GPHIN Daily Report for 2020-10-13

Special section on Coronavirus

Canada

Areas in Canada with cases of COVID-19 as of 12 October 2020 at 19:00 pm EDT
Source: Government of Canada

Province, territory or other	Number of confirmed cases	Number of active cases	Number of deaths
Canada	182,839	18,954	9,627
Newfoundland and Labrador	283	9	4
Prince Edward Island	63	5	0
Nova Scotia	1,092	4	65
New Brunswick	278	76	2
Quebec	86,976	8,154	5,965
Ontario	59,139	5,697	3,005
Manitoba	2,655	1,131	34
Saskatchewan	2,140	215	25
Alberta	19,995	2,225	282
British Columbia	10,185	1,438	245
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?topic=tilelink#a1

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

Canada

Prime Minister announces additional support for food banks and local food organizations
October 9, 2020
Ottawa, Ontario
Source: pm.gc.ca

Everyone deserves to be able to put nutritious food on their table, but for many Canadians and their families, the past few months have been difficult and uncertain. At the same time, food banks and local food organizations are facing challenges in delivering services to Canadians in need, including in securing volunteers and increasing public health and safety measures. As we continue to deal with the impacts of COVID-19, more Canadians are facing food insecurity, therefore making food banks and organizations key to helping feed families and keeping Canadians healthy and safe.
The Prime Minister, Justin Trudeau, today announced an additional investment of $100 million through the Emergency Food Security Fund. This investment will help improve access to food and increase food supply for vulnerable Canadians across the country, who are facing the impacts of the global COVID-19 pandemic.
The Government of Canada will provide this funding to national and regional organizations, who will then support food banks and local food organizations across Canada in order to help reach people experiencing food insecurity.
As we enter a critical point in the pandemic, food banks, local food organizations, and Indigenous groups will be able to use this funding to ensure vulnerable communities continue to have access to safe and healthy food. The funding will be used to purchase and distribute food and other necessities in order to meet the urgent needs of Canadians. The funds will also be used to hire workers where volunteers are unavailable and buy personal protective equipment to help keep workers, volunteers, and visitors at food banks and local food organizations safe.
The Government of Canada will continue to support all Canadians, and especially our most vulnerable, as we work to build a more resilient Canada. Together, we can create a Canada that is healthier and safer, cleaner and more competitive, and fairer and more inclusive for everyone.
https://pm.gc.ca/en/news/news-releases/2020/10/09/prime-minister-announces-additional-support-food-banks-and-local-food

Canada
N.B. outbreak could mean changes for Atlantic bubble, Morrison says
Source: CBC News
ID: 1008007242

Dr. Heather Morrison urging Islanders to consider whether they must travel over Thanksgiving weekend
An outbreak of COVID-19 at a long-term care home in Moncton, N.B., is raising concerns about transmission of the virus inside the Atlantic bubble.

On Wednesday, officials in New Brunswick confirmed 17 new cases amid efforts to contain the outbreak at the Manoir Notre-Dame special care home in Moncton, where 13 residents, four staff and two family members tested positive. Officials also identified potential public exposure to the virus at the Moncton Costco Optical Centre and Moncton St-Hubert restaurant.

"We have lots of connections with New Brunswick, and the Moncton area, and it does raise concern for us here on Prince Edward Island," P.E.I. Chief Public Health Officer Dr. Heather Morrison told CBC News: Compass in an interview Thursday afternoon.

"At this time it is a concern, but [we are] watching carefully what is going on," she said.

P.E.I. currently has three active cases of COVID-19, and 58 recovered.
Changes to the bubble?
With Thanksgiving weekend approaching, Morrison said it has her thinking about public health measures and how careful people need to be

"I think New Brunswick, Nova Scotia, P.E.I. in particular will all be looking at whether or not we need to make any changes to the Atlantic bubble," Morrison said.

"At this point, I think we will be trying to make sure that anyone coming to the Island, whether they're visitors or Islanders returning for the weekend, are reminded that if they have any symptoms that they should be tested."
A news release issued late Thursday addressed how this reminder will be delivered: "Additional information will be distributed to everyone entering Prince Edward Island via the Confederation Bridge and the Wood Islands ferry to reinforce the need to monitor for symptoms of COVID-19, follow public health measures and avoid large gatherings."
Think twice about travel
In the interview with CBC News: Compass, Morrison also urged people to think about whether they really need to travel, until officials know more about how the Moncton outbreak is going.
After Morrison spoke with CBC, officials in New Brunswick held a briefing and said there are three new cases in that province, although not related to the long-term care home. That brings the total number of active cases in that province to 24.
New Brunswick officials also announced wearing masks will be mandatory in most public spaces as of midnight.
The COVID Alert app is available to Islanders beginning Thursday, and Morrison urged Islanders to download it. She said it's one more tool officials can use to identify contacts and lessen the spread of the coronavirus.
"The more people who download the app, of course the more useful it will be," she said.
https://www.cbc.ca/news/canada/prince-edward-island/pei-nb-ns-atlantic-bubble-possible-changes-1.5755471

Canada

Government of Canada and provincial partners support research addressing mental health impacts of COVID-19 on Canadians
Source: Government of Canada

From: Canadian Institutes of Health Research

News release
As the national COVID-19 pandemic response continues, the Government of Canada and provincial partners are joining forces to address the mental health and substance use challenges facing Canadians, which have increased because of the pandemic.

Today, the Honourable Patty Hajdu, Canada's Minister of Health, announced an investment of more than $10.2M in COVID-19 mental health and substance use research. This investment will support 55 research teams from across the country to tackle the mental health and substance use crisis that is emerging as a result of the COVID-19 pandemic. These researchers will address the mental health and substance use needs of individuals, communities and populations, and the effects on health care systems due to the COVID-19 pandemic. They will also develop evidence so that Canadians who need access to mental health and substance use services are able to receive them. Their findings will be used immediately to inform policy and practice to respond to this evolving crisis.

The funding is provided by the Canadian Institutes of Health Research, the Michael Smith Foundation for Health Research, the New Brunswick Health Research Foundation, the Ontario Ministry of Health and Long-Term Care, and the Saskatchewan Health Research Foundation.

Quotes
"The COVID-19 pandemic has affected Canadians' ways of life, changing how we act and how we feel. This crisis is taking a toll on our communities, especially the most vulnerable. To help those in need, we are investing in projects that will allow us to act quickly to ensure Canadians receive the mental health support they need to get through these difficult times. Congratulations to the successful teams for their important research – your work will have a real and positive impact on the lives of Canadians."

The Honourable Patty Hajdu, Minister of Health

"Canadians from all walks of life are struggling as they deal with the effects of the pandemic and the Canadian research community has rapidly mobilized to address these concerns. Evidence provided through these projects will be translated in near real-time, directly informing mental health and substance use health care systems and service delivery in Canada. This critical research is made possible because of the great collaboration between federal and provincial organizations."
Dr. Michael Strong, President of CIHR

"As Canadians continue to adapt to changing times and the 'new normal,' mental health and substance use needs will not diminish. This research will provide urgent evidence to service providers and policy makers in a time when many Canadians are experiencing increased stress and anxiety. These projects will also address the impact of the pandemic on ongoing and increasing substance-related harms — including an opioid crisis that is already one of the most significant public health crises in recent Canadian history."
Dr. Samuel Weiss, Scientific Director, CIHR Institute of Neurosciences, Mental Health and Addiction

Quick facts
CIHR and partners are investing more than $10.2M in 55 research projects focused on addressing the mental health and substance use challenges facing Canadians, which have increased during the COVID-19 pandemic.

The projects announced today will focus on priority populations, including individuals who use substances; families, children and youth; vulnerable and at-risk groups; front-line and health care workers; public safety personnel; aging populations; and Indigenous Peoples and communities.

This investment is made possible through the COVID-19 and Mental Health (CMH) Research Initiative, a collaboration between CIHR, Health Canada, the Public Health Agency of Canada, the Mental Health Commission of Canada, and the Canadian Centre on Substance Use and Addiction. The CMH Research Initiative is rapidly providing knowledge and evidence to inform the mental health response to the COVID-19 pandemic.

The CMH Research Initiative is guided by an Expert Advisory Panel composed of leading Canadian experts in mental health and substance use research, knowledge mobilization and service delivery in Canada.

COVID-19 results in varying degrees of stress for many Canadians who do not have ready access to their regular support networks. The Government of Canada created Wellness Together Canada, an entire suite of online tools that offer Canadians different levels of support depending on their need, ranging from information and self-assessment tools, to the opportunity to chat with peer support workers and other professionals.
https://www.canada.ca/en/institutes-health-research/news/2020/10/covid-19-mental-health-and-substance-use-research.html
https://www.canada.ca/en/institutes-health-research/news/2020/10/government-of-canada-and-provincial-partners-support-research-addressing-mental-health-impacts-of-covid-19-on-canadians.html

Canada
Government of Canada COVID-19 Update for Indigenous Peoples and communities
Source: Government of Canada
ID: 1008008561
From: Indigenous Services Canada

News release
October 9, 2020 — Ottawa, Traditional Algonquin Territory, Ontario — Indigenous Services Canada

In the last few weeks, Indigenous communities have been facing an alarming rise in the number of new and active COVID-19 cases.

While the COVID-19 infection rate for First Nations living on-reserve remains one third the rate among other Canadians, in the last month alone, Indigenous Services Canada (ISC) was made aware of more than 200 new cases in First Nations communities. Last week, 68 new cases were reported, which is the largest increase in cases we've seen since April. This recent increase in cases has been linked to private gatherings, as well as exposure to positive cases from outside of communities. First Nations, Inuit and Métis communities were successful in preventing, responding and stopping the spread of COVID-19 during the first wave of the pandemic. We know these times are challenging, but we must redouble our efforts and continue to follow the measures that saved many lives.

As of October 8, Indigenous Services Canada (ISC) is aware of these confirmed cases of COVID-19 for First Nations communities on reserve:
778 confirmed positive cases of COVID-19
129 active cases
61 hospitalizations
636 recovered cases
13 deaths
There are a total of 22 confirmed positive cases in Nunavik, Quebec, and all but 3 have recovered.

Since the beginning of the pandemic, everyone has come together, made sacrifices, and done their part to help limit the spread of the virus. After many months of staying home, some may be experiencing pandemic fatigue. This can result in less vigilance when it comes to important practices, like limiting non-essential trips or maintaining physical distancing from those outside our social bubble. While these changes are hard, we must continue to be careful and listen to the advice of our public health experts. We cannot stop until we are all safe. We must remain vigilant. The threat of this virus is not yet behind us.

We recommend everyone familiarize themselves with the recommended public health guidelines outlined by their province or territory of residence, and/or by their community Leadership. We also encourage everyone to share the advice of public health experts, such as from the Public Health Agency of Canada, so that their friends and families are also well informed.

ISC will continue working with Indigenous leadership to flatten the COVID-19 curve in First Nation, Inuit and Métis communities as leaders are working to ensure their members have access to the most up-to-date public health information and services.

As announced on October 6, the Government of Canada has signed a new agreement with Abbott Rapid Diagnostics to purchase up to 20.5 million Panbio COVID-19 Antigen rapid tests. Health Canada has authorized this test for use in Canada. The Abbott ID NOW COVID-19 test kit, which is the size of a toaster, can provide results within 13 minutes. Testing can take place in a variety of locations, such as medical clinics and nursing stations. ISC is working to support access to point-of-care testing in First Nation communities. Since the spring, the Government of Canada has deployed 65 GeneXpert instruments to Indigenous communities, prioritizing those in rural, remote and isolated communities. These Health Canada approved tests provide rapid results in an hour; and to date, have provided over 15,000 results. We are collaborating with partners to ensure that nursing stations and health centres in First Nations communities continue to have the proper equipment and training to administer these tests.

It is important to underscore that COVID-19 can take up to 14 days after exposure to the virus for symptoms to appear. During this time, the virus can easily spread to others. This means that decisions made today affect families, friends and communities for weeks to come.

Because of these growing numbers linked to private gatherings, preventative measures that help stop the spread are of upmost importance.

[APG]

When you choose to see people outside of your household, choose a small circle that your family will see regularly and who will also choose to see you regularly. When we consistently limit our contact to the same small circle, we keep our households, schools, and workplaces safer.

Remember to not let your guard down during this fall's festivities. Celebrations this year will look different. Consider setting up a virtual get together with people outside of your household or make sure to proceed with caution when visiting in person by maintaining a safe distance, wearing a face covering, and bringing your own food.

Additionally, it's critical that we stay home if feeling sick. If you think you may have symptoms, there are COVID-19 self-assessment tools provided by your province or territory of residence that can help you determine if you need further assessment or testing.

The trend in new cases of COVID-19 we are seeing in Indigenous communities is similar to the one we are seeing in the general population; we urge everyone to help change the trend by making wise decisions, and following recommended public health measures.
https://www.canada.ca/en/indigenous-services-canada/news/2020/10/government-of-canada-covid-19-update-for-indigenous-peoples-and-communities0.html

Canada

Canada's Major Airline Offering Free Covid-19 Health Insurance To International Travellers
Source: Forbes

In a desperate bid to get Canadian travelers to go abroad once again, Canada's biggest airline, Air Canada, is offering passengers free Covid-19 medical insurance, even as the Canadian government continues to advice against non-essential travel.

Air Canada announced that it will now be including complimentary COVID-19 emergency medical and quarantine insurance for eligible passengers who book round-trip international flights. The coverage will be available for new bookings made in Canada from September 17 until October 31, 2020. The airline hopes that the free insurance will give customers added confidence when booking flights and travelling abroad.

"At Air Canada, we know people have personal, family and business reasons to travel. To give them greater confidence as they do so, we have engaged Manulife to offer all Canadian residents complimentary COVID-19 emergency medical & quarantine insurance when they book round-trip flights for travel outside of Canada. Combined with our industry leading airport and onboard biosafety protocols, including Air Canada CleanCare+, and our flexible rebooking policies, customers can be assured that when they book and travel with Air Canada their safety and well-being is our top priority," said Lucie Guillemette, Executive Vice President and Chief Commercial Officer at Air Canada in the press release.
The plan (called the Manulife COVID-19 Emergency Medical Certificate of Insurance) is available only for new international, round-trip bookings made in Canada between September 17 and October 31, 2020, for travel completed by April 12, 2021.
When abroad, if customers test positive for COVID-19, the Plan coverage includes:

Up to CDN $200,000 per insured for COVID-19 treatment medical expenses.
Up to CDN $150 per person for quarantine costs (meals + accommodation); Up to CDN $300 per family per day up to a maximum of 14 days.
Up to CDN $500 for expenses related to return home if the advisory from the Canadian government goes from Level 3 to Level 4 while at destination.
Air Canada says that the Plan is available to all Canadian residents, subject to eligibility requirements. The Plan is underwritten by The Manufacturers Life Insurance Company ("Manulife"), Canada's largest provider of travel insurance. According to the press release, the Plan is "the most extensive geographical coverage included by a Canadian airline for Canadian residents, covering every international destination Air Canada serves." For more details, please visit the website.

https://www.forbes.com/sites/sandramacgregor/2020/10/08/canadas-major-airline-offering-free-covid-19-health-insurance-to-international-travellers/#b3c99f65e5d6

Canada

Hinshaw recommends limits on gatherings, cohorts in Edmonton Zone amid spike in COVID-19 cases

Source: edmontonjournal.com
ID: 1008009756

The Edmonton Zone is at a “crucial juncture” to stop the spread of COVID-19, Alberta’s top doctor warned Thursday as she announced three new voluntary public health measures for the region.

Family and private gatherings in the city of Edmonton and surrounding municipalities are now recommended to be a maximum of 15 people, down from the province-wide cap of 50. Masks are recommended in all indoor work settings and a limit of three cohorts is advised.

Alberta recorded 364 new cases of COVID-19 Thursday — the single highest case count since the beginning of the pandemic. Of those, 266 are in the Edmonton Zone, which is now listed under the “enhanced” status on the government’s website as a result of the additional voluntary measures.

Dr. Deena Hinshaw said the measures are not mandatory because hospitals still have a sufficient number of beds and capacity.

“We know that making this change today will not impact our case numbers for another one to two weeks, we will continue to see high numbers in the short term,” Hinshaw said.

“Right now, we’re making this voluntary to give Edmontonians the opportunity to turn this tide before it has a significant impact on acute care.”

Mandatory restrictions would occur if hospitalizations increased more than five per cent over two weeks or if 50 per cent or more of intensive care beds become occupied. Seventy-seven Albertans are hospitalized due to COVID-19 including 13 in intensive care

Currently, the Edmonton Zone has 1,251 active cases, while the city of Edmonton has 1,112, or 108.8 active cases per 100,000 people. Hinshaw reiterated her Monday statement that 11 per cent of active cases in Edmonton went to work or attended social gatherings while symptomatic.

Thirty-six per cent of cases in the region were exposed by a close contact while another 26 per cent have been linked to an outbreak.

“Where transmission is known, household or community contacts appear to be a key driver in spreading the virus throughout the city. Social gatherings and family gatherings continue to be a factor in virus-spreading events,” Hinshaw said. “We have also seen several workplace outbreaks where spread between employees has occurred.”

Schools not affected by measures

The recommended 15-person gathering limit does not impact schools, or more formal gatherings like theatres, worship services or other gatherings where an organizer can ensure that all COVID-19 guidelines are followed.

Hinshaw acknowledged that weddings and funerals in the near future may not be able to be reduced to 15 people, but she encouraged those planning private social events to “reduce numbers, as much as possible, aiming for no more than 15.”

In indoor workplaces, masks are recommended unless an individual is alone in a cubicle or in an office where workers can distance from others.

Residents are asked to be part of one core cohort of up to 15 people outside of their households they see regularly, a school or work cohort and only one other social group. Cohorts are small groups of people who do not reside together and can interact regularly without being two metres apart.

Previously, there was no recommendation on the number of cohorts one could belong to.

Young children who attend child care facilities can be part of four cohorts, Hinshaw said, given that those settings haven’t been a high risk for spread.

Size restrictions have not changed for sport and performance or child-care cohorts, with 50 and 30 people permitted respectively.

City considering further measures

The City of Edmonton supports the voluntary measures and is calling on residents to redouble their efforts to limit the spread of COVID-19, interim city manager Adam Laughlin said Thursday.

“The increase in case numbers has persisted over many days and suggest people’s attitudes and actions towards public health measures have become more relaxed,” he said. “What is at stake is the safety of our community and the potential for overwhelming our health-care system.”
Enforcement of the city’s mandatory mask bylaw will be increased at shopping centres and public spaces in high-outbreak areas, Laughlin said. The city is also reviewing its event bookings and considering further capacity reductions for both indoor and outdoor gatherings.
Another possible next step could be reducing capacity at or closing city recreation centres that have been reopened.
“City facility restrictions or even closures, I think, are a real consideration if Edmontonians don’t respond in a positive way to this,” he said.
The city will continue to work with provincial health officials and may bring forward additional measures to council’s emergency advisory committee next Thursday.
Outbreaks, cases and deaths
Meanwhile, two deaths, linked to an outbreak at the Foothills Medical Centre in Calgary, were recorded Thursday, bringing the numbers of fatalities in the province to 283.
In Edmonton, an outbreak was declared at the Misericordia Community Hospital. At Shepherd’s Care Centre Millwoods, 46 residents and 22 staff members have now tested positive for COVID-19. Five residents of the long-term care centre have died as a result of the outbreak.
In Edmonton Catholic Schools, Our Lady of Mount Carmel and St. Bernadette each reported a single positive case while St. Francis Xavier reported its third.
Edmonton Public Schools confirmed one case in the division that prompted nine students and seven staff members at Scott Robertson School to isolate, 62 students and four staff members at Virginia Park School to isolate and six students and two staff members at Rosslyn School to isolate.
Single positive cases were reported at John Barnett School and Victoria School, while a third case was identified at Evansdale School and a fourth at M.E. LaZerte School.
Harry Ainlay School was added to the province’s watchlist after two more cases were confirmed, bringing its total to five.
Meanwhile, masks are now mandatory in all publicly-accessible buildings and vehicles in the city of Leduc after COVID-19 cases spiked to 13. In August, Leduc city council passed a bylaw to implement mandatory face coverings if the case count rose to 10. The bylaw will now remain in effect until council passes a motion to remove the rule.
Editor’s note: This story has been updated to correct the number of active cases in the Edmonton Zone
https://edmontonjournal.com/news/local-news/hinshaw-expected-to-announce-new-covid-19-measures-for-edmonton-zone-at-330-p-m/wcm/6aeec5fd-9f2e-4272-8cbb-a0c925e118a6/amp/

Canada

'At a tipping point': By next week, Canada could hit 198,000 COVID-19 cases: new modelling
Source: CTV News
ID: 1008009767
OTTAWA -- By next week Canada could see thousands of new COVID-19 cases diagnosed, hitting a total of 197,830 COVID-19 cases nationwide and up to 9,800 deaths, the latest federal modelling on the short-term trajectory of the pandemic shows.
The new projections show that, as of Oct. 17, Canada is on track to hit between 188,150 and 197,830 cases, and between 9,690 and 9,800 deaths.
“We're at a tipping point in this pandemic. Not only is the second wave underway, yesterday we hit the highest daily recorded cases, well above what saw this spring,” said Prime Minister Justin Trudeau. “We flattened the curve before, we can do it again.”
The updated national picture on the severity of the second wave of COVID-19 shows that “a stronger response is needed now,” according to the report issued by Health Canada.
The modelling comes after the country has already blown past the September estimates for new cases and deaths by this time.
As of the time the modelling was released, there were 177,600 confirmed COVID-19 cases, 18,755 of those are currently active, and to-date there have been and 9,583 deaths.
“Living through a global pandemic has not been easy on anybody, and our lives have all been disrupted and upset. We've all had to change and adapt so much. Families have been strained, people have lost

jobs, we've had to let go of celebrations, change our plans and forego seeing our loved ones," said Health Minister Patty Hajdu. "And of course far too many lives have been lost and COVID-19."
The new data shows that, if Canadians maintain their current rate of contacts, the epidemic will resurge as rates of infection are already accelerating rapidly in Quebec, Ontario, and Alberta, while the pandemic remains largely under control within the Atlantic bubble.
As has been the case over the last month, the rate of hospitalization is increasing, but now what was a lessened rate of deaths from the virus is also trending up once again. The second wave is hitting younger age groups harder than other demographics, the data also shows.
However, the latest data also shows a "concerning rise" in new cases among individuals 80 years of age and older, who are at the highest risk of severe outcomes.
Across Canada there have been 250 schools with COVID-19 cases, and there continues to be a growing number of outbreaks in long-term care homes, though not yet as many as were seen in the spring.
"If strategic closures are needed to reduce contacts between individuals, results of dynamic modeling shows us that acting fast, will have the greatest impact," said Chief Public Health Officer Dr. Theresa Tam.
Canada's top public health officials are speaking to the new figures, as Ontario has rolled out new restrictions and is urging people across the province to stay home except for essential purposes in certain hard-hit regions that will restrict indoor dining and close gyms after that province broke a record for the largest daily increase in cases since the pandemic was declared.
Tam extended this recommendation to Canadians nationwide about their behaviour over the next few weeks, as the country is told once again that the curve needs to be flattened to have a chance at a somewhat normal winter holiday season, after weeks of growing case counts and a minimal reintroduction of regional restrictions.
"What we do now will shape the numbers we see in two weeks, and set us hopefully on the right track for family gatherings at Christmas. So let's work together," Trudeau said.
Deputy Prime Minister and Finance Minister Chrystia Freeland also detailed the new plan for businesses in terms of what their second wave financial supports will look like should they be forced to close due to a pandemic-related public health order.
https://www.ctvnews.ca/health/coronavirus/at-a-tipping-point-by-next-week-canada-could-hit-198-000-covid-19-cases-new-modelling-1.5139466

Canada

Ontario death count includes people who didn't die of COVID-19, but exactly how many is unknown

Source: Toronto Sun
ID: 1008009797
The daily pandemic death counts in Ontario include people who have tested positive for COVID-19 but have not necessarily died from the virus.
The exact number of people who fit into this category is unknown by the government and not even being counted.
The Sun was able to confirm this information after speaking with three of the hardest hit public health units in Ontario — Toronto, Ottawa and Peel Region.
"The mortality data sent to the Ministry and reported in (Ottawa Public Health) dashboard/reports represents the number of Ottawa residents with confirmed COVID-19 who have passed away," an Ottawa Public Health spokesperson explained via email. "It does not indicate if COVID-19 was the cause of death, and we can't make that inference."
According to local health units, this reporting process is required by the province.
"Toronto Public Health continues to follow the provincial definition for how COVID-19 deaths are categorized," said Dr. Vinita Dubey, Toronto's associate medical officer of health. "This means that individuals who have died with COVID-19, but not necessarily as a result of COVID-19, are all included in the case counts for COVID-19 deaths in Toronto."
Toronto Public Health would not provide the number of persons who died with but not necessarily from COVID-19 and would not confirm whether or not they had tallied such a figure.
It may be that health units are not even attempting to put together such data.
"It hasn't been routine practice for public health units to get the death certificates or any follow-up physician and/or coroner reports that determine whether COVID-19 was the underlying or contributing

cause of death," said a spokesperson for Peel Public Health. "The Ministry has asked health units, however, to report through our provincial reporting systems: all deaths who have died with COVID-19 whether or not it was the cause of death."
Part of the challenge is in how difficult it is in general to determine the cause of death in older persons who may be suffering from multiple ailments.
"The cause of death of someone with COVID-19 is not necessarily straight forward, as they may have died due to COVID-19 symptom complications, or may have died with COVID-19 but due to another health issue (this is especially true in settings like [long-term care homes] where there are multiple factors simultaneously at play)," explained Ottawa Public Health.
This means that of the almost 3,000 Ontarians whose deaths are included in the provincial COVID-19 case data, it is unknown how many of them did in fact die because of COVID-19.
But experts caution there are reasons why the numbers are counted this way.
"In a pandemic, it's better to overestimate than underestimate COVID deaths," said Dr. Prabhat Jha, an epidemiologist and Professor of Global Health at University of Toronto. "The U.K. and other country data show that COVID killed mostly people in nursing homes in the March-June peak months, but the excess deaths were seen not only where COVID was mentioned anywhere on the death certificate, but also in those where it was not (albeit a smaller peak than for COVID)."
Dr. Vivek Goel, a former President and CEO of Public Health Ontario, agrees.
"Generally, it can be difficult, even with a coroner's report to make the determination of whether someone has died from or with COVID-19," Goel explained in an email to the Sun. "For example, since COVID-19 is more severe in those with pre-existing conditions in someone with lung disease who gets COVID it will be hard to ascertain which contributed more."
"Being inclusive in counting all possible cases, as this suggests is the direction, seems to be appropriate to me," he added.
https://torontosun.com/news/provincial/ontario-death-count-includes-people-who-didnt-die-of-covid-19-but-exactly-how-many-is-unknown/wcm/e1b65568-3d54-415f-b9b5-196b3024628b/amp/

Canada
Ontario experiencing spike in new COVID-19 ICU admissions not seen since June, data shows
ID: 1008011212
Source: CBC

Hospitalizations rising as Ontario hospitals brace for 'explosion' of COVID-19 patients

Oct 09, 2020 4:00 AM ET
A new daily increase in COVID-19 patients admitted into critical care this week is a spike not seen in Ontario since June, according to new data obtained by CBC News.
That rise follows weeks of publicly reported provincial numbers showing a growing number of Ontarians are hospitalized with the viral disease — prompting alarm among clinicians at several already-overflowing hospital sites about another influx of patients.
"My hospital's in surge today. There are more patients who need beds than there are beds available," said Dr. Michael Warner, medical director of critical care at Michael Garron Hospital in Toronto, in an interview on Thursday.
"And that's on a day where there isn't any influenza in the hospital, and our hospital has relatively low numbers of COVID patients."
On Thursday, the province recorded a record high of nearly 800 new cases. On Friday, that record was shattered when the province's health minister reported 939 new cases — a figure that's forcing Premier Doug Ford's government to hold an emergency cabinet meeting to discuss tighter restrictions.
Not only will more of those patients needing treatment as the weeks pass, but hospitals are facing the added pressure of rescheduled surgeries put off during the pandemic's first wave.
That's leaving Warner dealing with a tough question: "If hospitals aren't able to accommodate patients on a regular day, what will happen if we see a minor uptick in COVID patients?"
The latest available one-day tally for Ontario intensive care units (ICUs) showed eight new patients across the province by end-of-day Wednesday. That's a high Ontario's hospitals haven't hit since June 4, though it's still below the mostly double-digit daily ICU admissions during the first wave of cases from the end of March to early May.

Those figures come from a Thursday morning report prepared by Critical Care Services Ontario (CCSO), which is distributed daily to critical care stakeholders and shows the most up-to-date numbers provided directly by intensive care units across the province.
The CCSO data obtained by CBC News also shows critical care bed occupancy rates in multiple regions of Ontario, including areas throughout the West, Central, and East, are at more at than 80 per cent.
In the Toronto region, ICU units are now roughly 87 per cent full, according to the data.

Hallway medicine 'getting worse'

Hospitals ramped up capacity in the early months of the pandemic, securing more equipment and supplies and cancelling thousands of elective surgeries, which helped the system handle the COVID-19 cases that followed.
But in recent weeks, with cases rising to new heights and most hospital beds already full, the playing field is different.
Brampton Civic Hospital — known for having one of the busiest emergency departments in the province — has been in "extreme code gridlock" multiple times in recent weeks, meaning more patients need to be admitted beyond the number of available beds, according to Dr. Brooks Fallis, division head and medical director of critical care at William Osler Health System, a hospital network in Peel region.
Many of those are people showing up with respiratory symptoms, Fallis said.
But given the challenges accessing COVID-19 testing, he said most don't have results before coming to the hospital. That leaves staff scrambling to isolate them without knowing what's causing their symptoms.
"Now, you've got people backing up into the emergency department and hallway medicine getting worse," Fallis said. "And that becomes very, very problematic in a pandemic situation."
On Thursday, Ontario's chief medical officer of health acknowledged the province's hospital system is 'starting to get impacted' by rising numbers of COVID-19 cases. (Nathan Denette/The Canadian Press)
Infectious disease specialist Dr. Andrew Morris, medical director of the antimicrobial stewardship program at the Sinai Health System and the University Health Network in Toronto, also warned staff absenteeism could also be a challenge in the months ahead.
More health-care workers may be staying home while waiting for test results, he explained, or while caring for school-aged children exhibiting potential COVID-19 symptoms.
"All my colleagues in acute care facilities in Toronto, in the GTA, are feeling this pressure," Morris continued.
"We have bed situations already that we would normally see later in respiratory virus season. I think that's a really big deal."

'Explosion' of cases takes time

The CCSO data shows of the 1,670 people currently in ICUs, 52 have tested positive for COVID-19 — a slightly higher number than Ontario's latest publicly reported figure of 47.
Another 361 patients are deemed as under investigation for COVID-19, but haven't tested positive, the CCSO's Thursday report notes. That means some of those could later be added to the COVID-19 patient tally.
"It seems like things are likely to take off and get significantly worse in the coming weeks or months. It takes time for that explosion to occur," Fallis said.
"And it takes time for those new cases to turn into hospitalizations, and for those hospitalizations to turn into critical care admissions, and for critical care admissions to lead to death."
On Thursday, Ontario's chief medical officer of health Dr. David Williams acknowledged the province's hospital system is "starting to get impacted" by rising cases of COVID-19.
"In the first wave, we didn't have a backlog of surgery cases," he said. "We do now."
But the province's top doctor didn't reveal what measures, if any, he's recommending the province take to tackle the strain on hospitals. He only noted discussions are happening among provincial officials, with details coming "when the time is right."
'My hospital's in surge today. There are more patients who need beds than there are beds available,' Dr. Michael Warner, medical director of critical care at Michael Garron Hospital in Toronto, said in an interview Thursday. (Kas Roussy/CBC News)
In a statement, Ontario's health ministry noted investments are being made to boost hospital capacity by shifting up to 850 alternate level of care patients into community settings. Other measures were recently put in place to help limit the spread of COVID-19, including reduced indoor capacity limits at restaurants, bars, gyms and banquet halls, according to the statement.

[APG]

Williams made it clear he hopes to avoid another lockdown, and Warner — as a concerned critical care specialist —acknowledged the crucial need to maintain the livelihoods of business owners while introducing public health measures.
"But many of those small, medium-sized business owners were the people that we intubated in the ICU," he said, speaking of the first wave of cases.
"And these were not people who worked in office buildings, or lived in single-family homes. These were hairdressers, restaurant workers, taxi drivers — the same people whose livelihoods (the province is) trying to protect come from the same communities that are hit hardest with COVID-19."
With calls growing for rapid intervention from physicians, including Toronto public health officials asking for month-long closures of hot spots like indoor dining and gyms, Warner said it's crucial to implement changes quickly for the sake of the hospital system.
"It might be too late already," he said.
https://www.cbc.ca/news/canada/toronto/ontario-experiencing-spike-in-new-covid-19-icu-admissions-not-seen-since-june-data-shows-1.5755925

Canada
Ontario warns people to stay home, reverts COVID-19 hotspots to modified Stage 2
ID: 1008010959
Source: CTV

Ontario shutting down indoor dining, gyms and movie theatres in three COVID-19 hotspots
Sean Davidson Multi-Platform Writer, CTV News Toronto
Published Friday, October 9, 2020 10:13AM EDT Last Updated Friday, October 9, 2020 3:10PM EDT
SHARE
TORONTO -- Ontario is now urging people across the province to stay home except for essential purposes and has announced the three COVID-19 hotspots will revert to a modified Stage 2, which means the closure of indoor dining, gyms and movie theatres.
"Limit trips outside of home, except for essential purposes only such as work where it is not possible to work from home, school, grocery shopping, medical appointments, and outdoor healthy physical activity," the government said Friday. "In addition, travel to other regions in the province, especially from higher transmission to lower transmission areas, should only be for essential purposes."
Premier Doug Ford is making an announcement. Watch live in the player above.
Effective 12:01 a.m. on Oct. 10, a number of new measures will be implemented in Toronto, Peel Region and Ottawa, which includes the shutdown of indoor dining and gyms for the next 28 days.
The indoor dining restriction applies to restaurants, bars and other food and drink establishments, including nightclubs and food courts in malls.
Indoor gyms and fitness centers, including yoga studios and dance studios will also be closed in these regions. Cinemas, casinos, bingo halls and other gaming establishments are also required to close.
As of Oct. 13, weddings in Ontario will be forced to comply with updated public health measures, which limit 10 people indoors and 25 people outdoors.
In a previous news release, the government said weddings would be banned in the three COVID-19 hotspots as of next week but later said that information was released in error.
Schools and daycare centres will remain open across the province without any changes.
Other businesses that must close include:
Performing arts centres and venues
Spectator areas in racing venues
Interactive exhibits or exhibits with high risk of personal contact in museums, galleries, zoos, science centres, landmarks
Prohibiting personal care services where face coverings must be removed for the service
Reducing the capacity limits for tour and guide services to 10 people indoors and 25 people outdoors
Real Estate open houses to 10 people indoors, where physical distancing can be maintained
In-person teaching and instruction to 10 people indoors and 25 people outdoors, with exemptions for schools, child care centres, universities, colleges of applied arts and technology, private career colleges, the Ontario Police College, etc.
Meeting and event spaces to 10 people indoors and 25 people outdoors
Limiting team sports to training sessions (no games or scrimmages)

An official said Friday that in all scenarios - both Ontario's best and worst case - the number of intensive care beds occupied by COVID-19 patients will exceed 150 in the next month.
"This threshold is where we believe that we begin to see implications for the ability to provide other surgeries in hospitals, and in our worst case, all of these actually cross that threshold within the next 30 days," Adalsteinn Brown, Dean of the Dalla Lana School of Public Health at the University of Toronto, said Thursday. "In our worst case scenario, it crosses other thresholds that really lead to the reduction of access to hospitals."
The number of new COVID-19 cases in Ontario reached a new high for the second day in a row. Health officials confirmed 939 new infections Friday morning, smashing the previous record of 797 cases set on Thursday.
In Ontario's latest epidemiological report, 336 new cases were confirmed in Toronto, 150 were in Peel Region, and 126 were in Ottawa.
"All trends are going in the wrong direction," Premier Doug Ford said Thursday. "Left uncheck, we risk worse-case scenarios first seen in Italy and New York City."
"Friends, we have to do everything possible to avoid widespread lockdowns and we cannot go back to Stage 1."
Ford said he "can't stress enough" how difficult it was for him to close these businesses, saying it was the hardest decision he has made in office.
"My heart just breaks for these folks and I understand what this decision means to each and every one of you," Ford said. "I can tell you that I didn't sleep last night. Believe me this weighs heavy on me for making this decision. I know what this will do for businesses that are already struggling."
Air Date: October 8, 2020
https://toronto.ctvnews.ca/ontario-shutting-down-indoor-dining-gyms-and-movie-theatres-in-three-covid-19-hotspots-1.5139458

Canada
Trudeau: All Canadians will get COVID-19 vaccine for free
Source: lintelligencer.com
ID: 1008010242

Canadians will be able to get the COVID-19 vaccine for free when one is developed, Prime Minister Justin Trudeau said in the House of Commons Wednesday (Oct. 7)
The prime minister was answering a question from NDP Leader Jagmeet Singh, who was asking for a commitment that the vaccine would be free once it is developed. Canada has signed vaccine deals with multiple companies, most recently Sanofi and GlaxoSmithKline in September.
“We deeply cherish our universal health-care system and that means things like lifesaving vaccines are free for Canadians,” Trudeau said.
Vaccines remain in clinical trials and development all over the world, and here in Canada researchers recently began testing whether a former tuberculosis vaccine could provide immunity against the novel coronavirus. A vaccine is not expected until at least the end of 2020, if not months later.
Trudeau’s pledge comes just days after both the BC NDP and the BC Liberals vowed to make the COVID-19 vaccine free for all British Columbians as part of their provincial election platforms. Routine vaccinations are free across Canada, and although the annual flu shot is paid for some individuals, vaccines such as the one for H1N1 swine flu was free.
https://www.lintelligencer.com/trudeau-all-canadians-will-get-covid-19-vaccine-for-free-7081-2020/

Canada
Ontario’s COVID testing system slowed by shortage of key chemical from Swiss company
Source: National Post
ID: 1008010781

OTTAWA – World-wide shortages of a Swiss pharmaceutical company’s crucial chemical for COVID-19 testing, along with staff shortages, are hampering Ontario’s laboratory system as the province deals with record numbers of tests.

On Thursday, Ontario reported 797 cases of COVID-19 across the province after performing 48,500 tests, a new record number for tests in a single day. Still, there are nearly 60,000 tests waiting to be completed, down from nearly 90,000 tests last week.
The province's testing system relies heavily on instruments from the Swiss pharmaceutical giant Roche. Their machines use a proprietary reagent chemical that only Roche manufacturers and the company has struggled to keep up with demand.
Reagents are chemicals used in lab tests that are added to samples taken from patients and then analyzed.
Premier Doug Ford has said several times this week the shortages are a major problem for the province and he has been calling the company's Canadian CEO regularly to try and ensure the province is supplied.
Article content continued
"There's a worldwide shortage of reagents," Ford said at a press conference this week.
Ford announced more funding to improve testing Wednesday and Ontario has switched to an appointment-based system in an effort to eliminate long lines and help labs catch up.
The federal government has handled much of Canada's health procurement during the crisis and has signed several contracts for reagent.
A New Brunswick company signed a deal with the government in April to provide up to 500,000 tests per week and one federal source speaking on background said the government has plenty of reagent to give, but Roche has a unique blend for its machines and are the only makers of it.
Ford said Deputy Prime Minister Chrystia Freeland has spoken with Roche's global CEO in Germany to help make Ontario's case.
Matthew Anderson, president and CEO of Ontario Health, said they procured the Roche instruments because the company is an industry leader, but Ontario wasn't alone.
"Everybody knows they are world-class machines, which is why we are now in a global shortage for the entire kit, not just the reagents."
Anderson said Ontario is looking to becoming less reliant on any one type of testing equipment, but that's not a simple transition.
"We have been looking to diversify the equipment that is on our network. We have a little over 120 different analyzers and machines on our network."
He said the challenge in bringing new equipment online is that it has to be fitted into an existing system of machines and labs and that's not easy while the labs are dealing with such high demand.
Article content continued
"All of our team members in the labs are working 24-7 to increase capacity; to keep the flow, it's difficult at that time to start to swap out pieces of equipment."
Roche said the demand for their large, fully-automated testing machines and the reagent chemicals they use has risen considerably during the pandemic and they're doing everything they can to make more.
"Due to the quality, reliability, performance, and high throughput of this particular testing solution, demand of this testing solution surpasses the demand, globally and locally," a spokesperson said in a statement. "Roche is making substantial investments in building additional manufacturing capacity to increase production of tests and the instruments on which they are performed."
The company said it is working with the provincial and federal government to get supplies where they need to be.
"We are diligently providing our solutions for COVID-19 testing to laboratories and we are taking the necessary measures to help reduce the level of pandemic impact."
Roche said their testing equipment is complex and if laboratories use generic reagents instead of the ones Roche supplies, there could be issues and the machines would not be covered by warranties.
Michelle Hoad, CEO of the Medical Laboratory Professionals' Association of Ontario, said the reagent issue has been a major concern and it can have ripple effects as labs without supplies have to shut and their work is shuttled elsewhere.
Article content continued
She said the system is running full speed right now and that stresses delicate scientific instruments.
"They're really not equipped to run 24-7. We're running them 24-7 now. So what happens is you run this machine for a couple of weeks, and then it has to go down because it needs some maintenance."

Hoad said the technologists analyzing results are also not equipped to run 24-7, but they have been. She said many are stressed from the workload and decades of decisions to close training schools and reduce staffing levels had already left the industry with shortages before the pandemic hit.
“We’re going to get to a point where we’re going to have a mass exodus, which looks like it is going to occur in the next 12 months,” she said. “There’s a lot of people now threatening to leave because the level of stress is just too high.”
Often buried away in hospital basements, labs haven’t been a priority for funding before now, Hoad said.
“Unfortunately, the lab has been an afterthought in health care for many, many years, just as long-term care was and then look what happened with long-term care.”
Health Canada has approved two rapid tests in the past few weeks that ease the pressure, because they don’t need a laboratory for results. Ford’s Health Minister Christine Elliott urged the federal government to get those tests out to provinces soon.
Hoad said while they can help the government has to be aware they are less sensitive and may miss some cases.
She said everyone wants to see faster, home-based tests, but regulators are taking prudent steps
“They’re only going to approve tests, if they are supported, and they’ve passed all the regulations. Right now, everybody’s doing the right thing.”
https://nationalpost.com/news/politics/ontarios-covid-testing-system-slowed-by-shortage-of-key-chemical-from-swiss-company

Canada

1 new probable coronavirus case reported in Yukon, linked to travel
Source: Global News Health
ID: 1008022465

A new probable case of the novel coronavirus has been detected in Yukon Territory, health officials say.
In a press release issued Saturday evening, the territory’s chief medical health officer, Dr. Brendan Hanley, said the new probable case was identified via a Genexpert rapid test.
Officials are now awaiting confirmation from a laboratory in British Columbia.
According to the release, the potentially infected person is from Whitehorse, and received care at the Whitehorse General Hospital’s emergency department.
“The person is currently stable and safely self-isolating,” the release reads.
Hanley said the case is linked to travel outside of the territory.

He said the Yukon Communicable Disease Control (YCDC) has begun an investigation and contact tracing.

“To date, no public exposure has been identified,” the release said. “Anyone who may have been in contact with this person will be contacted by YCDC and directed on next steps to take.”

The new potential case comes as Canada works to contain a second wave of the novel coronavirus pandemic.

On Saturday, 2,062 new cases were reported across the country.

Massive coronavirus test wait times not a sign of ‘good testing regime’: Ambrose
To date, Yukon has seen 15 confirmed cases of the virus, all of which are considered to be resolved.

The territory has not reported a new case of COVID-19 since Aug. 7.
A total of 3,588 tests have been administered in the Yukon.
https://globalnews.ca/news/7391782/yukon-coronavirus-case/

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

United States

HHS Secretary Azar says U.S. could have enough coronavirus vaccine doses for every American by March
Source: CNBC
ID: 1008005984
The Trump administration's coronavirus vaccine program Operation Warp Speed expects to have up to 100 million doses by the end of the year, Health and Human Services Secretary Alex Azar said.
Azar said the U.S. is currently manufacturing doses for all six potential vaccines backed by the U.S. government across more than 23 manufacturing facilities.
Health and Human Services Secretary Alex Azar said Thursday the U.S. could have enough Covid-19 vaccine doses for every American as early as March, a more optimistic estimate than President Donald Trump has publicly said.

The Trump administration's coronavirus vaccine program Operation Warp Speed expects to have up to 100 million doses by the end of the year, Azar said during a keynote speech at the Goldman Sachs Healthcare virtual event on the coronavirus. That's "enough to cover especially vulnerable populations," he said.

"We project having enough for every American who wants a vaccine by March to April 2021," he added.

Because of the pandemic, U.S. health officials have been accelerating the development of vaccine candidates by investing in multiple stages of research even though doing so could be for naught if the vaccine ends up not being effective or safe.

Azar said the U.S. is currently manufacturing doses for all six potential vaccines backed by the U.S. government across more than 23 manufacturing facilities. That includes vaccines from Moderna, Pfizer, AstraZeneca and Johnson & Johnson, which are all in late-stage testing. The U.S. is also obtaining the needles, syringes, bottles and other supplies needed for immunizations, he said.

He touted the U.S. government's partnership with medical supply company McKesson, which was tapped as the main distributor for Covid-19 vaccines.

"We are immensely pleased with our success so far," he said.

Trump has repeatedly insisted a vaccine could be authorized for emergency use as early as October with enough vaccine doses for every American by April.

Azar said Thursday that U.S. health officials believe authorizing a vaccine for emergency use is appropriate in "only specific circumstances," where there are "sufficient amounts of vaccine already manufactured."

The Centers for Disease Control and Prevention outlined a sweeping plan last month to make vaccines for Covid-19 available for free to all Americans. In the plan, the CDC said it anticipates a coronavirus vaccine will initially be granted an emergency use authorization before a full formal approval.

Much of the guidance, but not all, described in the plan will overlap with many routine activities for immunizations and pandemic influenza planning, CDC Director Dr. Robert Redfield said at the time.

When larger quantities of vaccine become available, the CDC said, there will be two simultaneous objectives: to provide widespread access to vaccination and to ensure high uptake in target populations, particularly those who are at high risk of death or complications from Covid-19.

Azar's comments come as infectious disease experts and scientists fear a Covid-19 vaccine will be distributed before it's been adequately tested.

Earlier this week, the Food and Drug Administration laid out updated safety standards for Covid-19 vaccine makers. The standards, posted in a document on the FDA's website, would almost certainly prevent the introduction of a vaccine before the presidential election on Nov. 3.

The standards have been shared with pharmaceutical companies, which have been trying to tamp down fears that the vaccine development is moving too fast to ensure it's safe. They released a joint statement in September that pledged to "stand with science," rather than politics, saying the clinical trials won't sacrifice safety or the effectiveness of a vaccine.
https://www.cnbc.com/2020/10/08/coronavirus-vaccine-hhs-secretary-azar-says-us-could-have-enough-doses-for-every-american-by-march.html

United States

Travelers Returning from Cruise Ship and River Cruise Voyages
Source: CDC

Updated Oct. 8, 2020
Facebook Twitter LinkedIn Syndicate
CDC recommends that all people defer travel on cruise ships, including river cruises, worldwide. That's because the risk of COVID-19 on cruise ships is high. People with an increased risk of serious illness should especially defer travel on cruise ships, including river cruises. CDC has issued a Level 3 Travel Health Notice for cruise ship travel.

On March 14, 2020, CDC issued a No Sail Order and Suspension of Further Embarkation for cruise ships operating in US waters; the No Sail Order was extended on July 16, 2020 and September 30, 2020.

Passengers who return from a cruise ship or river cruise voyage are advised to take extra precautions to protect others for 14 days after arrival.

CDC helping cruise ship travelers
Learn what CDC is doing to help cruise ship travelers during the COVID-19 pandemic.

What to do if you get sick after travel
If you get sick with fever, cough, or other symptoms of COVID-19:

Stay home and take other precautions. Avoid contact with others until it's safe for you to end home isolation.
Don't travel when you are sick.
You might have COVID-19. If you do, know that most people are able to recover at home without medical care.
Stay in touch with your doctor. Call before you go to a doctor's office or emergency room and let them know you might have COVID-19.
If you have an emergency warning sign (including trouble breathing), get emergency medical care immediately.
If you live in close quarters with others, take additional precautions to protect them.
If you have a medical appointment that cannot be postponed, call your doctor's office and tell them you have or may have COVID-19. This will help the office protect themselves and other patients.

If you are returning to an international port or disembarking an international river cruise
Your return travel plans may be impacted. Foreign health officials may implement formal quarantine procedures if they identify a case of COVID-19 aboard your cruise ship.
If you travel on a cruise ship or river cruise and disembark in a foreign port, you might not be able to receive appropriate medical care or be medically evacuated if you get sick.
Some countries might refuse to dock your ship or allow passengers to disembark.
https://www.cdc.gov/coronavirus/2019-ncov/travelers/returning-cruise-voyages.html

United States

Factors Influencing Risk for COVID-19 Exposure Among Young Adults Aged 18–23 Years — Winnebago County, Wisconsin, March–July 2020

Source: CDC

Early Release / October 9, 2020 / 69

Rebecca F. Wilson, PhD[1]; Andrea J. Sharma, PhD[1]; Sarahjean Schluechtermann, MPH[2]; Dustin W. Currie, PhD[1,3]; Joan Mangan, PhD[1]; Brian Kaplan, MS, MA[1]; Kimberly Goffard, MBA[2]; Julia Salomon, MS[2]; Sue Casteel, MS[1]; Ashley Mukasa[2]; Niki Euhardy, MPH[2]; Andrew Ruiz, MSPH[1]; Gregory Bautista, MPH[1]; Erika Bailey[4]; Ryan Westergaard, MD, PhD[4]; Douglas Gieryn[2] (View author affiliations)

Summary

What is already known about this topic?

Young adults represent an increasingly large proportion of U.S. COVID-19 cases.

What is added by this report?

In Winnebago County, Wisconsin, perceived low severity of disease outcome; perceived responsibility to others; peer pressure; and exposure to misinformation, conflicting messages, or opposing views regarding masks were identified as drivers of behaviors that might influence risk for COVID-19 exposure among young adults.

What are the implications for public health practice?

Identifying factors that influence risk for COVID-19 exposure and framing messaging to target those factors could help persuade young adults to adhere to public health guidelines that prevent the spread of COVID-19. Providing clear and consistent messages regarding the need for and effectiveness of masks could help increase widespread adoption of evidence-based guidance.

https://www.cdc.gov/mmwr/volumes/69/wr/mm6941e2.htm?s_cid=mm6941e2_x

https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6941e2-H.pdf

United States

Transmission Dynamics by Age Group in COVID-19 Hotspot Counties — United States, April–September 2020

Early Release / October 9, 2020 / 69

Source: CDC, Morbidity and Mortality Weekly Report

Alexandra M. Oster, MD[1]; Elise Caruso, MPH[1]; Jourdan DeVies, MS[1]; Kathleen P.

CDC works with other federal agencies to identify counties with increasing coronavirus disease 2019 (COVID-19) incidence (hotspots) and offers support to state, tribal, local, and territorial health departments to limit the spread of SARS-CoV-2, the virus that causes COVID-19 (*1*). Understanding whether increasing incidence in hotspot counties is predominantly occurring in specific age groups is important for identifying opportunities to prevent or reduce transmission. The percentage of positive SARS-CoV-2 reverse transcription–polymerase chain reaction (RT-PCR) test results (percent positivity) is an important indicator of community transmission.* CDC analyzed temporal trends in percent positivity by age group in COVID-19 hotspot counties before and after their identification as hotspots. Among 767 hotspot counties identified during June and July 2020, early increases in the percent positivity among persons aged ≤24 years were followed by several weeks of increasing percent positivity in persons aged ≥25 years. Addressing transmission among young adults is an urgent public health priority.

Hotspot counties were identified by applying previously described standardized criteria to detect counties that had >100 cases during the past 7 days and experienced increases in cases in the preceding 3–7 days (*1*). Counties identified as hotspots during June 1–July 31, 2020, that had not met hotspot criteria in the previous 21 days were included. SARS-CoV-2 RT-PCR test results were obtained from data submitted by state health departments and laboratories.† Percent positivity was calculated by dividing the number of positive test results by the sum of positive and negative test results for each age group (0–17, 18–24, 25–44, 45–64, and ≥65 years) for the 45 days before and 45 days after hotspot detection (spanning April–September 2020) based on specimen collection or test order date. Data were presented using a 7-day moving average. Results were aggregated across all hotspot counties and stratified by age group. Analyses were conducted using R software (version 3.6.0; The R Foundation).

The 767 hotspot counties detected during June 1–July 31 represented 24% of all U.S. counties and 63% of the U.S. population. Percent positivity among persons aged 0–17 and 18–24 years began increasing 31 days before hotspot identification. Increases in percent positivity among older age groups began after the increases in younger age groups: among adults aged 25–44 years, 45–64 years, and ≥65 years,

increases began 28 days, 23 days, and 20 days, respectively, before hotspot identification (Figure 1). At the time of hotspot detection, the highest percent positivity was among persons aged 18–24 years (14%), followed by those aged 0–17 years (11%), 25–44 years (10%), 45–64 years (8%), and ≥65 years (6%). Percent positivity among persons aged 18–24 years was near its peak of 15% by the date of hotspot detection; however, among other age groups, percent positivity continued to increase for 21–33 days after hotspot detection, peaking at 10%–14%, and the decline for other age groups was slower than that for persons aged 18–24 years.

Important differences were identified when analyzing percent positivity by U.S. Census region§ (Figure 2). Trends by age for hotspot counties in the South (488 counties) and West (98 counties) aligned with national trends, although percent positivity was higher in the South than in the West for all age groups. In hotspot counties in the Midwest (134 counties), percent positivity among persons aged 18–24 years peaked before hotspot detection, and percent positivity increased minimally in other age groups. In hotspot counties in the Northeast (47 counties), there was a small increase in percent positivity among persons aged 18–24 years but minimal or no increases in other age groups.

In hotspot counties, particularly those in the South and West, percent positivity increased earliest in younger persons, followed by several weeks of increasing percent positivity among older age groups. An increase in the percentage of positive test results in older age groups is likely to result in more hospitalizations, severe illnesses, and deaths.¶ These findings corroborate regional patterns in the southern United States, where increased percent positivity among adults aged 20–39 years preceded increases among those aged ≥60 years (*2*); provide evidence that among young adults, those aged 18–24 years demonstrate the earliest increases in percent positivity; and underscore the importance of reducing transmission from younger populations to those at highest risk for severe illness or death. There is an urgent need to address transmission among young adult populations, especially given recent increases in COVID-19 incidence among young adults (*3*). These data also demonstrate the urgency of health care preparedness in hotspot counties,** which are likely to experience increases in COVID-19 cases and hospitalizations among older populations in the weeks after meeting hotspot criteria.

https://www.cdc.gov/mmwr/volumes/69/wr/mm6941e1.htm?s_cid=mm6941e1_x

https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6941e1-H.pdf

United States

Contact Tracing by Community Health Workers in Low-Resource, Non-US Settings

Source: CDC

Document Purpose. This document provides information on how community health workers (CHWs) can support contact tracing efforts related to COVID-19 in low resource and resource-limited non-U.S. settings. The considerations provided can be adapted to follow national or local guidelines and account for local context.

Intended Audience. This document is intended for CDC country offices, Ministries of Health (MoH), subnational public health authorities, and other implementing partners in low resource and limited-resource non-U.S. settings. Local stakeholders can be engaged in the planning and decision-making process by providing feedback on proposed roles for CHWs.

What Is Contact Tracing?

Contact tracing involves interviewing people who have probable or confirmed COVID-19. During these case investigation interviews, persons with confirmed or probable COVID-19 are asked to name other individuals or groups they have come in close contact with (contacts) during the period of infectiousness. The *period of infectiousness* for a case is defined as two days before illness onset if they had symptoms, or two days before specimen collection if they did not have symptoms, until the time they were isolated. Individuals with a probable or confirmed case of COVID-19 infection are asked to isolate at home or at a community isolation center for at least 10 days after the onset of symptoms and until 24 hours after they last had a fever and their symptoms have improved. This is the infectious period. For the purpose of this document, fever is defined as subjective fever (feeling feverish) or a measured temperature of 100.4°F (38°C) or higher.

Contacts are defined as individuals coming within 2 meters of a person with COVID-19 for more than 15 total minutes during the infectious period. Certain types of contact may place a person at higher risk for exposure and should be considered. For example, monitoring of close contacts can be prioritized. However, all contacts are asked to quarantine for 14 days and to monitor themselves for any signs or

symptoms of COVID-19, or as required by local authorities. Taken together, isolating people with COVID-19 and quarantining their contacts can help prevent COVID-19 from spreading within the community.

In many low-resource and resource-limited settings, CHWs deliver a range of frontline public health services within the community, including reproductive health, maternal and newborn health, immunization and other child health services, and prevention and management support for both infectious (e.g. malaria, HIV/AIDS, tuberculosis) and noncommunicable diseases (e.g. hypertension, diabetes). CHWs are generally recruited from their own community and thus bring a deep understanding of the culture and context of the people they serve. As such, they can act as an important liaison between the community and healthcare facilities.

Defining the Role of CHWs in Contact Tracing for COVID-19

It is important that policy and program planners clearly define the role of and provide adequate training for CHWs in the context of the COVID-19 response to maximize their effectiveness. As part of the planning process, current CHWs can be identified, along with unemployed and retired health workers who could support contact tracing efforts in communities with COVID-19 cases. If resources allow, additional CHWs can be hired and trained to support COVID-19 mitigation efforts. Ensuring that mechanisms are in place to pay contact tracers is an important issue to address as part of the planning process. Resources might also be needed to pay current CHWs for additional work they do to support contact tracing activities for COVID-19.

Program planners might consider re-assigning older CHWs and workers with high-risk conditions (e.g., hypertension, diabetes, respiratory conditions) to duties that may put them at less risk for exposure to COVID-19. For example, these workers can potentially be considered for roles that minimize direct exposure with cases such as conducting phone interviews or other monitoring activities.

Program planners might consider four levels of engagement, or scenarios, for CHW involvement in the COVID-19 response, depending on available resources, CHWs' skills and willingness to participate in various activities, and the scale of the epidemic:

1. **Scenario 1: CHW is fully engaged in COVID-19 contact tracing activities.** CHW is hired and specifically trained to conduct contact tracing in the community.
2. **Scenario 2: CHW has moderate engagement in COVID-19 contact tracing activities.** The CHW does not conduct contact elicitation or tracing but instead supports a separate team of contact tracers (see **How CHWs Can Support Contact Tracing for COVID-19,** below). This allows the CHW to continue providing essential health services and prevents duplication of effort.
3. **Scenario 3: CHW may assist with some COVID-19 contact tracing activities.** The CHW provides some community education and sensitization about contact tracing but is primarily focused on delivering their usual health services.
4. **Scenario 4: CHW is not engaged in COVID-19 contact tracing activities.** This may be a CHW who is engaging in non-COVID-19 activities, such as management of chronic illnesses or health promotion. These activities might have been adapted or reduced in response to the COVID-19 pandemic.

How CHWs Can Support Contact Tracing for COVID-19

Below are examples of ways CHWs can support contact tracing:

- **Educate and engage the community about contact tracing.** Trained CHWs play an important role in communicating information about COVID-19 to the community. CHWs can mobilize communities to support contact tracing by educating and sensitizing community members on how they can prevent COVID-19 transmission. They can also educate community members about what people with COVID-19 and their contacts can expect to happen during the case investigation and contact tracing processes. CHWs can also discuss the need for people with COVID-19 and their close contacts to isolate and self-quarantine, respectively, and engage the community to identify ways they can support community members who are in isolation or quarantine. Finally, they can address any myths or misconceptions that could hamper contact tracing efforts.
- **Elicitation of household members.** Contact tracing teams may ask CHWs for help with elicitation of household members and other contacts. This information can then be provided to the contact tracing team for follow-up. CHWs can also inform household contacts about the importance of self-quarantine for 14 days after their last exposure to a potentially infectious household member.

- **Provide data for surveillance.** In collaboration with contact tracing programs, and in adherence to appropriate confidentiality standards, CHWs can collect data on individuals newly identified as being infected with COVID-19 and their contacts to inform response efforts and strengthen community-based surveillance systems. These data can include geographic information, demographic and health information about people with COVID-19 and their household contacts—including comorbidities and symptoms experienced—and outcomes of contact tracing efforts (e.g., number of household contacts who develop symptoms, number of individuals with COVID-19 who recover or are hospitalized). These data can be entered into health information systems and used to identify COVID-19 clusters and hotspots, guide decisions related to community deployment of rapid response teams and contact tracing services, and inform epidemiologic models to shape the response at the national and subnational levels.

Resources To Help CHWs Support Contact Tracing

- Program planners should determine a compensation approach for CHWs carrying out contact tracing activities. This might include determining what, if any, supplementary resources will be needed for CHWs to do additional work in support of contact tracing. Additional resources might also include compensation for cell phone airtime or other costs related to this additional work.
- Formal training programs for contact tracing and confidentiality are needed for CHWs expected to carry out these duties. CHWs also need training on protecting themselves and others from COVID-19 during interactions with COVID-19 patients and their contacts, including how to practice physical distancing (e.g., staying 2 meters away from patients and their contacts and staying outside of the homes of patients and their contacts), the importance of wearing masks and their proper use, and the importance of hand hygiene and cough etiquette. Personal protective equipment can be used to protect CHWs when physical distancing cannot be maintained. Other training topics for CHWs include how to monitor for signs and symptoms of COVID-19; this might include instruction on using remote sensing thermometers if they are expected to take temperatures as part of the symptom-monitoring process for household contacts. Finally, CHWs should be trained on using the community-based surveillance systems they will be supporting.
- **Supportive supervision**. Support from supervisors can help ensure the quality of CHWs' work and prevent burnout. Supportive supervision includes receiving daily reports on people with COVID-19 and their household contacts from CHWs, verifying that data collection forms are completed fully and correctly, and providing on-the-job training and mentoring on core tasks, such as effective communication and rapport-building skills. This supportive supervision can be done through weekly check-in calls or through instant messaging applications and other virtual platforms by any number of local health or public health staff (e.g., local surveillance officers, health office staff). Supervisors can also provide a forum for CHWs to share best practices with each other to foster learning and skill development.
- CHWs should be provided with supplies to reduce the risk of becoming infected with COVID-19. These supplies may include masks, gloves and alcohol-based hand sanitizer with 60-90% alcohol. Additional supplies may include means of official identification and mobile telephone, as needed.

https://www.cdc.gov/coronavirus/2019-ncov/global-covid-19/contact-tracing-by-health-workers.html

United States

Coronavirus (COVID-19) Update: Daily Roundup October 9, 2020

The U.S. Food and Drug Administration (FDA) continued to take action in the ongoing response to the COVID-19 pandemic:

- As part of the FDA's effort to protect consumers, the FDA and the Federal Trade Commission issued warning letters to two companies for selling fraudulent COVID-19-related products. There are currently no FDA-approved products to prevent or treat COVID-19. Consumers concerned about COVID-19 should consult with their health care provider.
    - The first company, Griffo Botanicals, offers herbal tincture products for sale in the United States with misleading claims that the products can mitigate, prevent, treat, diagnose, or cure COVID-19 in people.

    - The second company, Prairie Dawn Herbs, offers herbal products for sale in the United States with misleading claims that the products can mitigate, prevent, treat, diagnose, or cure COVID-19 in people.
- Testing updates:
    - As of today, 278 tests are authorized by FDA under EUAs; these include 217 molecular tests, 55 antibody tests, and 6 antigen tests.

https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-daily-roundup-october-9-2020

IHR Notification

Additional health measures in relation to the COVID-19 outbreak: 09 October 2020

Announcement Displayed From:
Friday, October 9, 2020 - 16:33
09 October 2020
Official statements by States Parties to the International Health Regulations (2005) (IHR)
On 30 January 2020, the Director-General determined that the outbreak of 2019-nCoV, constitutes a Public Health Emergency of International Concern (PHEIC) and issued Temporary Recommendations[1].
On 11 March 2020 the Director-General characterized the COVID-19 situation as a pandemic[2].
Following the 4th IHR Emergency Committee for COVID-19 on 31 July 2020, the Director-General confirmed that the COVID-19 pandemic continues to constitute a PHEIC and issued the following Temporary Recommendations for States Parties:
1.Share best practices, including from intra-action reviews, with WHO; apply lessons learned from countries that are successfully re-opening their societies (including businesses, schools, and other services) and mitigating resurgence of COVID-19.
2.Support multilateral regional and global organizations and encourage global solidarity in COVID-19 response.
3.Enhance and sustain political commitment and leadership for national strategies and localized response activities driven by science, data, and experience; engage all sectors in addressing the impacts of the pandemic.
4.Continue to enhance capacity for public health surveillance, testing, and contact tracing.
5.Share timely information and data with WHO on COVID-19 epidemiology and severity, response measures, and on concurrent disease outbreaks through platforms such as the Global Influenza Surveillance and Response System.
6.Strengthen community engagement, empower individuals, and build trust by addressing mis/disinformation and providing clear guidance, rationales, and resources for public health and social measures to be accepted and implemented.
7.Engage in the Access to COVID-19 Tools (ACT) Accelerator, participate in relevant trials, and prepare for safe and effective therapeutic and vaccine introduction.
8.Implement, regularly update, and share information with WHO on appropriate and proportionate travel measures and advice, based on risk assessments; implement necessary capacities, including at points of entry, to mitigate the potential risks of international transmission of COVID-19 and to facilitate international contact tracing.
9.Maintain essential health services with sufficient funding, supplies, and human resources; prepare health systems to cope with seasonal influenza, other concurrent disease outbreaks, and natural disasters.
In line with provisions of Article 43, WHO is sharing the information officially provided to WHO by States Parties and, since 12 March 2020 also information published by country government websites to reduce the gap between the information reported through the IHR mechanism and the one published by countries on official sources.
As of 09 October 2020, there has been no new State Party that reported on additional health measures that significantly interfere with international traffic since the last announcement published on 02 October 2020. A total of 194 out of 196 States Parties reported to date with Mexico and Nicaragua not reporting any measure.

Moreover, 28 countries provided updates to their previously implemented measures. The distribution by WHO Regions is as follows: AFR: 0 (0 updates), AMR: 0 (0 updates), EMR: 0 (3 updates), EUR: 0 (25 updates), SRO: 0 (0 updates), WPR: 0 (0 updates). See table 1.
Regional links below provide for more details on the measures. The information is divided by region, cumulative since the beginning of the EIS updates on travel measures and by country in alphabetical order. Text highlighted in red represents updates to the previously published EIS.

WHO

WHO Director-General's opening remarks at the media briefing on COVID-19 - 9 October 2020

Posted 9 Oct 2020

- *I'd like to congratulate the World Food Programme on being awarded the Nobel Peace Prize today.*
- *This week, China, the Republic of Korea and Nauru joined the COVAX Facility, bringing the total number of countries and economies that are part of the global initiative for vaccine access to 171.*
- *Millions of children globally are missing out on life-saving vaccines. Rapidly restoring immunization clinics, campaigns and outreach activities is the only way to prevent predictable outbreaks and deaths from diseases like measles and polio. SAGE has issued new recommendations that all countries urgently prioritize implementation of catch-up vaccination campaigns.*
- *Almost 2 million babies are stillborn every year, or 1 every 16 seconds, according to the first estimates of stillbirth published yesterday by UNICEF, the World Bank, WHO and the UN Department of Economic and Social Affairs.*
- *Tomorrow, WHO will host the Big Event for Mental Health, an online global advocacy event that will bring together international and national leaders, advocates, sportspeople and artists, including the K-pop group SuperM from the Republic of Korea and Korede Bello from Nigeria.*

Good morning, good afternoon and good evening.
First of all, I would like to congratulate the World Food Programme on being awarded the Nobel Peace Prize today.
Every day, WFP does incredible work in many countries.
We're delighted for our friends and colleagues at WFP, and for the entire UN family. Congratulations to WFP and the UN.
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Vaccines are one of the most powerful inventions in human history.
Smallpox has been eradicated and polio is on the brink, thanks to vaccines.
Once-feared diseases like diphtheria, tetanus, measles, meningitis and cervical cancer can all be prevented, thanks to vaccines.
We now have effective vaccines for Ebola and the world's first malaria vaccine is now being piloted in three African countries.
And as you know, the world is eagerly anticipating the results of trials of vaccines against COVID-19, which are needed for WHO authorization.
Once we have an effective vaccine, we must also use it effectively, and the best way to do that is by making sure it's available to all countries equitably through the COVAX Facility.
COVAX is an unprecedented partnership between WHO, Gavi, manufacturers and the Coalition for Epidemic Preparedness or CEPI, and has the largest portfolio of potential COVID-19 vaccines, with several in advanced human trials.
This week, China, the Republic of Korea and Nauru joined the COVAX Facility, bringing the total number of countries and economies that are part of the global initiative for vaccine access to 171.
Initially, supply of vaccines will be limited. But by sharing supply equitably, countries and economies that are part of COVAX can distribute vaccines simultaneously to priority populations, including health workers, older people and those with underlying conditions.
The aim of COVAX is to ensure that 2 billion doses are manufactured and distributed equitably by the end of 2021.
We also welcome the announcement by one vaccine developer, Moderna, that it will not enforce its patent rights over its COVID-19 vaccine during the pandemic.
We look forward to learning more about what this announcement means in terms of technology transfer.

We appreciate this act of solidarity, which is in line with the principles of the COVID-19 Technology Access Pool, or C-TAP. Sharing the benefits of innovation is the best way to end the pandemic and accelerate the global economic recovery.
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The advice WHO gives to the world on vaccines is guided by the Strategic Advisory Group of Experts on Immunization, or SAGE.
SAGE met earlier this week to review the latest developments for vaccines and vaccination against polio, measles, rotavirus, pneumococcus and COVID-19.
SAGE has recommended that any decisions about the allocation and prioritization of COVID-19 vaccines should be grounded in ethical values, including equal respect, global equity, national equity and reciprocity, as outlined in the WHO SAGE Values Framework published last month.
And second, SAGE issued a Prioritization Roadmap, which is designed to help countries make decisions about who should be prioritized to receive the initially limited supply of vaccines for COVID-19.
SAGE also reviewed evidence from around the world on the impact of the COVID-19 pandemic on immunization activities.
All regions have reported disruptions to immunization activities for many reasons, including constraints in supply and demand, re-assignment of health workers, travel restrictions and low availability of personal protective equipment.
We're pleased to see that some countries have resumed immunization services, returning to or even exceeding the levels of vaccination prior to the pandemic.
But many other countries are still recovering gradually, and there are still gaps to close.
Millions of children globally are missing out on life-saving vaccines. Rapidly restoring immunization clinics, campaigns and outreach activities is the only way to prevent predictable outbreaks and deaths from diseases like measles and polio.
SAGE has issued new recommendations that all countries urgently prioritize implementation of catch-up vaccination campaigns.
Even as we work together to end the pandemic, we must remember that there are many other diseases and conditions that strike people down every day, which have been exacerbated by COVID-19.
That includes stillbirth.
Almost 2 million babies are stillborn every year, or 1 every 16 seconds, according to the first estimates of stillbirth published yesterday by UNICEF, the World Bank, WHO and the UN Department of Economic and Social Affairs.
The report shows that 84% of stillbirths are in lower-income countries, often due to poor quality of care during pregnancy and birth.
Most stillbirths are preventable, but the pandemic could make this tragic situation even worse.
Disruptions to services for maternal care could lead to even more stillbirths and even more heartbreak.
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The COVID-19 pandemic has also taken a heavy toll on the mental health of millions of people, and highlighted the urgency of increasing investment in this neglected area of health.
Tomorrow is World Mental Health Day.
Close to 1 billion people are living with a mental disorder, and one person dies every 40 seconds by suicide.
Yet relatively few people globally have access to quality mental health services.
In low- and middle-income countries, more than 75% of people with mental, neurological and substance use disorders receive no treatment for their condition at all.
It is time for this to change.
It is time to increase investment in mental health services on a massive scale, so that access to quality mental health services becomes a reality for everyone.
Tomorrow, WHO will host the Big Event for Mental Health, an online global advocacy event that will bring together international and national leaders, advocates, sportspeople and artists, including the K-pop group SuperM from the Republic of Korea and Korede Bello from Nigeria.

During this unique event, you will see and hear, through stories of people living with mental health conditions, the challenges they face due to the ongoing pandemic, and how they are dealing with them.
I hope you will be inspired by the many examples of successful programmes, on adolescent mental health, suicide prevention, dementia and many more, that are being implemented by WHO, in collaboration with our partners.
You can watch the Big Event on WHO's website, and through our social media channels, including Twitter, Facebook, TikTok, LinkedIn, YouTube and Twitch.
The Big Event is part of a larger campaign to focus attention on mental health with many partners.
I welcome the announcement earlier this week of the Healing Arts Auction hosted by the auction house Christie's, the WHO Foundation and UN75.
This is a year-long auction that will raise money for the WHO Foundation that will be used to support mental health.
Together, let's Move For Mental Health.
No health without mental health.
I thank you.
https://reliefweb.int/report/world/who-director-generals-opening-remarks-media-briefing-covid-19-9-october-2020

PAHO

PAHO and IOM sign agreement to improve the health of 70 million migrants in the Americas

9 Oct 2020

The agreement will focus on increasing and scaling-up interventions that address barriers to health care and the disproportionate impact of COVID-19 on migrant populations.

Washington D.C., October 9, 2020 (PAHO) – More than 70 million migrants living across international borders in the Region of the Americas are set to benefit from a joint agreement signed today by Carissa F. Etienne, Director of the Pan American Health Organization (PAHO) and António Vitorino, Director General of the International Organization for Migration (IOM).
Under the agreement, PAHO and IOM will focus on scaling up coordinated interventions to support countries of the Americas in addressing health and migration, while leaving no one behind. It will also ensure greater advocacy for the inclusion of the specific needs of migrants in health and development policy throughout the Region, both in the context of the COVID-19 pandemic and beyond.
"Migrants are one of the most vulnerable populations in our Region, facing huge barriers when it comes to accessing the health care they need," said PAHO Director, Carissa F Etienne. "The COVID-19 pandemic is a stark reminder that no one is safe until everyone is safe, which is why this agreement between PAHO and IOM has never been so timely and so important," she added.

Migration in the Americas

The number of international migrants in the Americas reached 70 million as of 2019. Since 2015, this migratory flow includes more than 5 million Venezuelans who now live in other countries of the world, particularly Colombia, Chile and Peru. And since 2018, a new trend has emerged consisting of large groups migrating from Central America towards Mexico and the United States.
Drivers of migration in the Americas include social and economic inequalities, political instability, conflict and environmental disasters. While many countries in the Region are sources of emigration to high-income countries in the Americas and Europe, Latin America and the Caribbean are also experiencing an increase in migrants from Africa and Asia. This places an additional strain on many countries' under-resourced health systems.
"This initiative has been created precisely to address these challenges and will help stakeholders to coordinate and harmonize actions to enhance the health of migrants," said IOM Director General, António Vitorino.

Health and Migration

The COVID-19 pandemic has impacted the delivery of health services throughout the Americas, which has experienced over 17 million cases and more than 574,000 deaths due to the virus.
While migrants face the same health threats as anyone else, these are compounded by precarious living conditions and a lack of access to basic services such as water, sanitation and nutrition. Migrants are

also more likely to face poor and crowded working conditions within the informal economy, as well as legal, language and cultural barriers that make adhering to public health measures during the pandemic particularly difficult.
Separation from support networks, financial hardship and limited access to supplies and medication are also threatening migrants' mental health and worsening pre-existing conditions.
Beyond COVID-19, many migrants in the Americas experience a range of communicable as well as non-communicable diseases that require urgent recognition and treatment. Diseases including malaria, tuberculosis, HIV/AIDS, diabetes and hypertension among migrant populations must be addressed.
The new agreement aims to improve access to health for this vulnerable population, and support countries in border health, including in emergency preparedness and response. It also aims to enhance action across sectors, including education, social welfare and protection, to better plan health interventions with a short-, medium-, and long-term vision.

The Pan American Health Organization (PAHO) works with the countries of the Americas to improve the health and quality of life of its population. Founded in 1902, it is the world's oldest international public health agency. It serves as the Regional Office of WHO for the Americas and is the specialized health agency of the Inter-American system.
Established in 1951, the International Organization for Migration (IOM) is the leading UN-related agency in the field of migration and works closely with governmental, intergovernmental and non-governmental partners. IOM works to help ensure the orderly and human management of migration, to promote international cooperation on migration issues, to assist in the search for practical solutions to migration problems and to provide humanitarian assistance to migrants in need, including refugees and internally displaced people.
https://www.paho.org/en/news/9-10-2020-paho-and-iom-sign-agreement-improve-health-70-million-migrants-americas

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

France

French coronavirus infections set new record above 20,000 per day
ID: 1008011717
Source: Reuters

OCTOBER 9, 20202:08 PM

PARIS (Reuters) - The number of new coronavirus infections in France jumped more than 20,000 in one day for the first time since the start of the epidemic, health ministry data showed on Friday.
The ministry reported 20,330 new infections, taking the cumulative total to 691,977 since the start of the year. In the past two days the ministry had reported more than 18,000 daily new confirmed COVID-19 cases.

The number of deaths from the virus increased by 109 to 32,630, the most in a week but below highs of around 150 seen earlier this month. The death toll figures can be skewed as the ministry often reports several days of senior citizen residence data in one batch.
The number of people in hospital jumped by another 240 to 7,864 nationwide and the number of people in intensive care units - the best measure of a health system's ability to deal with the epidemic -rose by 21 to 1,448.

At the height of the crisis in early April, more than 7,000 people were in intensive care with COVID.
On Thursday, France's health minister said that Lyon - the country's third-biggest city - and three other cities will have to close their bars in coming days, as Paris and Marseille have done, in a bid to slow the spread of the virus.
https://www.reuters.com/article/us-health-coronavirus-france-casualties/french-coronavirus-infections-set-new-record-above-20000-per-day-idUSKBN26U2A8

Spain

Spain imposes state of emergency on Madrid to curb virus spread
ID: 1008010834
Source: www.aljazeera.com

News | Health
Spain imposes state of emergency on Madrid to curb virus spread
The move comes after a Madrid court had overturned the central government's partial lockdown of the capital.
The infection rate in the region of Madrid currently stands at 564 cases per 100,000 people, compared with just 257 in the rest of Spain, which is the highest in the EU [File: Pierre-Philippe Marcou/AFP]
9 Oct 2020
whatsapp
Spain's central government has declared a state of emergency in Madrid and its surrounding region to enforce a partial lockdown of the capital amid a surge in coronavirus infections.
"The government has decided to declare a state of emergency … for the next 15 days," said Health Minister Salvador Illa on Friday following a two-hour cabinet meeting.
The measure, which comes into effect immediately, was rushed through ahead of a long holiday weekend for Spain's National Day on Monday, raising concerns people could take advantage of the legal limbo to head out of town.
Ministers met a day after a bombshell court ruling which effectively cancelled mobility restrictions on 4.5 million people in and around the capital to slow the rapid spread of the virus.
The court ruling had been welcomed by Madrid's right-wing regional authorities which had opposed the partial lockdown over its economic effects.
But in a late-night phone call, Spain's socialist Prime Minister Pedro Sanchez issued an ultimatum to regional leader Isabel Diaz Ayuso: either the region passed the measures itself, or the government would declare a state of emergency to push them through.
"Protecting the health of Madrid's people is absolutely essential," insisted Illa, saying 66 people had died over the past week and some 500 were "fighting for their lives in intensive care".
"Patience has a limit," he said, pointing the finger at Madrid's leaders for failing to act.
"Measures must be taken to protect the health of the people of Madrid and to prevent this from spreading to other regions."
The Madrid court had annulled the measures because they were imposed by the central government and not by the regional authorities who manage public healthcare.
By imposing a state of emergency, the government now has the legal right to enforce the measures it sought to impose earlier.
Initially imposed on October 2, the restrictions barred residents of the capital and nine nearby towns from leaving the city limits except for work, school or on medical grounds.
They also impose an 11pm curfew on bars and restaurants and reduce indoor seating capacity by half.
Ahead of the cabinet meeting, Deputy Prime Minister Carmen Calvo said the government's pleas had fallen on deaf ears.
"We have only one objective: to protect Madrid. If the region cannot do it, we will," Calvo said.
Enrique Ruiz Escudero, Madrid's health chief, said it was "very difficult to understand" the central authorities' declaration of a state of emergency, as he said regional restrictions imposed weeks ago were paying off.
Still, a group of scientific and medical organisations representing 170,000 professionals published a letter online pleading for an end to the political infighting.
"You must accept, once and for all, that to deal with the pandemic, key decisions must be based on the best-available scientific evidence and completely disconnected from the ongoing political confrontation," it said.
The infection rate in the region of Madrid currently stands at 564 cases per 100,000 people, compared with just 257 in the rest of Spain, which is the highest in the European Union.
https://www.aljazeera.com/news/2020/10/9/spain-imposes-state-of-emergency-on-madrid-to-curb-virus-spread

Chile

Scientists investigate possible coronavirus mutation in Chile
Source: Al Jazeera – Breaking News, World News and Video from Al Jazeera

ID: 1008021047

Scientists in Chile are investigating a possible mutation of the coronavirus in southern Patagonia, a far-flung region near the tip of South America that has seen an unusually contagious second wave of infections in recent weeks.
Questions have arisen as the remote region of Magallanes, which accounts for only one percent of the country's population, reported nearly 20 percent of Chile's total cases so far, suggesting a potential mutation of the novel virus.
While such mutations have already been observed in other places, researchers have yet to understand what their effect on humans is.
"Earlier this week, the number of people testing positive in Magallanes was the same as here in the capital, except that Magallanes has the lowest population density in the country, 170,000 versus eight million in Santiago," said Al Jazeera's Lucia Newman, reporting from the Chilean capital, Santiago.
"Experts say there could be many reasons, including the weather, but they can't rule out that the new strand of the virus is mainly to blame."
Studies outside Chile have also indicated that the coronavirus can evolve as it adapts to its human hosts.
A preliminary study that analysed the virus's structure following two waves of infection in Houston, United States, found that a more contagious strain dominated recent samples.
Scientists say the mutations may make the virus more contagious but do not necessarily make it more deadly, nor do they necessarily inhibit the effectiveness of a potential vaccine.
"Some of these variables such as cold and wind are associated with a higher rate of spread in the world," Marcelo Navarrete of the University of Magallanes told Reuters news agency.
The Pan American Health Organization is assisting Chilean scientists in an effort to know more, especially to confirm whether this new version of COVID-19 is more contagious than previous strands.
"If that hypothesis is validated, it would be obviously worrisome because if the degree of contagion we are seeing in Magallanes were to spread nationwide, it would mean 25,000 new cases per day, and that is a dangerous scenario indeed," said Deputy Health Minister Arturo Zuniga.
https://www.aljazeera.com/news/2020/10/11/scientists-investigate-possible-coronavirus-mutation-in-chile

What's happening around the world
ID: 1008011249
Source: CBC

In Europe, Spain's Socialist-led government invoked a state of emergency on Friday to impose a partial lockdown on Madrid, one of Europe's worst COVID-19 hot spots, after a court had struck down the measures, state TV said.

Spanish soldiers work as COVID-19 trackers behind glass panels at El Goloso army base in Madrid on Wednesday. (Sergio Perez/Reuters)

The move escalates a standoff between Prime Minister Pedro Sanchez's government and the conservative-led Madrid regional chief who believes the curbs are illegal, excessive and disastrous for the local economy.

Coronavirus infections in Slovakia have hit a record high for the third straight day, reaching almost 1,200 in a day for the first time. Slovakia has had 16,910 reported cases since the start of the pandemic, with 57 deaths.

In reaction to the record numbers, the government announced Friday that it will deploy 267 service members to help health authorities with contact tracing, conduct tests and distribute protective equipment.

In Asia, Sri Lankan health authorities worked Friday to contain a growing cluster of new coronavirus infections, ordering the closure of bars, restaurants, casinos, nightclubs and spas.

[APG]

The Indian Ocean island nation over the weekend reported its first locally transmitted infection in more than two months, which led to finding a cluster centred around a garment factory in densely populated Western province.

China announced on Friday it has joined the COVAX vaccine program backed by the World Health Organization (WHO), giving a major boost to an initiative shunned by U.S. President Donald Trump.

As many as 171 nations have joined the program to back equitable access to COVID-19 vaccines for rich and poor countries alike. Participants include about 76 wealthy, self-financing ones, but neither the U.S. nor Russia.

China, where the virus was first reported late last year, is also in talks with WHO to have its domestically made vaccines assessed for international use.
https://www.cbc.ca/news/canada/world-canada-covid-19-oct-9-1.57565

Hong Kong
Hong Kong reports untraceable COVID-19 new cases for 10 consecutive days
Source: ecns
ID: 1008007756
Hong Kong has reported new cases of COVID-19 with unknown source of infection for 10 days in a row since Sept. 30, which is an alarm, local health authorities said on Friday.

The Center for Health Protection (CHP) Friday reported eight additional confirmed COVID-19 cases, including one imported case and seven local infections. The tally was taken to 5,169 in Hong Kong.

Of the new local cases, one has an unknown source of infection, involving a 25-year-old male, the CHP said.

A total of 64 cases were reported between Oct. 2 and Oct. 8, among which 55 percent were local ones, a notable rise from 20 percent the previous week, Under Secretary for Food and Health of the Hong Kong Special Administrative Region (HKSAR) government Chui Tak-yi told a press conference.

Chui said that the proportion of new infections with unknown origin climbed to 19 percent over the past week, showing that there are still silent transmission chains in the community, which is alarming, urging the public to stay vigilant.

According to Hong Kong's Hospital Authority, 123 patients are still being treated in hospitals, including nine in critical condition.
http://www.ecns.cn/news/2020-10-09/detail-ihaavkeu1733111.shtml

Hong Kong
Dual flu-covid nasal spray vaccine to start trial in Hong Kong
Source: Bangkok Post
ID: 1008005227
HONG KONG: An experimental dual vaccine for both influenza and the new coronavirus delivered via a nasal spray will enter human studies in Hong Kong next month, a top infectious diseases doctor said.
The early-stage clinical trial will enroll about 100 adults, said Yuen Kwok-Yung, chair of infectious diseases in the University of Hong Kong's department of microbiology.
The candidate vaccine is similar to a nasal spray flu immunization already on the market that's designed to start working where respiratory viruses typically enter the body: the nose.
"Our idea is that we want both influenza and Covid-19 protection at the same time," Yuen said in an interview.
Research on the experimental spray received funding from the Coalition for Epidemic Preparedness Innovations in Norway and Hong Kong's government, and will join dozens of clinical trials around the world aimed at identifying safe and effective vaccines to prevent Covid-19.

China started initial clinical studies last month of a nasal spray vaccine for Covid-19 co-developed by researchers at Xiamen University and the University of Hong Kong, as well as by vaccine maker Beijing Wantai Biological Pharmacy Enterprise Co.
The dual flu-Covid-19 vaccine is based on a temperature-adapted, weakened and replication-deficient flu virus that only grows in the upper airway. Its developers used genetic engineering to delete the virus's NS1 protein and insert the receptor binding domain of the spike protein of the SARS-CoV-2 virus, Yuen said.
"And then we showed very well that it works in animals," he said. Besides potentially protecting against two viruses at once, the approach aims to stimulate an immune response at the site of the mucus membrane in the nose, Yuen said.
Research by scientists at Imperial College London published in the journal Science Friday indicate a strong mucosal immune response is important for helping people stave off respiratory infections. "I do think that a mucosal vaccine is a great idea," Yuen said.
A Chinese manufacturer will make the experimental vaccine for the phase-1 study starting next month, he said. The trial will seek to demonstrate its safety as well as the optimal dose. Results are anticipated a few months later.
https://gphin.canada.ca/cepr/showarticle.jsp?docId=1008005227

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

Canada
Nearly half of parents are willing to accept 'less rigorous' testing of COVID vaccine: UBC
Source: Surrey Now-Leader
ID: 1008004667
There are currently more than 180 COVID-19 vaccine candidates in development

Nearly half of parents surveyed in a recent University of B.C. study said they would be willing to accept an abridged testing process for a COVID-19 vaccine.

The study, published in Clinical Therapeutics, surveyed more than 2,500 families from Canada, Israel, Japan, Spain, Switzerland and the United States who visited 17 different emergency departments between the end of March to the end of June.

Researchers asked the parents whether they would accept a "less rigorous" testing regime for the COVID-19 vaccine in exchange for faster approval, and found that 42 per cent of parents would. Fathers were more likely than mothers to accept a faster vaccine, as were parents whose children were up-to-date on their vaccines.

"While the safety of vaccines given to children is paramount, our study indicates that parents are eager to vaccinate their children against COVID-19 and many are supportive of expedited vaccine research development and regulatory approval," said the study's lead author Dr. Ran Goldman, professor in the UBC faculty of medicine's department of paediatrics.

There are currently more than 180 COVID-19 vaccine candidates in development, some of whom been allowed to fast-track the process. Canada has signed vaccine deals with multiple companies, most recently Sanofi and GlaxoSmithKline in September. Researchers here at home are looking into whether a tuberculosis vaccine can provide immunity against the novel coronavirus.
https://www.surreynowleader.com/news/nearly-half-of-parents-are-willing-to-accept-less-rigorous-testing-of-covid-vaccine-ubc/

Canada
Canadians report worse mental health than before pandemic: Nanos survey
Source: CTV News - Winnipeg
ID: 1008022853

TORONTO -- Many Canadians say their mental health is worse than before the COVID-19 pandemic and have reported an increase in alcohol consumption, according to a new survey by Nanos Research.
The survey of 1,003 Canadians, which was commissioned by CTV News, found that two in five Canadians said that their mental health is currently worse than before the pandemic. The survey also found that Canadians reported a 20 per cent increase in alcohol consumption compared to before the pandemic.
According to the survey results, four in 10 Canadians said their mental health is now worse (16 per cent) or somewhat worse (24 per cent) than it was in April during the early stages of the pandemic. At that time, 10 per cent of respondents reported worse and 28 per cent reported somewhat worse mental health.
Just under half of the respondents said their mental health is about the same as it was prior to COVID-19, while one in 10 Canadians said their mental health is better (four per cent) or somewhat better (seven per cent). One per cent of those surveyed said they were unsure.
Those in Ontario and the Prairie provinces reported the greatest decrease in their mental health at 44.8 per cent and 43.5 per cent, respectively.
The survey found that respondents' mental health had increased the most in Atlantic Canada (14.6 per cent) and British Columbia (13.8 per cent) during the pandemic.
According to the results, women reported a 44 per cent decrease in their mental health while men were more likely to report an increase in their overall mental well-being.
When it comes to alcohol consumption, 20 per cent of survey respondents said their alcohol consumption has increased in comparison to how much they were drinking before the pandemic.
The survey found that 13 per cent of Canadians said their alcohol consumption has decreased since the start of the pandemic while 67 per cent reported that it had stayed the same.
Increase in alcohol consumption was relatively even between women and men however, those aged 55 and older were less likely to say their alcohol consumption had increased, according the survey results.
Residents in the Atlantic provinces reported the highest increase of alcohol consumption at 26 per cent while Ontarians expressed the second-highest amount at nearly 23 per cent.
Participants from the Prairies reported that their alcohol consumption had decreased the most with nearly 15 per cent having said that they are drinking less than they were before COVID-19.
STAYING HOME MORE
The survey also asked Canadians if they are staying at home more due to the novel coronavirus.
According to the results, eight in 10 Canadians (81 per cent) reported that they were staying at home more, 17 per cent reported the same and two per cent said they were staying home less than before the pandemic.
In comparison, 94 per cent of respondents surveyed in April said they were staying home more due to COVID-19 and 5 per cent reported remaining at home the same amount as before.
METHODOLOGY
Nanos conducted an RDD dual frame (land-and cell-lines) hybrid telephone and online random survey of 1,003 Canadians, 18 years of age or older, between September 30 and October 4 as part of an omnibus survey. Participants were randomly recruited by telephone using live agents and administered a survey online. The sample included both land-and cell-lines across Canada. The results were statistically checked and weighted by age and gender using the latest Census information and the sample is geographically stratified to be representative of Canada.
Individuals randomly called using random digit dialling with a maximum of five call backs.
The margin of error for this survey is 3.1 percentage points, 19 times out of 20.
This study was commissioned by CTV News and the research was conducted by Nanos Research.
https://www.ctvnews.ca/health/coronavirus/canadians-report-worse-mental-health-than-before-pandemic-nanos-survey-1.5141592

India

Study to find if measles vaccine can curb Covid
Source: The Times of India - Pune Edition
ID: 1008012144

A Pune-based paediatrician has teamed up with experts from the community medicine department of B J Medical College and Sassoon hospital to find whether the measles vaccine can offer protection against Covid-19 or help reduce its severity.

The researchers plan to enrol about 548 randomly picked participants for the study - an equal number of RT-PCR-positive and Covid-negative individuals aged 1 to 18 - to try to determine if their measles vaccination, or the absence of it, has helped forestall Covid-19 or arrested symptoms from turning severe.
The Clinical Trials Registry-India (CTRI), set up by the ICMR's National Institute of Medical Statistics (NIMS), has allowed the Pune specialists to carry out the research which is being claimed as the first of its kind in India. A cohort study is currently ongoing in Egypt and proposals are being discussed in the United States.
Covid-19 has not impacted children much. One reason behind what seems to be protection is their recent and more frequent exposure to live attenuated vaccines such as the measles inoculation."Epidemiological data suggests that regions where people routinely receive measles vaccine have reduced Covid-19 severity and deaths. Our effort aims to scientifically explore this co-relation among the RT-PCR-tested population," paediatrician Nilesh Gujar, the study's lead investigator, told TOI."In India, the measles vaccine is given at nine months and 15 months. Those who had not received their vaccination were covered in the nationwide measles-rubella vaccination campaign of 2018. That's why we have focused on the 1-18 age bracket, because they have documented evidence of vaccination. The incidence rate and the level of severity in this age can provide guidelines for measles vaccination in adults," Gujar said.
Sassoon hospital dean Muralidhar Tambe, a co-investigator of the study, said, "Our study has already enrolled 212 participants. We aim to enrol another 336 participants. The sample size of 548 participants is statistically significant to churn out a conclusion whether the measles vaccine really helps in countering Covid and reducing its severity."

Australia

COVID-19 virus can last almost a month on smartphones and ATMs, CSIRO finds
Source: The Age - Latest News
ID: 1008022777

The virus that causes COVID-19 can last up to 28 days on surfaces like mobile phone and ATM screens, much longer than previously thought, but lasts for much less time on softer surfaces, new CSIRO research shows.
Previous research from US health authorities showed the virus could be detected in aerosols for up to three hours and on plastic and stainless steel surfaces for up to three days.
Australian researchers tested the virus on polymer banknotes, de-monetised paper banknotes and common surfaces including brushed stainless steel, glass, vinyl and cotton cloth.
On glass, stainless steel and paper banknotes, the virus lasted for up to 28 days at 20 degrees.
As the temperature increased to 30 and 40 degrees, the virus lasted for less than a week on those surfaces. The study found the virus remained on most surfaces for about six to seven days before starting to lose its potency.
On more porous materials like cotton, which can absorb the virus, no infectious virus was recovered after two weeks.
Similar experiments for Influenza A have found that it survived on surfaces for 17 days.
CSIRO chief executive Dr Larry Marshall said "establishing how long the virus really remains viable on surfaces enables us to more accurately predict and mitigate its spread, and do a better job of protecting our people".
The study notes the virus is primarily transmitted through aerosols and droplets caused by infected people sneezing or coughing near another person. The role of contaminated surfaces in the virus' spread is yet to be fully determined, according to the study, but has "been suggested as a potential mode of transmission also reflected by the strong focus on hand-washing by [the World Health Organisation] and national control schemes".
"The persistence on glass is an important finding, given that touchscreen devices such as mobile phones, bank ATMs, supermarket self-serve checkouts and airport check-in kiosks are high touch surfaces which may not be regularly cleaned and therefore pose a transmission risk of SARS-CoV-2," the study states.
"It has been demonstrated that mobile phones can harbour pathogens responsible for nosocomial transmission, and unlike hands, are not regularly cleaned."
The CSIRO said the findings may help to explain the persistent spread of the coronavirus in cool environments such as abattoirs.

Professor Trevor Drew, director of the Australian Centre for Disease Preparedness, said the virus' viability on surfaces outside their host relied on a number of factors.
"How long they can survive and remain infectious depends on the type of virus, quantity, the surface, environmental conditions and how it's deposited – for example, touch versus droplets emitted by coughing," Professor Drew said.
"Proteins and fats in body fluids can also significantly increase virus survival times."
The research, conducted at the Centre for Disease Preparedness in Geelong, Victoria, involved drying virus in an artificial mucus on different surfaces, at concentrations similar to those reported in samples from infected patients and then re-isolating the virus over a month.
The study was also carried out in the dark, to remove the effect of UV light as research has demonstrated direct sunlight can rapidly inactivate the virus.
https://www.theage.com.au/national/covid-19-virus-can-last-almost-a-month-on-smartphones-and-atms-csiro-finds-20201012-p5644y.html?ref=rss&utm_medium=rss&utm_source=rss_feed

International

COVID-19 virus can linger on human skin much longer than flu viruses
Source: TheHealthSite
ID: 1008022625

The study, published in the journal Clinical Infectious Diseases, Covid-19 can remain viable on human skin much longer than the flu viruses can. The researchers including those from Kyoto Prefectural University of Medicine in Japan noted that the influenza A virus (IAV) can remain active on human skin for nearly two hours.
Also Read - India's first COVID-19 vaccine COVAXIN: Trial updates you need to know
A hand sanitizer can inactivate both Covid-19 and flu viruses
However, they found that both SARS-CoV-2 virus and IAV were rapidly inactivated on the skin with a hand sanitizer . The viruses were inactivated more rapidly on skin surfaces than on other surfaces such as stainless steel, glass, and plastic.
Also Read - Asian patients at higher risk of death from Covid-19: Here's why
In March, a study published by the National Institutes of Health (NIH) stated that the Covid-19 virus can last for about three hours in the air, up to four hours on copper, 24 hours on cardboard, and 72 hours on stainless steel.
According to the new study, the SARS-CoV-2 could survive significantly longer (9 hours) than IAV (1.82 hours). Therefore, proper hand hygiene is important to reduce the risk of contact transmission of SARS-CoV-2, the researchers said.
Hand sanitizer vs. soap and water
You may find using a hand sanitizer more convenient and easier than washing hands frequently with soap and water. But a sanitizer should not be a replacement for washing hands with soap and water. The US Centers for Disease Control and Prevention (CDC) recommends using an alcohol-based hand sanitizer with at least 60% ethanol, only when soap and water aren't available.
According to health experts, soap and water can kill the Covid-19 virus more effectively than a hand sanitizer. In addition, washing can also remove any grease or dirt on your hands.
An alcohol-based hand sanitizer can destroy viruses too, but it may not work in certain situations. For instance, when you use the sanitizer on wet or sweaty hands, the alcohol in it may get diluted with water or sweat. This may diminish its effectiveness. Moreover, a sanitizer can't remove sticky grease on your hands to which viruses can cling to. There are also many side effects of using hand sanitizers.
Health experts of the All India Institute of Medical Sciences have warned that the widespread use of hand-sanitizers, antimicrobial soaps, and antibiotics during Covid-19 can lead to more antimicrobial resistance.
Antimicrobial resistance is the ability of a pathogenic microbe to develop a resistance to the effects of an antimicrobial medication. It is estimated that by 2050, about 10 million people could be at risk every year if drug resistance is not managed.
https://www.thehealthsite.com/news/covid-19-virus-can-linger-on-human-skin-much-longer-than-flu-viruses-772520/

United Kingdom

COVID-19: Asian patients at higher risk of in-hospital deaths shows Study
Source: One News Page
ID: 1008022549

Patients of Asian ethnicity have an increased risk of dying in hospital from Covid-19, while those of Black ethnicity have an increased risk of requiring hospital admission for the disease, warns a London study.

The findings, published in the journal Eclinical Medicine, suggest that different treatment strategies may be required for different ethnic groups.

"For Black patients, the issue may be how to prevent mild infection progressing to severe whereas for Asian patients it may be how to treat life-threatening complications," said one of the study authors Ajay Shah, Professor of Cardiology at King's College London and Consultant Cardiologist at King's College. The study examined the relationship between ethnic background and SARS-CoV-2, the virus responsible for Covid-19.

The results confirm that minority ethnic patients bear a higher burden of the disease than White patients and also finds that Black patients and Asian patients are affected at different stages of the disease.

"The evidence is now clear that people from Black and minority ethnic groups are more severely affected by Covid-19," said Professor Chris Whitty, Chief Medical Officer for England and Head of the National Institute for Health Research (NIHR), Britain's largest funder of health and care research.

The study analysed data from 1,827 adult patients admitted to King's College Hospital, south-east London, with a primary diagnosis of Covid-19 between March 1 and June 2, 2020.

Researchers analysed mortality in this group, and also compared a subset of 872 admitted patients from inner south-east London with 3,488 matched controls residing in the same region to determine how ethnic background is associated with the need for hospitalisation for severe disease.

Of these 872 admitted patients, 48.1 per cent were Black, 33.7 per cent White, 12.6 per cent Mixed and 5.6 per cent were Asian ethnicity.

The analysis showed that Black and Mixed ethnicity patients have a three-fold higher risk of requiring hospital admission once infected with Covid-19 compared to White inner-city residents of the same region.

This is only partly explained by comorbidities and deprivation as adjusting for these factors Black patients still have a 2.2 to 2.7-fold higher admission risk.

However, in-hospital survival for these patients was not significantly different from White patients.

By contrast, Asian patients did not have a higher risk of requiring hospital admission with Covid-19 than White patients but their in-hospital death rate and need for intensive care unit admission was higher than the other groups.

The researchers observed that the minority ethnic patients were 10-15 years younger than White patients and had a higher prevalence of comorbidities, especially diabetes.

The study suggests that while comorbidities and socioeconomic factors contribute to the impact of Covid-19 on minority communities, there may be an important role for other factors such as biological factors which affect different subgroups in different ways.

The results of this study are likely to be applicable across the whole of London and similar UK cities, but more research is needed to translate to multi-ethnic populations in other countries.

[APG]

The number of confirmed Covid-19 cases in Britain passed 5,90,800, while the total number of deaths reached 42,760 on Saturday.
https://www.onenewspage.com/n/World/1zlu6134hg/COVID-19-Asian-patients-at-higher-risk-of.htm

Study

Scientists detect long-lived antibodies in blood, saliva samples from COVID-19 patients

Source: **Press Trust of India**

Unique ID: 1008006288

Boston, Oct 9 (PTI) Scientists, including one of Indian-origin, have documented the persistence of antibodies that target the novel coronavirus in the blood and saliva of patients with COVID-19 at least three months after symptom onset, a finding that may lead to alternative methods of testing for the viral infection. According to the researchers, including those from the Harvard Medical School in the US, these antibodies could be detected at similar levels in both blood and saliva, suggesting that saliva could be used as an alternative biofluid for antibody testing. They estimated sensitivities of the antibody types IgG, IgA, and IgM at 95 per cent, 90 per cent and 81 per cent, respectively, for detecting infected individuals between 15 to 28 weeks after symptom onset.

Boston, Oct 9 (PTI) Scientists, including one of Indian-origin, have documented the persistence of antibodies that target the novel coronavirus in the blood and saliva of patients with COVID-19 at least three months after symptom onset, a finding that may lead to alternative methods of testing for the viral infection.

The study, published in the journal Science, points to the IgG class of antibodies as the longest-lasting antibodies detectable in the patients during this time frame, and may serve as promising targets to detect and evaluate immune responses against the SARS-CoV-2 virus.

According to the researchers, including those from the Harvard Medical School in the US, these antibodies could be detected at similar levels in both blood and saliva, suggesting that saliva could be used as an alternative biofluid for antibody testing.

In the research, Anita Iyer and her team measured antibody responses in the blood of 343 patients with COVID-19 for up to 122 days after symptom onset, and compared these responses to those of 1,548 control individuals sampled before the pandemic.

The scientists focused only on antibodies specific to the receptor binding domain of the SARS-CoV-2 spike protein which it uses to enter host cells.

They estimated sensitivities of the antibody types IgG, IgA, and IgM at 95 per cent, 90 per cent and 81 per cent, respectively, for detecting infected individuals between 15 to 28 weeks after symptom onset.

Among these antibodies, the study noted that spike protein-specific IgM and IgA were short-lived, dropping beneath detection levels at around 49 and 71 days, respectively, after the appearance of symptoms.

However, it noted that the spike protein-targeted IgG responses decayed slowly over a period of 90 days, with only three individuals losing them within this timeframe.

According to the researchers, the levels of spike protein-specific IgG strongly correlated with levels of neutralising antibodies in the patients.

They also did not observe cross-reactivity of any SARS-CoV-2-targeting antibodies with other "common cold" coronaviruses.

Another study published in the journal Science also found that while IgA and IgM antibodies targeting the spike protein's receptor binding domain rapidly decayed, the IgG type remained relatively stable for up to 105 days after symptom onset in 402 patients with COVID-19.

In this study, researchers including Baweleta Isho from the University of Toronto in Canada, detected spike protein-specific antibodies in the saliva, as well as the blood, of these patients.

They charted the patients' antibody responses from three to 115 days after symptom onset, and compared their profiles with 339 pre-pandemic controls.

The scientists found that patients with COVID-19 showed peak IgG levels at 16 to 30 days after the appearance of symptoms.

According to the researchers, the levels of all spike protein-specific IgG, IgM, and IgA antibodies in the blood positively correlated with levels observed in matched saliva samples.

"Given that the virus can also be measured in saliva by PCR, using saliva as a biofluid for both virus and

antibody measurements may have some diagnostic value," they wrote in the study. PTI VIS
VIS
https://www.hindustantimes.com/science/scientists-detect-long-lived-antibodies-in-blood-saliva-samples-from-covid-19-patients/story-2D1prVrJAXF54H2noozPKK.html

China

China's successful control of COVID-19
Source: CrofsBlogs / The Lancet
Unique ID: 1008008856

Via The Lancet Infectious Diseases: China's successful control of COVID-19.
On Sept 22, 2020, US President Donald Trump gave a combative address to the UN General Assembly referring to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) as the “China virus”. He demanded that China was held accountable for “unleash[ing] this plague onto the world”. Chinese premier Xi Jingping, who addressed the General Assembly after Trump, urged nations affected by COVID-19 to “follow the guidance of science...and launch a joint international response to beat this pandemic”. He added that “any attempt of politicising the issue or stigmatisation must be rejected”. 9 days later, Trump tested positive for SARS-CoV-2.
According to a July survey by the Pew Research Center, two-thirds of Americans believe that China has done a bad job dealing with the COVID-19 pandemic. It is clearly not an opinion shared by WHO. In a press conference in September, Mike Ryan, executive director of the WHO Health Emergencies Programme, offered “deepest congratulations...to the front-line health workers in China and the population who worked together tirelessly to bring the disease to this very low level”.
As of Oct 4, 2020, China had confirmed 90 604 cases of COVID-19 and 4739 deaths, while the USA had registered 7 382 194 cases and 209 382 deaths. The UK has a population 20 times smaller than China, yet it has seen five times as many cases of COVID-19 and almost ten times as many deaths. All of which raises the question: how has China managed to wrest control of its pandemic?
Despite being the first place to be hit by COVID-19, China was well-placed to tackle the disease. It has a centralised epidemic response system. Most Chinese adults remember SARS-CoV and the high mortality rate that was associated with it.
“The society was very alert as to what can happen in a coronavirus outbreak”, said Xi Chen (Yale School of Public Health, New Haven, Connecticut, USA). “Other countries do not have such fresh memories of a pandemic”. Ageing parents tend to live with their children, or alone but nearby. Only 3% of China's elderly population live in care homes, whereas in several western countries, such facilities have been major sources of infection.
“The speed of China's response was the crucial factor”, explains Gregory Poland, director of the Vaccine Research Group at the Mayo Clinic (Rochester, Minnesota, USA). “They moved very quickly to stop transmission. Other countries, even though they had much longer to prepare for the arrival of the virus, delayed their response and that meant they lost control”.
The first reported cases of the disease that came to be known as COVID-19 occurred in Wuhan, Hubei province, in late December 2019. China released the genomic sequence of the virus on Jan 10, 2020, and began enacting a raft of rigorous countermeasures later in the same month.
Wuhan was placed under a strict lockdown that lasted 76 days. Public transport was suspended. Soon afterwards, similar measures were implemented in every city in Hubei province. Across the country, 14 000 health checkpoints were established at public transport hubs. School re-openings after the winter vacation were delayed and population movements were severely curtailed. Dozens of cities implemented family outdoor restrictions, which typically meant that only one member of each household was permitted to leave the home every couple of days to collect necessary supplies.
Within weeks, China had managed to test 9 million people for SARS-CoV-2 in Wuhan. It set up an effective national system of contact tracing. By contrast, the UK's capacity for contact tracing was overwhelmed soon after the pandemic struck the country.
As the world's largest manufacturer of personal protective equipment, it was relatively straightforward for China to ramp up production of clinical gowns and surgical masks. Moreover, the Chinese readily adopted mask wearing. “Compliance was very high”, said Chen. “Compare that with the USA, where even in June and July, when the virus was surging, people were still refusing to wear masks. Even in late September, President Trump still treated Joe Biden's mask-wearing as a weakness to be ridiculed”.

Drones equipped with echoing loudspeakers rebuked Chinese citizens who were not following the rules. The state-run Xinhua news agency has released footage taken from the drones. “Yes Auntie, this drone is talking to you”, one device proclaimed to a surprised woman in Inner Mongolia. “You shouldn't walk around without wearing a mask. You'd better go home and don't forget to wash your hands”. In the UK, 150 000 people were permitted to attend a horse racing meet in mid-March, 10 days before the country went into lockdown. In August, 460 000 Americans congregated in Sturgis, South Dakota, for a motorcycle rally.

On Febr 5, 2020, Wuhan opened three so-called Fangcang hospitals. Another 13 would appear over the next few weeks. The hospitals were established within public venues such as stadiums and exhibition centres and were used to isolate patients with mild-to-moderate symptoms of COVID-19. Patients who started to show symptoms of severe disease were quickly transferred to conventional hospitals. The network of Fangcang hospitals, which held 13 000 beds, meant that patients with COVID-19 did not have to isolate at home, which reduced the risk of family members becoming infected. By Mar 10, 2020, the Fangcang hospitals were no longer needed. From around the same time, the focus of China's countermeasures shifted from controlling local transmission to preventing the virus from taking hold as a result of imported cases. Those who entered the country were tested and quarantined.

A modelling study co-authored by Chen calculated that the public health actions undertaken by China between Jan 29 and Feb 29 may have prevented 1·4 million infections and 56 000 deaths. Still, it does not necessarily follow that China's response to the pandemic is generalisable. “As each country has its own health system and epidemic curve, measures implemented in one country may not be easily replicated by another”, points out Imperial College London's Han Fu. “Other factors such as coordination between government sectors and civil compliance with regulations may also affect the effectiveness of the response”. Much also depends on each nation's conception of civil liberties.

“In China, you have a combination of a population that takes respiratory infections seriously and is willing to adopt non-pharmaceutical interventions, with a government that can put bigger constraints on individual freedoms than would be considered acceptable in most Western countries”, adds Poland. “Commitment to the greater good is engrained in the culture; there is not the hyper-individualism that characterises parts of the USA, and has driven most of the resistance to the countermeasures against the coronavirus.”

Poland noted that the Chinese accept the notion that disease control is a matter of science. “China does not have the kind of raucous anti-vaccine, anti-science movement that is trying to derail the fight against COVID-19 in the USA”, he said.

In August, Wuhan hosted an enormous pool party. There were objections from some foreign media outlets. The state-owned Global Times was unapologetic. It suggested that the event stood as “a reminder to countries grappling with the virus that strict preventive measures have a payback”. The newspaper quoted a local resident who back in April had feared he might be bankrupted by the pandemic. “There weren't even many local people, not to mention tourists. But now my business is blooming with the city having fully recovered”, he said.

https://crofsblogs.typepad.com/h5n1/2020/10/chinas-successful-control-of-covid-19-the-lancet-infectious-diseases.html

https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(20)30800-8/fulltext

United States

SARS-CoV-2 Cluster in Nursery, Poland

Source: CDC – Emerging Infectious Diseases

ID: 1008009890

Abstract

We report a cluster of surprisingly high spread of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) associated with a single nursery in Poland. Our findings contrast with the presumed negligible role of children in driving the SARS-CoV-2 pandemic. Children 1–2 years of age might be effective SARS-CoV-2 spreaders.

Despite robust research, knowledge about coronavirus disease (COVID-19) spread and effective control measures is still limited. Until recently, research has indicated that children rarely spread the infection to adults and are not the primary drivers of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) transmission (1).

We describe characteristics of the cluster of SARS-CoV-2 cases that emerged in a single nursery in Poland within 2 weeks of its reopening. We anonymized all data and collected no sensitive data. The Bioethics Committee of the Medical University of Warsaw approved the study protocol.

The nursery at issue was reopened after a nationwide lockdown on May 18, 2020. On May 31, a nursery worker reported family contact with a symptomatic SARS-CoV-2–infected person, and the nursery was closed. During the 14 days the nursery was open, a mean of 25 children attended the nursery daily. Children spent »8 hours there, divided into 3 groups, each cared for by 2 caregivers (Appendix). Neither children nor caregivers moved across multiple classes. Caregivers wore facemasks when in contact with children. Parents did not enter the building when dropping off and picking up children. Contacts between parents and nursery workers lasted <15 minutes, with facemasks on. Family members of different children did not mix.

The index case of SARS-CoV-2 infection (in a nursery worker with family contact) was confirmed on June 4. Subsequent PCR testing of nursery staff, children attending the facility, and family members (2 initial case-patients plus 104 other persons) (Appendix) revealed positive results in an additional 4 nursery workers (of whom 1 was also a parent of a child attending the facility), 3 children of the nursery workers, 8 children attending the facility, 3 siblings of those children, 8 parents, and 1 grandparent. The cluster involved a total of 29 persons; 8 were children attending the nursery, and 12 were children's family members who did not enter the facility (Table). One child with a negative result had 2 parents with positive results. One child's parent tested negative in this cluster but had tested positive within the previous 2 weeks, involved in another cluster.

The overall positivity rate in our cluster was 27%. COVID-19 prevalence in Poland is low. The number of tests conducted in the country was 124,194 in June, whereas the number of positive cases was 1,374, which corresponded to a positivity rate of 1% (2). Thus, local SARS-CoV-2 circulation in society is not sufficient to explain the positivity rate in our cluster. The case of the COVID-19–negative child with positive parents could have been a false-negative result or a negative result after being infected. The result might also have been a true negative, and the parents were infected from another source. However, other potential exposures could not explain infections in all parents involved in our cluster.

All persons testing positive for severe acute respiratory syndrome coronavirus 2 infection in a cluster associated with a nursery, Poland 2020. Dates to left indicate first positive results in consecutive case-patients. Circles indicate infected case-patients; numbers in circles indicate age in years. Red circles indicate infected case-patients with symptoms. Circles connected by lines indicate case-patients who are members of the same household. Arrow indicates the probable index case-patient. Asterisk indicates child whose parent tested negative in this cluster but tested positive within the previous 2 weeks.
Figure. All persons testing positive for severe acute respiratory syndrome coronavirus 2 infection in a cluster associated with a nursery, Poland 2020. Dates to left indicate first positive results in consecutive...

We depict probable chains of transmission in the Figure. Of note, physical contact between nursery workers and children's family members who were infected was strictly limited, and the only close contacts for these groups of adults were children. Given that most COVID-19–positive persons were asymptomatic and tested on the same day, determining with certainty whether children transmitted the virus to their parents or the workers is not possible. Nevertheless, children seemed to be effective mediators of infection between adults.

Several reports concerning clusters of COVID-19 in childcare settings imply little to no SARS-CoV-2 transmission among children and from children to adults (1,3–5; A. Fontanet, unpub. data, https://doi.org/10.1101/2020.06.25.20140178External Link; R.M. Viner, unpub. data, https://doi.org/10.1101/2020.05.20.20108126External Link). However, such estimations are open to bias, given that most published data were obtained at the time of lockdown, when children's social contacts were limited to family members. Another limitation of those publications is that they applied mostly to school-age children.

The high infection attack rate among children in our cluster could be explained by prolonged close contact between very young children, who are less able to adjust to control measures. Similarly, specific intimate contact between toddlers and their family members could have led to effective spread within families. This observation might be particularly important in light of novel findings that nasopharyngeal SARS-CoV-2 levels are the highest in the youngest children (6). Moreover, the airborne transmission route in the nursery rooms' confined environment could have played an important role (7).

Our study has some potential limitations. We could not determine whether the infection in the nursery worker was the real index case because one of the children's parents had tested positive within the previous 2 weeks and that child could also have been the primary case. Moreover, we could not verify the information we obtained from the nursery about the facility's prevention methods.

Our report questions the role of young children in driving the COVID-19 pandemic. Of note, most children in our study were asymptomatic, and this cluster would likely not have been detected without subsequent testing of persons who had direct contact with the index case-patient. We believe further studies are needed to clarify young children's role in the transmission of SARS-CoV-2.

Dr. Okarska-Napierała works as an attending physician and professor in the Department of Pediatrics with the Clinical Assessment Unit, Medical University of Warsaw. Her research is focused on Kawasaki disease.
https://wwwnc.cdc.gov/eid/article/27/1/20-3849_article?ACSTrackingID=USCDC_333-DM40258&ACSTrackingLabel=Latest%20Expedited%20Articles%20-%20Emerging%20Infectious%20Diseases%20Journal%20-%20October%209%2C%202020&deliveryName=USCDC_333-DM40258

Domestic Events of Interest

Canada
UPDATE: Overdose advisory issued for Cowichan Valley; toxic drug supply suspected
Source: www.chemainusvalleycourier.ca
ID: 1008007245
Drug users are warned to take steps to protect themselves
Island Health has issued an overdose advisory due to an increase in overdoses in the Cowichan Valley.

A toxic drug supply is suspected, Island Health said.

Drug users are warned to take steps to protect themselves by visiting the overdose prevention site in Duncan at 221 Trunk Rd., which is open daily from 1-7 p.m. You can have your substances checked at the site, and it's somewhere that you don't have to use alone.

People should also carry naloxone and have an overdose response plan ready, do a test fix by trying a small portion before their regular hit, and talk to their doctor or health-care provider about ways to reduce the need to buy substances or experience withdrawal.

If people don't want to go to the overdose prevention site to use their drugs, they are urged to fix with a friend, and stagger use with that friend so someone is always available to respond to an emergency.

If someone overdoses, call 9-1-1 immediately, provide rescue breathing, and give naloxone if available.

Island Health is also urging people to use the LifeguardApp on their phones.

"We are all in this together, please watch out for fellow members of our community," said Dr. Shannon Waters, Island Health Medical Health Officer.

https://www.chemainusvalleycourier.ca/news/overdose-advisory-issued-for-cowichan-valley/

Canada
Ottawa company recalls eggs over Salmonella concerns
ID: 1008010717
Source: foodsafetynews.com

Ottawa company recalls eggs over Salmonella concerns
By News Desk on
October 9, 2020

Hilly Acres Farm is recalling eggs due to possible Salmonella contamination. The Ottawa-based company's eggs have been sold in Newfoundland, Labrador, and Nova Scotia.
The Canadian Food Inspection Agency (CFIA) is advising consumers and distributors, retailers and food service establishments such as hotels, restaurants, cafeterias, hospitals and nursing homes should not serve, sell or use the recalled eggs.

Recalled product:
All code dates between September 2 and October 31, 2020
Farmer John Eyking
All code dates between September 2 and October 31, 2020
Farmer John Eyking
All code dates between September 2 and October 31, 2020
Eyking Delite
All code dates between September 2 and October 31, 2020
Eyking Delite
All code dates between September 2 and October 31, 2020
Eyking Delite
All code dates between September 2 and October 31, 2020
Eyking Delite
All code dates between September 2 and October 31, 2020
Compliments
12 eggs
0 55742 35750 9
Lot codes containing "38" or "Hilly Acres", and all code dates between September 2 and October 31, 2020
These products may have been sold without a lot code. Consumers who are unsure are advised to check with their retailer.
Compliments
12 eggs
0 55742 35751 6
Lot codes containing "38" or "Hilly Acres", and all code dates between September 2 and October 31, 2020
These products may have been sold without a lot code. Consumers who are unsure are advised to check with their retailer.
Compliments
12 eggs
0 55742 35749 3
Lot codes containing "38" or "Hilly Acres", and all code dates between September 2 and October 31, 2020
These products may have been sold without a lot code. Consumers who are unsure are advised to check with their retailer.
Compliments
12 eggs
0 55742 35753 6
Lot codes containing "38" or "Hilly Acres", and all code dates between September 2 and October 31, 2020
These products may have been sold without a lot code. Consumers who are unsure are advised to check with their retailer.
None

Sold in flats of 30 eggs
None
All code dates between September 2 and October 31, 2020
Boxes are marked “N38”
12 eggs
0 60383 66414 5
Lot codes containing “38” or “Hilly Acres”, and all code dates between September 2 and October 31, 2020
These products may have been sold without a lot code. Consumers who are unsure are advised to check with their retailer.
no name
12 eggs
0 60383 66413 8
Lot codes containing “38” or “Hilly Acres”, and all code dates between September 2 and October 31, 2020
These products may have been sold without a lot code. Consumers who are unsure are advised to check with their retailer.
no name
12 eggs
0 60383 66415 2
Lot codes containing “38” or “Hilly Acres”, and all code dates between September 2 and October 31, 2020
These products may have been sold without a lot code. Consumers who are unsure are advised to check with their retailer.
no name
12 eggs
0 60383 66417 6
Lot codes containing “38” or “Hilly Acres”, and all code dates between September 2 and October 31, 2020
These products may have been sold without a lot code. Consumers who are unsure are advised to check with their retailer.
Maritime Pride
12 eggs
7 70004 14470 2
Lot codes containing “38” or “Hilly Acres”, and all code dates between September 2 and October 31, 2020
These products may have been sold without a lot code. Consumers who are unsure are advised to check with their retailer.
Maritime Pride
18 eggs
7 70004 14418 4
Lot codes containing “38” or “Hilly Acres”, and all code dates between September 2 and October 31, 2020
These products may have been sold without a lot code. Consumers who are unsure are advised to check with their retailer.
Maritime Pride
30 eggs
7 70004 14414 6
Lot codes containing “38” or “Hilly Acres”, and all code dates between September 2 and October 31, 2020
These products may have been sold without a lot code. Consumers who are unsure are advised to check with their retailer.
Nova Eggs
12 eggs
0 59001 01114 0
Lot codes containing “38” or “Hilly Acres”, and all code dates between September 2 and October 31, 2020
These products may have been sold without a lot code. Consumers who are unsure are advised to check with their retailer.
Nova Eggs Ultra
12 eggs
0 59001 90104 5
Lot codes containing “38” or “Hilly Acres”, and all code dates between September 2 and October 31, 2020
These products may have been sold without a lot code. Consumers who are unsure are advised to check

with their retailer.
Nova Eggs Eggsquisite
6 eggs
0 67799 08006 4
Lot codes containing “38” or “Hilly Acres”, and all code dates between September 2 and October 31, 2020
These products may have been sold without a lot code. Consumers who are unsure are advised to check with their retailer.
Nova Eggs
All Grain Eggs Large Size
12 eggs
0 67799 08112 2
Lot codes containing “38” or “Hilly Acres”, and all code dates between September 2 and October 31, 2020
These products may have been sold without a lot code. Consumers who are unsure are advised to check with their retailer.
Nova Eggs
18 eggs
0 59001 90118 2
Lot codes containing “38” or “Hilly Acres”, and all code dates between September 2 and October 31, 2020
These products may have been sold without a lot code. Consumers who are unsure are advised to check with their retailer.
Nova Eggs
Extra Large Size White Eggs
18 eggs
0 59001 91119 8
Lot codes containing “38” or “Hilly Acres”, and all code dates between September 2 and October 31, 2020
These products may have been sold without a lot code. Consumers who are unsure are advised to check with their retailer.
Nova Eggs
12 eggs
0 59001 01123 2
Lot codes containing “38” or “Hilly Acres”, and all code dates between September 2 and October 31, 2020
These products may have been sold without a lot code. Consumers who are unsure are advised to check with their retailer.
Nova Eggs Ultra
Extra Large Size Brown Eggs
12 eggs
0 67799 08104 7
Lot codes containing “38” or “Hilly Acres”, and all code dates between September 2 and October 31, 2020
These products may have been sold without a lot code. Consumers who are unsure are advised to check with their retailer.
Great Value
12 eggs
6 81131 91195 5
Lot codes containing “38” or “Hilly Acres”, and all code dates between September 2 and October 31, 2020
These products may have been sold without a lot code. Consumers who are unsure are advised to check with their retailer.
Great Value
12 eggs
6 81131 91196 2
Lot codes containing “38” or “Hilly Acres”, and all code dates between September 2 and October 31, 2020
These products may have been sold without a lot code. Consumers who are unsure are advised to check with their retailer.
Great Value
https://www.foodsafetynews.com/2020/10/ottawa-company-recalls-eggs-over-salmonella-concerns/?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed:%20foodsafetynews/mRcs%20(Food%20Safety%20News)

International Events of Interest

IHR Announcement
Poliomyelitis (Circulating vaccine-derived poliovirus and Wild Poliovirus) – Global update
09 October 2020
Between 1 January and 07 October 2020, there have been several countries affected by poliomyelitis including circulating vaccine-derived poliomyelitis type 1 and 2 (cVDPV1 and cVDPV2) and wild poliovirus type 1 (WPV1) globally. This announcement is a weekly update on the status of cVDPV and WPV1 in these affected countries.
Between 01 and 07 October 2020, there have been four WPV1 in Acute Flaccid Paralysis (AFP) cases and 14 WPV1 positive environmental samples reported in Afghanistan and Pakistan. During the same period, there have been 17 cVDPV2 in AFP cases and 17 cVDPV2 positive environmental samples reported in Afghanistan, Pakistan, Burkina Faso, Chad, Democratic Republic of the Congo (DRC), Egypt and Somalia. Below is the description of the reported cases by country:
•Afghanistan: Four WPV1 in AFP cases, eight cVDPV2 in AFP cases and two cVDPV2 positive environmental samples
•Pakistan: 14 WPV1 positive environmental samples and 10 cVDPV2 positive environmental samples
•Burkina Faso: six cVDPV2 in AFP cases
•Chad: three cVDPV2 in AFP cases
•DRC: one cVDPV2 positive environmental sample
•Egypt: one cVDPV2 positive environmental sample
•Somalia: three cVDPV2 positive environmental samples
Please find below the link to the weekly global polio update published by the global polio eradication initiative (GPEI) that includes an update on polio (WPV 1, cVDPV1, and cVDPV2) case count for this week (between 01 and 07 October 2020) and cumulative case count by country since 1 January 2020.
http://polioeradication.org/polio-today/polio-now/this-week/
Public Health Response
The Global Polio Eradication Initiative (GPEI) is continuing to support countries in their response implementation, including field, virological, and epidemiological investigations, strengthening surveillance for acute flaccid paralysis and evaluating the extent of virus circulation. GPEI staff in countries are supporting on adjusting routine immunization and outbreak response to the prevailing COVID-19 situation.
In 2019 and early 2020, the Global Polio Eradication Initiative developed the Strategy for the Response to Type 2 Circulating Vaccine-derived Poliovirus 2020-2021, an addendum to the Polio Endgame Strategy 2019-2023 to more effectively address the evolving cVDPV2 epidemiology, which will drive outbreak response in 2020 and 2021. Necessary adaptations of delivery strategy and timelines are continuously being made.
Accelerating the development of novel oral polio vaccine type 2 (nOPV2) and enabling its use is an important step forward for GPEI. The new vaccine is anticipated to have a substantially lower risk of seeding new type 2 vaccine-derived polioviruses compared to mOPV2.
WHO risk assessment
The continued spread of existing outbreaks due to circulating vaccine-derived poliovirus type 2 as well as the emergence of new type 2 circulating vaccine-derived polioviruses points to gaps in routine immunization coverage as well as the insufficient quality of outbreak response with monovalent oral polio vaccine type 2. The risk of further spread of such strains, or the emergence of new strains, is magnified by an ever-increasing mucosal-immunity gap to type 2 poliovirus on the continent, following the switch from trivalent to bivalent oral polio vaccine in 2016.
The detection of cVDPV2s underscores the importance of maintaining high routine vaccination coverage everywhere to minimize the risk and consequences of any poliovirus circulation. These events also underscore the risk posed by any low-level transmission of the virus. A robust outbreak response is needed to rapidly stop circulation and ensure sufficient vaccination coverage in the affected areas to prevent similar outbreaks in the future. WHO will continue to evaluate the epidemiological situation and outbreak response measures being implemented.

The COVID-19 pandemic is continuing to affect the global polio eradication effort. Given that operationally polio vaccination campaigns are close-contact activities, they are incompatible with the current global guidance on physical distancing regarding the COVID-19 response efforts. As such, the programme has taken a very difficult decision to temporarily delay immunization campaigns. The overriding priority is to ensure the health and safety of health workers as well as communities. All GPEI recommendations are in line with those on essential immunization and are available here.
The programme has implemented a two-pronged approach to minimise the risk of an increase in polio cases, particularly in areas which are affected by the disease and possibly a spread of the virus to other areas.
i) The programme will continue, to the extent possible, its surveillance activities to monitor the evolution of the situation.
ii) The programme aims to return to action in full strength including with vaccination campaigns, as rapidly as is safely feasible. The timing will depend on the local situation and the programme will then need to operate in the context of the respective countries national health systems risk assessments and priorities. Comprehensive, context-specific plans to resume efforts are being developed, to be launched whenever and wherever the situation allows.
In many countries, polio assets (e.g., personnel, logistics, operations) are assisting national health systems to respond to the COVID-19 pandemic and help ensure the crisis is dealt with as rapidly and effectively as possible.
WHO advice
It is important that all countries, in particular those with frequent travels and contacts with polio-affected countries and areas, strengthen surveillance for acute flaccid paralysis (AFP) cases in order to rapidly detect any new virus importation and to facilitate a rapid response. Countries, territories and areas should also maintain uniformly high routine immunization coverage at the district level to minimize the consequences of any new virus introduction.
WHO's International Travel and Health recommends that all travellers to polio-affected areas be fully vaccinated against polio. Residents (and visitors for more than 4 weeks) from infected areas should receive an additional dose of OPV or inactivated polio vaccine (IPV) within 4 weeks to 12 months of travel.
As per the advice of an Emergency Committee convened under the International Health Regulations (2005), efforts to limit the international spread of poliovirus remains a Public Health Emergency of International Concern (PHEIC). Countries affected by poliovirus transmission are subject to Temporary Recommendations. To comply with the Temporary Recommendations issued under the PHEIC, any country infected by poliovirus should declare the outbreak as a national public health emergency and consider vaccination of all international travelers.

United States

New Salmonella outbreak associated with juice bar in Minnesota
Source: Food Safety News
ID: 1008011845

Minnesota officials are investigating a Salmonella outbreak among patrons of a juice bar. Health officials believe additional people likely are part of the outbreak.
A specific source from NéktƟr Juice Bar in Woodbury, MN, has not yet been pinpointed, but the Minnesota Health Department is reporting that all confirmed patients have infections from a specific variant of Salmonella Paratyphi B, meaning they were most likely sickened by the same source.

"Since many (patients with) salmonellosis do not seek health care and get tested, the number of ill people that are part of this outbreak is likely to be larger than the number of cases identified," health officials said. ". . . people who have symptoms of salmonellosis, but who have not yet sought health care, (need) to mention this outbreak to their provider if they seek health care."
As of today, the investigators continue to interview patients in their attempts to identify a specific food or drink that was contaminated with the Salmonella. The outbreak patients became ill between Aug. 27 and Sept. 21. Two cases have been hospitalized. All are recovering, according to state health officials.
"The investigation to date has found that the cases consumed a variety of menu items — juices, smoothies, or bowls — from NéktƟr Juice Bar in Woodbury from mid-August to Sept. 20. It is possible

that infections in people who became ill after visiting the establishment more recently have not yet been detected," according to the state health department.
NéktƟr Juice Bar in Woodbury has cleaned, sanitized and restocked ingredients, the health department reported.
Approximately 700-1000 Salmonella infections are reported each year in Minnesota.
About Salmonella infections
Food contaminated with Salmonella bacteria does not usually look, smell, or taste spoiled. Anyone can become sick with a Salmonella infection. Infants, children, seniors, and people with weakened immune systems are at higher risk of serious illness because their immune systems are fragile, according to the CDC.
Anyone who has eaten any food or beverages from the implicated business and developed symptoms of Salmonella infection should seek medical attention. Sick people should tell their doctors about the possible exposure to Salmonella bacteria because special tests are necessary to diagnose salmonellosis.
Salmonella infection symptoms can mimic other illnesses, frequently leading to misdiagnosis.
Symptoms of Salmonella infection can include diarrhea, abdominal cramps, and fever within 12 to 72 hours after eating contaminated food. Otherwise, healthy adults are usually sick for four to seven days. In some cases, however, diarrhea may be so severe that patients require hospitalization.
Older adults, children, pregnant women, and people with weakened immune systems, such as cancer patients, are more likely to develop a severe illness and serious, sometimes life-threatening conditions.
Some people get infected without getting sick or showing any symptoms. However, they may still spread the infections to others.
https://www.foodsafetynews.com/2020/10/new-salmonella-outbreak-associated-with-juice-bar-in-minnesota/?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed: foodsafetynews/mRcs

European Union

West Nile virus in Europe in 2020 - human cases compared to previous seasons, updated 8 October 2020
Source: ECDC
Unique ID: 1008006984

Since the start of the 2020 transmission season and as of 8 October 2020, EU Member States have reported 285 human cases of WNV infection and 31 deaths through TESSy: Greece (135, including 20 deaths), Spain (75, including 7 deaths), Italy (54, including 3 deaths), Germany (12), Romania (6, including 1 death) and Hungary (3). The province of Badajoz, Spain, and five regions in Germany reported locally acquired human cases of WNV infection for the first time (regions of Barnim, Ostprignitz-Ruppin, Saalekreis, Halle (Saale) and Meissen). All other cases were reported from areas that have been affected during previous transmission seasons.
Since the start of the 2020 transmission season and as of 8 October 2020, EU Member States have reported 285 human cases of WNV infection and 31 deaths through TESSy: Greece (135, including 20 deaths), Spain (75, including 7 deaths), Italy (54, including 3 deaths), Germany (12), Romania (6, including 1 death) and Hungary (3). The province of Badajoz, Spain, and five regions in Germany reported locally-acquired human cases of WNV infection for the first time (regions of Barnim, Ostprignitz-Ruppin, Saalekreis, Halle (Saale) and Meissen). All other cases were reported from areas that have been affected during previous transmission seasons. No cases have been reported from EU neighbouring countries.
https://www.ecdc.europa.eu/en/publications-data/west-nile-virus-europe-2020-human-cases-compared-previous-seasons-updated-8

South Sudan

Mystery Outbreak in South Sudan Kills Three
Source: All Africa
ID: 1008009741
9 OCTOBER 2020
By David Mayen
Three people have died of a mysterious haemorrhagic fever in South Sudan's Raja county of Western Bhar-el-Ghazal State, raising fears of an outbreak of Ebola.

On Thursday evening, South Sudan's Ministry of Health said it is investigating the death of three people who had presented suspected symptoms of bleeding and fever and indicated that some 127 similar cases had been recorded since last week.

"On October 3, a woman in Sir Malaga town died shortly after returning home from the market with symptoms of bleeding from nose and mouth. On the following day, two family members of the deceased presented similar symptoms and died as well," a dispatch from the ministry said.

The government said the deaths triggered an alarm which prompted the army base in Sir Malaga to report to Raja.

"At 1pm on October 5, additional information was received from the same area indicating that three neighbours of the victims presented similar symptoms. One is critical and two are mildly ill," the statement said.

In response, the Health ministry said it sent a team of six healthcare workers who included epidemiologists from the World Health Organisation, surveillance officers, clinicians, laboratory officers and hygiene officers to investigate the cases.

The team collected blood samples from two acutely sick patients. The samples are now undergoing testing at the Public Health Laboratory.

"The Rapid Response Team has listed a total of eight contacts and has also conducted a risk assessment, risk communication and mobilisation in the area. The suspected cases have no history of contact with the patients who have similar clinical manifestations," said the ministry.

The government called on WHO and other partners to address basic health services, stressing that the area has no road network, no health facility, lacks basic health services, and has no telecommunication coverage.
Sir Malaga town is located close to the Central African Republic.
According to a report released by Global Health Workforce Alliance, South Sudan faces a severe shortage of all categories of trained health professionals, including physicians and midwives.
The country relies on inadequately trained or low skilled health workers.
In May this year, doctors working as part of the Rapid Response Team threatened to lay down their tools if their incentives were not paid.
The healthcare workers highlighted the dangers posed by the surge in the number of coronavirus infections in the country and demanded the taskforce provides them with working incentives.
They also demanded accommodation to keep them away from their families to curb the spread of the pandemic to their family members.
https://allafrica.com/stories/202010090774.html

Researches, Policies and Guidelines

IOM (International Organization for Migration)
Immediate Action Required to Address Needs, Vulnerabilities of 2.75m Stranded Migrants Posted
Source:IOM

9 Oct 2020
Geneva - Effective international cooperation is urgently needed to address the circumstances of millions of migrants stranded worldwide due to mobility restrictions imposed to contain the spread of COVID-19, the International Organization for Migration said today.

A three-month-long COVID-19 Impact on Migrants effort by IOM's Returns Task Force reveals for the first time the scope and complexities of the challenges facing governments and people on the move at a time when at least 2.75 million* migrants are stranded (13 July) worldwide.

"The scope and subsequent enforcement of tens of thousands of mobility restrictions including border closures and nation-wide lockdowns related to COVID-19 requires states to reach out to their neighbours and to migrants' countries of origin to address their needs and vulnerabilities," said IOM Director General, António Vitorino.

"It should be clear that migrants can be returned home in a safe and dignified manner despite the constraints imposed by COVID-19. Where governments have taken action, tens of thousands of migrants have been able to return home in a manner that takes into consideration the significant health challenges the pandemic poses. Labour corridors have been re-opened, helping to reanimate economies in both source and destination countries and dampen the economic impact of the pandemic. These are all positive steps, but we must move now to replicate these good practices more widely."

For the purposes of the report, stranded migrants are defined as individuals outside of their country of habitual residence, wishing to return home but who are unable to do so due to mobility restrictions related to COVID-19. This snapshot, based on data collected from 382 locations in more than 101 countries, "is considered a large underestimation of the number of migrants stranded or otherwise impacted by COVID-19" the report states.

IOM has been tracking global mobility restrictions and their impact since early March. The most recent data reveals some 220 countries, territories and areas have imposed over 91,000 restrictions on movement. As a result of these global containment measures, IOM has received hundreds of requests to assist nearly 115,000 stranded migrants to safely and voluntarily return home.

Once stranded, some migrants are at a higher risk of abuse, exploitation and neglect. The loss of livelihoods can increase vulnerabilities and expose them to exploitation by criminal syndicates, human traffickers and others who take advantage of these situations.

IOM has repeatedly called for migrants to be included in national COVID-19 response and recovery plans. Too often, however, they are excluded from or, due to their irregular status, unwilling to seek health and other social support services, a situation exacerbated by rising anti-migrant sentiment in some countries.

"Migrants often face stigma, discrimination and xenophobic attacks but the extent to which social media in particular has served as an incubator and amplifier of hate speech is a deeply-troubling phenomena," Director General Vitorino said.

"The violence we have seen directed at migrants and other vulnerable people is inexcusable. It is essential to criminalize extreme forms of hate speech, including incitement to discrimination and violence, and to hold the perpetrators accountable."

Additionally, measures such as the use of quarantine to manage the spread of COVID-19 have regrettably also resulted in migrants being warehoused in unsanitary conditions where basic hygiene and physical distancing measures cannot be met, creating a breeding ground for the spread of potentially fatal diseases and a situation where migrants are at risk of facing further discrimination.

The circumstances people find themselves in vary enormously. In a recent joint statement UN agencies highlighted the critical situation of some 400,000 seafarers who are currently stranded at sea, many of whom have been onboard their vessels for up to 17 months -- six months longer than the maximum of 11 months. The backlog is a humanitarian crisis which threatens the wellbeing of seafarers and maritime safety.

Nonetheless, it is clear that dialogue and cooperation can produce concrete results.

An IOM Issue Brief on Stranded Migrants notes that some governments have been proactive in addressing vulnerability issues, allowing migrants regardless of their migratory status or insurance, to have access to medical facilities, particularly those dedicated to COVID-19, and providing food and accommodation to others.

Canada, Portugal, Italy and Germany and many other states have adjusted the visa arrangement for seasonal workers in light of the mobility constraints posed by the pandemic. The government of Qatar also announced that migrant workers in quarantine or undergoing treatment will receive full salaries, while the Slovak Republic has extended residency permissions for non-citizens as an exceptional crisis measure.

[APG]

While mobility restrictions continue to impede the movement of migrant workers globally, exceptions are being made. In recent weeks the first of an expected 3,400 Mozambiquan miners have been allowed to cross back into South Africa to resume work after being medically screened and informed about the risks posed by COVID-19 by IOM. Discussions are progressing about providing the same facility to thousands of agricultural workers.

International cooperation has also paved the way for IOM to provide voluntary return assistance to more than 15,000 vulnerable, stranded migrants in recent months, in a manner that addresses public health concerns related to COVID-19.

Note *This figure of 2.75 million represents known cases of migrants stranded abroad, from public or official sources and direct requests to IOM, in need of different types of assistance including food, water, shelter and/or return assistance. It includes migrants that have been either identified by IOM missions, referred to IOM for assistance by Governments including by Diplomatic and Consular offices, civil society partners, other UN agencies or which have approached IOM for assistance individually.

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https://reliefweb.int/report/world/immediate-action-required-address-needs-vulnerabilities-275m-stranded-migrants