guidelines will be provided soon.

David Hawker-Budlovsky, a TDSB principal who oversees outdoor education, said the board is creating resources to help teachers take students outside, which, in addition to helping prevent the spread of COVID-19, also supports their physical and emotional well-being.

"I think it's completely unrealistic to expect every class in every school to be outside all day every day," he said. "I think it's completely reasonable to expect that students in each and every class do have outside time every day and not just within recesses."

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<https://www.theglobeandmail.com/amp/canada/article-classes-move-outdoors-to-prevent-covid-19-spread/>

Canada

There are now 70 Quebec schools with confirmed cases of COVID-19

Source: CTV News

Unique ID: [1007797942](#)

MONTREAL -- After updating its running list, Quebec is reporting at least one confirmed case of COVID-19 at 70 of its schools across the province.

The first public tally published on Friday counted 47 schools that reported cases among employees or students up until Sept. 3. The new total, which appears to have been made public on Tuesday, includes schools that submitted reports on Sept. 4.

Two schools added to the list in Quebec's latest update are in the Monteregion region, one of which is a high school and the other, an elementary. Another two have been added in the Laval region, both of which are elementary schools (see the list below).

Quebec Health Minister Christian Dubé said on Friday that the number of schools with confirmed cases needs to be contextualized alongside the thousands of institutions across the province.

The province decided to make its list of schools publicly available following criticism from parents who said they deserved to know, one of which went so far as to create his own informal list in the interim.

The government's list is below. This is a developing story that will be updated.

<https://montreal.ctvnews.ca/quebec-says-70-schools-now-have-cases-of-covid-19-falling-short-of-informal-reports-1.5095902>

Canada

As much of the GTA marks the first day of school, Ontario's education minister says the ongoing increase in COVID-19 cases is concerning

Source: CP24

Unique ID: [1007797568](#)

Last Updated Tuesday, September 8, 2020 8:28AM EDT

Ontario's slowly rising COVID-19 caseload concerns Education Minister Stephen Lecce as students in much of the GTA return to school for the first time in six months on Tuesday.

As students in Peel, Halton, Durham and much of York Region return to in-person or online class instruction on Tuesday, Education Minister Stephen Lecce said he fears the rise in daily infections across Ontario, which have stayed above 100 for the last 11 days, could impact continued operation of schools.

"The singular concern I am noting is that increasing number of cases in our community," Lecce told CP24, adding that everyone needs to "redouble" their efforts on physical distancing and hand hygiene.

"In the context of flu season and a possible second wave, we cannot lose focus," he said.

Case growth has been highest in Toronto and Peel Region, sometimes accounting for half of the province's new infections on a daily basis.

University Health Network Epidemiologist Dr. Issac Bogoch said there is no way to keep infection growth in the community from impacting schools.

"The rate of introduction of COVID-19 into schools will be completely reflective of how much covid-19 there is in the community," he told CP24.

Lecce said that public health officials have not provided any sort of maximum number of cases required before they recommend that schools be shut down once more, saying instead there are a number of indicators they would look to.

"There's a few variables public health officials and the (Chief Medical Officer of Health) would consider in that respect," Lecce said.

Ontario's roughly \$371 million plan calls for high school students to attend truncated classes on alternating days, with masks mandatory for all students down to grade 4.

It also embeds public health nurses in the school system and provides all students with the option to learn from home.

Lecce and Premier Doug Ford were forced to expand funding for the plan and allow school boards to spend up to \$500 million contained in their reserve funds amid continuing criticism that the plan does not provide for adequate physical distancing in elementary school classrooms.

The federal government later announced \$381 million in additional funding to help.

Bogoch said there is no more time to make changes to school reopening plans, and officials need to focus not on individual cases detected in schools, such as the five detected in Ottawa schools so far, but whether transmission is occurring within the school setting.

"Our time is up – it's go time, kids are going back, there is no time to start rejigging these protocols and plans. I wish I could say more than hopefully, but that's the actual word now, hopefully, that we don't see transmission within the school setting."

Asked about distancing of only about a metre between desks in one Grade 8 teacher's classroom on Tuesday, Lecce said distancing was always just one of many measures needed to prevent the spread of infection in schools.

"You have to have a bundle of efforts, a package; (physical) distancing coupled with the fact that Ontario is masking every student, combined with enhanced cleaning, screening of every child and a very robust testing program in the province, together all of that – in addition to the changes in our schools – staggering starts – we're doing everything possible."

Epidemiologists directed by Sick Kids Hospital called one metre of distancing between desks the bare minimum they could recommend.

Lecce acknowledged that some school boards, including the Toronto District School Board, are targeting their "package" of efforts at schools in areas previously connected to high rates of infection.

He stressed that community transmission of the virus, left unchecked, could defeat every plan put in place and force his government to close schools once again.

"What will happen in our schools is reflective to what will happen in our communities."

<https://www.cp24.com/news/covid-19-case-increases-concern-lecce-on-first-day-of-school-in-the-gta-1.5095787>

Canada

Nova Scotia easing restrictions to allow designated caregivers to help long-term care residents

Source: Global News

Unique ID: [1007797941](#)

Nova Scotia announced Tuesday that with new cases of COVID-19 remaining low in the province, it will further ease restrictions in long-term care homes and allow designated caregivers to help care for and support residents. Work with residents and families to identify up to two designated caregivers per resident; only one designated caregiver may visit at a time. Train caregivers on public health requirements, including masking, good hand and respiratory hygiene, and facility procedures.

Nova Scotia announced Tuesday that with new cases of COVID-19 remaining low in the province, it will further ease restrictions in long-term care homes and allow designated caregivers to help care for and support residents.

According to the province, designated caregivers can be family members, spouses, friends or other support people.

"They must be associated with specific caregiving tasks like personal care support, mobility or help with eating, and have an established caregiving relationship with the resident prior to COVID-19," the government said in a press release.

[Sign up for our Health IQ newsletter for the latest coronavirus updates]

The province implemented the following changes to be enforced by long-term care facilities:

Work with residents and families to identify up to two designated caregivers per resident; only one designated caregiver may visit at a time.

Train caregivers on public health requirements, including masking, good hand and respiratory hygiene, and facility procedures.

Provide medical masks for caregivers to wear while with residents.

Establish processes to screen caregivers upon entry and to easily identify caregivers onsite.

These changes are set to be implemented by individual long-term care homes as early as Sept. 11, the province said.

"Potential caregivers will make arrangements with individual facilities for training and visitation."

2:00

<https://globalnews.ca/news/7321304/nova-scotia-easing-restrictions-designated-caregivers-long-term-care/>

Canada

Winnipeg Ikea store closed again after another positive COVID-19 test among employees

Source: Global News

Unique ID: [1007798010](#)

For the second time in nine days, Winnipeg's Ikea store has closed for a deep cleaning after one of its employees tested positive for COVID-19.

On its website, the flat-pack furniture giant says it learned of the positive case on Labour Day and hopes for the worker's full recovery soon.

In the meantime, the location at 500 Sterling Lyon Pkwy. has been closed for disinfection.

[Sign up for our Health IQ newsletter for the latest coronavirus updates]

There's no word on when the store hopes to reopen, and so far, public health hasn't advised Manitobans of any potential exposure to the coronavirus at the store.

Manitoba saw 65 new cases of COVID-19 reported on the long weekend, the bulk of those (34) in Winnipeg. As of Tuesday morning, the city has 141 active cases.

<https://gphin.canada.ca/cepr/showarticle.jsp?docId=1007798010>

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

United States

Travel during the COVID-19 Pandemic

Source: CDC

Updated Sept. 8, 2020

Travel increases your chance of getting and spreading COVID-19. **Staying home is the best way to protect yourself and others from COVID-19.**

You can get COVID-19 during your travels. You may feel well and not have any symptoms, but you can still spread COVID-19 to others. You and your travel companions (including [children](#)) may spread COVID-19 to other people including your family, friends, and community for 14 days after you were exposed to the virus.

Don't travel if [you are sick](#) or [if you have been around someone with COVID-19 in the past 14 days](#). Don't travel with someone who is sick.

Before You Travel

Before you travel, consider the following:

- **Is COVID-19 spreading at your destination?**
 - The more cases at your destination, the more likely you are to get infected during travel and spread the virus to others when you return.

 - [Check Each State's Cases in the Last 7 Days](#)
 - [Travel Recommendations for Destinations Around the World](#)
- **Do you live with someone who might be [at increased risk for severe illness from COVID-19](#)?**

If you get infected while traveling, you can spread the virus to loved ones when you return, even if you don't have symptoms.

- **Are you [at increased risk for severe illness from COVID-19](#)?**
 - Anyone can get very ill from the virus that causes COVID-19, but older adults and people of any age with certain underlying medical conditions are at [increased risk for severe illness](#) from COVID-19.

- **Does your destination have requirements or restrictions for travelers?**
 - Some state, local, and territorial governments have requirements, such as requiring people to wear masks and requiring those who recently traveled to stay home for up to 14 days. Check [state](#), [territorial](#), [tribal](#) and local public health websites for information before you travel. If you are traveling internationally, check the destination's Office of Foreign Affairs or Ministry of Health or the [US Department of State, Bureau of Consular Affairs, Country Information pageexternal icon](#) for details about entry requirements and restrictions for arriving travelers, such as mandatory testing or [quarantine](#).

If You Travel

During your trip, take steps to [protect yourself and others](#) from COVID-19:

- Wear a [mask](#) to keep your nose and mouth covered when in public settings.
- Avoid close contact by [staying at least 6 feet apart](#) (about 2 arms' length) from anyone who is not from your household.
- [Wash your hands](#) often or use hand sanitizer (with at least 60% alcohol).
- Avoid contact with anyone who is sick.
- Avoid touching your eyes, nose, and mouth.

Traveling Abroad? Check CDC's [COVID-19 Travel Recommendations by Destination](#) before planning your trip.

Considerations for Types of Travel

Travel increases your chances of getting and spreading COVID-19. Your chances of getting COVID-19 while traveling also depend on whether you and those around you take steps to protect yourself and others, such as wearing masks and staying 6 feet away from people outside your household ([social distancing](#)). Airports, bus stations, train stations, and rest stops are all places travelers can be exposed to the virus in the air and on surfaces. These are also places where it can be hard to [social distance](#). In general, the longer you are around a person with COVID-19, the more likely you are to get infected.

Air travel

Air travel requires spending time in security lines and airport terminals, which can bring you in close contact with other people and frequently touched surfaces. Most viruses and other germs do not spread easily on flights because of how air circulates and is filtered on airplanes. However, social distancing is difficult on crowded flights, and sitting within 6 feet of others, sometimes for hours, may increase your risk of getting COVID-19.

Also consider how you get to and from the airport, as [public transportation and ridesharing](#) can increase your chances of being exposed to the virus.

Bus or train travel

Traveling on buses and trains for any length of time can involve sitting or standing within 6 feet of others, which may increase your risk of getting COVID-19. If you choose to travel by bus or train, learn what you can do to [protect yourself on public transportation](#).

Car travel

Making stops along the way for gas, food, or bathroom breaks can put you and your traveling companions in close contact with other people and frequently-touched surfaces.

RV travel

You may have to stop less often for food or bathroom breaks, but RV travel usually means staying at RV parks overnight and getting gas and supplies at other public places. These stops may put you and those with you in the RV in close contact with others.

Learn more about how to [protect yourself from COVID-19 on different types of transportation](#)

Know When to Delay your Travel to Avoid Spreading COVID-19

People who are sick, have recently tested positive for the virus that causes COVID-19, or have been exposed to a person with COVID-19 should delay travel. Learn [when and for how long](#) to delay travel to avoid spreading COVID-19.

How Are Companies Protecting Customers from COVID-19?

When planning travel, you may want to check companies' websites to see what they are doing to protect customers from COVID-19. Things to look for include:

- Requiring people to wear a mask
- Promoting social distancing
- Using online or contactless reservations and check-in
- Using contactless payment
- Enhanced cleaning procedures

Tips to avoid getting and spreading COVID-19 in common travel situations:

In public:

- Wear a [mask](#) in public settings.
- [Stay at least 6 feet](#) (about 2 arms' length) from anyone who is not from your household.

Bathrooms and rest stops:

- Wash your hands with soap and water for at least 20 seconds after using the bathroom and after you have been in a public place.
- If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.

Getting gas:

- Use disinfecting wipes on handles and buttons at the gas pumps before you touch them (if available).
- After fueling, use a hand sanitizer with at least 60% alcohol. When you get to your destination, wash your hands with soap and water for at least 20 seconds.

Hotels and accommodations:

- See [advice for traveling overnight](#).

Food stops:

- The safest option is to bring your own food. If you don't bring your own food, [use drive-through, delivery, take-out, and curbside pick-up options](#).

Anticipate Your Travel Needs

- Bring a mask to wear in public places.
- Pack hand sanitizer with at least 60% alcohol. Keep this within reach.
- Bring enough of your medicine to last you for the entire trip.
- Pack food and water in case restaurants and stores are closed, or if drive-through, take-out, and outdoor-dining options aren't available.
- If you are considering cleaning your travel lodgings, see CDC's guidance on how to [clean and disinfect](#).

Check Travel Restrictions

State, local, and territorial governments may have travel restrictions in place, including testing requirements, stay-at-home orders, and [quarantine](#) requirements upon arrival. Follow state, local, and territorial travel restrictions. For up-to-date information and travel guidance, check the [state, territorial, tribal](#) and local health department where you are, along your route, and where you are going. Prepare to be flexible during your trip as restrictions and policies may change during your travel.

If traveling internationally or across international borders, check with the destination's Office of Foreign Affairs or Ministry of Health or the [US Department of State, Bureau of Consular Affairs, Country Information pageexternal icon](#) for details about entry requirements and restrictions for arriving travelers, such as mandatory testing or [quarantine](#). Local policies at your destination may require you to be tested for COVID-19 before you are allowed to enter the country. If you test positive on arrival, you may be required to [isolate](#) for a period of time. You may even be prevented from returning to the United States, as scheduled.

After You Travel

You may have been exposed to COVID-19 on your travels. You may feel well and not have any symptoms, but you can be contagious without symptoms and spread the virus to others. You and your travel companions (including [children](#)) pose a risk to your family, friends, and community for 14 days after you were exposed to the virus. Regardless of where you traveled or what you did during your trip, take these actions to protect others from getting sick after you return:

- When around others, [stay at least 6 feet](#) (about 2 arms' length) from other people who are not from your household. It is important to do this everywhere, both indoors and outdoors.
- Wear a [mask](#) to keep your nose and mouth covered when you are outside of your home.
- [Wash your hands](#) often or use hand sanitizer (with at least 60% alcohol).
- Watch your health and look for [symptoms of COVID-19](#). Take your temperature if you feel sick.

Follow [state, territorial, tribal](#) and local recommendations or requirements after travel.

Higher Risk Activities

Some types of travel and activities can put you at higher risk for exposure to COVID-19 (see list below). If you participated in higher risk activities or think that you may have been exposed before or during your trip, take extra precautions (in addition the ones listed above) to protect others for 14 days after you arrive:

- [Stay home](#) as much as possible.
- Avoid being around people at [increased risk for severe illness from COVID-19](#).
- Consider getting [tested](#) for COVID-19.

What activities are considered higher risk?

Here are examples of activities and situations that can increase your risk of exposure to COVID-19:

- Being in an area that is experiencing high levels of COVID-19, including destinations with a Level 3 Travel Health Notice. You can check the [Travel Health Notices](#) for recommendations for places you have traveled, including [foreign countries and U.S. territories](#). You can also check [states, counties, and cities](#) to determine if these areas are experiencing high levels of COVID-19.
- Going to a [large social gathering](#) like a wedding, funeral, or party.
- Attending a mass gathering like a sporting event, concert, or parade.
- Being in crowds — for example, in restaurants, bars, airports, bus and train stations, or movie theaters.
- Traveling on a cruise ship or river boat.

If you know that you were exposed to someone with COVID-19, postpone further travel. If you get any [symptoms of COVID-19](#), see [What to Do If You Are Sick](#).

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html>

COVID-19 Travel Recommendations by Destination

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notice.html>

United States

Shared and Congregate Housing

Source: CDC

Plan, Prepare, and Respond

Updated Sept. 8, 2020

Ongoing Mitigation Guidance

Guidance to plan, prepare, and respond to COVID-19

- [Administrators of shared or congregate housing](#)
- [Residents of shared or congregate housing](#)
- [Administrators of multifamily housing](#)

Prevention and Support

- [CDC/EPA cleaning and disinfection guidance](#)

<https://www.cdc.gov/coronavirus/2019-ncov/community/shared-congregate-house/index.html>

United States

Advancing the Science of Real-World Data to Address the COVID-19 Pandemic

SEPTEMBER 10, 2020

Source: FDA

FDA Principal Deputy Commissioner Amy P. Abernethy, M.D., Ph.D., discusses the potential for diverse, real-world data sources such as electronic health records, insurance claims, patient registries and lab results to further inform our pandemic response.

<https://www.fda.gov/science-research/fda-grand-rounds/advancing-science-real-world-data-address-covid-19-pandemic-09102020-09102020>

United States

Virtual Town Hall Series - Immediately in Effect Guidance on Coronavirus (COVID-19) Diagnostic Tests

Source: FDA

SEPTEMBER 9, 2020

Summary:

The U.S. Food and Drug Administration (FDA) will host a virtual Town Hall for clinical laboratories and commercial manufacturers that are developing or have developed diagnostic tests for SARS-CoV-2. The purpose of this Town Hall is to help answer technical questions about the development and validation of tests for SARS-CoV-2.

The FDA will also hold virtual Town Halls for clinical laboratories and commercial manufacturers to help answer questions on:

- September 16, 2020 from 12:15 pm - 1:15 pm Eastern Time
- September 23, 2020 from 12:15 pm - 1:15 pm Eastern Time
- September 30, 2020 from 12:15 pm - 1:15 pm Eastern Time

[Add this series to my Calendar](#)

Outlook users: Click link, select Open, then click Save & Close

Background:

The FDA plays a critical role in protecting the United States from threats such as emerging infectious diseases, including the Coronavirus Disease 2019 (COVID-19) pandemic. The FDA is committed to providing timely guidance to support response efforts to this pandemic.

[The immediately in effect guidance "Policy for Coronavirus Disease-2019 Tests During the Public Health Emergency \(Revised\)"](#) includes policies specific to this public health emergency. This guidance was issued on February 29, 2020 and subsequently updated on March 16, 2020, May 4, 2020, and May 11, 2020.

<https://www.fda.gov/medical-devices/workshops-conferences-medical-devices/virtual-town-hall-series-immediately-effect-guidance-coronavirus-covid-19-diagnostic-tests-09092020>

United States

New ads encourage minorities to roll up their sleeves and participate in coronavirus vaccine trials

Source: CNN

Unique ID: [1007797931](#)

(CNN) A group funded by the National Institutes of Health has released a series of emotional television ads asking Black people and Latinos to roll up their sleeves and become study participants in clinical trials for coronavirus vaccines.

"When everything looks bleak, we know that someone somewhere is full of hope and strength and wants to take action," says one ad, showing a series of Black people. "Walking the walk and rolling their sleeves to go to normal sooner."

The ads shows Black and Latino people pointing to their upper arms, where an injection would be given, and then a nurse appears to roll down a Black man's sleeve after giving him a shot. The ad ends with the website, preventCOVID.org, where people can sign up to join a trial.

"Volunteer to find the Covid-19 vaccine. Help end the uncertainty," the voice-over says.

Another ad shows a couple cooing in Spanish at a video of their newborn grandson.

The couple's daughter looks into the camera.

"I wonder when they're going to get to see him," she says in Spanish.

The vaccine trials -- there are three underway in the United States -- need more minorities to sign up. Dr. Larry Corey, who runs the group that put out the ads, said he knows the ads won't instantly increase enrollment, but he hopes they help.

"Not everybody is thinking about how they could play a role in ending the pandemic," said Corey, who is leading the Covid-19 Prevention Network. "The point of any advertising is to reveal options, to reveal choices."

The ads were developed by the Covid-19 Prevention Network, which is based at the Fred Hutchinson Cancer Research Center in Seattle, and two advertising agencies, Socialissima and Sam Bonds Creative. The ads are scheduled to start airing Tuesday on major television networks as well as the BET network, the Oprah Winfrey Network, TV One, Telemundo, and Univision.

Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, has urged that about 37% of the volunteers in coronavirus vaccine clinical trials be Latino, and 27% be Black.

Enrollments so far have fallen far short of that.

Last week, 16% of Moderna's new enrollments were Latino and 10% were Black. And as of August 31, 11% of Pfizer's US trial volunteers were Latino and 8% were Black.

Vaccines and medicines can work differently in different racial and ethnic groups, so diversity in clinical trials is important.

Also, in order for the vaccine clinical trials to succeed, scientists have to recruit people who have a high likelihood of encountering the virus. Otherwise, the researchers will have to wait a longer time to know if the vaccine works or not.

Black people are 2.6 times more likely to get Covid-19 than White people, and Latinos are 2.8 times more likely to get Covid-19 than White people, according to the US Centers for Disease Control and Prevention. Pastor Ricky Temple, who leads a large Black church in Savannah, Georgia, said he found the ads "touching."

"I think these are great. The pointing to the arm was a graceful invitation to participate that was inviting and personal," he said of the ads, which include Black and Latino bus drivers, teachers, nurses, students, parents, and grandparents.

Inspired by Dawn Baker, a Savannah television news anchor who in July became the first person to enroll in a Phase 3 coronavirus clinical trial in the US, Temple asked leaders in his church how they felt about encouraging members of the congregation to join the trials.

The answer was a resounding "no."

"It was a response based in fear centered in a lack of trust, and it's on my left, it's on my right, it's everywhere I turn," Temple said.

The Black community has historically been hesitant to join clinical trials because of past abuses in medical trials and ongoing injustices in the healthcare system. Black study subjects were horrifically mistreated in the Tuskegee syphilis trials from 1932 until 1972, and Black people still face injustices and disparities in today's medical system.

Temple said President Trump adds to that mistrust when he says a vaccine could be ready by Election Day, which experts say would be too quick and scientifically unsound.

Temple said the ads won't change all of this, but they're "a good start" towards building trust in medical research within the Black community.

"You chip away, you chip away, you chip away, and one day people won't remember all the bad things that happened. Tuskegee will be way in the back somewhere and we'll think those people are no longer with us and now there's a new crew," he said.

<https://www.cnn.com/2020/09/08/health/coronavirus-vaccine-trial-ads-minorities/index.html>

WHO

Coronavirus disease (COVID-19) Weekly Epidemiological Update

September 7, 2020

Excerpt

Data as received by WHO from national authorities, as of 10 am CEST 6 September 2020

For the latest data and information on COVID-19, please see:

- WHO COVID-19 Dashboard
- Rolling updates on COVID-19
- WHO COVID-19 Weekly Operational Update

Key weekly updates

- WHO Director-General Dr Tedros, in his regular media briefing on Friday, spelled out four essential things that all countries, communities and individuals must focus on to rein in COVID-19: o Prevent amplifying events. COVID-19 spreads very efficiently among clusters of people; o Reduce deaths by protecting vulnerable groups, including older people, those with underlying conditions and essential workers; o Empower people: individuals must play their part by taking the measures we know work to protect themselves and others – stay at least one metre away from others, clean hands regularly, practise respiratory etiquette, and wear a mask as recommended; and o Governments must take tailored actions to find, isolate, test and care for cases, and trace and quarantine contacts.

- WHO has published guidance on the use of corticosteroids in the treatment of patients with COVID19. Based on current evidence, two recommendations are made: a strong recommendation for systemic corticosteroid therapy for 7 to 10 days in patients with severe and critical COVID-19, and a conditional recommendation not to use corticosteroid therapy in patients with nonsevere COVID-19.

- WHO has also published guidance for individuals who tend to the bodies of persons who have died of suspected or confirmed COVID-19. The document updates guidance issued on 24 March with the following new or modified content: clarification of body bag requirements; clarification of personal protective equipment (PPE) requirements during autopsies; updated ventilation requirements during autopsy.

- At the first meeting of the Technical Advisory Group on Behavioural Insights and Sciences for Health, Dr Tedros said “The COVID-19 pandemic has taught the world that public health agencies and experts need a better understanding of how people and societies behave and make decisions in relation to their health”. The group brings together some 21 advisors representing a variety of countries and expertise in related disciplines.

- Many parents, educators and children themselves have concerns and anxieties about going to school during these times. WHO/Europe and the Ministry of Health, Italy, have released a joint statement on schooling during the COVID-19 pandemic, discussing some of the measures that can be considered for risk reduction in school settings. These include: protective measures, such as masks, hand hygiene, and social distancing; specific policies for at-risk children; and online learning.

- While the race to find safe and effective COVID-19 vaccines continues, African countries are signing up to a ground-breaking initiative, which aims to secure at least 220 million doses of vaccine for the continent, once licensed and approved. All 54 countries on the continent have expressed interest in COVAX, a global initiative which is co-led by the Coalition for Epidemic Preparedness Innovations (CEPI), Gavi, the Vaccine Alliance (Gavi) and the World Health Organization (WHO). The European Commission has joined the COVAX Facility, and Dr Tedros thanked the Commission for its contribution of 400 million euros.

- WHO has launched an appeal for at least US\$76 million to support Lebanon in the wake of the blasts four weeks ago, which left more than 6,500 people injured, 300,000 people homeless, and severely damaged critical health infrastructure and medical supplies. Any individual or organization can contribute through the WHO Foundation.

https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200907-weekly-epi-update-4.pdf?sfvrsn=f5f607ee_2

WHO

Weekly Operational Update on COVID-19 – 04 September 2020 (Official)

Source: WHO

The weekly report presented the following contents: PAHO Strategic Fund minimizes disruption of critical medications and supplies during COVID-19; From the field: Disruptions to essential health services during COVID-19 pandemic; The Global Health Cluster – GHC; The Emergency Medical Teams – EM; COVID-19 Partners Platform; Operations Support and Logistics; COVID-19 Preparedness; Health Learning; Appeals; COVID-19 Global Preparedness and Response Summary Indicators; The Unity Studies: WHO Early Investigations Protocols; and Key links / useful resources.

https://www.who.int/docs/default-source/coronaviruse/situation-reports/wou-4-september-2020-approved.pdf?sfvrsn=91215c78_2

WHO

WHO - Coronavirus: WHO official says back-to-school COVID-19 measures must be clear to avoid stigma on children

Source: Globe and Mail

Coronavirus: WHO official says back-to-school COVID-19 measures must be clear to avoid stigma on children. The World Health Organization’s emergencies programme director Dr. Michael Ryan said on Monday that information surrounding back-to-school COVID-19 measures needs to be clear for parents and children so they can understand what happens should a child get sick. He said this is important not just for health, but also to avoid stigma that parents and children may be concerned about if a child is diagnosed because anyone can get the coronavirus and “it is not the fault of the child.”

<https://globalnews.ca/video/7320246/coronavirus-who-official-says-back-to-school-covid-19-measures-must-be-clear-to-avoid-stigma-on-children>

PAHO

New tool seeks to measure the maturity level of health institutions to offer telemedicine in times of COVID-19

Source: PAHO

8 Sep 2020

Created by PAHO and the IDB, the tool is aimed at institutions wishing to immediately provide remote health care services, and those which want to self-assess to redefine priorities over the new coronavirus

Washington, DC, 8 September 2020 (PAHO)- During the COVID-19 pandemic, when most in-person health consultations have been postponed, telemedicine is once again coming forward as a way to maintain contact between patients and doctors by minimizing the risk of transmission of the novel coronavirus, and ensuring the continuity of consultation and treatment for those in need.

In order to help interested health institutions assess their maturity level before implementing telemedicine services, the Pan American Health Organization (PAHO) and the Inter-American Development Bank (IDB) created a tool they made available in Latin America and the Caribbean, in collaboration with other institutions and experts in the region and Spain.

"Telemedicine is key to bringing care to places where health services do not arrive, and today it is a safe and effective way to evaluate suspected cases of COVID-19 and other diseases until services return to face-to-face mode," said Sebastián García Saiso, director of PAHO's Department of Evidence and Intelligence for Health Action. "Measuring internal capabilities is the first step in starting to implement telemedicine services, and the tool we developed can be a guide to moving forward on that path."

The tool characterizes from 1 to 4 the maturity level of institutions to introduce medical care at a distance. Level 1 is when there is no telemedicine initiative and level 4 is when everything is ready to operate with full capacity in telemedicine services. In between these extremes are levels 2 – when there is progress, but the institution is still far from being able to implement services – and 3 – when good progress exists, and some telemedicine services could begin to be implemented.

In addition, the tool facilitates the identification of potential gaps or areas that require attention and technical support from experts, and presents an opportunity for those institutions wishing to self-assess to redefine priorities in the face of the pandemic.

The tool consists of a series of questions organized into six categories: organizational preparation, processes, digital environment, human resources, regulatory aspects, and specialized knowledge. Answers to these questions based on maturity level will allow analysis of the results by multidisciplinary teams of specialists and define the steps to follow.

Telemedicine is not new and many countries in the region and the world already have initiatives. Among the most common are tele-radiology, tele-pathology, tele-dermatology, tele-cardiology and tele-psychiatry. However, the pandemic has led to an acceleration in the need to implement those virtual services that do not always have the laws and infrastructure necessary for their proper implementation. And that's why the tool developed by PAHO and the IDB is key to making processes cost-effective, safe and patient-focused.

The development of this tool, which is already being used also in accreditation processes in some countries of the region, is part of the support for pandemic response operations for digital health provided by the Pan American Health Organization and the Inter-American Development Bank. It is based on the models that different health institutions with different degrees of complexity have implemented in several countries around the world.

<https://www.paho.org/en/news/8-9-2020-new-tool-seeks-measure-maturity-level-health-institutions-offer-telemedicine-times>

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

China

Imports from 56 cold-chain food makers halted due to virus risk

Source: ECNS

Published: 2020-09-09 10:38 UTC

Received: 2020-09-09 10:38 UTC (0 minutes)

Unique ID: 1007803696

Special: Battle Against Novel Coronavirus

China halted imports from 56 cold-chain food manufacturers in 19 countries as of Monday due to potential risks of COVID-19 infections, the General Administration of Customs said on Tuesday.

The suspension was issued to foreign producers who had reported confirmed cases in their employees, and 47 voluntarily suspended shipments to China, the administration said in an article published on its official website.

The administration has stepped up monitoring and testing on imported cold or frozen products amid rising concerns over the virus' ability to spread through food products or packaging. Currently, there is no evidence to support transmission of the virus through food.

As of Monday, the administration had taken over 500,000 samples from imported products, their packaging and the interior of containers; six samples taken in Dalian, Northeast China's Liaoning province, and Xiamen, East China's Fujian province, tested positive for the virus.

All other samples tested negative, it added.

The administration has held 121 video conferences with their counterparts in 99 countries and regions and urged overseas food producers to strengthen their preventive measures against the disease.

To date, 2,020 companies from 38 countries and regions have been approved to ship meat imports to China. From January to August, the country imported 6.58 million metric tons of meat products, exceeding last year's total import volume.

<http://www.ecns.cn/news/sci-tech/2020-09-09/detail-ifzucuv5910864.shtml>

India

India sets new record for coronavirus deaths with over 1,100 in single day

Source: globalnews.ca

ID: 1007795214

September 8, 2020 1:31 am

[India](#) on Tuesday reported 1,133 deaths from the [coronavirus](#) in the last 24 hours, its highest single-day total.

The Health Ministry also reported 75,809 new cases, raising India's tally to nearly 4.3 million — second only to the United States and maintaining an upward surge amid an ease in nationwide restrictions to help mitigate the economic pain. The country's death toll now stands at 72,775.

India has been reporting the highest single-day caseload in the world for more than a month.

The rise in cases is partly due to increased testing. The number of daily tests conducted across the country has risen to more than a million. Nearly 3.3 million people in India have recovered from COVID-19 so far.

The pandemic has been economically devastating for India. Its economy contracted nearly 24% in the second quarter, the worst among the world's top economies.

Coronavirus: India tops 3.5 million COVID-19 cases as country sets record high for daily infections

Despite over 2 million new cases in the past month and the virus spreading through the country's smaller towns and villages, the Indian government has continued relaxing restrictions to try and resuscitate the economy.

On Monday, the Delhi Metro, which serves India's sprawling capital, New Delhi, and adjoining areas, resumed operations after remaining shuttered for more than five months. The commuters were scarce and stations deserted. Only asymptomatic people were allowed to board the trains, with masks, social distancing and temperature checks mandatory.

When Prime Minister Narendra Modi ordered everyone in the country to stay indoors, the whole economy shut down within four hours. Millions lost their jobs instantly and tens of thousands of migrant workers, out of money and fearing starvation, poured out of cities and headed back to villages. The unprecedented migration not only hollowed out India's economy but also spread the virus to the far reaches of the country.

The virus has already deepened misery in the country's vast hinterlands and poorer states, where surges have crippled the underfunded healthcare system and stretched resources.

<https://globalnews.ca/news/7320884/coronavirus-india-record-deaths/>

France

Health Minister: France's COVID-19 Situation 'Worrying' But Second Wave Avoidable

Source: National Post

Unique ID: [1007796843](#)

So the virus is spreading at lesser speed but it is circulating, which is worrying,” Veran told France Inter radio. The number of new COVID-19 cases had risen by 4,203 compared with the previous day to reach a total of 328,980, the French Health Ministry reported on Monday. The number of confirmed cases of coronavirus and deaths in France continued to climb, as the country battles to contain a likely second wave of the virus.

“The reproduction rate of the virus stands at 1.2 which is less than the 3.2-3.4 level seen during the spring, so the virus is spreading at lesser speed but it is circulating, which is worrying,” Veran told France Inter radio. The number of confirmed cases of coronavirus and deaths in France continued to climb, as the country battles to contain a likely second wave of the virus.

The number of new COVID-19 cases had risen by 4,203 compared with the previous day to reach a total of 328,980, the French Health Ministry reported on Monday. The number of deaths also rose by 25 over the last 24 hours to 30,726.

France has the seventh-highest COVID-19 death toll in the world, and authorities are scrutinising the data to see what further measures might be needed to help the country cope with an expected second wave of the virus this winter.

Health Minister: France's COVID-19 Situation 'Worrying' But Second Wave Avoidable

<https://nationalpost.com/pmnl/health-pmnl/frances-covid-19-situation-worrying-but-second-wave-avoidable-minister>

Netherlands

Dutch coronavirus infections jump to highest level since April

SOURCE: REUTERS.COM

ID: 1007799971

SEPTEMBER 8, 2020

AMSTERDAM (Reuters) - The number of new coronavirus infections in the Netherlands jumped 51% last week to their highest level since the end of April, Dutch health authorities said on Tuesday.

Newly confirmed infections increased to 5,427 in the week to Tuesday, up from 3,597 in the previous week, while the total number of tests rose 10% to little over 180,000.

Coronavirus cases in the Netherlands had been stable at about 3,500 per week in recent weeks, after the easing of lockdown measures in July was followed by a steady rise to over 4,000 in early August.

<https://www.reuters.com/article/us-health-coronavirus-netherlands/dutch-coronavirus-infections-jump-to-highest-level-since-april-idUSKBN25Z1XX>

South Korea

South Korea: Five people from China test positive for coronavirus - COVID-19 World News

Source: Covid 19 Data

Unique ID: [1007798380](#)

Five passengers from China arriving in South Korea have been tested positive for coronavirus since August 16, according to South Korea's health authorities, raising a question over the credibility of China's claim of no local infection cases for more than three weeks.

Among the five people, two were South Korean nationals and three were Chinese nationals. All of them showed no symptoms.

China has announced that there have been no new locally transmitted cases of coronavirus since August 16.

On Tuesday, Chinese President Xi Jinping hosted a ceremony to honour those who have been working to stem the COVID-19 pandemic. The event was widely seen as China's declaration of a victory over its battle against coronavirus.

<https://covid19data.com/2020/09/08/south-korea-five-people-from-china-test-positive-for-coronavirus/>

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

United Kingdom

Oxford University Covid vaccine test stopped as volunteer has 'serious adverse reaction'

Source: dailystar.co.uk

ID: 1007800651

A large Phase 3 study on the effects of the AstraZeneca and Oxford University Covid-19 vaccine on humans has been put on hold after a participant in a UK study reportedly suffered "a serious adverse reaction"

The company helping Oxford University to produce its promising Coronavirus vaccine has announced it has suspended testing of the potential medicine to conduct a "review of safety data" after a volunteer suffered a negative reaction to the drug.

A spokesperson for AstraZeneca, a company working with Oxford University to create a potential vaccine, said the company's "standard review process triggered a pause to vaccination to allow review of safety data."

No firmer information has yet been released on the nature of the reaction, or when it happened, although a source reportedly claimed the participant in question is expected to make a full recovery.

The spokesperson explained the pause is "a routine action which has to happen whenever there is a potentially unexplained illness in one of the trials, while it is investigated, ensuring we maintain the integrity of the trials."

This comes as last month it was reported the government has insisted the UK will be the first in line for a coronavirus vaccine created by Oxford University.

Initial human trials suggest it is safe and creates an immune response to Covid-19.

However, it is not likely to be ready until next year.

Its scientific agencies reportedly said a vaccine would need to be studied in 30,000 people before it could be authorised.

A Number 10 spokesman today said: "We have been clear that we will only roll out a vaccine once it is deemed safe and effective by our regulators."

Boris Johnson's government has struck a deal with AstraZeneca to get "first access" to it once approved, the spokesman added.

"AstraZeneca have entered into a number of agreements with other countries, they have the global licensing agreement with Oxford, but we have been clear: once it has been found to be effective, we have signed a deal for 100 million doses which means that once it is effective the UK will get first access."

<https://www.dailymail.co.uk/health/article-8711611/AstraZenecas-COVID-19-vaccine-trials-hold-suspected-reaction.html>

Canada

Few Canadian blood donors had coronavirus antibodies as of May: study

Source: CTVNews.ca - Health - Public RSS

ID: 1007799147

TORONTO -- **Less than one per cent of Canadian blood donors have tested positive for SARS-CoV-2 antibodies, which are present in those who have had coronavirus, suggesting there has been low exposure to the virus.**

That's according to a collaborative study by Canadian Blood Services and Canada's COVID-19 Immunity Task Force (CITF), which analyzed 37,373 blood samples collected from nine provinces, excluding Quebec and the territories, between May 9 and June 18.

According to the researchers, antibodies are a key indicator of past infection and can generally be detected within two weeks of the onset of infection, which means that by the end of May, only 0.7 per cent of Canadian donors had been exposed to SARS-CoV-2.

Catherine Hankins, a co-chair of CITF, acknowledged the results of their study could underestimate the true seroprevalence in the population because antibodies rapidly decline and may have disappeared by the time of testing in some cases, and also because blood donors tend to be healthier than the general population.

“Nonetheless, these results once again tell us how few Canadians were infected by SARS-CoV-2 by the end of May. This shows that when all actors, especially individual citizens, follow good public health practices, the risk of infection diminishes considerably,” she said in a press release on Tuesday.

When it came to the areas with the highest prevalence of antibodies in blood samples, Ontario had the highest rates at 0.96 per cent and Prince Edward Island had the lowest at zero per cent.

Although Quebec wasn't included in the study, another recent seroprevalence study by Hema-Quebec found that 2.23 per cent of Quebec blood donors were infected with the virus that causes COVID-19.

“When we take a look at selected cities across the country, Ottawa shows the highest percentage of people with SARS-CoV-2 antibodies with 1.29 per cent seroprevalence, Toronto was found to have 1.07 per cent, whereas Edmonton has the lowest percentage of positive tests at 0.38 per cent,” Timothy Evans, the executive director of CITF, said in a release.

While low rates of seroprevalence suggests there has been low exposure in the overall population, the researchers warned that also means the country is far off from achieving any kind of “herd immunity” and continued vigilance to protect against the virus is still very much needed, particularly now that some parts of the country are experiencing surges of new cases.

“Global data suggest that population-wide infection rates estimated from SARS-CoV-2 antibodies are about 50 per cent higher than those measured in blood donor samples. But even if we doubled or tripled the estimates from this study, there is little to no likelihood that levels of immunity in the population are high enough to slow down a second wave of COVID-19 infection,” CITF Co-Chair David Naylor said.

“As such, it's critical to ramp-up testing and tracing capacity across the country to reduce risk in settings such as workplaces and schools, and to interrupt any chains of transmission quickly to prevent spread.”
<https://www.ctvnews.ca/health/few-canadian-blood-donors-had-coronavirus-antibodies-as-of-may-study-1.5096530>

United States

Study: Acute kidney injury common in adults hospitalized with COVID-19

Source: CIDRAP

ID: 1007799572

8 Sept.

A new study published in the Journal of the American Society of Nephrology shows that 46% of hospitalized adults with severe COVID-19 suffer from acute kidney injury (AKI), and AKI was associated with a 50% mortality rate.

The study was based on 3,993 hospitalized patients with COVID-19 admitted to the Mount Sinai Health System in New York City from Feb 27 to May 30. Of those patients, 1,835 (46%) had AKI, and 347 (19%) of the patients with AKI required dialysis. According to the authors, in-hospital mortality was 50% among patients with AKI, versus 8% among those without AKI (adjusted odds ratio, 9.2; 95% confidence interval, 7.5 to 11.3).

Of those who survived AKI and COVID-19, only 30% recovered with complete kidney function by the time of discharge. Risk factors associated with developing AKI include older age, being a man, and having chronic kidney disease, hypertension, congestive heart failure, or diabetes.

"This study is the first study in the United States to report the persistence of kidney dysfunction (lack of recovery) in survivors of COVID-19–associated AKI," the authors said. "Given the high incidence of AKI and lack of full recovery at and after discharge, identification of potential mechanisms of COVID-19–related AKI would allow for potential interventions to reduce this devastating complication."

<https://jasn.asnjournals.org/content/early/2020/09/02/ASN.2020050615>

<https://www.cidrap.umn.edu/news-perspective/2020/09/covid-19-scan-sep-08-2020>

Russia

Russia completes early trials of second potential COVID-19 vaccine – Ifax

Source: National Post

Unique ID: [1007796555](#)

MOSCOW — Siberia's Vector virology institute on Tuesday completed early-stage human trials, known as Phase II, of a second potential Russian vaccine against COVID-19, the state consumer safety watchdog was cited by the Interfax news agency as saying.

Russia registered its first vaccine candidate, developed by Moscow's Gamaleya Institute, in August. Late-stage trials of this vaccine, due to involve 40,000 participants, were launched last week.

Human trials of the second potential COVID-19 vaccine, a peptide-based jab, began on July 27 and involved a group of 100 volunteers, Interfax cited watchdog Rospotrebnadzor as saying.

"Today ... the final group of 20 volunteers was released from hospital," said in a statement. "All 100 volunteers were vaccinated with two doses and have completed a 23-day monitoring period in hospital. The volunteers are feeling good."

Results are due to be published on Sept. 30, Interfax said. (Reporting by Maria Kiselyova; Writing by Polina Ivanova Editing by Gareth Jones and David Evans)

<https://nationalpost.com/pmnl/health-pmnl/russia-completes-early-trials-of-second-potential-covid-19-vaccine-ifax-2>

China

China coronavirus vaccine candidate appears safe for older people: preliminary results

Source: Global News

Unique ID: [1007793081](#)

Chinese firm Sinovac Biotech Ltd said on Monday its coronavirus vaccine candidate appeared to be safe for older people, according to preliminary results from an early to mid-stage trial, while the immune responses triggered by the vaccine were slightly weaker than younger adults.

Health officials have been concerned about whether experimental vaccines could safely protect the elderly, whose immune systems usually react less robustly to vaccines, against the virus that has led to nearly 890,000 deaths worldwide.

Sinovac's candidate CoronaVac did not cause severe side effects in a combined Phase 1 and Phase 2 trials launched in May involving 421 participants aged at least 60, Liu Peicheng, Sinovac's media representative, told Reuters.

The complete results have not been published and were not made available to Reuters.

Story continues below advertisement

Four of the world's eight vaccines that are in the third phase of trials are from China.

Lamborghini in B.C. supercar rally involved in serious crash that left 2 children in hospital

For three groups of participants who respectively took two shots of low, medium and high-dose CoronaVac, over 90 per cent of them experienced significant increase in antibody levels, while the levels were slightly lower than those seen in younger subjects but in line with expectation, Liu said in a statement.

Fauci on his fears, a COVID-19 vaccine, Canada-U.S. border restrictions

CoronaVac, being tested in Brazil and Indonesia in the final-stage human trials to evaluate whether it is effective and safe enough to obtain regulatory approvals for mass use, has already been given to tens of

thousands of people, including about 90 per cent of Sinovac employees and their families, as part of China's emergency inoculation scheme to protect people facing high infection risk.

The potential vaccine could remain stable for up to three years in storage, Liu said, which might offer Sinovac some advantage in vaccine distribution to regions where cold-chain storage is not an option.

Story continues below advertisement

Such estimation is extrapolated from the fact that vaccines readings stayed within acceptable ranges for 42 days at 25 C, 28 days at 37 C, and five months for 2-8 C, Liu said, without disclosing complete data.

<https://globalnews.ca/news/7320268/chinas-sinovac-coronavirus-vaccine-candidate-safety/>

Hong Kong

HK study finds COVID-19 stool tests may be more effective for infants

Source: National Post

Unique ID: [1007798490](#)

HONG KONG — Stool tests may be more effective than respiratory tests in identifying COVID-19 infections in children and infants since they carry a higher viral load in their stool than adults, researchers at the Chinese University of Hong Kong (CUHK) said.

Stool samples carry the virus even after it has cleared from a patient's respiratory tract and that could lead to better identification of asymptomatic cases, particularly in infants and others who have difficulty providing nasal or throat swabs, CUHK researchers said in a press release on Monday.

The potential for stool testing in young people was a conclusion reached after researchers from CUHK's Faculty of Medicine carried out stool tests on more than 2,000 asymptomatic children and others who needed such tests who arrived at Hong Kong airport from March 29. As of Aug. 31, of samples collected, six children were confirmed with a COVID-19 infection.

Paul Chan, the chairman of CUHK's Department of Microbiology and associate director of the Centre for Gut Microbiota Research, said the viral load in the stool of infants and children was "many times higher" than that in adults, and could be equivalent to that of adult respiratory samples.

<https://nationalpost.com/pmnh/health-pmnh/hk-study-finds-covid-19-stool-tests-may-be-more-effective-for-infants>

China

Vaccines for COVID-19 available by year's end, says developer

Source: ECNS

Unique ID: [1007798115](#)

The candidate vaccines, which are already approved for emergency use and are undergoing phase three clinical trials, have proved to be safe and able to cause production of antibodies in all volunteers that are effective enough to protect them from the novel coronavirus 28 days after they received a second dose, said Zhou Song, chief legal adviser of China National Biotec Group, which is a subsidiary of China National Pharmaceutical Group Corporation. In mid-July, data from an experiment by the company showed the two candidate vaccines are also effective against new strains of the virus, including the strain that caused the outbreak at Xinfadi wholesale food market in Beijing in June, and those identified in Russia, the United Kingdom and the United States, he said. Although some subtypes of the coronavirus are mutating, research has shown the vaccines have been effective, and people may not have to receive COVID-19 vaccines every year for protection, as they do with flu vaccines.

Two inactivated vaccines for COVID-19 under clinical trial in China are likely to provide immunity for up to three years and may be available on the market by the end of this year, according to their developer. The candidate vaccines, which are already approved for emergency use and are undergoing phase three clinical trials, have proved to be safe and able to cause production of antibodies in all volunteers that are effective enough to protect them from the novel coronavirus 28 days after they received a second dose, said Zhou Song, chief legal adviser of China National Biotec Group, which is a subsidiary of China National Pharmaceutical Group Corporation.

CNBG has been recognized as a comprehensive biopharmaceutical enterprise focusing on human vaccines, blood products, medical aesthetics and animal healthcare.

Many experts are unsure how long a COVID-19 vaccine can protect people from the virus, with some suggesting the period could be less than six months. But Zhou said it is very likely the immunity could last

between one and three years, based on existing research, including animal experiments and clinical trials, although sustained monitoring is needed to accurately determine the length of immunity.

"We have kept monitoring the first 180 volunteers, who received the vaccines more than five months ago, and found the levels of the antibodies for the coronavirus are still stabilizing at the peak, and there is no sign of them dropping," he said.

Although some subtypes of the coronavirus are mutating, research has shown the vaccines have been effective, and people may not have to receive COVID-19 vaccines every year for protection, as they do with flu vaccines.

Zhou said researchers have been closely following the mutation of the virus and found that the mutations have not caused fundamental changes to its genetic sequence.

In mid-July, data from an experiment by the company showed the two candidate vaccines are also effective against new strains of the virus, including the strain that caused the outbreak at Xinfadi wholesale food market in Beijing in June, and those identified in Russia, the United Kingdom and the United States, he said.

"The two vaccines can cope with mutations of the novel coronavirus for a few years at least," Zhou said. As an emergency measure, the two candidate vaccines have been approved by Chinese authorities for use by groups at higher risk of infection, such as medical workers treating COVID-19 patients and personnel going overseas.

None of the people who have received the vaccines in higher-risk countries and regions have been infected with COVID-19, which has proved the effectiveness of the vaccines, he said.

The company has established two high-grade biosafety workshops for producing the vaccines, and it is expected they will be approved for the market at the end of December, at the earliest, he said.

The current production capacity is 300 million doses annually, and it may be expanded to between 800 million and 1 billion doses a year, which can satisfy the demand from between 400 and 500 million people annually, according to Zhou.

Important weapon

Vaccination is regarded as the most important way to fight the COVID-19 pandemic. China has been leading the world in the research and development of COVID-19 vaccines. By early August three vaccines under research in China had entered phase three clinical trials, accounting for half of the world's total, according to the World Health Organization. In August, Russia announced it registered the world's first COVID-19 vaccine.

Although China has achieved success in fighting COVID-19, some experts believe the coming fall and winter will be a major test.

<http://www.ecns.cn/news/2020-09-08/detail-ifzzucuv5910279.shtml>

International

U.S., European COVID vaccine developers pledge to uphold testing rigor.

Source: Reuters & The Globe and Mail

Unique ID: [1007797576](#) / ID: [1007801381](#)

FRANKFURT (Reuters) - Nine leading U.S. and European vaccine developers pledged on Tuesday to uphold the scientific standards their experimental immunisations will be held against in the global race to contain the coronavirus pandemic.

The companies, including Pfizer (PFE.N), GlaxoSmithKline (GSK.L) and AstraZeneca (AZN.L), issued what they called a "historic pledge" after a rise in concern that safety and efficacy standards might slip in the rush to find a vaccine.

The companies said in a statement they would "uphold the integrity of the scientific process as they work towards potential global regulatory filings and approvals of the first COVID-19 vaccines".

The other signatories were Johnson & Johnson (JNJ.N), Merck & Co (MRK.N), Moderna (MRNA.O), Novavax (NVAX.O), Sanofi (SASY.PA) and BioNTech (BNTX.O).

The promise to play by established rules underlines a highly politicised debate over what action is needed to rein in COVID-19 quickly and to jumpstart global business and trade.

The head of the U.S. Food and Drug Administration (FDA) said last month COVID-19 vaccines may not necessarily need to complete Phase Three clinical trials - large-scale testing intended to demonstrate safety and efficacy - as long as officials are convinced the benefits outweigh the risks.

This prompted a call for caution from the World Health Organization (WHO).

Developers globally have yet to produce large-scale trial data showing actual infections in participants, yet Russia granted approval to a COVID-19 vaccine last month, prompting some Western experts to criticise a lack of testing.

The head of China's Sinovac Biotech (SVA.O) has said most of its employees and their families have already taken an experimental vaccine developed by the Chinese firm under the country's emergency-use programme.

Chinese companies or institutions, which are involved in several leading vaccine projects, did not sign the statement.

PROMISE ON SAFETY AND EFFICACY

"We want it to be known that also in the current situation we are not willing to compromise safety and efficacy," said co-signatory Ugur Sahin, chief executive of Pfizer's German partner BioNTech.

"Apart from the pressure and the hope for a vaccine to be available as fast as possible, there is also a lot of uncertainty among people that some development steps may be omitted here."

BioNTech and Pfizer could unveil pivotal trial data as early as October, potentially placing them at the centre of bitter U.S. politics before the Nov. 3 presidential election.

President Donald Trump has said it is possible the United States will have a vaccine before the election. His Democratic rival, Kamala Harris, has said she would not take his word alone on any potential coronavirus vaccine.

The nine companies said they would follow established guidance from expert regulatory authorities such as the FDA.

Among other hurdles, approval must be based on large, diverse clinical trials with comparative groups that do not receive the vaccine in question. Participants and those working on the trial must not know which group they belong to, according to the pledge.

BioNTech's Sahin said there must be statistical certainty of 95%, in some cases higher, and that a positive reading on efficacy does not come just from random variations but reflects the underlying workings of the compound.

The development race has intensified safety concerns about an inoculation, polls have shown.

Western regulators have said they would not cut corners but rather prioritise the review workload and allow for development steps in parallel that would normally be handled consecutively.

Sahin declined to comment on regulators specifically or on what events prompted the joint statement.

The chief executive of German vaccine developer Leukocare, which did not sign the pledge, was more forthright.

"What Russia did - and maybe also there are tendencies in the U.S. to push the approval of a vaccine which has not been sufficiently developed in clinic - bears a huge risk," said CEO Michael Scholl.

"My biggest fear is that we will approve vaccines that are not safe and that will have a negative impact on the concept of vaccinations in general."

Reporting by Ludwig Burger, Patricia Weiss in Frankfurt and Caroline Copley in Berlin, additional reporting by Deena Beasley in Los Angeles; Editing by Susan Fenton, Timothy Heritage and Tom Brown

<https://www.reuters.com/article/us-health-coronavirus-vaccine-developers/u-s-european-covid-vaccine-developers-pledge-to-uphold-testing-rigour-idUSKBN25Z1M4>

<https://www.theglobeandmail.com/world/article-nine-leading-us-european-covid-19-vaccine-developers-make-pledge-to/>

Study

Genome Data Help to Track COVID-19 Superspreading Event

Source: NIH Director's Blog

Unique ID: [1007798119](#)

The findings, posted on medRxiv as a pre-print, come from Bronwyn MacInnis and Pardis Sabeti at the Broad Institute of MIT and Harvard in Cambridge, MA, and their many close colleagues at Massachusetts General Hospital, the Massachusetts Department of Public Health, and the Boston Health Care for the Homeless Program. The initial focus of MacInnis, Sabeti, and their Broad colleagues has been on developing genome data and tools for surveillance of viruses and other infectious diseases in and viral outbreaks in West Africa, including Lassa fever and Ebola virus disease. But the data also suggest that a

single superspreading event at the biotech conference led to the infection of almost 20,000 people in the area, not to mention additional COVID-19 cases in other states and around the world.

When it comes to COVID-19, anyone, even without symptoms, can be a “superspreader” capable of unknowingly infecting a large number of people and causing a community outbreak. That’s why it is so important right now to wear masks when out in public and avoid large gatherings, especially those held indoors, where a superspreader can readily infect others with SARS-CoV-2, the virus responsible for COVID-19.

Driving home this point is a new NIH-funded study on the effects of just one superspreader event in the Boston area: an international biotech conference held in February, before the public health risks of COVID-19 had been fully realized [1]. Almost a hundred people were infected. But it didn’t end there.

In the study, the researchers sequenced close to 800 viral genomes, including cases from across the first wave of the epidemic in the Boston area. Using the fact that the viral genome changes in very subtle ways over time, they found that SARS-CoV-2 was actually introduced independently to the region more than 80 times, primarily from Europe and other parts of the United States. But the data also suggest that a single superspreading event at the biotech conference led to the infection of almost 20,000 people in the area, not to mention additional COVID-19 cases in other states and around the world.

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Closer to home, they’d expected to focus their attention on West Nile virus and tick-borne diseases. But, when the COVID-19 outbreak erupted, they were ready to pivot quickly to assist several Centers for Disease Control and Prevention (CDC) and state labs in the northeastern United States to use genomic tools to investigate local outbreaks.

It’s been clear from the beginning of the pandemic that COVID-19 cases often arise in clusters, linked to gatherings in places such as cruise ships, nursing homes, and homeless shelters. But the Broad Institute team and their colleagues realized, it’s difficult to see how extensively a virus spreads from such places into the wider community based on case counts alone.

Contact tracing certainly helps to track community spread of the virus. This surveillance strategy depends on quick, efficient identification of an infected individual. It follows up with the identification of all who’ve recently been in close contact with that person, allowing the contacts to self-quarantine and break the chain of transmission.

But contact tracing has its limitations. It’s not always possible to identify all the people that an infected person has been in recent contact with. Genome data, however, is particularly useful after the fact for connecting those dots to get a big picture view of viral transmission.

Here’s how it works: as SARS-CoV-2 spreads, the virus sometimes picks up a new mutation. Those tiny spelling changes in the viral genome usually have no effect on how the virus causes disease, but they do serve as distinct genomic fingerprints. Using those fingerprints to guide the way, researchers can trace the path the virus took through a community and beyond, identifying connections among cases that would be untrackable otherwise.

With this in mind, MacInnis and Sabeti’s team set out to help Boston’s public health officials understand just how the epidemic escalated so quickly in the Boston area, and just how much the February conference had contributed to community transmission of the virus. They also investigated other case clusters in the area, including within a skilled nursing facility, homeless shelters, and at Massachusetts General Hospital itself, to understand the spread of COVID-19 in these settings.

Based on contact tracing, officials had already connected approximately 90 cases of COVID-19 to the biotech conference, 28 of which were included in the original 772 viral genomes in this dataset. Based on the distinct genomic fingerprint carried by the 28 genomes, the researchers went on to discover that more than one-third of Boston area cases without any known link to the conference could indeed be traced back to the event.

When the researchers considered this proportion to the number of cases recorded in the region during the study, they extrapolated that the superspreader event led to nearly 20,000 cases in the Boston area. In contrast, the genome data show cases linked to another superspreader event that took place within a skilled nursing facility, while devastating to the residents, had much less of an impact on the surrounding community.

The analysis also uncovered some unexpected connections. The dataset showed that SARS-CoV-2 was brought to clients and staff at the Boston Health Care for the Homeless Program at least seven times. Remarkably, two of those introductions also traced back to the biotech conference. Researchers also found infections in Chelsea, Revere, and Everett, which were some of the hardest hit communities in the Boston area, that were connected to the original superspreading event.

There was some reassuring news about how precautions in hospitals are working. The researchers examined cases that were diagnosed among patients at Massachusetts General Hospital, raising concerns that the virus might have spread from one patient to another within the hospital. But the genome data show that those cases, in fact, weren't part of the same transmission chain. They may have contracted the virus before they were hospitalized. Or it's possible that staff may have inadvertently brought the virus into the hospital. But there was no patient-to-patient transmission.

Massachusetts is one of the states in which the COVID-19 pandemic had a particularly severe early impact. As such, these results present broadly applicable lessons for other states and urban areas about how the virus spreads. The findings highlight the value of genomic surveillance, along with standard contact tracing, for better understanding of viral transmission in our communities and improved prevention of future outbreaks.

<https://directorsblog.nih.gov/2020/09/08/genome-data-help-to-track-superspreading-event-in-boston/>

Domestic Events of Interest

Nil

International Events of Interest

WHO

Weekly Bulletin On Outbreaks And Other Emergencies

Week 36: 31 August - 6 September 2020

Data as reported by: 17:00; 6 September 2020

Source: WHO AFRO

Excerpt

Summary of major issues, challenges and proposed actions

Major issues and challenges

The gradual decline in new confirmed cases of COVID-19 in Nigeria is encouraging but should be interpreted with caution as testing has declined over the same period, with test positivity remaining much the same, showing well-established community transmission. Rapidly increasing numbers of confirmed cases of chikungunya in Daily COVID-19 Report Abéché, Chad are of concern and this indicates a heavy vector load and poor environmental sanitation and hygiene. The Ebola virus disease outbreak in Équateur Province, Democratic Republic of the Congo, continues to spread to new health areas and health zones. While there are still confirmed cases at large in the community, it will be difficult to break chains of

transmission. Challenges remain around inadequate funding and personnel for the response, particularly in hotspot areas, and problems with screening at points of control. Proposed actions Authorities and partners in Nigeria must not become complacent in the face of the apparent decline in incidence cases and continue to strengthen surveillance measures and ensure that communities follow all public health measures to prevent transmission of COVID-19 as much as possible. Authorities and partners in Chad need to urgently implement a One Health approach to the outbreak of chikungunya in the country to reduce the vector load and prevent further transmission of the disease. The ongoing Ebola virus disease outbreak requires robust response activities in order to control this outbreak and break chains of transmission and engage the community in these activities. The response to EVD should be linked to existing COVID-19 activities in order to use resources efficiently. These efforts should be encouraged and supported nationally and by partners.

This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 114 events in the region. This week's main articles cover the following events:

- Coronavirus disease 2019 (COVID-19) in Nigeria
- Chikungunya in Chad
- Ebola virus disease (EVD) in Équateur Province, Democratic Republic of the Congo

For each of these events, a brief description, followed by public health measures implemented and an interpretation of the situation is provided.

A table is provided at the end of the bulletin with information on all new and ongoing public health events currently being monitored in the region, as well as recent events that have largely been controlled and thus closed.

Major issues and challenges include:

In keeping with many countries in the African Region, the weekly number of new confirmed COVID-19 cases in Nigeria has gradually been falling over the past four weeks. However, testing rates have fallen at the same time, while test positivity has stayed relatively stable, suggesting that community transmission is still well established. This means that there is no room for complacency and surveillance and risk communication and community engagement need to be continued and strengthened to ensure that this trend continues. Authorities and partners must continue to strengthen surveillance measures and ensure that communities follow all public health measures to prevent transmission of COVID-19 as much as possible.

Cases of chikungunya have been rising rapidly in Chad in the past weeks, suggesting a heavy vector load in the city of Abéché, the most affected area of the country. Challenges exist around environmental sanitation and hygiene as well as at household level. A One Health approach needs to be instituted urgently to control this outbreak before any spread to other geographical areas.

The EVD outbreak in Équateur Province, Democratic Republic of the Congo, continues to be of serious concern, with a continuing increase in incidence cases and more health areas and health zones affected. Challenges continue around known confirmed cases still living in the community and contacts lost to follow-up, as well as an ongoing strike among personnel in response pillars. Community resistance to response activities and safe and dignified burials is a risk to the response and may be responsible for geographical spread. Additionally, there is a lack of funding for the response, particularly that required to prevent further spread, and inadequate human resources for risk communication and community engagement in affected health zones and hotspots. In both Ebola virus disease and COVID-19, there is a need to sustain a strong and robust surveillance system in order to detect, isolate, test and treat new suspected cases as early as possible

EVENT DESCRIPTION

The Chief Physician of the District of Abéché, bordering Sudan, was alerted to cases of high fever, headache, vomiting and severe, disabling joint pain, with one third of patients developing maculopapular rashes, an illness locally nicknamed Kourgnalé, which had started in early April 2020. Between 30 March and 9 August 2020, more than 2 420 cases were seen in urban health centres and 243 patients were surveyed in 138 households. A total of 13 samples were taken, including 11 that were positive for chikungunya, confirmed by the mobile laboratory in Ndjamená, five of which were reconfirmed by the Institut Pasteur, Yaoundé, Cameroon.

As of 31 August 2020, a total of 10 631 cases has been reported with no deaths. The age group most affected are those aged more than 15 years, with more females than males infected. The health districts of Djatinie (1 375; 13%) and Kamina (1 163; 11%) reported the most cases, with 4014 (37%) of cases reported from the regional hospital.

PUBLIC HEALTH ACTIONS

Regular national coordination meetings were held, and a coordination committee was established, which meets daily, composed of administrative and health authorities, local elected officials and partners.

A mission team was deployed by the Ministry of Health made up of an infectious disease specialist, a laboratory technician and an entomologist. A contingency plan was developed and is being finalized.

A general information meeting was held for mayors and delegates of various provincial departments.

WHO has provided technical support for case investigation since the first alert, setting up line lists and a database, as well as support for the collection and transport of samples to Ndjamená and Cameroon.

Nine managers of urban health centres have been oriented on the chikungunya case definition, prevention and case management. Data are collected and analysed daily for situation reports.

Active case search is taking place in health facilities and households. Risk communication and community engagement on modes of transmission and prevention is ongoing through radio programmes.

Medicines, consumables and mosquito nets are being provided and a treatment protocol has been drawn up for health centre managers. Free patient care is being offered. Vector control is ongoing, with 377 households sprayed and urban areas fumigated.

SITUATION INTERPRETATION

The rapid rise in cases of chikungunya in this urban area of Chad is of concern, suggesting a heavy vector load. There are known challenges around environmental sanitation and hygiene, as well as sanitation in households, with inadequate facilities and vector breeding sites. Community engagement around modes of transmission and the importance of emptying all water containers needs to be strengthened, as do prevention and infection control activities. Response activities need to be supervised to ensure spraying of all known vector sites and disinfection of the whole city of Abéché. National and local authorities and partners need to urgently upgrade response activities to prevent a larger outbreak and spread beyond current geographical areas.

Ebola virus disease Democratic Republic of the Congo (Équateur Province) 42.9% CFR

EVENT DESCRIPTION

The Ebola virus disease (EVD) outbreak in Équateur Province, Democratic Republic of the Congo, continues to see rising numbers of confirmed cases and geographical spread, with 37 health areas in 12 health zones affected. Since our last report (Weekly Bulletin 35), another three additional confirmed EVD cases have been reported, and one new death. As of 5 September 2020, there are a total of 112 cases (106 confirmed and six probable) including 48 deaths (case fatality ratio 42.9%). The case fatality ratio among confirmed cases is 39.6% (42 deaths/106 confirmed cases). The number of health workers affected remains at three, making up 2.7% of all cases. The number of health areas that have reported at least one confirmed or probable case of EVD since the start of this outbreak has risen to 37, in 12 of the 18 health zones in the province. In the past 21 days (16 August to 5 September 2020), 22 confirmed cases have been reported in 14 health areas across nine health zones. Six out of nine health zones with active contacts transmitted reports on 5 September 2020, with 89 new contacts reported. Out of 2 978 active contacts, 2056 (74%) have been followed-up. Of the 113 contacts who were not seen, 44 (38.9%) have never been seen, seven (6.2%) were lost to follow-up and 62 (54.9%) were not seen in the previous 24 hours. So far, 64 contacts have left follow-up in Mbandaka and six others in Bikoro have become symptomatic. A total of

374 new alerts were detected on 5 September 2020, of which 343 were validated and 58 samples were collected.

PUBLIC HEALTH ACTIONS

On 5 September 2020, 15/46 active Points of Control (POCs) reported. A total of 18 769 travellers passed through these PoCs and 18 011 (96%) were screened. Since the start of the response activities, 933 811 (91.7%) screenings have been performed among the 1 018 674 travellers who have passed through the active PoCs. Out of these 118 alerts have been detected, with 70 validated. As of 5 September 2020, 75 samples were received in four operational laboratories; 48 in Bikoro, 24 in Itipo, two in Mbandaka and one in Bolomba. Since the start of the outbreak a total of 6 651 samples have been tested. A total of 173 new people were vaccinated with rVSV-ZEBOV-GP on 5 September 2020, in five rings, including 15 high risk contacts, and 158 contacts of contacts. Since 5 June 2020, a total of 27 303 people has been vaccinated. A total of 83 patients, including nine confirmed patients were managed in the transit centres and Ebola treatment centres in affected areas as of 5 September 2020, with bed occupancy at 32.7% among suspected cases and 19.6% among confirmed cases. A total of 24 patients have received specific EVD treatment since the start of this outbreak, with six (including one death) in Wangata, five in Lilanga Bobangi, four in Lotumbe, three in Bikoro, three in Bolomba, two in Ingende and one in Lolang Mampoko. In addition, five out of the nine confirmed patients currently being treated in ETCs are being given this treatment: three in Lilanga Bobangi, and one each in Lolanga Mampoko and Lotumbe. Five confirmed cases of EVD remain in the community, including four in Lotumbe and one in Mbandaka. As of 5 September 2020, infection prevention and control (IPC) monitoring and support activities included training 70 hygienists from Bikoro and Bolomba, one health facility and seven households were decontaminated in Lotumbe and 15 households were provided with water, sanitation and hygiene (WASH) kits and five mattresses were returned and 19 service providers were briefed on various IPC topics during monitoring and support carried out in five health facilities. Risk communication, mobilization and community engagement continues, with 15 community leaders taking part in community engagement on resistance to response activities and safe and dignified burials; 27 providers were trained in risk communication and community engagement and over 1 000 people who were in areas with recent confirmed cases were sensitized on EVD and COVID-19 prevention in Lilanga Bobangi and Lotumbe.

SITUATION INTERPRETATION

The EVD outbreak in Équateur Province continues to show rising case numbers and to spread to new health areas within new health zones. There are still insufficient funds for the response, with inadequate human resources in community engagement and risk communication, particularly in hotspot areas, while strike action by responders continues. Community resistance to sampling and safe and dignified burials also threatens the response. Continued advocacy with funders and donors for mobilization of financial resources is required, along with strengthening of surveillance at points of entry and cross border collaboration with Republic of Congo. Partners need urgently to address the issue of insufficient funds and human resources being available for response, particularly with the concentration of response efforts to COVID-19.

<https://apps.who.int/iris/bitstream/handle/10665/334185/OEW36-310806092020.pdf>

Mongolia

Mongolia reported its third case of plague death.

Source: Xinhua News

Unique ID: [1007796543](#)

Xinhua News Agency, Ulaanbaata, September 8 (Reporter Asgang) Mongolia's National Center for Zoonotic Disease Research confirmed on the evening of the 7th, the country's Zabhan Province, a 38-year-old man infected with plague died on the same day. So far this year, three people have died of plague in Mongolia.

According to Dahidawa, director of the Zabhan provincial branch of Mongolia's National Research Center for Zoonotic Diseases, 25 people who had been in close contact with patients were in good health and the laboratory test results were negative.

Zabhan provincial government office issued a notice on the 4th, a 38-year-old resident of Tosunchengrad County after eating dry meat, high fever and gland swelling symptoms, 3 by the local hospital diagnosed as a suspected case of plague and received treatment. The resident was diagnosed with plague on the 5th. So far this year, Mongolia has reported a total of 18 suspected cases of plague, a total of 5 confirmed cases. In addition to the 7 deaths, a 42-year-old man from Cobdo province in mid-August and a 15-year-old boy from Gobi Altai province died of plague in mid-July.

Plague is a bacterial infectious disease, often transmitted by fleas that live in rodents such as mice and slugs, and has the characteristics of acute illness, short course, high mortality rate and strong infectiousness. (Complete)

http://www.xinhuanet.com/english/2020-09/07/c_139349912.htm

United States

Colorado reports 2nd human plague case of 2020

ID: 1007800002

Source: outbreaknewstoday.com

September 8, 2020

The Colorado Department of Public Health and Environment is reporting the second case of human plague in the state this summer. The case, reported to the department on Sept. 3, is a resident from a rural county in Colorado. The first case was diagnosed earlier this summer in a resident from southwest Colorado. The cases are unrelated. Both cases had exposure to sick animals— a squirrel and a cat. Neither case is suspected of having spread the infection to other people or animals. These are the first cases of human plague reported in the state since 2015. In the past 10 years, there have been 14 cases of human plague in Colorado.

Earlier this year, plague bacteria were confirmed in rodents in Broomfield, Jefferson, and Adams counties as well as a cat in Elbert County.

CDPHE reminds residents that it's not uncommon for plague to be seen this time of year, but it can also be found in rodents year-round. It sometimes spills over into other wildlife species as well as domestic cats and dogs.

Plague infected squirrel detected in central Colorado

People should take the following precautions to protect themselves and their pets:

Do not directly handle any wildlife.

Keep pets away from wildlife, especially dead rodents and rabbits.

Don't let dogs or cats hunt prairie dogs, squirrels, voles, other rodents, or rabbits.

Don't allow pets to roam freely.

Treat all pets for fleas according to a veterinarian's advice.

If your pet develops a sudden illness after contact with wildlife call a veterinarian immediately.

Do not feed wildlife — this attracts them to your property, brings them in close contact, and increases the risk of disease transmission.

Do not attempt to remove or kill prairie dogs. This may increase the risk of plague for you and your domestic animals.

Be aware of rodent and rabbit populations in your area, and report sudden die-offs or multiple dead animals to your local health department.

Plague is most commonly spread to people by the bite of an infected flea but also may be transmitted by infected animal tissues, fluids, or respiratory droplets. Infected fleas may be found near areas where multiple rodents or rabbits have died – avoiding these areas and not allowing pets or other animals to explore these areas will decrease the risk of getting plague. Citizens with direct exposure to fleas or wildlife in the affected areas may be at risk. People who think they have been exposed should contact a health care provider immediately. Symptoms include sudden fever, headache, chills, weakness, and tender, painful lymph nodes. While there are no publicly available vaccines to prevent plague in people, if caught early, it can be successfully treated with antibiotics in both people and pets.

<http://outbreaknewstoday.com/colorado-reports-2nd-human-plague-case-of-2020/>

Sri Lanka

WHO and have created an online portal to train and mentor health workers on the noncommunicable disease frontline – reaching one institute in every province across Sri Lanka.

Source: World Health Organization (WHO)

Unique ID: [1007796765](#)

Health-promoting partnerships are a vital way for Sri Lanka to address the social determinants of NCDs. This project to train and mentor staff working in primary care to screen, diagnose, treat and refer for NCDs is one such extremely important partnership. WHO Sri Lanka: using technology to train and mentor staff on the NCD frontline Despite the availability of free health care to all, around 40% of people living with common NCDs in Sri Lanka are currently not diagnosed or treated.

Every year, around 120,000 people die prematurely from noncommunicable diseases (NCDs) in Sri Lanka. Despite its robust health system, gaps exist in the training and mentoring of health professionals to address NCDs in their services, resulting in avoidable diseases, poorer care and worse health outcomes for patients. Recognising that tackling these gaps could improve patient care, and responding to the challenges of the COVID-19 pandemic, Sri Lanka has established a new virtual 'hub and spoke' training module to reach health care professionals working on NCDs.

Credit: WHO

Facing up to NCDs

Thanks to its well-established health system, Sri Lanka has achieved indicators of health status and service coverage well above its neighbouring countries. The country has a well-planned network of Medical Officer of Health units, providing comprehensive and evidence-based services, integrated with local public health inspectors and midwives at the grassroots level. The high standards of this integrated health delivery system has enabled Sri Lanka to achieve strong health gains at low cost.

However, NCDs are posing an ever-increasing threat to these health systems. Currently, more than 80% of all deaths are attributed to NCDs - resulting in approximately 120,000 premature deaths every year. Cardiovascular diseases (CVDs) account for around one-in-three of these deaths, followed by cancers, diabetes and chronic respiratory diseases.

Credit: WHO

As well as challenges posed by an ageing population, risk factors for NCDs are also highly-prevalent. One quarter of all Sri-Lankan's currently live with hypertension, and one in twelve with diabetes. Almost three-in-ten men currently smoke, while average salt consumption for both men and women is double the WHO 's recommendation of 5g per day.

Dr. Nalika Gunawardena, National Professional Office, WHO Country Office, Sri Lanka, explains to us why acting on NCDs is so important:

“Noncommunicable diseases are an extremely pressing concern for our health. But they are also a significant challenge for Sri Lanka’s development, with NCDs driven by underlying social, economic, political, environmental and cultural factors broadly known as ‘social determinants’. Health-promoting partnerships are a vital way for Sri Lanka to address the social determinants of NCDs. This project to train and mentor staff working in primary care to screen, diagnose, treat and refer for NCDs is one such extremely important partnership. WHO is committed to continued local support, to ensure the human and financial burden of NCDs do not undermine development gains”.

Despite the availability of free health care to all, around 40% of people living with common NCDs in Sri Lanka are currently not diagnosed or treated. And among those treated, data show far too many do not achieve the desired health outcome.

Training in NCDs: a vital piece of the puzzle

Recognising the critical importance of NCDs to universal health care, the Sri Lankan Ministry of Health has introduced several initiatives to aim for the WHO's target of a 25% reduction in premature NCD mortality by 2025, and the UN Sustainable Development Goals. These include:

- delivering essential NCD screening in its Healthy Lifestyle Centres and Well Women Clinics;
- focusing on providing appropriate treatments at different levels of care;
- improving cancer detection and mental health services.

While progress is being made, the coverage of these programmes remains low with a slow pace of adoption. And ultimately, their success relies on giving health workers and facility managers the skills and mentoring they need to create positive changes to health service delivery.

Credit: WHO

Traditionally, the Ministry of Health has adopted a face-to-face model to train its workforce and build capacity by cascading information. While this training is effective and extremely helpful, it can be tricky to reach the right staff at the right time, leading to inconsistent levels of knowledge in how best to respond to NCDs. Despite the emerging evidence of their effectiveness, using virtual technology tools to train and mentor health staff were underused in Sri Lanka. And with new challenges posed by the COVID-19 pandemic, the need to embrace innovative training and mentoring models was urgently felt by all.

Dr Vindya Kumarapeli, Director for NCD at the Sri Lankan Ministry of Health, explains this urgency: "Before COVID-19, we had not really explored the take up of online and distant learning methods for in-service training and mentoring in Sri Lanka. This project provided us with a good opportunity to equip ourselves with the technological support needed to do so. This will allow us to give our health workers the best-quality training, and boost the reach of our training".

Fixing these challenges

Boosting capacity to deliver digital training and mentoring for those working on NCDs was a key issue of need. Working with the Ministry of Health, this project funded by the Denmark Government set the goal to establish a learning management system from which this virtual capacity building could begin.

This system focused on establishing a 'hub and spoke' model, where the Ministry of Health's NCD Directorate provides the central training function, and the staff of nine institutions spread across Sri Lanka's nine provinces receive training and mentorship from the Ministry.

By building the capacity of technical staff within the Ministry of Health to use virtual training alongside face-to-face courses, developing a structure of courses, and trialling the training across nine sites in each province of Sri Lanka, there is huge potential for the project to be scaled up in future if successful.

The result: a much-needed training model with room to grow

Given the pressing need to establish virtual training, with COVID-19 limiting opportunities for face-to-face meetings, considerable progress has been achieved in just three months.

Perhaps the biggest logistical challenge, the much-needed institutional arrangement to create a 'hub and spoke' model has been set up, including supplying video conferencing facilities and IT infrastructure needed to deliver NCD service training.

To serve this model, WHO has worked closely with the NCD Directorate to provide the best-quality resource possible for health staff. This has included identifying the training areas of most need, being considerate of the needs of trainees and trainers and understanding their motivations, and adapting and creating new modules for virtual delivery.

Dr Chithramali Rodrigo, a postgraduate trainee in Community Medicine, explains how the new training may help her:

"Undergoing online in-service training and participating in online review meetings are new experiences for me. Previously all the training I had undertaken were face to face.

Due to the threat of COVID-19, we could not continue this. While adapting to the 'new normalcy' I consider the online mode of training to be very effective and efficient. It will help me to keep updated with the latest evidence and guidelines, and to enhance my work on caring for the community".

Previously, NCD training was conducted face-to-face: dancing optional to keep up physical activity! Credit: Mr Ruwan Bandara, WHO Country Office Sri Lanka

Digital training creates new opportunities to reach health workers on the frontline, where this training would have previously been face-to-face, and paused indefinitely because of COVID-19.

As one example, Sri Lanka's existing technical package to improve cardiovascular health (HEARTS) can now be delivered through an online, self-learning training program, creating potential to widen access and improve care outcomes.

The next step: what will happen now?

Supporting those working on the frontline to prevent, treat and manage NCDs is crucial for the quality of life of the millions of Sri Lankan people currently living with these diseases. Learnings from the COVID-19 pandemic indicate that digital health will play an increasing role in how this support is delivered.

We will be closely following the development of the new virtual training model, and it will be vital to learn from experiences of health staff and trainers, to understand how to best improve knowledge and practice changes. Understanding the motivations for those who participate is an important aspect, and we are exploring the opportunity to gain accreditation for NCD courses, giving people the chance to receive a diploma-level certificate for their participation.

As well as the clear benefits of improving the integration of NCDs in health systems delivery, the project creates several future opportunities for the health of the Sri Lankan population. In addition to a new digital module on cardiovascular health, plans are afoot to design new NCD-related virtual training and mentoring modules.

What's more, there are added possibilities across the region, with the Sri Lankan Government recently participating in webinars with colleagues in Bhutan and Nepal to share learnings on designing a virtual training program.

Better training in how to prevent, diagnose, treat and manage NCDs in health systems leads to better patient outcomes. And by mentoring the emerging NCD leaders of tomorrow all across the country, we hope this project can enable innovative ideas to grow.

Across the Global Week for Action on NCDs (7-13 September), we are sharing stories from the field about why acting on NCDs is so important. These stories have emerged from a recent project funded by the Government of Denmark.

<https://www.who.int/news-room/feature-stories/detail/sri-lanka-using-technology-to-train-and-mentor-staff-on-the-ncd-frontline>

Researches, Policies and Guidelines

WHO

Health priorities for the European Region and COVID-19 in focus at WHO annual meeting

Source: WHO EURO

5

08-09-2020

On 14–15 September 2020, health ministers and high-level representatives of the 53 Member States of the WHO European Region, along with partner organizations and civil society, will meet virtually for the 70th session of the WHO Regional Committee for Europe (RC70), the Region's annual decision-making meeting.

A new vision for health in Europe on the agenda

This year's session is the first Regional Committee under Dr Hans Henri P. Kluge, the new WHO Regional Director for Europe. Dr Kluge will put his vision for health across Europe – the new European Programme of Work (EPW), "United Action for Better Health in Europe" – to Member States for their approval.

The EPW sets down how WHO/Europe will help countries individually and collectively across the Region to meet citizens' expectations for health. **This work is built around 3 core regional priorities that together contribute to WHO's global programme:**

- **guaranteeing the right to universal access to quality care without fear of financial hardship;**
- **protecting against health emergencies; and**
- **building healthy communities, where public health actions and appropriate public policies secure a better life in an economy of well-being.**

Underpinning these priorities is the principle of reducing health inequalities and leaving no one behind. This means investing in health and social care, working to reduce gender and social gaps in health outcomes within countries, paying attention to vulnerable people, and responding to migration-related challenges.

The EPW seeks to strengthen the leadership capabilities of health authorities, building their capacity to provide effective health leadership and to engage with other policy sectors.

Four flagship initiatives on cultural and behavioural insights, mental health, digital health, and immunization have been identified as accelerators of change to deliver the EPW. The flagships focus on critical issues that are high on Member States' agendas and that offer opportunities for transformative change.

The result of a long consultative process with Member States, non-State actors and other international partners, the EPW also takes account of the seismic changes that have taken place globally and across the Region due to the COVID-19 pandemic.

Other highlights

Her Royal Highness Crown Princess Mary of Denmark will address RC70 in her capacity as Patron of WHO/Europe. Since becoming Patron in 2005, Her Royal Highness has advocated for WHO's work in a number of areas, most notably maternal, child and adolescent health, and health promotion and disease prevention through immunization and work to address antimicrobial resistance.

The Regional Director will also report on the state of health in the Region and review WHO/Europe's activities to support Member States, especially in the context of the COVID-19 pandemic.

In addition, WHO Director-General Dr Tedros Adhanom Ghebreyesus will address participants, providing a global perspective and additional reflections on lessons learned so far from the COVID-19 pandemic.

Other key health issues on this year's shortened agenda include the proposed budget for 2022–2023 and its regional implications, transformation in the Region, and accreditation of regional non-State actors.

A multilateral platform for collective commitments

The Regional Committee is not only a forum for policies and budgets, but also a vital platform for European Member States to come together, understand each other's challenges, and find solutions to national, regional and global health threats such as the COVID-19 pandemic. In a global health crisis, the Region is only as strong as its weakest health system.

This year, multilateralism is in the spotlight as we mark the 75th anniversary of the United Nations. The virtual meeting of Member States at RC70 is an example of the importance of international cooperation and solidarity on human rights, peace and security, and development, particularly in light of the COVID-19 pandemic.

As 2020 has been designated International Year of the Nurse and the Midwife, RC70 will also provide an opportunity to celebrate the collective efforts and invaluable work of nurses and midwives, now in even greater focus due to the COVID-19 pandemic. Thanks to their professionalism and dedication, even when their own safety may be at stake, nurses and midwives are making universal health coverage a reality in the European Region and around the world.

From discussion to action

The decisions taken and policies adopted at the Regional Committee serve as collective commitments for countries to work together with coordinated approaches to the most pressing health issues facing Europe. They impact the health and well-being of the 900 million people who live in the European Region, including countries of the European Union, central and eastern Europe, the Caucasus and central Asia.

The Regional Committee also determines WHO/Europe's workplan and priorities for the coming year as it strives for a healthier, safer and more prosperous Region – one that builds back better and more resilient.

The meeting will be webcast live in English and Russian, and proceedings will be covered on WHO/Europe's social media channels. Engage in the discussions using #RC70Europe.

<https://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/70th-session/news/news/2020/09/health-priorities-for-the-european-region-and-covid-19-in-focus-at-who-annual-meeting>