

GPHIN Daily Report for 2020-09-11

Special section on Coronavirus

Canada

Areas in Canada with cases of COVID-19 as of 10 September 2020 at 07:00 pm EDT

Source: Government of Canada

Province, territory or other	Number of confirmed cases	Number of active cases	Number of deaths
Canada	134,924	6,771	9,163
Newfoundland and Labrador	270	1	3
Prince Edward Island	55	11	0
Nova Scotia	1,086	2	65
New Brunswick	193	3	2
Quebec	64,244	1,847	5,773
Ontario	43,855	1,567	2,814
Manitoba	1,378	360	16
Saskatchewan	1,676	59	24
Alberta	15,304	1,494	253
British Columbia	6,830	1,427	213
Yukon	15	0	0
Northwest Territories	5	0	0
Nunavut	0	0	0
Repatriated travellers	13	0	0

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

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

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

Canada

Windsor-Essex community cluster of COVID-19 reaches 37 cases

Source: CTV

Unique ID: [1007812081](#)

CTV Windsor Web Writer / Reporter

The contact tree for the cluster of COVID-19 cases in Windsor-Essex. (Courtesy WECHU)

The Windsor-Essex County Health Unit says a community cluster of COVID-19 that began with one "innocent party" has now reached 37 cases.

When the health unit first released details of the cluster last week, the number of cases was 31. Now there are 37 people with the virus in the cluster.

WECHU says 12 cases have been discharged and there have been no deaths associated with cluster.

Medical officer of health Dr. Wajid Ahmed says it started with an event with "Family A" on Aug. 16.

"What started off as an innocent party at one home and because the social circle, social gathering limit was not maintained and then these individuals went to another places and then from there some groups of people went to another place," says Ahmed.

The youngest age in the cluster is 14 and the oldest is 77.

Ahmed says he is concerned about the age group involved, since the majority of the cases are between 14 and 19 and school is starting this week.

Ahmed says 81 per cent of the cases are from Windsor. Some of the events and exposure locations where people visited are in parts of Essex County.

The earliest symptom onset date was Aug. 20 and the last case was reported Sept. 3.

Ahmed says these events tend to lead to people getting upset and stigmatization about some of the people who are involved.

"That is not the public health goal or the public health's message that we want to share," says Ahmed.

"Obviously there is a certain level of responsibility that we expect from every community member, but as part of reducing that stigma. It's no one's fault, it's everyone's fault when you are part of that group and when you engaged in these type of activities and not following the public health guidelines."

The recommended social circle is 10 people. If outside of the social circle, people are instructed to keep a two-metre physical distance and wear masks.

"The critical piece is reduce the number of close contacts," adds Ahmed.

<https://www.iheartradio.ca/am800/news/windsor-essex-community-cluster-of-covid-19-reaches-37-cases-1.13453462>

Canada

Those who don't follow mask guidelines in Quebec will be fined as of Saturday: Premier

Source: CTV News

Unique ID: [1007812679](#)

Katelyn Thomas CTV News Montreal Digital Reporter

Published Thursday, September 10, 2020 8:44AM EDT Last Updated Thursday, September 10, 2020

MONTREAL -- As of Saturday, Quebecers who do not comply with public health guidelines amid the COVID-19 pandemic -- particularly, those who don't wear masks inside public places and on public transit -- will be subject to fines.

Premier Francois Legault made the announcement at a press conference in Quebec City on Thursday morning alongside Health Minister Christian Dubé and the province's director of public health, Dr. Horacio Arruda.

"It is important to say that still today there is a very vast majority who follow the guidelines of public health, but unfortunately there is a small minority of irresponsible people who are not following the guidelines, and these people are putting many things at risk," Legault said.

Legault did not say how much fines will cost, adding that is expected to be announced on Thursday by Minister of Public Safety Genevieve Guilbault. They will be high enough to encourage people to wear masks, he said.

"The purpose is that the fines will deter people from not respecting the guidelines," he said.

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The measure will apply across the province but the government is asking police officers to pay particular attention to regions labelled yellow on Quebec's new regional alert system and to increase their presence in closed public spaces.

"And obviously, we're asking the population -- when they see something out of line -- to call 911," Legault

said.

"There's a trend that we don't like here, and right now we cannot accept that a few irresponsible individuals put at risk our entire society in Quebec, so I think it is now time to clamp down on these people," he added.

Despite a recent upward trend in daily cases across Quebec and 14 new hospitalizations over a two-day period, Legault said "I think that we are still in a situation that is under control."

He added that a province-wide lockdown is not being considered at the moment, but certain things -- like karaoke events in bars -- may be restricted, after a recent outbreak in Quebec City was traced back to a karaoke event. An announcement on the subject of karaoke is expected in the coming days, but the province has no plans to close bars entirely, Legault said.

Legault defended his recent trip to Ontario to meet with Premier Doug Ford after receiving backlash for dining with him in a closed space.

"All the rules were respected in Toronto -- when we were inside, we wore masks until we were sitting down two metres away from one another," Legault said. "All public health measures were applied."

On Wednesday, Montreal's director of public health, Mylene Drouin, said several cases in the city have been linked back to private gatherings where guidelines haven't been followed.

"Parties, dinners, weddings, and social activities after (playing) sports with friends," she said. "It's really in those events we can see there is transmission going on."

"We ask people to be more vigilant when they are in social activities and to follow the public health recommendations," she added.

Air Date: September 9, 2020

<https://montreal.ctvnews.ca/those-who-don-t-follow-mask-guidelines-in-quebec-will-be-fined-as-of-saturday-premier-1.5099115>

Canada

Six new COVID-19 cases; SHA outlines school outbreak protocol

Source: panow.com

ID: 1007814111

The Saskatchewan Health Authority reported six new COVID-19 cases in the province on Thursday. There is one new case each in the Far North East, Saskatoon, Central West, Central East and Regina areas. The location of the sixth case is pending.

Of the 1,676 total cases, 1,593 have recovered. There are 59 active cases in the province currently.

One person is in hospital receiving inpatient care in Saskatoon.

School outbreak protocol and staying home when you are sick

If an outbreak in a school is declared, it will be announced on the provincial government's website. All the parents of that school will also be notified.

As defined by the SHA, an outbreak will be declared when two or more people from one school test positive for COVID-19, within a specific time period. An outbreak does not necessarily mean the school will automatically close, nor does it mean there is a risk to others.

But with the return of school this fall and winter, Saskatchewan's top doctor Saqib Shahab said during Thursday's press conference said children will have to stay at home more often due to coughs and colds, which look a lot like COVID-19 symptoms. He said schools and employers will have to take that into account.

"Schools have said this time around, they'll take into account the fact that children may have to stay home several times during the fall and winter because all of us, children especially, get coughs and colds," Shahab said. "If you have a cough or cold, you should stay home until you are better, or if your COVID test is negative. That will happen more frequently."

"I think parents of children who are too young to stay home alone need to have a backup plan for that morning when a child is unwell and needs to stay home," Shahab added. "Because of that, employers have already supported staff staying at home if they're unwell throughout the pandemic before going back to work."

If a student or education staff receives a positive COVID-19 test result, public health immediately begins their contact investigation. Notification processes will proceed as outlined in the Safe Schools Plan Parent Information Packages.

Of the 1,676 cases in the province:

257 cases are travellers;
839 are community contacts (including mass gatherings);
498 have no known exposures; and
82 are under investigation by local public health

Overall in Saskatchewan:

69 cases are healthcare workers; however, the source of the infections may not be related to healthcare in all instances.

280 cases involve people 19 years of age and under, while the remainder are adults.

542 cases are in the 20 to 39 age range; 511 are in the 40 to 59 age range; 285 are in the 60 to 79 age range; and 58 are in the 80-plus range.

51 per cent of the cases are females and 49 per cent are males.

24 deaths related to COVID-19 have been reported to date.

There are:

428 cases from the south area (218 south west, 197 south central, 13 south east)

356 cases from the far north area (349 far north west, seven far north east)

278 cases from the Saskatoon area

270 cases from the north area (131 north west, 73 north central, 66 north east)

205 cases from the central area (167 central west, 38 central east)

138 cases from the Regina area

The location of one case is pending.

To date, 153,649 COVID-19 tests have been performed in Saskatchewan. As of September 8, 2020, when other provincial and national numbers were available from the Public Health Agency of Canada, Saskatchewan's per capita rate was 109,722 people tested per million population. The national rate was 157,754 people tested per million population.

Yesterday, 1,120 COVID-19 tests were performed in Saskatchewan.

<https://panow.com/2020/09/10/six-new-covid-19-cases-sha-outlines-school-outbreak-protocol/>

Canada

Pandemic restrictions make opioid addiction treatment more difficult in Timmins area, health officials say

Source: CBC | Sudbury News

ID: 1007814042

A recent spike in overdose deaths is prompting the spokesperson for the Timmins Area Drug Strategy to call for more community based help in dealing with the opiate crisis.

Jason Sereda says during the last six months they've seen an increase in overdose deaths in Timmins.

Other communities are experiencing similar spikes, including Sudbury, North Bay and Thunder Bay.

Sereda says in Timmins there are large gaps in the system, so individuals are falling through the cracks.

One example is where treatment or detox facilities are located.

"A lot of the treatment programs and detox programs are rather far away from Timmins," he said.

"So to get people there in a timely fashion is difficult in the best of times, but during COVID, where there are those extra restrictions and extra hoops to jump through, it's become very difficult."

Sereda notes many of the substance use services normally available in Timmins either shut down or reduced hours of operations in March, as a result of the pandemic. And that meant the vulnerable population became even more marginalized.

He says there have been 10 fatalities connected to poisoned street drugs in the Timmins area.

After a Labour Day weekend that saw an "unnaturally high" number of overdoses, the Porcupine Health Unit's medical officer of health, Dr. Lianne Catton, said "the opioid crisis remains a significant concern for all PHU communities."

The executive director of South Cochrane Addictions Services, Angèle Desormeau, also noted that a recent Ipsos survey indicated 42 per cent of Ontario's adults surveyed had increased their substance or gambling use since the pandemic started.

"We endorse Addictions and Mental Health Ontario's call for urgent action to address the rising number of overdoses and opioid-related deaths and the devastating impact felt by families and communities across Ontario," she stated.

In the meantime, officials say naloxone remains "one of the best tools we have to save lives from opioid overdoses."

"We continue to work with all community partners to ensure naloxone is available across all communities and to increase the conversation, as a drug strategy, on how we can further support community members and close potential gaps in services," Dr. Catton said.

The Timmins and Area Drug Strategy urges people who use drugs to never use alone, have someone available to call 911 if an overdose occurs, and carry naloxone. Free naloxone kits are readily available throughout the area at Porcupine Health Unit offices as well as at many organizations and pharmacies.

<https://www.cbc.ca/news/canada/sudbury/timmins-cochrane-opioid-drug-overdose-treatment-pandemic-1.5718666?cmp=rss>

Canada

Minister Tassi announces new funding for the Canadian Centre for Occupational Health and Safety

Source: Canada News Centre - National News

ID: 1007813946

As the Canadian economy adapts to the realities of COVID-19, the health and safety of workers is a fundamental part of reopening and rebuilding our economy. The Government of Canada is taking steps to ensure that employers and employees have the resources they need for a safe and responsible return to the workplace.

Today, the Honourable Filomena Tassi, Minister of Labour, announced new funding of \$2.5 million over two years for the Canadian Centre for Occupational Health and Safety (CCOHS), so it can continue to provide valuable guidance to Canadian workers and businesses. Since the beginning of the COVID-19 pandemic, CCOHS has published health and safety tip sheets on its website, made e-learning courses available free of charge and provided an online space, Pandemic Info Share, where businesses can share resources and advice. This new funding enables CCOHS to continue its important work; including creating more sector-specific guidance and new e-learning tools that will help Canadian workplaces operate safely during the COVID-19 pandemic.

This funding is part of a coordinated response by federal, provincial and territorial governments, public health authorities and CCOHS to the COVID-19 pandemic. These entities are making sure that businesses have all the necessary tools and resources to protect workers' health and safety during and beyond COVID-19.

Quotes

"COVID-19 has created challenges on many fronts for Canadian workers and businesses. As more workplaces reopen, the health and safety of workers is a priority. This new funding for CCOHS will make more advice and information available to workplaces as they take steps to operate safely and responsibly during this pandemic."

– The Honourable Filomena Tassi, Minister of Labour

"The need for reliable information and tools to protect the health of workers has never been greater. This funding support from the Labour Program will give CCOHS even greater capacity to provide health and safety guidance and learning modules for specific higher-risk sectors and occupations. This will help

employers quickly gain the knowledge they need to ensure a safe and orderly reopening and return to work for all.”

<https://www.canada.ca/en/employment-social-development/news/2020/09/minister-tassi-announces-new-funding-for-the-canadian-centre-for-occupational-health-and-safety.html>

Canada

COVID-19 outbreaks declared at two southern Alberta schools

Source: Rimbey Review

ID: 1007813822

Two COVID-19 outbreaks have been declared at high schools in southern Alberta.

A letter sent to parents of students at Henry Wise Wood High School from Alberta Health Services says two or more cases have been confirmed at the southwest Calgary school.

It says the local medical officer of health has declared a COVID-19 outbreak at the school and public health is investigating to determine who may have been exposed to the virus.

A similar letter was sent to parents with children at Chinook High School in Lethbridge.

The letter from the medical officers of health from Lethbridge and Medicine Hat says public health staff are investigating cases at the school.

They say staff or students who have had direct contact with those people with COVID-19 will be contacted.

<https://www.rimbeyreview.com/news/covid-19-outbreaks-declared-at-two-southern-alberta-schools/>

Canada

Potential COVID-19 exposure on flight from Winnipeg to Vancouver: health officials

Source: CTV News - Winnipeg

ID: 1007813818

WINNIPEG -- Provincial health officials are warning Manitobans about two separate cases of potential exposure to COVID-19, including an Air Canada flight.

Dr. Brent Roussin, the province's chief provincial public health officer, made the announcement Thursday afternoon.

The first incident happened from Sept. 1-3 at Lilac Resort in Ste. Anne.

The second incident happened on an Air Canada flight on Sept. 5.

The flight was AC 295, which departed from Winnipeg and flew to Vancouver.

The affected rows are 19 to 25.

Roussin said the people in the affected rows are being told to self-isolate for 14 days and to monitor for symptoms.

If people were on the flight and not in the affected rows, they are told to self-monitor and self-isolate if symptoms develop.

The announcement comes as the province announced 15 new cases of COVID-19 in Manitoba on Thursday.

<https://winnipeg.ctvnews.ca/potential-covid-19-exposure-on-flight-from-winnipeg-to-vancouver-health-officials-1.5099751>

Canada

COVID-19 detection may be a flush away as N.W.T. begins testing wastewater

Source: CBC | North News

ID: 1007813768

A new way to detect COVID-19 within the territory will soon be possible thanks to human waste.

The N.W.T. government is getting ready to start regular surveillance of wastewater in some communities within the territory to identify the presence — or absence — of the coronavirus, according to a news release Thursday.

The program will collect samples of wastewater, or sewage, from Hay River, Yellowknife, Fort Smith, Inuvik and Fort Simpson and test it for COVID-19.

The territory expects these samples will cover about half of the N.W.T. population and it will cover 100 per cent of all the isolation centres in those communities.

Testing wastewater has been found to uncover trends of COVID-19 in the community four to 10 days earlier than clinical data would, the territory says, by detecting its presence in asymptomatic and pre-symptomatic populations.

While the possible presence of COVID-19 found in the sewage won't necessarily mean there's active transmission in the community, it's possible it will serve as an early warning system for the territory, the release states. It could also help the health and social services system target advice to communities as the pandemic continues.

Initial samples have already begun to be collected in Yellowknife and Hay River. Implementation in the other three communities is set to begin in the coming weeks. The program is led by the territory's Office of the Chief Public Health Officer in partnership with Municipal and Community Affairs, and Environment and Natural Resources.

The program is also teamed up with the Public Health Agency of Canada's National Microbiology Laboratory, which is providing in-kind testing.

In a statement, Premier Caroline Cochrane said the territory is using every tool at its disposal to prepare for another surge in infections across the country.

"Establishing an early-warning system using wastewater samples will allow us to have a much better idea of whether COVID-19 is present in our territory, give communities advice and get people tested if they need it," Cochrane said.

\$100K from feds

Marc Miller, the federal minister of Indigenous services, also said in a statement that the program is essential to prevent as well as prepare and respond to any potential COVID-19 outbreak.

The territory says Indigenous Services Canada invested \$100,000 for the territory to purchase the testing equipment and to co-ordinate the delivery of the program. Equipment is expected to arrive in two to three weeks.

The territory says if there is a positive result, guidance and outreach will be targeted at those in the community who have arrived in the N.W.T. after travel from outside the territory since the last negative wastewater result, as well as those who have developed symptoms of COVID-19.

The recommendation to get tested for COVID-19 and any other necessary advice will also be provided, and the strategy may evolve if community transmission develops, the release states.

The detection of COVID-19 in wastewater samples alone won't result in aggressive containment measures as it could be connected to imported travel cases being appropriately isolated, the release states. However, public health measures like limits on large-scale gatherings or mandatory masking in indoor public spaces may be considered.

<https://www.cbc.ca/news/canada/north/covid-19-testing-in-sewage-n-w-t-1.5719123?cmp=rss>

Canada

Readout: Canada continues to lead international coordination on response to COVID-19

Source: Canada News Centre - National News

ID: 1007813759

Today, the Honourable François-Philippe Champagne, Minister of Foreign Affairs, hosted the 10th call of the Ministerial Coordination Group on COVID-19 with his counterparts from Australia, Brazil, Germany, Morocco, Peru, South Africa and the United Kingdom.

The ministers provided an update on their countries' responses to COVID-19 and ongoing multilateral work on vaccines and supply chains, reiterating the importance of maintaining strong global cooperation in ensuring the continued flow of medical supplies across borders.

The ministers furthered discussions on the importance of multilateral vaccine research and development and ensuring equitable vaccine access to developing countries and vulnerable health systems.

They also mentioned the ongoing need for coordination and multilateralism in response to the economic effects of COVID-19. Minister Champagne noted that Canada is pursuing an economic recovery plan that is inclusive, sustainable and resilient, including adapting the Export Diversification Strategy to re-establish and expand exports by Canadian companies.

In closing, the ministers reiterated the importance of continuing to exchange information and coordinate efforts in the face of the COVID-19 pandemic and agreed to meet again soon.

In a world increasingly characterized by interdependence, speed and complexity, the Ministerial Coordination Group on COVID-19 is proving to be a valuable forum to discuss, coordinate and act together on global challenges related to COVID-19 and beyond.

<https://www.canada.ca/en/global-affairs/news/2020/09/readout-canada-continues-to-lead-international-coordination-on-response-to-covid-19.html>

Canada

19 vaccine doses could arrive in Canada early in 2021 -minister

Source: National Post

ID: 1007813671

TORONTO — Canada is “aggressively negotiating” with drugmakers on delivery schedules for potential COVID-19 vaccines and shipments would begin early in 2021 under existing deals, Canada’s minister of public services and procurement told Reuters on Thursday.

The Canadian government has announced four vaccine purchase deals and is negotiating more, while also funding local projects that are less advanced, and building new vaccine manufacturing capacity at a facility in Montreal.

The exact timing of deliveries depends on the result of clinical trials, regulatory approvals and manufacturing capacity, the minister, Anita Anand, said. Should approvals come earlier than expected, the government will negotiate earlier deliveries, she added.

“Make no mistake, suppliers are reserving manufacturing capacity to supply doses to Canada based on those aggressively negotiated delivery schedules,” Anand said in a phone interview.

Canada has agreements with vaccine makers Moderna Inc , Pfizer Inc, Novavax Inc and Johnson & Johnson. Anand did not say which company was scheduled to deliver first, but the Pfizer and Moderna vaccine candidates are among the most advanced.

Late stage trials from Pfizer and Moderna involving about 30,000 subjects each are on track to be fully enrolled soon. Pfizer has said that a first analysis of their data could be available as soon as October.

<https://nationalpost.com/pmnl/health-pmnl/19-vaccine-doses-could-arrive-in-canada-early-in-2021-minister>

Canada

More flights added to BCCDC's COVID-19 exposure warning list

Source: CTV News Vancouver

ID: 1007813668

VANCOUVER -- The BC Centre for Disease Control has added two more flights to its COVID-19 exposure list.

The first flight was Flair Airlines 8101 from Vancouver to Edmonton on Aug. 30. Passengers seated in rows 17 to 23 may have a higher risk of exposure because of their proximity to the case, according to the BCCDC.

The second was Air Canada flight 295 from Winnipeg to Vancouver on Sept. 5. Those seated in rows 19 to 25 may have a higher risk of exposure.

Anyone who was a passenger on those flights should self-monitor for symptoms of COVID-19 for 14 days.

Health officials in B.C. no longer directly contact people who were seated near someone with a confirmed case of COVID-19 on a flight. Health authorities now provide updates on flights with confirmed cases and post notices online.

On Tuesday, the BCCDC added eight domestic flights to its warning list.

<https://bc.ctvnews.ca/more-flights-added-to-bccdc-s-covid-19-exposure-warning-list-1.5099886>

Canada

These Sask. flights were exposed to COVID-19

Source: CTV News - Saskatoon

ID: 1007813654

REGINA -- Four recent flights in and out of Saskatchewan have been exposed to COVID-19.

The impacted flight according to the Government of Saskatchewan are:

- Flair Airlines: F8513, Toronto to Saskatchewan, Sept. 3, Rows 1 to 7
- WestJet: WS256, Calgary to Regina Sept. 1, Rows 2 to 8
- Air Canada: AC8569, Regina to Vancouver, Aug. 23
- Air Canada: AC8570 Vancouver to Regina, Aug. 21

The government said that individuals on these flights tested positive for COVID-19. Anyone on these flights is asked to self-monitor for symptoms.

<https://regina.ctvnews.ca/these-sask-flights-were-exposed-to-covid-19-1.5099943>

Canada

Surgeons could be asked to start working weekends to clear COVID-19 backlog

Source: OttawaMatters.com: ottawamatters

ID: 1007813623

Premier Doug Ford pegged the province's backlog at more than 180,000 on Thursday as he said government officials are working on solutions to address the issue.

Ontario's surgeons may be asked to start working weekends in order to clear a major backlog of procedures delayed by the onset of the COVID-19 pandemic, the province's premier said Thursday as he pledged funding to help tackle the issue.

Doug Ford's comments came 10 days after modelling research painted a stark picture of surgery wait times across the province.

The data, published earlier this month in the Canadian Medical Association Journal, suggested more than 148,000 procedures were postponed between mid-March, when elective operations were cancelled due to the lockdown, and May, when those restrictions eased. Researchers estimated the backlog would take at least a year and a half to clear.

Ford pegged the backlog at more than 180,000 on Thursday as he said government officials are working on solutions to address the issue.

"We're working with our minister of health and our health table to see if we can open up a lot of these surgery rooms," Ford said at a news conference. "We have funding to ask the docs ... and the hospitals to open up surgeries, start working Saturdays and Sundays to get rid of the backlog."

The modelling research, published on Sept. 1, did not account for additional physician hours in its projections. But the data suggested the wait list could be eliminated in 84 weeks if practitioners hit a target of 717 procedures a week.

Its authors said the data could play an important role in health planning moving forward.

"The magnitude of the surgical backlog from COVID-19 raises important implications for planning for the recovery phase and for possible second waves of the pandemic in Ontario," study co-author Dr. Jonathan Irish, a surgeon at Princess Margaret Cancer Centre in Toronto, said when the research was published. The researchers argued health systems "cannot go back to business as usual" if they want to manage the impact on patients, and must find innovative solutions to prepare for future waves of the novel coronavirus.

Ford did not indicate how much money the government has earmarked to cover the cost of additional surgeon hours or operating room time, simply saying "the funds are there."

The Ministry of Health did not immediately respond to a request for comment on what steps are being taken to tackle the waiting list.

<https://www.ottawamatters.com/local-news/surgeons-could-be-asked-to-start-working-weekends-to-clear-covid-19-backlog-2703254>

Canada

Fewer active COVID 19 cases in Manitoba, first case found in school

Source: CityNews Winnipeg

ID: 1007813622

WINNIPEG _ Manitoba health officials are reporting a sharp drop in the number of active COVID-19 cases.

Chief public health officer Dr. Brent Roussin says there are 15 new cases, and with more people recovering, the number of active cases has dropped to 360 from more than 400 earlier this week.

Roussin has also provided more information on the first case inside a Manitoba school since students went back to class.

A Grade 7 student at Churchill High School in Winnipeg tested positive and was briefly in school on opening day Tuesday.

Roussin says the student was asymptomatic and had gone for testing earlier, and left school when the test came back positive.

Roussin says the child had been wearing a mask and had practiced physical distancing while in school, and classmates do not need to self-isolate but should self-monitor for symptoms.

<https://winnipeg.citynews.ca/2020/09/10/fewer-active-covid-19-cases-in-manitoba-first-case-found-in-school/>

Canada

Government of Canada confirms support for 32 community-based projects aimed at improving mental health

Source: Canada News Centre - Public Health Agency of Canada

ID: 1007813522

Today, the Honourable Patty Hajdu, Minister of Health, announced an investment of \$11.5 million in mental health funding for organizations across the country to promote mental health and wellbeing in our communities, and to tackle systemic challenges and barriers, including those faced by Black Canadians. This funding supports community-based programs in mental health promotion, to increase health equity and address the underlying determinants of health. It also supports the development and implementation of culturally focused mental health programs for Black Canadians in communities across the country.

<https://www.canada.ca/en/public-health/news/2020/09/government-of-canada-supports-projects-aimed-at-improving-the-mental-health-of-vulnerable-communities.html>

Canada

Ontario government to provide almost \$15M to expand access to mental health, addiction services

Source: Global News

ID: 1007812812

Ontario Premier Doug Ford announced Thursday that his government will give \$14.75 million to expand access to mental health and addiction services across the province.

At a press conference in Sudbury, Ford said the money will go toward safely resuming in-person counselling services, virtual services and providing care in congregate settings, as well as to specialized services for Indigenous communities.

"The stress and anxiety so many Ontarians have experienced throughout the COVID-19 pandemic has been difficult and complex," said Michael Tibollo, Ontario's associate minister of mental health and addiction.

"We want Ontarians who need that extra help to have access to the high-quality supports they deserve."

Of the government's \$14.75-million investment, \$7 million will be allocated to increasing in-person mental health and addictions services to address the gaps that have occurred due to COVID-19. This includes giving the money to community-based services, supportive housing and congregate living services.

The Ontario government says \$4.75 million will support culturally appropriate services for Indigenous communities, while \$3 million will go toward increasing online services, including for peer support, online cognitive behavioural therapy (CBT) and addictions support.

On Thursday, the Ontario government also announced that it will invest more than \$2.9 million to fund eight research projects that aim to support Ontario's response to COVID-19

The government says the projects will focus on a number of different areas, including supporting people's mental health, assessing the long-term health effects of COVID-19 and evaluating the effectiveness of wearing masks to block the virus.

<https://globalnews.ca/news/7326811/ontario-government-expand-access-mental-health-addiction-services/>

Canada

Quebec reports 188 new COVID-19 cases as hospitalizations rise again

Source: Global News
Unique ID: [1007812807](#)

Quebec is reporting 188 new infections of the novel coronavirus Thursday, bringing the total case count to 64,244 since the pandemic began.

To date, there are 56,624 recoveries in the province.

Health authorities recorded two additional deaths linked to COVID-19 from the previous day, although only one occurred in the past 24 hours.

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

As a result, the province's death toll has risen to 5,773. It remains the highest in Canada, which has seen the virus claim more than 9,000 lives since March.

The number of hospitalizations also rose for the second consecutive day. There are 119 patients in hospital, an increase of six from the day prior.

Of those patients, two fewer are in intensive care for a total of 12.

The province surpassed its daily testing goal on Wednesday, the latest day for which that information is available, with 17,739, tests. To date, 1,817,362 tests have been administered in Quebec.

<https://globalnews.ca/news/7326379/quebec-coronavirus-sept-10/>

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

United States

NIH ACTIV initiative launches adaptive clinical trials of blood-clotting treatments for COVID-19

Source: NIH News Release

ID: 1007813697

The National Institutes of Health has launched two of three adaptive Phase 3 clinical trials evaluating the safety and effectiveness of varying types of blood thinners to treat adults diagnosed with COVID-19. Part of the Accelerating COVID-19 Therapeutic Interventions and Vaccines (ACTIV) initiative, these trials will be conducted at more than 100 sites around the world and will involve patients in various clinical settings — those who have not been hospitalized, those currently hospitalized and those discharged after hospitalization for moderate to severe disease.

Collectively known as ACTIV-4 Antithrombotics, the trials will provide critical insights that could help guide the care of patients with COVID-19, particularly those who suffer from life-threatening blood clots. The trial for hospitalized COVID-19 patients and the trial for patients with COVID-19 who have not been hospitalized are now underway. A third trial to start later will focus on patients discharged after hospitalization for moderate to severe COVID-19 disease. All three clinical trials will be coordinated and overseen by the National Heart, Lung, and Blood Institute (NHLBI), part of NIH, and funded through Operation Warp Speed(link is external).

Researchers have noted that many patients who have died from COVID-19 — the deadly disease caused by SARS-CoV-2 — had formed blood clots throughout their bodies, including in their smallest blood vessels. This unusual clotting, one of many life-threatening effects of the disease, has caused multiple health complications, from organ damage to heart attack, stroke and pulmonary embolism.

ACTIV-4 Antithrombotics will be recruiting at sites with significant COVID-19 burden and are interested in enrolling patients in studies testing potential treatments to prevent or reduce the formation of blood clots.

The adaptive design of the protocol allows different blood thinners to be started, stopped or combined during the study in response to emerging trial data. This approach accelerates the timeline for testing different agents without compromising safety.

Antithrombotics, also known as blood thinners or anticoagulants, keep blood protein and platelets from turning into clumps or sticking to each other, but doctors have not yet figured out if, and at what point during the course of the disease, blood thinners might be effective at treating patients with COVID-19.

“There is currently no standard of care for anticoagulation in hospitalized COVID-19 patients, and there is a desperate need for clinical evidence to guide practice,” said NIH Director Francis S. Collins, M.D., Ph.D.

“Conducting trials using multiple existing networks of research sites provides the scale and speed that will get us answers faster.”

ACTIV-4 Antithrombotics Inpatient will investigate the safety and effectiveness of using varying doses of the blood thinner heparin to prevent clotting events and improve outcomes in hospitalized COVID-19 patients. Patients will be assigned to either a low or high dose of heparin, and as the trial progresses, additional antithrombotics may be tested, depending on the trial results. All participants in the study will continue to receive clinical care as indicated for their condition.

ACTIV-4-Antithrombotics Outpatient will investigate whether anticoagulants or antithrombotic therapy can reduce life-threatening cardiovascular or pulmonary complications in newly diagnosed COVID-19 patients who do not require hospital admission. Researchers will also collect patient data and blood samples to help identify new drug targets and biomarkers that may help identify a patient's risk of developing complications related to COVID-19. Participants will be assigned to take either a placebo, aspirin or a low or therapeutic dose of the blood thinner apixaban.

"We must use therapies that support the natural inhibitors of clotting in the blood," said Keith Hoots, M.D., director of NHLBI's Division of Blood Disorders and Resources. "Heparin has shown promise, but we really need clinical trial data to determine how much blood thinner, or even anti-platelet medication, to give."

"By leveraging the infrastructure and expertise of our existing research networks, we can more rapidly gather the scientific evidence needed to help prevent or treat these very serious complications caused by COVID-19," said NHLBI Director Gary H. Gibbons, M.D. "Harnessing and integrating the assets within existing networks gives us an enormous head start and will allow us to get answers much sooner."

Trial planning and development work is being done through a collaborative effort with a number of universities, including the University of Pittsburgh; University of Michigan, Ann Arbor; New York University, New York City; Brigham and Women's Hospital, Boston; University of Illinois at Chicago; University of North Carolina at Chapel Hill; and The University of Vermont, Burlington.

NIH announced the ACTIV public-private partnership in April 2020 to develop a coordinated national research response to speed COVID-19 treatment and vaccine options. As part of this partnership, Bristol-Myers Squibb/Pfizer have agreed to donate the treatments for the trials for patients with COVID-19 who have not been hospitalized. Managed by the Foundation for the National Institutes of Health, ACTIV brings together multiple partners from government, industry, academia and non-profit organizations. For more information about this and other ACTIV therapeutic trials, visit the ACTIV Therapeutics page.

About the National Heart, Lung, and Blood Institute (NHLBI): NHLBI is the global leader in conducting and supporting research in heart, lung, and blood diseases and sleep disorders that advances scientific knowledge, improves public health, and saves lives. For more information, visit <https://www.nhlbi.nih.gov/>.

About the National Institutes of Health (NIH): NIH, the nation's medical research agency, includes 27 Institutes and Centers and is a component of the U.S. Department of Health and Human Services. NIH is the primary federal agency conducting and supporting basic, clinical, and translational medical research, and is investigating the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit www.nih.gov.

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<https://www.nih.gov/news-events/news-releases/nih-activ-initiative-launches-adaptive-clinical-trials-blood-clotting-treatments-covid-19>

United States

U.S. to end enhanced coronavirus screening of some international travellers: officials

Source: Global News

Unique ID: [1007808416](#)

U.S. to end enhanced coronavirus screening of some international travellers: officials

Updated September 9, 2020 6:16 pm

The U.S. government is set to end enhanced screening of some international passengers for COVID-19 and drop requirements that travellers coming from the targeted countries arrive at 15 designated U.S. airports, according to U.S. and airline officials and a government document seen by Reuters.

The changes are set to take effect as early as Monday, according to the draft rollout plan seen by Reuters, but the move could still be delayed, U.S. officials said.

The administration in February imposed enhanced screening requirements on travellers who had been in China, the United Kingdom, Brazil, Iran and the Schengen region of Europe, and barred most non-U.S. citizens who have been in those locations from coming to the United States.

Read more: Major U.S. airlines want temperature checks for passengers during coronavirus pandemic
The document seen by Reuters says the Centers for Disease Control and Prevention (CDC) “is shifting its strategy and prioritizing other public health measures to reduce the risk of travel-related disease transmission.” It said that of 675,000 passengers screened at the 15 airports, “fewer than 15 have been identified as having COVID-19.”

Story continues below advertisement

A spokesman for the CDC did not immediately comment.

The “current entry strategy for international arrivals only covers a small portion of the traveling public, requires significant resources and is not sustainable as travel volumes increase,” document said.

Coronavirus outbreak: CDC says virus screenings in U.S. expanding to 20 airports

Those travellers, who numbered around 6,750 a day as of late August, undergo visual observations, temperature checks and complete traveler declarations. Anyone showing signs of illness or possible exposure is referred for public health assessments.

Airlines for America, a group representing American Airlines, Delta Air Lines and United Airlines, said the group supports “spending scarce screening resources where they can best be utilized and no longer believe that it makes sense to continue screening at these 15 airports given the extremely low number of passengers identified by the CDC as potentially having a health issue.”

Story continues below advertisement

Read more: Trump says U.S. looking at screening airline travellers from coronavirus hotspots

Last month, Reuters reported that the Trump administration’s efforts to require airlines to collect contact tracing information from U.S.-bound international passengers had stalled, citing five people briefed on the matter, and that such a mandate is unlikely this year.

Major airlines and administration officials held talks for months over a long-standing effort by the CDC to mandate the collection and reporting of tracing information from passengers arriving in the United States from foreign destinations.

The administration also considered requiring temperature checks for all U.S. air travellers and facial coverings at U.S. airports, but opted not to adopt either mandate.

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United States

COVID-19 Travel Recommendations by Destination

Source: Center for Disease Control and Prevention (CDC)

On 10 September 2020, the Center for Disease Control and Prevention (CDC) updated its [COVID-19 Travel Recommendations by Destination](#). Travelers Prohibited from Entry to the United States: With specific exceptions, foreign nationals who have been in any of the following countries during the past 14 days may not enter the United States: **China**; **Iran**; **Most European Countries** (Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, Monaco, San Marino, Vatican City); **United Kingdom** (England, Scotland, Wales, Northern Ireland); **Republic of Ireland**; and **Brazil**. **Level 3:** COVID-19 Risk Is High – Please refer to the list posted in the page. **Level 2:** COVID-19 Risk Is Moderate - CDC recommends that older adults, people of any age with [certain underlying medical conditions](#), and [others at increased risk for severe illness](#) postpone all nonessential travel to the following destinations: [Bermuda](#), [Curacao](#), [Malaysia](#), [Northern Mariana Islands](#) and [Saint Vincent and the Grenadines](#). **Level 1:** COVID-19 Risk Is Low - CDC recommends that older adults, people of any age with certain underlying medical conditions, and others at increased risk for severe illness talk to their healthcare providers before traveling to the following destinations: [Fiji](#), [New Zealand](#), [Saint Barthelemy](#), [Thailand](#). **No Travel Health Notice:** COVID-19 Risk is Very Low: American Samoa; Anguilla; Bonaire; Brunei; Cayman Islands; Dominica; Falkland Islands; Guernsey; Greenland; Grenada; Isle of Man; Laos; Macau SAR; Marshall Islands; Mauritius; Micronesia; Montserrat; New Caledonia; Palau; Saba; Saint Kitts and Nevis; Saint Lucia; Saint Pierre and Miquelon; Sint Eustatius; Taiwan; and Timor-Leste. In addition: **Level 3:** No Data Available-COVID-19 Risk is Unknown - CDC recommends that travelers avoid all nonessential travel to the following destinations because these countries have not reported COVID-19 data and risk is unknown: [Cook Islands](#), [Kiribati](#), [Nauru](#), [Niue](#), [North Korea](#), [Pitcairn Islands](#), [Samoa](#), [Solomon Islands](#), [Tokelau](#), [Tonga](#), [Turkmenistan](#), [Tuvalu](#), and [Vanuatu](#).

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

United States

When to Quarantine: Stay home if you might have been exposed to COVID-19

Source: Center for Disease Control and Prevention (CDC)

On 10 September 2020, the Center for Disease Control and Prevention (CDC) updated its guidance on [When to Quarantine](#). At this time, authorities have limited information about reinfections with the virus that causes COVID-19. This is a new virus, and CDC is actively working to learn more. Data to date show that a person who has had and recovered from COVID-19 may have low levels of virus in their bodies for up to 3 months after diagnosis. This means that if the person who has recovered from COVID-19 is retested within 3 months of initial infection, they may continue to have a positive test result, even though they are not spreading COVID-19. There are no confirmed reports to date of a person being reinfected with COVID-19 within 3 months of initial infection. However, additional research is ongoing. Therefore, if a person who has recovered from COVID-19 has new symptoms of COVID-19, the person may need an evaluation for reinfection, especially if the person has had close contact with someone infected with COVID-19. The person should isolate and contact a healthcare provider to be evaluated for other causes of their symptoms, and possibly retested. CDC recommends that all people, whether or not they have had COVID-19, take steps to prevent getting and spreading COVID-19. Wash hands regularly, stay at least 6 feet away from others whenever possible, and wear masks.

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

United States

U.S. Company involved in trials of Russian vaccine

Source: vz.ru

ID: 1007814412

The American company Contract Research Organization (CRO) is advising Russian doctors in the third phase of research of the Sputnik V vaccine, said the head of the RFPI Kirill Dmitriev.

"Including the largest American CRO is one of the main consultants for clinical trials in Moscow. Accordingly, we have absolutely not only the Russian CRO involved, but also the American, which, accordingly, sees that what is happening is in accordance with the best world standards," Interfax quoted Dmitriev as saying.

On Thursday, the Russian Ministry of Health said that widespread vaccination against coronavirus in Russia will begin as the production and accumulation of post-registration data of studies is scaled up. The agency noted that in the coming years, vaccination against coronavirus will be an addition to the passport and visa for international travel.

On August 11, President Vladimir Putin announced the registration of the first coronavirus vaccine in Russia. It was called Sputnik V, similar to the launch of the first artificial Earth satellite in 1957.

According to the data of the state registry of medicines of the Ministry of Health, the Russian vaccine will go into civilian circulation on January 1, 2021. As later reported in the RFPI, applications were received for the purchase of 1 billion doses of coronavirus vaccine from more than 20 countries.

<https://vz.ru/news/2020/9/10/1059779.html>

United States

HEALTHCARE WORKERS: Duration of Isolation and Precautions for Adults with COVID-19

Source: Center for Disease Control and Prevention (CDC)

On 10 September 2020, the Center for Disease Control and Prevention (CDC) updated its information on [Duration of Isolation and Precautions for Adults with COVID-19](#). Accumulating evidence supports ending isolation and precautions for persons with COVID-19 using a symptom-based strategy. This update incorporates recent evidence to inform the duration of isolation and precautions recommended to prevent transmission of SARS-CoV-2 to others, while limiting unnecessary prolonged isolation and unnecessary use of laboratory testing resources. Recommendations are provided and based on the best information available in mid-July 2020 and reflect the realities of an evolving pandemic.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>

United States

When You Can be Around Others After You Had or Likely Had COVID-19

Source: Center for Disease Control and Prevention (CDC)

On 10 September 2020, the Center for Disease Control and Prevention (CDC) updated its guidance [When You Can be Around Others After You Had or Likely Had COVID-19. If you have or think you might have COVID-19](#), it is important to stay home and away from other people. Staying away from others, helps stop the spread of COVID-19. If you have [an emergency warning sign](#) (including trouble breathing), get emergency medical care immediately.

At this time, we have limited information about reinfections with the virus that causes COVID-19. This is a new virus, and CDC is actively working to learn more. We will provide updates as they become available. Data to date show that a person who has had and recovered from COVID-19 may have low levels of virus in their bodies for up to 3 months after diagnosis. This means that if the person who has recovered from COVID-19 is retested within 3 months of initial infection, they may continue to have a positive test result, even though they are not spreading COVID-19.

There are no confirmed reports to date of a person being reinfected with COVID-19 within 3 months of initial infection. However, additional research is ongoing. Therefore, if a person who has recovered from COVID-19 has new symptoms of COVID-19, the person may need an evaluation for reinfection, especially if the person has had close contact with someone infected with COVID-19. The person should isolate and contact a healthcare provider to be evaluated for other causes of their symptoms, and possibly retested.

CDC recommends that all people, whether or not they have had COVID-19, take steps to prevent getting and spreading COVID-19. Wash hands regularly, stay at least 6 feet away from others whenever possible, and wear masks.

For more information:

[Media statement](#)

[Information for Healthcare Professionals](#)

[House leave light icon](#)

[When you can be around others \(end home isolation\) depends on different factors for different situations. Find CDC's recommendations for your situation below.](#)

[I think or know I had COVID-19, and I had symptoms](#)

[You can be around others after:](#)

[Most people do not require testing to decide when they can be around others; however, if your healthcare provider recommends testing, they will let you know when you can resume being around others based on your test results.](#)

[Note that these recommendations do not apply to persons with severe COVID-19 or with severely weakened immune systems \(immunocompromised\). These persons should follow the guidance below for "I was severely ill with COVID-19 or have a severely weakened immune system \(immunocompromised\) due to a health condition or medication. When can I be around others?"](#)

[I tested positive for COVID-19 but had no symptoms](#)

[If you continue to have no symptoms, you can be with others after 10 days have passed since you had a positive viral test for COVID-19. Most people do not require testing to decide when they can be around others; however, if your healthcare provider recommends testing, they will let you know when you can resume being around others based on your test results.](#)

[If you develop symptoms after testing positive, follow the guidance above for "I think or know I had COVID-19, and I had symptoms."](#)

[I was severely ill with COVID-19 or have a severely weakened immune system \(immunocompromised\) due to a health condition or medication. When can I be around others?](#)

[People who are severely ill with COVID-19 might need to stay home longer than 10 days and up to 20 days after symptoms first appeared. Persons who are severely immunocompromised may require testing to determine when they can be around others. Talk to your healthcare provider for more information. If testing is available in your community, it may be recommended by your healthcare provider. Your](#)

healthcare provider will let you know if you can resume being around other people based on the results of your testing.

Your doctor may work with an infectious disease expert or your local health department to determine whether testing will be necessary before you can be around others.

For Anyone Who Has Been Around a Person with COVID-19

Anyone who has had close contact with someone with COVID-19 should stay home for 14 days after their last exposure to that person.

However, anyone who has had close contact with someone with COVID-19 and who:

Developed COVID-19 illness within the previous 3 months and has recovered and remains without COVID-19 symptoms (for example, cough, and shortness of breath) does not need to stay home.

For Healthcare Professionals

If you are a healthcare professional who thinks or knows you had COVID-19, you should follow the same recommendations listed above for when you can resume being around others outside the workplace.

When you can return to work depends on different factors and situations. For information on when you can return to work, see the following:

Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance)

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html>

United States

Crew Disembarkations through Commercial Travel

Source: Center for Disease Control and Prevention (CDC)

Updated Sept. 10, 2020

On 10 September 2020, the Center for Disease Control and Prevention (CDC) updated its Crew Disembarkations through Commercial Travel. CDC is allowing crew members to disembark from all cruise ships in U.S. waters with certain precautions. Cruise lines with complete and accurate response plans will be able to use commercial travel to disembark crew members from certain ships if the ships meet certain criteria set by CDC including that there have been no confirmed cases of COVID-19 or COVID-like illnesses on board the ship within the last 28 days. These ships are also able to lessen certain social distancing restrictions onboard. Cruise lines with complete and accurate response plans under the No Sail Order but not meeting the above criteria will still be able to disembark their crew members using non-commercial travel. Cruise lines must have measures in place to ensure those involved in transport are not exposed to the virus that causes COVID-19 and follow all CDC requirements to prevent interaction of disembarking crew with the public.

CDC is committed to helping cruise lines provide for the safety and well-being of their crew members while onboard cruise ships and as they disembark. CDC is allowing crew members to disembark from all cruise ships in U.S. waters with certain precautions. Cruise lines with complete and accurate response plans will be able to use commercial travel to disembark crew members from certain ships if the ships meet certain criteria set by CDC including that there have been no confirmed cases of COVID-19 or COVID-like illnesses on board the ship within the last 28 days. These ships are also able to lessen certain social distancing restrictions onboard. Cruise lines with complete and accurate response plans under the No Sail Order but not meeting the above criteria will still be able to disembark their crew members using non-commercial travel. Cruise lines must have measures in place to ensure those involved in transport are not exposed to the virus that causes COVID-19 and follow all CDC requirements to prevent interaction of disembarking crew with the public.

Criteria for Commercial Transport of Crew

Learn more about Cruise Ship Crew Member Disembarkations during the COVID-19 pandemic.

Ships that are requesting the use of commercial travel for disembarking crew members will need to meet the following criteria:

A response plan under the No Sail Order that is complete and accurate

This does not mean ships are allowed to resume passenger travel, but rather that they have met CDC's requirements to provide a safe environment for crew members to work and to disembark crew safely by non-commercial travel.

Cruise company officials must sign an acknowledgment of the completeness and accuracy of their response plan.

No confirmed cases of COVID-19^[1] or COVID-like illness^[2] for 28 days, as determined by a qualified medical professional.

If the ship has received ship-to-ship transfers, the crew must have come from a ship that had no confirmed cases of COVID-19 or COVID-like illness within the 28 days before the transfer occurred.

If land-based crew embarked, they were immediately quarantined for 14 days upon embarking the ship.

Submission of a signed attestation for commercial travel.

Meeting these criteria does not mean cruise ships can resume passenger operations. We don't have enough information at this time to say when it will be safe to resume sailing with passengers. Cruise lines may need to establish additional safety measures before sailing with passengers is permitted to resume. CDC will continue to evaluate and update its recommendations as the situation evolves.

All cruise ships operating in U.S. waters, or seeking to operate in U.S. waters, must comply with all of the requirements under the No Sail Order and Interim Guidance During the Period of the No Sail Order for the entire period of the No Sail Order even when outside U.S. waters.

As ships become eligible to transport crew members commercially, this page will provide a list of cruise ships meeting those criteria.

Confirmed COVID-19 means laboratory confirmation for SARS-CoV-2, the virus that causes COVID-19, by polymerase chain reaction (PCR) testing

COVID-like illness means acute respiratory illness (ARI), influenza-like illness (ILI), or diagnosis of pneumonia.

Status of No Sail Order Response Plans and Commercial Transport of Crew

As a prerequisite for requesting commercial travel, cruise lines must have a complete and accurate response plan that provides a safe environment for crew members to work and disembark during the period of the No Sail Order. CDC has provided feedback regarding all the response plans that have been submitted and is working with the cruise lines to ensure they are implementing the safeguards outlined in their plans.

The following table lists cruise lines that have ships operating or planning to operate in U.S. waters during the period of the No Sail Order extension.

Determination for color-coding status (Green, Red, or Yellow) can only be made for ships if the following are true:

Review and revision of the cruise line's No Sail Order response plan, or
Cruise line's signed acknowledgement of a complete and accurate plan, or
Ship's submission of a signed attestation to CDC for crew to travel commercially.

∨Provisionally Yellow: Ship meets the surveillance criteria for "Yellow" status, but the following have not been completed:

Review and revision of the cruise line's No Sail Order response plan, or
Cruise line's signed acknowledgement of a complete and accurate plan, or
Ship's submission of a signed attestation to CDC for crew to travel commercially.

^Provisionally Red: Ship meets the surveillance criteria for "Red" status, but the following have not been completed:

Review and revision of the cruise line's No Sail Order response plan, or
Cruise line's signed acknowledgement of a complete and accurate plan.

Commercial Travel Allowed: Allowed for ships that are "Green" and have submitted a signed attestation to CDC for crew to travel commercially.

Note: The above list includes cruise ships operating in U.S. waters or seeking to operate in U.S. waters during the period of the No Sail Order extension.

Frequently Asked Questions

What does it mean for a cruise ship operator to have a plan that is complete and accurate?

A complete and accurate plan adequately addresses every element of the No Sail Order. A cruise ship operator must be in compliance with the No Sail Order, the operator's No Sail Order response plan, and CDC's Interim Guidance for Mitigation of COVID-19 Among Cruise Ship Crew During the Period of the No Sail Order. CDC assesses compliance through implementation checks on a sample of ships covered under a cruise ship operator's plan. There must be no evidence of noncompliance.

What steps is CDC taking to make sure ships stay in compliance with the criteria for commercial transport of crew?

CDC will review weekly surveillance data provided by ships, and only those ships that continue to report no cases of COVID-19 or COVID-like illness will maintain this status.

What other changes can cruise ships make if they meet these criteria?

CDC is committed to helping cruise lines provide for the safety and well-being of their crew members onboard. As cruise ships are able to show they have no cases of confirmed COVID-19 or COVID-like illnesses on board, crew members will be able to resume some of their daily interactions with fellow crew members.

Some examples of decreased restrictions on cruise ships if they meet these criteria include resuming in-person meetings, events, and social gatherings; reopening bars, gyms, or other group settings onboard for crew member use; and removing requirements to wear face coverings.

What is the difference between the two attestations CDC requires under the No Sail Order?

Under the No Sail Order, cruise lines are required to develop and implement comprehensive plans to prevent, detect, respond to, and contain COVID-19 among crew members onboard. While these response plans have been under review, CDC has allowed cruise lines to disembark crew members if they submit a signed attestation stating they have complied with the requirements to safely disembark crew members. This attestation included a requirement that crew members only use noncommercial travel to disembark and reach their final destinations and do not interact with the public during travel.

Cruise lines that have a complete and accurate No Sail Order response plan may disembark crew members without a signed attestation if they use noncommercial travel and follow CDC requirements. Cruise company officials must sign an acknowledgment of the completeness and accuracy of their response plan. Cruise ships that want to use commercial travel for crew members must meet additional requirements, which include demonstrating there are no confirmed cases of COVID-19 or COVID-like illness on board and submitting a signed attestation for commercial travel.

What does it mean if a cruise line is not listed on the table above?

If a cruise line is not listed, it means the cruise line is not operating and does not plan to operate any of its ships in U.S. waters during the period of the No Sail Order.

What does it mean if a cruise ship is not listed on the table above?

If a cruise ship is not listed, it means the ship is not operating in U.S. waters and does not plan to operate in U.S. waters during the period of the No Sail Order.

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/crew-disembarkations-commercial-travel.html>

United States

What to Do if Your Pet Tests Positive for the Virus that Causes COVID-19

Source: Center for Disease Control and Prevention (CDC)

Updated Sept. 10, 2020

What you need to know

If your pet tests positive for the virus that causes COVID-19, isolate the pet from everyone else, including other pets.

Do not wipe or bathe your pet with chemical disinfectants, alcohol, hydrogen peroxide, or other products, such as hand sanitizer, counter-cleaning wipes, or other industrial or surface cleaners.

Only a few pets have been confirmed to be infected with the virus that causes COVID-19. Some pets did not show any signs of illness, but those pets that did get sick all had mild disease that could be taken care of at home. None have died from the infection.

If you think your pet has COVID-19, call a veterinarian first to discuss what you should do.

Pets with confirmed infection with the virus that causes COVID-19 should be restricted to isolation in the home until a veterinarian or public health official has determined that they can be around other pets and people.

We are still learning about how the virus that causes COVID-19 can affect animals. A small number of pets (cats and dogs) have been confirmed to be infected with the virus that causes COVID-19, mostly after close contact with a person with COVID-19. Some pets did not show any signs of illness, but those pets that did get sick all had mild disease that could be taken care of at home. None of the pets have died. Tests for COVID-19 in animals are available for most types of pets, but testing is only recommended for animals with COVID-19 symptoms and that have been exposed to a person with COVID-19.

Based on the limited information available now, the risk of pets spreading COVID-19 to people is considered to be low. There is no reason to abandon or surrender pets that have been confirmed positive for the virus that causes COVID-19.

If you are sick with COVID-19, do not take your pet to the veterinary clinic yourself. Call your veterinarian first and tell them you are sick with COVID-19. Some veterinarians may offer telemedicine consultations or other plans for seeing sick pets. Your veterinarian can evaluate your pet and decide the appropriate steps for your pet's care.

If your pet is tested for COVID-19 and is confirmed to be infected

Depending on how sick your pet is, your veterinarian may recommend that your pet be isolated at home, instead of staying in the hospital. Some pets did not show any signs of illness, but those pets that did get sick all had mild disease that could be taken care of at home.

If your veterinarian recommends home isolation and you are able to care for your pet at home, follow this advice to protect yourself and others.

What to do if your pet gets sick

Keep your pet at home, except to get medical care

Talk with your veterinarian regularly. Call before you take your pet to the veterinary clinic. Be sure to alert your veterinarian if your pet has trouble breathing, or if you think it is an emergency.

While most pets appear to show only mild symptoms or no symptoms, we are still learning about how they are affected by the virus. Even if your pet appears to be feeling better, avoid the following activities until your veterinarian determines that it is safe for your pet to do so or your pet has met the guidance to end their isolation:

Visits to veterinary hospitals, without calling the veterinarian first

Visits to human healthcare facilities or schools

Visits to parks (including dog parks), markets, or other gatherings such as festivals

Visits to the groomer, including mobile grooming salons

Visits to pet daycares or boarding facilities

Other outings such as playdates, hikes, or visiting other homes, with or without pets

Using dog walkers or pet-sitters that live outside your home

Separate your pet from other people and pets in your home

Have the pet stay in a designated "sick room" (such as a laundry room or extra bathroom) if possible, or otherwise be separated from people and other animals. This is the same way a person with COVID-19 would separate from others in their household.

Avoid contact with the pet as much as possible, including, petting, snuggling, being kissed or licked, and sharing food or bedding.

If possible, provide a separate litterbox or bathroom area from other pets.

DOGS: If you have a private backyard where your dog can go to the bathroom, do not take them for walks. If you must walk your dog, limit it to bathroom breaks only, stay close to your home, and keep your pet at least 6 feet away from other pets and people. Do not let other people touch or interact with your dog.

CATS: Cats should be kept inside. Do not allow cats that have tested positive for the virus that causes COVID-19 to roam outside.

CLEANING UP: There is no evidence to suggest that waste from infected pets needs any additional disinfection. Wear gloves when cleaning up after your pet, and place fecal material or litterbox waste in a sealed bag before disposing. Always wash your hands with soap and water immediately after cleaning up after your pet.

Provide bedding, bowls or containers, treats, and toys that are separate from those used by other people or animals in the household.

Disinfect bowls, toys, and other animal care items with an EPA-registered disinfectant external icon and rinse thoroughly with clean water afterwards.

Soft items like towels, blankets, and other bedding, can be safely laundered and reused. Dirty laundry that has been in contact with an ill animal can be washed with other items.

Monitor your pet's symptoms

It is important to keep track of your pet's symptoms during home isolation. If you think your pet has new symptoms or is getting worse, call your veterinarian.

Pets sick with COVID-19 may have:

- Fever
- Coughing
- Difficulty breathing or shortness of breath
- Lethargy (unusual laziness or sluggish)
- Sneezing
- Runny nose
- Eye discharge
- Vomiting
- Diarrhea

Follow all care instructions from your veterinarian. Your veterinarian may have you keep a written log of your pet's symptoms.

If your pet develops new symptoms or seems to be getting worse, including trouble breathing, you should call your veterinarian right away. Your veterinarian may be able to advise you over the phone or may tell you to bring your pet to their clinic or go to another clinic that can better care for your pet.

Protect yourself when caring for a sick pet

Follow similar recommended precautions as for people caring for an infected person at home.

If you are at higher risk for severe illness from COVID-19, another household member should care for the pet, if possible.

People should wear a mask and gloves in the same room or area as the sick pet.

Animals should not wear a mask. Do not try to put a mask on your pet.

Use gloves when handling the pet's dishes, toys, or bedding and when picking up feces (poop). Throw out gloves and place waste material or litterbox waste in a sealed bag before throwing away in a trashcan lined with a trash bag. Always wash your hands with soap and water immediately after cleaning up after your pet.

Clean your hands regularly throughout the day.

Wash hands: Wash your hands often with soap and water for at least 20 seconds each. Make sure everyone in the home does the same, especially after touching the sick pet or handling their dishes, toys, or bedding.

Hand sanitizer: If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.

Do not touch your eyes, nose, and mouth with unwashed hands.

Clean and then disinfect:

Follow cleaning and disinfecting recommendations found on CDC's Cleaning and Disinfecting Your Home Do not wipe or bathe your pet with chemical disinfectants, alcohol, hydrogen peroxide, or other products, such as hand sanitizer, counter-cleaning wipes, or other industrial or surface cleaners. There is no evidence that viruses, including the virus that causes COVID-19, can spread to people or other animals from the skin, fur, or hair of pets. Using chemical disinfectants on your pet could make them very sick or kill them. Talk to your veterinarian if you have questions about appropriate products for bathing or cleaning your pet.

When it is safe for your pet to be around others: ending home isolation

Follow your veterinarian's advice for when it is safe for your pet to be around other people and animals. Some pets may need follow-up testing to see if they are still positive for the virus that causes COVID-19. Monitoring, isolation, and movement restrictions can end for positive pets if:

The animal has not shown clinical signs consistent with SARS-CoV-2 infection for at least 72 hours without medical management;

AND one of the following conditions:

It has been at least 14 days since their last positive test from a lab that uses a validated SARS-CoV-2 RT-PCR diagnostic assay;

OR

All sample types collected at follow-up are negative by a validated SARS-CoV-2 RT PCR diagnostic assay.

<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/positive-pet.html>

United States

Coronavirus (COVID-19) Update: Daily Roundup September 10, 2020

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

- As part of the FDA's effort to protect consumers, the agency issued a warning letter jointly with the Federal Trade Commission to Pharmacy Plus, Inc. dba Vital Care Compounder for selling unapproved products with fraudulent COVID-19 claims. The company sells "COVID PACK" and "COVID 'POSITIVE' PACK" products with misleading claims that the products can mitigate, prevent, treat, diagnose, or cure COVID-19 in people. There are currently no FDA-approved products to prevent or treat COVID-19. FDA requested that Pharmacy Plus, Inc. dba Vital Care Compounder immediately stop selling these unapproved and unauthorized products. Consumers concerned about COVID-19 should consult with their health care provider.
- Testing updates:
 - As of today, 247 tests are authorized by FDA under EUAs; these include 197 molecular tests, 46 antibody tests, and 4 antigen tests.

<https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-daily-roundup-september-10-2020>

WHO

Weekly Operational Update - Coronavirus disease 2019 (COVID-19) - 9 September 2020 (Official)

Source: WHO

The weekly report presented the following contents: Over 400 000 children vaccinated against polio and measles in [Banadir in Somalia during the COVID-19 pandemic](#). Across 17 districts in Banadir, Somalia over 3,000 health care workers conducted a 5-day campaign targeting the vaccination of 400 000 children under the age of five against measles and polio as well as offering vitamin A and deworming tablets at fixed and outreach sites. In addition, health workers shared information with families on how to prevent the further spread of COVID-19; from the field: [Papua New Guinea tackles the threat of COVID-19 with an all-of-government approach](#). Early response measures included enhanced surveillance, health screening at the major ports and the activation of a COVID-19 hotline. Provinces across the country resumed their

EOC operations, established prior through the country's response to polio and measles outbreaks, to manage their local response to COVID-19; WHO and the Robert Koch Institute participate in an Intra-Action Review in Uzbekistan; COVID-19 Partners Platform; Operations Support and Logistics; Medicines and Health Products; COVID-19 Global Preparedness and Response Summary Indicators; The Unity Studies: WHO Early Investigations Protocols; and Key links / useful resources.
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>

ECDC

Rapid Risk Assessment: Coronavirus disease 2019 (COVID-19) in the EU/EEA and the UK – eleventh update: resurgence of cases

Since 31 December 2019 and as of 2 August 2020, 17 841 669 cases of COVID-19 have been reported worldwide, including 685 281 deaths. European Union/European Economic Area (EU/EEA) countries and the United Kingdom (UK) have reported 1 733 550 cases (10% of all cases), including 182 639 deaths (27% of all deaths).

In this update, we analyse the risk of further escalation of COVID-19 in the countries that have reported a recent increase in COVID-19 cases and the risk of further escalation of COVID-19 across all EU/EEA countries and the UK.

Executive summary

The COVID-19 pandemic continues to pose a major public health threat to EU/EEA countries and the UK and to countries worldwide. As cases increased, peaking in early April 2020 in the EU/EEA, many countries implemented a range of response measures which led to a reduction in incidence. As countries regained control of transmission and alleviated the burden on healthcare, many measures were relaxed or removed to allow for a more viable way of life with the virus in circulation. Subsequently, a recent increase in COVID-19 cases has been reported in many EU/EEA countries. While many countries are now testing mild and asymptomatic cases, which has resulted in increased case reports, there is a true resurgence in cases in several countries as a result of physical distancing measures being relaxed.

Further increases in the incidence of COVID-19, and associated hospitalisations and deaths, can be mitigated if sufficient control measures are reinstated or reinforced in a timely manner. Countries that are now observing an increase in cases, after having lifted their control measures following a temporary improvement in the epidemiological situation, should consider re-instating selected measures through a phased, step-wise and sustainable approach. Assessment of risk at local level is important, taking into consideration the epidemiological situation, local services and lessons learned regarding the impact of previous measures.

Member States implementing comprehensive testing are better able to rapidly detect an increase in cases and identify groups at high risk of disease. Alongside a tailored local testing strategy, the speed of contact tracing is important to reduce transmission, and efforts should be made to shorten the time needed for each step in the testing, notification, and contact tracing process.

Given that there are now dedicated COVID-19 surveillance systems, extensive public health measures in place, and ongoing testing and contact tracing of the population, countries should be better prepared to prevent and control any resurgence in cases.

In general, response strategies should be guided by continuous monitoring and assessment of the epidemiological situation. They should be based on sustainable public health measures to protect vulnerable groups and decrease transmission in the community and should include extensive testing and contact tracing, followed by isolation and treatment of identified cases and quarantining of contacts. In addition to the preparedness and response strategies implemented by national authorities, adapted human behaviour is the key to tackling this pandemic. As the COVID-19 pandemic continues, it is natural for people to become fatigued and reduce compliance with public health measures. Risk communication efforts should be tailored to changes in the local situation and continuous messaging is needed to remind the population that the SARS-CoV-2 virus will remain in circulation within the community and that they

should take everyday measures to reduce potential exposure, such as practising cough and respiratory etiquette, physical distancing and hand hygiene, wearing face masks, reducing the number of contacts and staying home when ill.

What is new in this update?

Updated epidemiological situation and response measures implemented in the EU/EEA countries and the UK.

Updated testing strategies, contact tracing, and general and targeted measures to minimise the risk of COVID-19 resurgence.

Various risk profiles, based on the changes countries are observing in their reported cases, hospitalisations, testing methodologies, and test positivity rates in response to the relaxing or removing of measures.

What are the risks being assessed in this update?

In this update, we analyse the risk of further escalation of COVID-19 in the countries that have reported a recent increase in COVID-19 cases and the risk of further escalation of COVID-19 across all EU/EEA countries and the UK.

In countries where there is a strong indication of increasing transmission, locally or nationally, as demonstrated by a recent increase in cases and an increase in hospitalisations, the risk of further escalation of COVID-19 is high. For those countries, the risk is very high if they do not implement or reinforce multiple measures, including physical distancing and contact tracing, if they have sufficient testing capacity.

In countries where there is evidence that is suggestive of increasing transmission, as demonstrated by a recent increase in cases and no increase in hospitalisations but where there has been an increase in test positivity rates (if they have sufficient testing capacity and intensity of testing has remained stable), the risk of further escalation is high. For those countries, the risk is very high if they do not implement or reinforce multiple measures, including physical distancing and contact tracing.

The risk of further escalation of COVID-19 is moderate to high for countries reporting a recent increase in cases but no increase in hospitalisations or test positivity rates (if they have sufficient testing capacity and intensity of testing has remained stable). Countries that have multiple measures in place should conduct local assessments to better understand the local drivers of the increase in cases and to determine measures to be added or strengthened.

Overall, the risk of further escalation of COVID-19 across all EU/EEA countries and the UK (if they have sufficient contact tracing and testing capacity), is moderate for countries that continue to implement and enforce multiple measures including physical distancing and very high for countries that do not implement or enforce such measures.

<https://www.ecdc.europa.eu/en/publications-data/rapid-risk-assessment-coronavirus-disease-2019-covid-19-eueea-and-uk-eleventh>

WHO

Coronavirus Global Response: Access to COVID-19 Tools-Accelerator Facilitation Council holds inaugural meeting

Source: WHO

The first ACT-Accelerator Facilitation Council meeting was held on 10 September 2020. United Nations Secretary General appeals for a quantum leap in funding for the ACT-Accelerator, a global solution to get the world moving, working and prospering again. Global leaders – including over 30 heads of state and ministers – release [statement of commitment](#) to galvanizing support for the ACT-Accelerator and the need for the financial resources required to leave no one behind. ACT-Accelerator calculates that \$35 billion is still required to give all countries the tools needed to end the pandemic as quickly as possible. The meeting was held at a crucial pivot point for the ACT-Accelerator as it reviewed an updated strategy and investment case for its scale-up phase. The document will be finalised by 17 September 2020 with

publication soon after. The UN Secretary-General has confirmed a high-level event will take place on 30 September 2020 at the forthcoming General Assembly.

United Nations Secretary General António Guterres appeals for a quantum leap in funding for the ACT-Accelerator, a global solution to get the world moving, working and prospering again

H.E. Cyril Ramaphosa, President of South Africa, and H.E. Erna Solberg, Prime Minister of Norway, co-chair the ACT-Acceleration Facilitation Council

Global leaders – including over 30 heads of state and ministers – release statement of commitment to galvanizing support for the ACT-Accelerator and the need for the financial resources required to leave no one behind

ACT-Accelerator calculates that \$35 billion is still required to give all countries the tools needed to end the pandemic as quickly as possible

Today Dr Tedros Adhanom Ghebreyesus, WHO Director-General, and Dr Ursula von der Leyen, President of the European Commission, co-hosted the inaugural meeting of the Access to COVID-19 Tools (ACT) Accelerator Facilitation Council. The meeting was co-chaired by H.E. Cyril Ramaphosa, President of South Africa and H.E. Erna Solberg, Prime Minister of Norway and included a keynote address from the UN Secretary-General António Guterres.

The ACT-Accelerator is the proven, up-and-running, global collaboration accelerating the development, production, and equitable access to COVID-19 tests, treatments, and vaccines.

It was launched on 24 April 2020 by WHO with the European Commission, France and the Bill & Melinda Gates Foundation and supported by the UN Secretary-General and multiple Heads of Government, it is already delivering substantial returns; over 170 countries are engaged in the new COVID-19 Vaccine Facility and ten candidate vaccines are under evaluation, 9 of them in clinical trials, giving the largest and most diverse COVID-19 vaccine portfolio in the world.

Investing in the ACT-Accelerator's multilateral approach increases the chance of success for all countries by giving access to a greater number of tools more quickly, as well as sharing the costs, and mitigating the risks of, R&D. A total of US\$35 billion is still needed for the ACT-Accelerator to realise its goals of producing 2 billion vaccine doses, 245 million treatments and 500 million tests.

Dr Tedros Adhanom Ghebreyesus, WHO Director-General, said: "Nearly 5 000 lives are lost each day due to COVID-19 and the global economy is expected to contract by trillions of dollars this year. The case for investing to end the pandemic has never been stronger. The ACT-Accelerator is the best way to ensure equitable access to vaccines, diagnostics and therapeutics, but at present is facing a financing gap of US\$35 billion. Fully financing the ACT-Accelerator would shorten the pandemic and pay back this investment rapidly as the global economy recovers".

Ursula von der Leyen, President of the European Commission, said: "Today's launch of the Facilitation Council brings us closer to our global goal: access to coronavirus vaccines, tests and treatments for everyone who needs them, anywhere. The EU will use all its convening power to help keep the world united against coronavirus. With the chairmanship of Norway and South Africa representing the global North and South, and the expertise of the WHO and our international partners, no country or region will be left behind in this fight."

UN Secretary-General António Guterres, said: "We now need US\$35 billion more to go from set-up to scale and impact. There is a real urgency in these numbers. Without an infusion of US\$15 billion over the next 3 months, beginning immediately, we will lose the window of opportunity".

H.E. Cyril Ramaphosa, President of South Africa, said: "It is essential that humanity should have a sense that if and when a vaccine is developed, all countries, including my own continent, Africa, should benefit and not be left behind. Humanity requires that a vaccine should be regarded as a public good to benefit all. We cannot achieve universal health coverage when a COVID-19 vaccine is available only to countries that are well-resourced".

President Paul Kagame of Rwanda noted: "This is certainly one of the most important initiatives underway in the world today and perhaps ever". He added "The difference between success and failure lies in building a robust public health infrastructure that can confront any health issue in a sustainable manner. Solid health systems combined with transformational partnerships such as this Accelerator are critical."

H.E Erna Solberg, Prime Minister of Norway said: “The ACT-Accelerator has already achieved impressive results. The world has shown that it is able to come together at a time of crisis. Norway will work tirelessly to ensure that common interests are established and followed, and that all countries and actors are listened to, so that we can maximize our result together.”

Today’s meeting was held at a crucial pivot point for the ACT-Accelerator as it reviewed an updated strategy and investment case for its scale-up phase. The document will be finalised by 17 September 2020 with publication soon after. The UN Secretary-General has confirmed a high-level event will take place on 30 September 2020 at the forthcoming General Assembly.

The role of the Council is to facilitate the work of the ACT-Accelerator through political leadership and advocacy for collective solutions in the global interest, and for the mobilization of additional resources.

Membership of the Council is made up of representatives of the European Commission, World Health Organization, Bahrain, Brazil, Canada, China, France, Germany, India, Indonesia, Italy, Japan, Republic of Korea, Mexico, Nepal, Norway, Russia, Rwanda, Saudi Arabia, Singapore, South Africa. Spain, St Kitts and Nevis, Tuvalu, United Kingdom, Uzbekistan and Vietnam. In addition the Council includes the Wellcome Trust, the World Economic Forum and the Bill & Melinda Gates Foundation as well as the WHO Special Envoys for ACT-A, Civil Society representatives and industry representatives.

Notes to Editors

The Access to COVID-19 Tools ACT-Accelerator, is the proven, up-and-running global collaboration to accelerate the development, production, and equitable access to COVID-19 tests, treatments, and vaccines. It was set up in response to a call from G20 leaders in March and launched by the WHO, European Commission, France and The Bill & Melinda Gates Foundation in April 2020.

The ACT-Accelerator is not a decision-making body or a new organization, but works to speed up collaborative efforts among existing organizations to end the pandemic. It is a framework for collaboration that has been designed to bring key players around the table with the goal of ending the pandemic as quickly as possible through the accelerated development, equitable allocation, and scaled up delivery of tests, treatments and vaccines, thereby protecting health systems and restoring societies and economies in the near term. It draws on the experience of leading global health organizations which are tackling the world’s toughest health challenges, and who, by working together, are able to unlock new and more ambitious results against COVID-19. Its members share a commitment to ensure all people have access to all the tools needed to defeat COVID-19 and to work with unprecedented levels of partnership to achieve it.

The ACT-Accelerator has four areas of work: diagnostics, therapeutics, vaccines and the health system connector. Cross-cutting all of these is the workstream on Access & Allocation.

<https://www.who.int/news-room/detail/10-09-2020-coronavirus-global-response-access-to-covid-19-tools-accelerator-facilitation-council-holds-inaugural-meeting>

WHO

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

Source: who

11 September 2020

Between 1 January and 9 September 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 3 September and 9 September 2020, there have been seven WPV1 in Acute Flaccid Paralysis (AFP) cases and seventeen WPV1 positive environmental samples reported in Pakistan and Afghanistan. Moreover, during the same period, there have been 26 cVDPV2 in AFP cases reported in, Chad,

Democratic Republic of the Congo (DRC) and Sudan. Below is the description of the reported cases by country:

Afghanistan: four WPV1 in AFP cases

Pakistan: three WPV1 in AFP cases and 17 WPV1 positive environmental samples

Chad: three cVDPV2 in AFP cases

DRC: 15 cVDPV2 in AFP cases

Sudan: eight cVDPV2 in AFP cases

Please find below the link to the weekly global polio update published by the global polio eradication initiative (GPEI) that includes an update on polio (WPV 1 cVDPV1, and cVDPV2) case count for this week (between 3 September and 9 September 2020) and cumulative case count by country since 1 January 2019.

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

Public Health Response

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

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

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

WHO risk assessment

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

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

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

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

- i) The programme will continue, to the extent possible, its surveillance activities to monitor the evolution of the situation.
- ii) The programme aims to return to action in full strength including with vaccination campaigns, as rapidly as is safely feasible. The timing will depend on the local situation and the programme will then need to

operate in the context of the respective countries national health systems risk assessments and priorities. Comprehensive, context-specific plans to resume efforts are being developed, to be launched whenever and wherever the situation allows.

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

WHO advice

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

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

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

For more information:

Global Polio Eradication Initiative: <http://polioeradication.org/>

Polio Factsheet: <https://www.who.int/topics/poliomyelitis/en/>

WHO/UNICEF estimates of national routine

immunization: https://apps.who.int/immunization_monitoring/globalsummary/timeseries/tswucoveredtp3.html

GPEI Public health emergency status: <http://polioeradication.org/polio-today/polio-now/public-health-emergency-status/>

International travel and health: <https://www.who.int/ith/en/>

Vaccine-derived polioviruses: <http://polioeradication.org/polio-today/polio-prevention/the-virus/vaccine-derived-polio-viruses/>

Use of OPV in the context of COVID-19: <http://polioeradication.org/wp-content/uploads/2020/03/Use-of-OPV-and-COVID-20200421.pdf>

Guiding principles for immunization activities during the COVID-19 pandemic:

<https://apps.who.int/iris/handle/10665/331590>

WHO guidance document - COVID-19: Operational guidance for maintaining essential health services during an outbreak: <https://www.who.int/publications-detail/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak>

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

United Kingdom

Vaccine could be before the end of the year, AstraZeneca reports

Source: CE NoticiasFinancieras

ID: 1007813542

AstraZeneca CEO Pascal Soriot said on Thursday that the Covid-19 vaccine developed by the pharmacist together with Oxford University could still be available by the end of the year despite the interruption of trials.

Holding a virtual encounter with the media today, after last-stage testing was interrupted after one of the volunteers suffered an "unexpected and unexplained" adverse reaction, Soriot **noted that this potential**

antidote, considered one of the most advanced in the world, was in the final stages of clinical trials before receiving authorization from regulatory bodies to proceed to immunize the population.

Despite this setback, Soriot today was wary of having a vaccine available before the end of 2020, although he did not specify when trials would resume.

"I think we can still have a vaccine before the end of this year or early next year," he said.

Soriot further stressed that interruptions in clinical trials of this type due to "adverse events" are not unusual.

"It's actually very common and a lot of experts will corroborate it," the manager said, while noting that "the difference with other vaccine trials is that the rest of the world is not looking at them. They stop, study and resume them."

He noted that manufacturing capacity for global vaccine distribution should be ready by early 2021 and that the company wants it to be available to all regions of the world at the same time.

International

Covid vaccine: 8,000 jumbo jets needed to deliver doses globally, says IATA

Source: BBC News

Unique ID: [1007811682](#)

Summary There is no Covid-19 vaccine yet, but IATA is already working with airlines, airports, global health bodies and drug firms on a global airlift plan. Not all planes are suitable for delivering vaccines as they need a typical temperature range of between 2 and 8C for transporting drugs. While airlines have been shifting their focus onto delivering cargo during the severe downturn in passenger flights, shipping vaccines is far more complex.

Shipping a coronavirus vaccine around the world will be the "largest transport challenge ever" according to the airline industry.

The equivalent of 8,000 Boeing 747s will be needed, the International Air Transport Association (IATA) has said.

There is no Covid-19 vaccine yet, but IATA is already working with airlines, airports, global health bodies and drug firms on a global airlift plan.

The distribution programme assumes only one dose per person is needed.

"Safely delivering Covid-19 vaccines will be the mission of the century for the global air cargo industry. But it won't happen without careful advance planning. And the time for that is now," said IATA's chief executive Alexandre de Juniac.

How close to developing a vaccine are we?

Ryanair boss calls UK travel quarantine 'defective'

Virus drives airlines to 'worst' year on record

While airlines have been shifting their focus onto delivering cargo during the severe downturn in passenger flights, shipping vaccines is far more complex.

Not all planes are suitable for delivering vaccines as they need a typical temperature range of between 2 and 8C for transporting drugs. Some vaccines may require freezing temperatures which would exclude more aircraft.

"We know the procedures well. What we need to do is scale them up to the magnitude that will be required," added Glyn Hughes, the industry body's head of cargo.

Flights to certain parts of the world, including some areas of South East Asia, will be critical as they lack vaccine-production capabilities, he added.

Military precision

Distributing a vaccine across Africa would be "impossible" right now IATA says given the lack of cargo capacity, size of the region and the complexities of border crossings.

Transportation will need "almost military precision" and will require cool facilities across a network of locations where the vaccine will be stored.

About 140 vaccines are in early development, and around two dozen are now being tested on people in clinical trials.

One is being developed by the University of Oxford that is already in an advanced stage of testing.

IATA has urged governments to begin careful planning now to ensure they are fully prepared once vaccines are approved and available for distribution.

Along with making sure they are handled and transported at controlled temperatures, security is another

issue.

"Vaccines will be highly valuable commodities. Arrangements must be in place to keep ensure that shipments remain secure from tampering and theft," added IATA.

<https://www.bbc.com/news/business-54067499>

Australia

New Aussie software tracks COVID-19 mutations that threaten vaccine efficacy

Source: ECNS

Unique ID: [1007811953](#)

Australian researchers have developed a new tool to help tackle the problem of mutations in COVID-19, which could render prospective vaccines ineffective.

On Wednesday, the team from Melbourne University revealed a new software program, dubbed COVID-3D, which harnesses genomic and protein information about the virus to help develop more effective vaccine and drug targets.

"Although the SARS-CoV-2 virus is a relatively new pathogen, its ability to readily accumulate mutations across its genes was evident from the start of this pandemic," project leader and Associate Professor David Ascher said.

Ascher explained that these mutations can affect the ability of vaccines and drugs to bind the virus or create a specific immune response against it.

"Because of this, scientists must not only try to control the virus, but outsmart it by predicting how it will change over time," he said.

To develop COVID-3D, Ascher and his team analyzed the genome sequencing data of over 120,000 SARS-CoV-2 samples from infected people around the globe.

Using computer simulations, they tested and analyzed the mutations' effects on their protein structure, enabling the team to calculate all the biological effects of every possible mutation within the genome.

Furthermore, to help account for possible future variations, the team studied mutations in related coronaviruses SARS-CoV and Bat RaTG13.

They found SARS-CoV-2, which causes COVID-19, so far was mutating slower than other viruses such as influenza, with about two new changes in its genome every month.

Ascher said he hopes COVID-3D will prove a powerful resource to predict problems with mutations and to guide the development of more effective therapies to fight the virus.

<http://www.ecns.cn/news/2020-09-10/detail-ifzykiy4583750.shtml>

China

China-developed nasal spray vaccine for COVID-19 approved for clinical trials

Source: ECNS

Unique ID: [1007811954](#)

The University of Hong Kong (HKU) said on Wednesday that the clinical trials of a nasal spray vaccine for COVID-19 jointly developed by the university's Department of Microbiology and mainland institutions have been approved. The State Key Laboratory of Emerging Infectious Diseases has been working on the vaccine with Xiamen University and Beijing Wantai Biological Pharmacy. Special: Battle Against Novel Coronavirus

Special: Battle Against Novel Coronavirus

The University of Hong Kong (HKU) said on Wednesday that the clinical trials of a nasal spray vaccine for COVID-19 jointly developed by the university's Department of Microbiology and mainland institutions have been approved.

The State Key Laboratory of Emerging Infectious Diseases has been working on the vaccine with Xiamen University and Beijing Wantai Biological Pharmacy.

It is the first nasal spray COVID-19 vaccine approved by China's National Medical Products Administration for clinical trial in humans.

The HKU said in a statement that its vaccine strategy has been selected as one of the five vaccine technologies by the Ministry of Science and Technology for further evaluation.

<http://www.ecns.cn/news/sci-tech/2020-09-10/detail-ifzykiy4583734.shtml>

Russia

Collective immunity against Covid-19 may be formed by fall 2021 - acting director of Research Institute of Influenza

Source: Interfax: Russia & CIS General Newswire
ID: 1007814568

ST. PETERSBURG. Sept 10 (Interfax) - Vaccination and natural course of Covid-19 may lead to the formation of a collective immunity by fall 2021, acting director of the Smorodintsev Research Institute of Influenza Dmitry Lioznov said.

"A disease forms immunity, we are still assessing its duration. But those who were sick in spring and summer are not falling sick again. We hope that this immunity will be more or less lasting. We can form a collective immunity by fall 2021 by vaccination and natural course of the disease," Lioznov told reporters on Thursday.

A collective immunity requires the presence of antibodies in 67-70% of the population. It is currently some 20% in Russia, he said.

Several coronavirus vaccines will become available within several months, he said.

"More than 100 vaccines are being developed in the world. We expect some breakthrough in the next few months, when enough data are accumulated. Vaccines will become available, it's only a matter of time [needed] for registration and production of the needed amount of vaccine to make it available. Several medications for prevention will become available in the next half year," Lioznov said.

Russia

In focus; Clinical trials of Influenza Research Institute's COVID-19 vaccine candidate to begin in early 2021

Source: Interfax: Russia & CIS Health and Pharmaceutical Weekly
ID: 1007814367

The Smorodintsev Research Institute of Influenza (St. Petersburg) plans to begin clinical trials of its COVID-19 vaccine candidate at the start of 2021.

"Preclinical trials have passed Phase 1 testing on animals and we are in the works to begin Phase 2 testing on animals. If we move further according to plan, we will start clinical trials on volunteers after New Year's and obtain the final results before the end of 2021," the research institute's director, Dmitry Lioznov, said at a press conference.

The vaccine will potentially protect from influenza and coronavirus, he said.

"The vaccine we are creating is based on the vector of the influenza virus. If our work goes as planned the vaccine will protect from both influenza and COVID-19. The main accent will be put on COVID-19, but it will also work against influenza, which we think will be its forte," Lioznov said.

China

Chinese scientists confirm effectiveness of Russian drug from COVID-19

Source: vz.ru
ID: 1007814279

Preliminary data from studies by Chinese scientists have proved that the Russian drug "Triazawirin" is effective in the fight against COVID-19, said Valery Charushin, vice-president of the Russian Academy of Sciences.

"Triazawirin" has a positive effect in the fight against COVID-19 - shortens the duration of the disease, mitigates many symptoms. We received this information from the President of Harbin Medical University, Jan Baofen. So far, the answer is unofficial, as the research is not completed. The result is intermediate, needs further development, but in general there is a positive effect," Charushin said in a statement on the website of the Ural Federal University (URFU).

He explained that China approved a protocol for clinical research (published in the international journal Engineering), according to which ten hospitals in Heilongjiang Province conducted randomized twice-blind trials: on the control group and on those patients who receive the drug but do not know what they are receiving. Studies are carried out on patients with mild to moderate severity of the disease.

According to the university, 245 patients are taking part in the study. Similar studies are being carried out in a number of hospitals in Yekaterinburg.

Clinical studies of the effectiveness of the Russian antiviral drug "Triazavirine" in the treatment of the new coronavirus infection began at the city hospital Number 14 in Yekaterinburg, said Olga Kovtun, rector of the Ural State Medical University (UGMU).

<https://vz.ru/news/2020/9/10/1059804.html>

European Union

EU Commission Completes Talks With Sixth & Last COVID-19 Vaccine Manufacturer

Source: www.schengenvisainfo.com

ID: 1007813427

The European Commission has completed its COVID-19 vaccines portfolio, upon concluding talks with the sixth manufacturer to purchase a potential vaccine from.

On September 9, the EU Commission concluded talks with BioNTech-Pfizer a German company working with US-based Pfizer to develop a new vaccine based on messenger RNA (mRNA), which will have a contractual framework through which the EU will be able to be supplied with the vaccine once it has been proven safe and effective.

The Commission intends to purchase up to 300 million doses of vaccines from BioNTech-Pfizer with:

- the initial purchase of 200 million doses for all EU Member States
- the option to purchase up to a further 100 million doses

According to the EU Commission President Ursula von der Leyen, with the concluded talks with six vaccine manufacturers now the chances of the Commission to develop and deploy a safe and effective vaccine have never been higher.

"I am happy to announce that we have concluded talks with BioNTech-Pfizer for an initial purchase of 200 million doses of future coronavirus vaccines. This is the 6th pharma company with which we have concluded talks or signed an agreement for potential vaccines, in record time," she said, once again emphasizing that the defeat coronavirus anywhere, it must be defeated everywhere.

Whereas the Commissioner for Health and Food Safety showed her optimism that the sound and diverse portfolio of vaccine candidates increases the chances that the Commission will soon have a vaccine that will help it defeat the pandemic.

"This was the objective of our EU Vaccine Strategy, and we are delivering on it. We are optimistic that among these candidates there will be a safe and effective vaccine against COVID-19 to help us defeat this pandemic," she said.

Previously, the Commission concluded talks with the following companies, given in chronological order: Sanofi-GSK – for buying 300 million doses of the vaccine on July 31

Johnson & Johnson – for the initial purchase of as many as 200 million doses, and a possible purchase up to an extra 200 million vaccine doses, concluded on August 13

Advance Purchase Agreement signed with AstraZeneca– for the purchase of 300 million doses of the AstraZeneca vaccine, with an option to purchase 100 million more, on August 14

CureVac – for the initial purchase of 225 million doses, on August 18

Moderna – for initially buying 80 million doses on behalf of all EU Member States, plus an option to purchase up to a further 80 million doses, on August 24

Since May 4, 2020, the Commission has raised almost €16 billion under the Coronavirus Global Response in a bid to secure high-quality, safe, effective and affordable vaccines within 12 to 18 months for all European citizens.

<https://www.schengenvisainfo.com/news/eu-commission-completes-talks-with-sixth-last-covid-19-vaccine-manufacturer/>

Turkey

Turkey considers allowing Phase III testing of Russia's COVID-19 vaccine

Source: reuters.com

ID: 1007813425

ISTANBUL (Reuters) - Turkey is considering a request from Russia to conduct Phase III trials of Russia's COVID-19 vaccine, Health Minister Fahrettin Koca said on Thursday, adding a decision would be made in the next week.

Russia announced the development of the "Sputnik-V" vaccine, the world's first registered coronavirus vaccine as proof of its scientific prowess. But, Moscow's decision to grant approval for its vaccine before finishing clinical trials has raised concerns among some experts.

Speaking to reporters after holding talks with local health officials in southeastern Turkey, Koca said Phase III work had already started on a vaccine from China and Pfizer, and added that the Russian request was being evaluated.

"We received a request regarding Phase III trials for this vaccine. We saw that this application dossier was sufficient, that pre-clinical efforts, as well as Phase I and II work were completed," Koca said.

"Our vaccine science team will have made its evaluation on the issue in the coming days. We may probably allow Phase III work for the vaccine in Russia next week," he said, adding 13 different Turkish vaccine efforts were underway in Turkey, but only at pre-Phase I levels so far.

Russian regulators licensed the vaccine for domestic use in early August after initial, small-scale human trials. It is now being tested on 40,000 people in Russia in a trial that launched on Aug. 26.

The Russian Sputnik-V vaccine is administered in two doses, with each based on a different vector that normally causes the common cold: human adenoviruses Ad5 and Ad26. Some experts have said using this delivery mechanism could make a COVID-19 vaccine less effective.

Russia has said it expects to produce between 1.5 million and 2 million doses per month by the end of the year, gradually increasing production to 6 million doses a month.

<https://www.reuters.com/article/us-health-coronavirus-turkey-vaccine/turkey-considers-allowing-phase-iii-testing-of-russias-covid-19-vaccine-idUSKBN261392?il=0>

Russia

Moscow authorities to lift quarantine for patients with negative COVID-19 tests

Source: World Service Wire

ID: 1007813280

The compulsory quarantine for Moscow residents with an acute respiratory viral infection and negative test results for the presence of the novel coronavirus infection is going to be lifted, Deputy Moscow Mayor Anastasia Rakova said on Thursday.

"If a patient has a negative test for the coronavirus, he won't be treated as a COVID-19 patient like before. He will be considered either an acute respiratory viral infection patient or a flu patient and will be treated according to the algorithms accepted for the treatment of these diseases," she said in an interview with the Russia-24 channel.

She noted that everyone with symptoms of a cold should be tested for the novel coronavirus infection. According to the deputy mayor, the Moscow authorities are counting on a stable course of the autumn-winter epidemiological period.

"Now we are entering a completely different period, the autumn-winter one, when the objective growth in various viruses and infections is underway. And we realize that along with the COVID patients we will have a rather large number of patients with the acute respiratory viral infection and the flu which is usual for the season. So, of course, we will have to rebuild the entire work of our public healthcare system in the city emphasizing primarily the correct differentiation of a diagnosis, the selection of treatment, based on the final established diagnosis. We need to do that in order to prevent and as much as possible exclude the confluence of infections and people infected with the flu or some other infection. That is why we worked through again all algorithms of work of the outpatient clinics, inpatient clinics, the ambulances, and starting next week we will launch them," she added.

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

Canada

COVID-19: Sask. researchers tackle spread of viruses in ventilation systems

Source: CTV News - Saskatoon

ID: 1007813273

SASKATOON -- University of Saskatchewan engineering researcher Carey Simonson is leading a team to develop testing equipment to measure how airborne viruses are transferred in building ventilation systems.

"SARS-CoV-2 virus may remain airborne for hours and can be transported tens of metres indoors and even further within air ducts," Simonson said in a news release.

SARS-CoV-2 is the virus responsible for COVID-19.

"We want to see whether airborne viruses in the exhaust air of buildings are returned to the fresh supply air used to ventilate and reduce contaminants in buildings."

Simonson's research will focus on developing air exchangers which conserve energy without contaminating fresh air, using a barrier membrane to prevent viruses and other tiny pathogens from penetrating.

He expects to have preliminary results in six months, and if successful, effective membranes could be incorporated into air exchangers within a year, according to the release.

Simonson is also a co-investigator on a project led by U of S engineering researcher Jafar Soltan which aims to inactivate airborne pathogens using an ozone gas air sanitization device.

Soltan will test the effectiveness and feasibility of the device for use in existing air conditioning systems.

He expects to have results within one year.

"The research will improve indoor air quality, reducing the risk of spread of airborne pathogens in health-care facilities, seniors' residences and transit systems where maintaining adequate social distancing may be difficult," Soltan said in the release.

Both projects are funded by the Natural Sciences and Engineering Research Council.

<https://saskatoon.ctvnews.ca/covid-19-sask-researchers-tackle-spread-of-viruses-in-ventilation-systems-1.5099583>

Canada

Casinos, criminal trials set to resume in Ontario despite four week 'pause' in relaxing public health measures announced this week

Source: CP24 (@CP24)

ID: 1007815389

Various public services including criminal courts and casinos will reopen over the next four weeks despite the province's announced "pause" in announcing new measures to relax restrictions imposed by COVID-19.

And provincial officials say there is nothing they plan to do to change that despite a steady increase in COVID-19 infections across the province.

"That's what we're sticking to at this moment and we're asking them to stay the course, as well as convention centres," Ontario Chief Medical Officer of Health Dr. David Williams said of the pending reopening of casinos.

Eleven OLG casinos operated by Great Canadian Gaming Corporation are planning to reopen their doors, with slot machines but no table games, as of Sept. 28.

The eleven casinos include Casino Woodbine in Etobicoke and Casino Ajax, as well as locations in Belleville, Brantford, Peterborough, Port Perry and Elora.

Occupancy at the casinos will be capped at 50 patrons at a time per provincial guidelines.

Also, at least 20 locations of the Ontario Court of Justice are planning to resume preliminary hearings and criminal trials on Sept. 14.

Williams said that they need to balance the growing need for more criminal trial capacity with concerns about infection inside courtrooms.

"There's a large backlog and a lot of issues to be handled as well – so there's pressure to do that – but it doesn't mean we can't do it safely," he said, adding a large number of measures aimed at physical distancing and physical barriers between participants in court hearings have been adopted.

In Toronto, public court service counters are reopening to the public, by appointment only, also on Sept. 14.

<https://www.cp24.com/news/casinos-trials-set-to-resume-in-ontario-despite-pause-in-relaxing-public-health-measures-1.5099895>

Canada

**92% of Canadians agree children must be a priority for a national COVID-19 recovery plan:
Children's Healthcare Canada**

Source: newswire.ca

ID: 1007814985

OTTAWA, ON, Sept. 9, 2020 /CNW/ - A new survey by Abacus Data commissioned by Children's Healthcare Canada (CHC) reveals the vast majority of Canadians are deeply worried about the future of our country's children and youth. Of those polled, 92% fully believe children should be a priority as the Canadian government develops its COVID-19 recovery plan, and beyond, with 70% of respondents expecting the pandemic to have long-term effects on children.

The findings indicate a striking and widespread concern, with Canadians seeing the most negative impacts in children's formal education (70%), mental health and wellbeing (66%) and their social and emotional development (66%). Additionally, a notable 62% felt the pandemic has increased inequality between families depending on household income and wealth.

These troubling numbers come just days after UNICEF Canada's report ranking Canada 30th of 38 countries based on measures of children's mental and physical health, education and the health of their relationships, while also noting that we have one of the highest rates of adolescent suicide in the world.

But there is still time for positive change, and today Children's Healthcare Canada formally calls on the federal government to appoint a Commissioner for Children and Youth. This Commissioner would ensure that Canadian children are finally given the voice they so desperately deserve, guaranteeing that they are an integral part of every conversation as we continue to fight for the health and safety of the country they will one day lead.

"We can no longer debate or discuss the impacts of COVID-19 on our children. We urgently need new ideas and bold action by our federal leaders. Young people will suffer the longest tail of the pandemic with its impacts felt for years, and even decades to come. Investing in our children today pays us back in dividends, and that is the type of investment our country needs. We must act now," said Emily Gruenwoldt, President and CEO of Children's Healthcare Canada.

Additionally, Children's Healthcare Canada has urged the government to invest in:

- enabling timely access to children's healthcare services; and
- Creating a Children's Health Research Enterprise.

Children's Healthcare Canada is hosting a virtual media availability on September 9th. Media will have access to families with children who are impacted by COVID-19, executive leaders from Canadian children's hospitals, local spokespeople as well as Children's Healthcare Canada CEO, Emily Gruenwoldt.

For more information, read our pre-budget consultation submissions and Public Opinion Research: Effects of COVID-19 on the Lives of Children in Canada.

<https://www.newswire.ca/news-releases/92-of-canadians-agree-children-must-be-a-priority-for-a-national-covid-19-recovery-plan-children-s-healthcare-canada-868377427.html>

Canada

Alberta launches online COVID-19 map to track cases in schools

Source: CBC News

ID: 1007814982

Alberta has launched an online map to help parents track COVID-19 cases in schools across the province.

The new tool, unveiled Wednesday by the chief medical officer of health, will list every school that reports two or more cases within a 14-day period where the virus could have been acquired or transmitted within the school itself.

The province has confirmed 16 cases present at 16 different schools, and in each case the illness was acquired outside the school setting, Dr. Deena Hinshaw said at her latest news conference.

"So far, none of the 16 schools that AHS has reported to us have met that threshold," Hinshaw said. "If needed in the future, the map will also list schools that have shifted into Scenario 2 or 3 to protect the health of students.

"I know that some have asked why we are focusing on that number when other sites are reporting higher numbers," she said. "The answer is that we are striving to help parents best understand the risk of exposure that their children face.

"I think it is important that I explain why I feel this is the correct approach. As a parent, learning that a teacher or other student who were never in the school while infectious, and contracted COVID-19 at a party or while on vacation, does not help me understand if my child is at risk.

"In a school context, there is risk for students and staff only when an infectious person is present that they may have come in contact with."

Tracking cases

The best way to assess safety is to track cases where an infectious person has been present in school and cases where transmission has happened in school, Hinshaw said.

"Other numbers are not relevant to school transmission risk, and simply cause confusion and anxiety."

Hinshaw said the province is exploring ways to report all schools where a single case has been identified where someone spent time in a school while infectious.

"We are working to understand the perspectives of school stakeholders on this, as it is important that we balance transparency and confidentiality as we always do," she said. "I will update Albertans on this work in the coming days, and we are committed to continue improving the online map."

For more than six months, Albertans have been watching the COVID-19 numbers rise and fall.

An illness that for weeks shut down much of the economy has now infected almost 15,000 people in Alberta, about 3.3 people for every 1,000.

It has killed 248, most of them elderly.

On Wednesday the province reported 1,585 active cases, down from 1,692 on Tuesday, with 98 new cases.

The regional breakdown of active cases on Wednesday was:

- Calgary zone: 655
- Edmonton zone: 613
- North zone: 214
- Central zone: 48
- South zone: 45
- Unknown: 10

Forty-five people were being treated in hospital for the illness, including seven in ICU beds.

The province conducted 10,500 tests over the past 24 hours.

<https://www.cbc.ca/news/canada/edmonton/alberta-covid-19-coronavirus-deena-hinshaw-1.5717337>

Canada

Early data shows Canadian children experience milder COVID-19 symptoms: study

Source: CTVNews.ca - Top Stories - Public RSS

ID: 1007813667

TORONTO -- Early research from the Canadian Paediatric Society indicates that children in Canada experience much milder symptoms of COVID-19.

Data from Canadian Paediatric Surveillance Program (CPSP) shows that 111 cases of COVID-19 among children were reported to the program as of Aug. 26. Of those, just 1.3 per cent were hospitalized, compared to 13.5 per cent of patients of all ages.

Furthermore, the researchers note that about half of the children hospitalized with COVID-19 were admitted for another reason. For example, a COVID-19 infection discovered during a routine screening for a previously scheduled appointment.

There has not been a single death among children reported to the CPSP.

"While we are still learning about this new disease, we hope that these preliminary results will give some confidence to families as children return to in-person schooling," Dr. Fatima Kakkar, a principal investigator on the study and a pediatric infectious diseases specialist at Centre Hospitalier Universitaire Sainte-Justine in Montreal, said in a news release.

There are several other studies that indicate children may have an easier time fighting off COVID-19 than adults. A study out of the United States from earlier this week indicates children are at nearly equal risk of being hospitalized by the flu when compared to COVID-19.

In their research, the CPSP notes that the data was collected at a time when children were out of school and thus not in close contact with as many people compared to normal, meaning child surveillance is of continued importance.

"We will continue to monitor cases and trends through the fall, and we will share these results with clinicians and public health decision makers," said Dr. Shaun Morris, a paediatric infectious diseases specialist and study principal investigator from the Hospital for Sick Children in Toronto.

In May, cases of COVID-19 in children were expanded to include kids who had contracted Multi-system Inflammatory Syndrome in Children (MIS-C), a condition closely associated with COVID-19. MIS-C causes several parts of the body to become inflamed, including the heart, lungs and eyes.

This research did not include children diagnosed with MIS-C, although the CPSP is analyzing the additional data and hopes to provide the results soon.

<https://www.ctvnews.ca/health/coronavirus/early-data-shows-canadian-children-experience-milder-covid-19-symptoms-study-1.5099907>

Canada

Speak softly and scatter fewer coronavirus particles, say researchers

Source: National Post

Unique ID: [1007810951](#)

TOKYO — More quiet zones in high-risk indoor spaces, such as hospitals and restaurants, could help to cut coronavirus contagion risks, researchers have said, after a study showed that lowering speaking volume can reduce the spread of the disease.

In efforts to rein in transmission, a reduction of 6 decibels in average speech levels can have the same effect as doubling a room's ventilation, scientists said on Wednesday, in an advance copy of a paper detailing their study.

"The results suggest that public health authorities should consider implementing 'quiet zones' in high-risk indoor environments, such as hospital waiting rooms or dining facilities," wrote the six researchers from the University of California, Davis.

The World Health Organization changed its guidance in July to acknowledge the possibility of aerosol transmission, such as during choir practice, or when in restaurants or fitness classes.

Microscopic droplets ejected while speaking evaporate to leave behind aerosol particles big enough to

carry viable virus, the paper showed. An increase of about 35 decibels in loudness, or the difference between whispering and shouting, boosts the particle emission rate by 50 times.

<https://nationalpost.com/pmnenertainment-pmn/speak-softly-and-scatter-fewer-coronavirus-particles-say-researchers>

United States

Community and Close Contact Exposures Associated with COVID-19 Among Symptomatic Adults ≥18 Years in 11 Outpatient Health Care Facilities - United States, July 2020

Source: Morbidity and Mortality Weekly Report (MMWR)

ID: 1007813447

Community and Close Contact Exposures Associated with COVID-19 Among Symptomatic Adults ≥18 Years in 11 Outpatient Health Care Facilities — United States, July 2020

Weekly / September 11, 2020 / 69(36);1258–1264

What is already known about the topic?

Community and close contact exposures contribute to the spread of COVID-19.

What is added by this report?

Findings from a case-control investigation of symptomatic outpatients from 11 U.S. health care facilities found that close contact with persons with known COVID-19 or going to locations that offer on-site eating and drinking options were associated with COVID-19 positivity. Adults with positive SARS-CoV-2 test results were approximately twice as likely to have reported dining at a restaurant than were those with negative SARS-CoV-2 test results.

What are the implications for public health practice?

Eating and drinking on-site at locations that offer such options might be important risk factors associated with SARS-CoV-2 infection. Efforts to reduce possible exposures where mask use and social distancing are difficult to maintain, such as when eating and drinking, should be considered to protect customers, employees, and communities.

Article Metrics

Community and close contact exposures continue to drive the coronavirus disease 2019 (COVID-19) pandemic. CDC and other public health authorities recommend community mitigation strategies to reduce transmission of SARS-CoV-2, the virus that causes COVID-19 (1,2). Characterization of community exposures can be difficult to assess when widespread transmission is occurring, especially from asymptomatic persons within inherently interconnected communities. Potential exposures, such as close contact with a person with confirmed COVID-19, have primarily been assessed among COVID-19 cases, without a non-COVID-19 comparison group (3,4). To assess community and close contact exposures associated with COVID-19, exposures reported by case-patients (154) were compared with exposures reported by control-participants (160). Case-patients were symptomatic adults (persons aged ≥18 years) with SARS-CoV-2 infection confirmed by reverse transcription–polymerase chain reaction (RT-PCR) testing. Control-participants were symptomatic outpatient adults from the same health care facilities who had negative SARS-CoV-2 test results. Close contact with a person with known COVID-19 was more commonly reported among case-patients (42%) than among control-participants (14%). Case-patients were more likely to have reported dining at a restaurant (any area designated by the restaurant, including indoor, patio, and outdoor seating) in the 2 weeks preceding illness onset than were control-participants (adjusted odds ratio [aOR] = 2.4; 95% confidence interval [CI] = 1.5–3.8). Restricting the analysis to participants without known close contact with a person with confirmed COVID-19, case-patients were more likely to report dining at a restaurant (aOR = 2.8, 95% CI = 1.9–4.3) or going to a bar/coffee shop (aOR = 3.9, 95% CI = 1.5–10.1) than were control-participants. Exposures and activities where mask use and social distancing are difficult to maintain, including going to places that offer on-site eating or drinking, might be important risk factors for acquiring COVID-19. As communities reopen, efforts to reduce possible exposures at locations that offer on-site eating and drinking options should be considered to protect customers, employees, and communities.

This investigation included adults aged ≥18 years who received a first test for SARS-CoV-2 infection at an outpatient testing or health care center at one of 11 Influenza Vaccine Effectiveness in the Critically Ill (IVY) Network sites* during July 1–29, 2020 (5). A COVID-19 case was confirmed by RT-PCR testing for SARS-CoV-2 RNA from respiratory specimens. Assays varied among facilities. Each site generated lists of adults tested within the study period by laboratory result; adults with laboratory-confirmed COVID-19

were selected by random sampling as case-patients. For each case-patient, two adults with negative SARS-CoV-2 RT-PCR test results were randomly selected as control-participants and matched by age, sex, and study location. After randomization and matching, 615 potential case-patients and 1,212 control-participants were identified and contacted 14–23 days after the date they received SARS-CoV-2 testing. Screening questions were asked to identify eligible adults. Eligible adults for the study were symptomatic at the time of their first SARS-CoV-2 test.

CDC personnel administered structured interviews in English or five other languages† by telephone and entered data into REDCap software (6). Among 802 adults contacted and who agreed to participate (295 case-patients and 507 control-participants), 332 reported symptoms at the time of initial SARS-CoV-2 testing and were enrolled in the study. Eighteen interviews were excluded because of nonresponse to the community exposure questions. The final analytic sample (314) included 154 case-patients (positive SARS-CoV-2 test results) and 160 control-participants (negative SARS-CoV-2 test results). Among nonparticipants, 470 were ineligible (i.e., were not symptomatic or had multiple tests), and 163 refused to participate. This activity was reviewed by CDC and participating sites and conducted consistent with applicable federal law and CDC policy.§

Data collected included demographic characteristics, information on underlying chronic medical conditions,¶ symptoms, convalescence (self-rated physical and mental health), close contact (within 6 feet for ≥15 minutes) with a person with known COVID-19, workplace exposures, mask-wearing behavior, and community activities ≤14 days before symptom onset. Participants were asked about wearing a mask and possible community exposure activities (e.g., gatherings with ≤10 or >10 persons in a home; shopping; dining at a restaurant; going to an office setting, salon, gym, bar/coffee shop, or church/religious gathering; or using public transportation) on a five-point Likert-type scale ranging from “never” to “more than once per day” or “always”; for analysis, community activity responses were dichotomized as never versus one or more times during the 14 days before illness onset. For each reported activity, participants were asked to quantify degree of adherence to recommendations such as wearing a face mask of any kind or social distancing among other persons at that location, with response options ranging from “none” to “almost all.” Descriptive and statistical analyses were performed to compare case-patients with control-participants, assessing differences in demographic characteristics, community exposures, and close contact. Although an effort was made initially to match case-patients to control-participants based on a 1:2 ratio, not all potential participants were eligible or completed an interview, and therefore an unmatched analysis was performed. Unconditional logistic regression models with generalized estimating equations with exchangeable correlation structure correcting standard error estimates for site-level clustering were used to assess differences in community exposures between case-patients and control-participants, adjusting for age, sex, race/ethnicity, and presence of one or more underlying chronic medical conditions. In each model, SARS-CoV-2 test result (i.e., positive or negative) was the outcome variable, and each community exposure activity was the predictor variable. The first model included the full analytic sample (314). A second model was restricted to participants who did not report close contact to a person with COVID-19 (89 case-patients and 136 control-participants). Statistical analyses were conducted using SAS software (version 9.4; SAS Institute).

Compared with case-patients, control-participants were more likely to be non-Hispanic White ($p < 0.01$), have a college degree or higher ($p < 0.01$), and report at least one underlying chronic medical condition ($p = 0.01$) (Table). In the 14 days before illness onset, 71% of case-patients and 74% of control-participants reported always using cloth face coverings or other mask types when in public. Close contact with one or more persons with known COVID-19 was reported by 42% of case-patients compared with 14% of control-participants ($p < 0.01$), and most (51%) close contacts were family members.

Approximately one half of all participants reported shopping and visiting others inside a home (in groups of ≤10 persons) on ≥1 day during the 14 days preceding symptom onset. No significant differences were observed in the bivariate analysis between case-patients and control-participants in shopping; gatherings with ≤10 persons in a home; going to an office setting; going to a salon; gatherings with >10 persons in a home; going to a gym; using public transportation; going to a bar/coffee shop; or attending church/religious gathering. However, case-patients were more likely to have reported dining at a restaurant (aOR = 2.4, 95% CI = 1.5–3.8) in the 2 weeks before illness onset than were control-participants (Figure). Further, when the analysis was restricted to the 225 participants who did not report recent close contact with a person with known COVID-19, case-patients were more likely than were control-participants to have reported dining at a restaurant (aOR = 2.8, 95% CI = 1.9–4.3) or going to a bar/coffee shop (aOR = 3.9, 95% CI = 1.5–10.1). Among 107 participants who reported dining at a

restaurant and 21 participants who reported going to a bar/coffee shop, case-patients were less likely to report observing almost all patrons at the restaurant adhering to recommendations such as wearing a mask or social distancing ($p = 0.03$ and $p = 0.01$, respectively).

Zhanar Haimovich, Northrop Grumman; Sherri Pals, Division of Global HIV & TB, Center for Global Health, CDC.

IVY Network Investigators

Kimberly W. Hart, Vanderbilt University Medical Center; Robert McClellan, Vanderbilt University Medical Center; Hsi-nien Tan, Vanderbilt University Medical Center; Adrienne Baughman, Vanderbilt University Medical Center.

https://www.cdc.gov/mmwr/volumes/69/wr/mm6936a5.htm?s_cid=mm6936a5_x

Study

Cats may be contracting COVID-19 at a higher rate than thought before: study

Source: CTV

Unique ID: [1007808375](#)

TORONTO -- A new study suggests that cats may be catching the novel coronavirus at far higher rates than thought before, which could mean they have unique ways of fighting off the virus.

The findings were published last week in the journal *Emerging Microbes & Infections*, and describe how researchers from Huazhong Agricultural University took serum samples from 102 cats in Wuhan, China following its COVID-19 outbreak.

Antibodies that fight against COVID-19 were found in 15 cats out of the 102.

Eleven of these cats also had neutralizing antibodies, which bind so tightly to the virus that they prevent infection.

Out of the 11 cats, four were from pet hospitals, four had been abandoned, and three belonged to owners who had been diagnosed with COVID-19.

"The three cats with the highest levels of antibodies were all owned by patients who had been diagnosed with COVID-19," a press release on the study stated.

Because the antibodies were found in the cats after the human outbreak in Wuhan, researchers say it strongly suggests that the cats in question got the virus from humans.

However, none of the cats with antibodies actually tested positive for COVID-19, had symptoms, or died from the virus.

Previous reports have shown that cats can test positive for COVID-19. This new research suggests that if these cats did not test positive, there could be more cats out there who have contracted the virus and developed antibodies, but didn't test positive.

Two of the cats with the highest levels of antibodies belonged to the same owner, who had contracted COVID-19. Researchers were able to track these two cats over a longer period of time than the others to measure how long the antibodies were active within the cats. They reached their peak around 10 days after the antibodies were first detected in early March, but then decreased rapidly.

By June, there were virtually no neutralizing antibodies left.

Researchers noted that although the cats developed antibodies, the transient nature of the antibody response in their bodies was closer to the reaction to a seasonal virus, as opposed to a more long-lasting immunity, indicating that the cats could now be at risk of reinfection.

So far, there has been no evidence of cat-to-human transmission of the virus, and not much is known about human-to-cat transmission, but researchers noted that caution should still be taken with pets.

"Some preventive measures should be implemented to maintain a suitable distance between COVID-19 patients and companion animals such as cats and dogs, and hygiene and quarantine measures should also be established for those high-risk animals," the study said.

Study: <https://www.tandfonline.com/doi/full/10.1080/22221751.2020.1817796>

<https://www.ctvnews.ca/health/coronavirus/cats-may-be-contracting-covid-19-at-a-higher-rate-than-thought-before-study-1.5098382>

News Scan for Sep 10, 2020

Source: CIDRAP

ID: 1007814078

Survey: 41% of Americans have avoided medical care because of COVID-19

Results of a nationwide survey today show that 40.9% of Americans have avoided medical care because of the novel coronavirus pandemic, including 12.0% who avoided emergency care and 31.5% who avoided routine care. The results are published in Morbidity and Mortality Weekly Report (MMWR).

A total of 5,412 adults answered the web-based survey, which was administered during the last week of June. Young adults ages 18 to 24 were the most likely group to say they had avoided seeking medical care because of COVID-19 (30.9% for urgent or emergency care; 57.2% for any care), followed by unpaid adult caregivers (29.8% for emergency care; 64.3% for routine care), and Hispanic adults (24.6%; 55.5%). Adults with disabilities also reported delaying medical care.

"These findings align with recent reports that hospital admissions, overall emergency department (ED) visits, and the number of ED visits for heart attack, stroke, and hyperglycemic crisis have declined since the start of the pandemic," the authors wrote, adding that "excess deaths directly or indirectly related to COVID-19 have increased in 2020 versus prior years."

The authors said the delay or avoidance of care may be due in part to stay-at-home orders, fear of contracting the virus and then spreading it to care recipients, and general concerns about the virus.
Sep 11 MMWR study

Study highlights high cost of COVID-19 response for low-income countries

A modeling study led by researchers from the World Health Organization (WHO) estimates that the healthcare costs of COVID-19 treatment in low- and middle-income countries (LMICs) is more than \$52 billion a month, an amount that could triple over 3 months without reduced coronavirus transmission.

In the study, published yesterday in The Lancet Global Health, the researchers projected the number of COVID-19 cases for 73 LMICs after Jun 26 based on an epidemiologic model from Imperial College London, then calculated what the additional healthcare costs of implementing a strategic preparedness and response plan (SPRP) would be for 4-week and 12-week timeframes under three scenarios: a status quo scenario in which current transmission levels are maintained, a 50% increase in transmission, and a 50% decrease in transmission.

The estimated costs are based on nine SPRP pillars laid out by the WHO in February and include the cost of healthcare staff, equipment (such as diagnostic tests and personal protective equipment), and infrastructure (such as field hospitals and diagnostic labs). Isolation and quarantine costs were not included in the analysis.

The total cost under the status quo scenario was \$52.4 billion over 4 weeks, with a per-capita cost of \$8.60. Under a 50% decrease or increases in transmission, the costs were estimated at \$33.08 billion and \$61.92 billion, respectively. In the 12-week timeframe, the costs would triple under the status quo and increased transmission scenario, while the costs of the 50% decreased transmission scenario over 12 weeks would be equal to the cost of the status quo scenario over 4 weeks. Under the status quo scenario, the main cost drivers were case management (54% of costs), maintaining essential health services (21%), rapid response and case investigation (14%), and infection prevention and control (9%).

The authors say the findings underscore the importance of an early and comprehensive response to limit the spread of the virus.

"The costs of a COVID-19 response in the health sector will escalate, particularly if transmission increases," study co-author Agnès Soucat, PhD, Director of the Department of Health Systems Governance and Financing at WHO, said in a press release. "So instituting early and comprehensive measures to limit the further spread of the virus will be vital if we are to conserve resources and sustain the response."

Sep 9 Lancet Glob Health study

Sep 9 Lancet press release

Substantial rate of severe outcomes noted in young adult COVID patients

A study yesterday in JAMA Internal Medicine shows that young adults are not immune to severe outcomes from COVID-19, particularly young men with morbid obesity and high blood pressure.

The study by researchers at Brigham and Women's Hospital in Boston identified and collected data on 3,222 young adults ages 18 to 34 diagnosed with COVID-19 and discharged from the hospital from Apr 1 to Jun 30. During hospitalization, 684 of these young adult patients (21%) required intensive care, 331 (10%) required mechanical ventilation, and 88 (2.7%) died.

Morbid obesity was present in 140 patients (41%) who died or required mechanical ventilation. More than half of the patients requiring hospitalization were black or Hispanic.

Using multivariable logistics regression analysis, the researchers determined that morbid obesity (adjusted odds ratio [aOR], 2.30; 95% confidence interval [CI], 1.77 to 2.98; $P < .001$), hypertension (aOR, 2.36; 95% CI, 1.79 to 3.12; $P < .001$), and male sex (aOR, 1.53; 95% CI, 1.20 to 1.95; $P = .001$) were associated with greater risk of death or mechanical ventilation. Diabetes was associated with increased risk of these outcomes on univariable analysis but did not reach statistical significance after adjustment (aOR, 1.31; 95% CI, 0.99 to 1.73; $P = .06$). Odds of death or mechanical ventilation did not vary significantly with race or ethnicity.

Patients with multiple risk factors (morbid obesity, hypertension, and diabetes) faced risks similar to 8,862 middle-aged adults (ages 35 to 64) without these conditions.

"Given the sharply rising rates of COVID-19 infection in young adults, these findings underscore the importance of infection prevention measures in this age group," the authors wrote.

Sep 9 JAMA Intern Med research letter

<https://www.cidrap.umn.edu/news-perspective/2020/09/news-scan-sep-10-2020>

United Kingdom

Another possible COVID complication: 'Punctured lung'

Source: CIDRAP - All News

ID: 1007813951

As many as 1 in 100 hospitalized COVID-19 patients may experience a pneumothorax, or punctured lung, according to a multicenter observational case series published yesterday in the European Respiratory Journal.

Pneumothorax usually occurs in very tall young men or older patients with serious underlying lung disease. But University of Cambridge researchers identified COVID-19 patients with neither of those traits who had a punctured lung or pneumomediastinum (air or gas leakage from a lung into the area between the lungs) from March to June at 16 UK hospitals.

"We started to see [COVID-19] patients affected by a punctured lung, even among those who were not put on a ventilator," said Stefan Marciniak, MB BChir, PhD, from the University of Cambridge in a news release. "To see if this was a real association, I put a call out to respiratory colleagues across the UK via Twitter. The response was dramatic—this was clearly something that others in the field were seeing."

Sixty of 71 COVID-19 patients included in the study had a punctured lung, including two with different episodes of pneumothorax, for a total of 62 punctures. Six of the 60 patients with pneumothorax also had pneumomediastinum, while 11 patients had only pneumomediastinum.

Age, acidosis, and survival

Nine patients with shortness of breath on arrival at the hospital were diagnosed on chest x-ray as having punctured lung, 5 of them hospital readmissions after COVID-19 treatment (4 patients) or becoming infected with coronavirus in the hospital (1). All patients in this group were older than 40 years, and only two had underlying lung disease.

Seven of the nine patients required a chest drain. Two (22%) died 7 and 10 days after pneumothorax, one not requiring a chest drain and one having had the drain removed after the pneumothorax healed.

The remaining seven patients were released from the hospital after a median stay of 7 days.

Fourteen patients experienced pneumothorax during their hospitalization while breathing on their own on a general or respiratory ward; six of them were diagnosed by chance. Three patients were on noninvasive ventilation at diagnosis. Eleven patients needed chest drains, while one required surgical intervention. Three patients (21%) died, the rest were released from the hospital after a median stay of 35 days, and one was later readmitted because of pneumothorax of the other lung.

Thirty-eight patients had a total of 39 lung punctures while receiving invasive ventilation; 26 needed invasive ventilation only, while 12 needed oxygen added to their blood outside their body.

Of the 26 patients requiring only invasive ventilation, punctured lung was diagnosed by chance or because they needed more oxygen, revealing hypercapnia (excess carbon dioxide caused by breathing that is too shallow or slow) and acidosis, a buildup of acid caused by lung or kidney dysfunction. Seven patients were given a chest drain, and eight survived for at least 28 days.

There was no significant difference in 28-day survival after punctured lung or pneumomediastinum (63.1% vs 53%; $P = 0.85$) or between men and women (62.5% vs 68.4%, $P = 0.62$). However, men were three times more likely to have pneumothorax than women, which the authors said might be because men with COVID-19 appear predisposed to more severe disease. No patients required treatment for pneumomediastinum.

Patients 70 years and older had only a 41.7% survival rate, compared with 70.9% in younger patients ($P = 0.02$), and patients with acidosis had only a 35.1% chance of 28-day survival, versus 82.4% of their peers, regardless of age.

Serious but treatable condition

The authors noted that previous small retrospective studies suggested that punctured lungs might occur in 1% of hospitalized COVID-19 patients and those dying from their infections and 2% of those needing intensive care, while another study estimated rates of barotrauma (both pneumothorax and pneumomediastinum) at 15%.

A case report yesterday out of China highlights the importance of being on guard for spontaneous pneumothorax, or sudden collapsed lung, especially in COVID-19 patients who have prolonged severe lung damage.

Studies have also suggested that other coronaviruses may contribute to pneumothorax. In a 2004 study, SARS (severe acute respiratory syndrome) was also associated with spontaneous pneumothorax, occurring in 1.7% of hospitalized patients. Likewise, in a 2015 study, a punctured lung was considered a predictor of a poor prognosis in patients with MERS (Middle East respiratory syndrome).

The authors of the new study said that COVID-19 may cause cysts in the lungs that could lead to lung punctures. They advised doctors to consider the possibility of punctured lungs in COVID-19 patients, even in those who don't fit the profile for it, as many study patients were diagnosed with this condition only by chance.

While an observational case series can't prove that COVID-19 causes pneumothorax, the authors said that the number of affected patients in their study make it unlikely that all lung punctures were coincidental. They said that if there were no link between the two conditions, they would likely have observed only 18 cases of punctured lung in COVID-19 patients from Jan 22 to Jul 3.

While previous studies have suggested that pneumothorax is a predictor of poor outcomes, the authors noted that study patients had an overall 63.1% survival rate and that 52% were released from the hospital.

"These cases suggest that pneumothorax is a complication of COVID-19," they wrote. "Pneumothorax does not seem to be an independent marker of poor prognosis and we encourage active treatment to be continued where clinically possible."

Co-author Anthony Martinelli, MB BChir, a respiratory physician at Broomfield Hospital, said in the news release, "Although a punctured lung is a very serious condition, COVID-19 patients younger than 70 tend to respond very well to treatment. Older patients or those with abnormally acidic blood are at greater risk of death and may therefore need more specialist care."

<https://www.cidrap.umn.edu/news-perspective/2020/09/another-possible-covid-complication-punctured-lung>

Domestic Events of Interest

Canada

CPHO Statement: World Suicide Prevention Day

Source: Government of Canada

Statement

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

"There have been 134,294 cases of COVID-19 in Canada, including 9,155 deaths. 88% of people have now recovered. Labs across Canada tested 47,806 people daily over the past week with 1.1% testing positive. An average of 618 new cases have been reported daily during the most recent seven days. Each day as we review the numbers above, I am reminded of the ways Canadians have pulled together to reduce the spread of COVID-19. We have been physically apart from each other in order to plank the curve, but we have found new ways to be together, and connected, while at a distance.

Today is World Suicide Prevention Day and the need to be together, while apart, has never been stronger. COVID-19 has significantly changed our daily lives, and Canadians are reporting increased mental health needs.

Now more than ever, we need to support one another by reaching out to our friends, family, neighbours, and community members. A text, email, letter or phone call can be a lifeline to someone who is struggling.

It's common to feel worried, stressed or anxious at times during the pandemic. If you, or someone you know is feeling hopeless, trapped or alone, it may be a sign of a mental health crisis. It's important to know that you are not alone and there are resources available that can help.

If you or someone you know is in immediate danger, please call 9-1-1. You can also get support from a local crisis centre, the Canada Suicide Prevention Service (1-833-456-4566), Kids Help Phone, the Hope for Wellness Help Line, and 1-866-APPELLE (Quebec residents), that all offer 24/7 support. For anyone experiencing social, mental or emotional challenges, visit the Wellness Together Portal to connect to mental health and substance use support, resources and counselling with a mental health professional.

On this World Suicide Prevention Day, we are being called upon to work together to prevent suicide. The Public Health Agency of Canada (PHAC) has resources that can help individuals who are concerned about themselves or someone they know.

PHAC also works collaboratively with public, private, not-for-profit and Indigenous partners and stakeholders to put in place programs and initiatives that promote positive mental health, and contribute to the prevention of suicide and offer support and treatment to those struggling with mental health.

Together, while apart, we can all help to prevent suicide.

You can find additional information and guidance to reduce your risk of infection and spreading the virus here."

Contacts

Media Relations

Public Health Agency of Canada

613-957-2983

hc.media.sc@canada.ca

<https://www.canada.ca/en/public-health/news/2020/09/cpho-statement-world-suicide-prevention-day.html>

Canada

Province to start offering flu vaccine to vulnerable Albertans by Oct. 13

Source: Global News

ID: 1007814225

In roughly one month, the province will start offering the flu vaccine to certain groups of Albertans. Global News reported in June the province is ordering approximately 360,000 more doses of the flu vaccine, bringing the total this year to 1.96 million doses compared to 1.6 million doses in 2019 to 2020. Flu season typically runs from November to April, and there are particular challenges this year because of COVID-19.

The provincial government also said in June it will be offering a high-dose flu vaccine to all seniors in continuing care facilities for the first time ever and will be expanding work to target at-risk populations.

Health practitioners will start offering the vaccine to vulnerable groups, such as those in long-term care and supportive living as well as homeless or marginalized Albertans, by Oct. 13, according to Alberta Health spokesperson Tom McMillan.

The immunization campaign for all Albertans will begin on Oct. 19 and the vaccine will be offered through public health clinics, doctor's offices and community pharmacies.

He said more information on staffing and locations will be shared in the coming weeks.

Infectious disease experts have previously expressed concern about what may happen if there are high numbers of flu cases while the province is also dealing with COVID-19.

"During viral respiratory season, we do see increasing numbers of patients being admitted to hospital and so it does stretch our healthcare resources a little bit," said Dr. Stephanie Smith, an infectious disease physician and director of infection prevention and control at the University of Alberta Hospital.

"If we added on top of that more admissions due to COVID-19, it could certainly stretch our resources and may result in us having to have to ramp back down in terms of our elective surgeries, etc., if we really got into a situation where we were having really large numbers."

McMillan said that, by keeping the number of flu cases and outbreaks low, at-risk Albertans can be protected and healthcare workers can focus on the COVID-19 response.

Interest in the flu vaccine is anticipated to be higher than in previous years.

A survey done for the Canadian Pharmacists Association shows 57 per cent of Canadians plan to get the flu shot this year; 45 per cent of those surveyed said they got vaccinated last year.

The same survey showed 34 per cent said they are more likely to get the flu vaccine because of COVID-19.

Christine Hughes, a professor in the Faculty of Pharmacy and Pharmaceutical Sciences at the University of Alberta, said it is possible to get both the flu and COVID-19 at the same time but the consequences of that are still unclear.

<https://globalnews.ca/news/7327068/alberta-flu-vaccine-flu-season/>

International Events of Interest

IHR Announcement

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

Announcement Displayed From :Friday, September 11, 2020 - 13:10

Poliomyelitis (Circulating vaccine-derived poliovirus and Wild Poliovirus) – Global update 11 September 2020

Between 1 January and 9 September 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 3 September and 9 September 2020, there have been seven WPV1 in Acute Flaccid Paralysis (AFP) cases and seventeen WPV1 positive environmental samples reported in Pakistan and Afghanistan. Moreover, during the same period, there have been 26 cVDPV2 in AFP cases reported in, Chad, Democratic Republic of the Congo (DRC) and Sudan. Below is the description of the reported cases by country:

- Afghanistan: four WPV1 in AFP cases
- Pakistan: three WPV1 in AFP cases and 17 WPV1 positive environmental samples
- Chad: three cVDPV2 in AFP cases
- DRC: 15 cVDPV2 in AFP cases
- Sudan: eight cVDPV2 in AFP cases

Please find below the link to the weekly global polio update published by the global polio eradication initiative (GPEI) that includes an update on polio (WPV 1 cVDPV1, and cVDPV2) case count for this week (between 3 September and 9 September 2020) and cumulative case count by country since 1 January 2019.

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

Public Health Response

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

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

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

WHO risk assessment

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

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

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

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

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

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

WHO advice

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

consequences of any new virus introduction.

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

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

For more information:

- Global Polio Eradication Initiative: <http://polioeradication.org/>
- Polio Factsheet: <https://www.who.int/topics/poliomyelitis/en/>
- WHO/UNICEF estimates of national routine immunization: https://apps.who.int/immunization_monitoring/globalsummary/timeseries/tswucoveragedtp3.html
- GPEI Public health emergency status: <http://polioeradication.org/polio-today/polio-now/public-health-emergency-status/>
- International travel and health: <https://www.who.int/ith/en/>
- Vaccine-derived polioviruses: <http://polioeradication.org/polio-today/polio-prevention/thevirus/vaccine-derived-polio-viruses/>
- Use of OPV in the context of COVID-19: <http://polioeradication.org/wpcontent/uploads/2020/03/Use-of-OPV-and-COVID-20200421.pdf>
- Guiding principles for immunization activities during the COVID-19 pandemic: <https://apps.who.int/iris/handle/10665/331590>
- WHO guidance document - COVID-19: Operational guidance for maintaining essential health services during an outbreak: <https://www.who.int/publications-detail/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak>

IHR Notification

China | Influenza due to identified avian or animal influenza virus

Core Details

Event ID:
2017-E000441
Date updated: Friday, August 24, 2018 - 14:35
Region: [WP](#)
Country:
[China](#)
EIS Status:
[Current](#)
Hazard:
[Zoonosis](#)
Syndrome:
[Acute Respiratory Syndrome](#)
Disease:

[Influenza due to identified avian or animal influenza virus](#)

Verification Status:
[No verification requested](#)
Laboratory Confirmed:
Yes
IHR Assessment:
[Public Health Risk \(PHR\)](#)
WHO IHR Contact Point
IHR Contact Point Western Pacific Region
Phone + 63 928 503 1007
Fax + 632 526 6730
Email wproihr@who.int
URL <http://www.wpro.who.int/sites/ihr/>

IHR Criteria

Serious Public Health Impact

To date, only sporadic cases of human infections with avian influenza A(H9N2) have been reported. Cases of human infections with A(H9N2) have mostly caused mild clinical disease and there has been no evidence of sustained human-to-human transmission.

Unusual or unexpected

Yes. Human infections with avian influenza A(H9N2) are considered to be unusual. However, further sporadic human cases could occur as H9N2 is one of the most prevalent avian influenza virus subtypes circulating in poultry around the world. The occurrence of human cases needs to be monitored closely in order to identify changes in the virus and/or its transmission behaviour in humans as it may have a serious public health impact.

International disease spread

There has been no evidence of international disease spread by travellers. Thus far, the H9N2 avian influenza viruses do not seem to transmit easily between humans and therefore the likelihood of community-level spread is low.

Interference with international travel or trade

WHO does not recommend any restriction on travel and/or trade based on the current available information.

Date first Published to EIS: Friday, August 24, 2018 - 14:35
updated status: updated

Latest Bulletin / Situation report
[Event Update 2020-09-10](#)

Date / Time Published: 2020-09-10 16:38

Situation Update

On 28 August 2020, the National Health Commission of the People's Republic of China notified WHO of one confirmed case of human infection with avian influenza A(H9N2) virus detected through Influenza-like Illness Surveillance (ILI).

Details of the case:

The case is a 4-year-old female from Meizhou, Guangdong Province, China, who had exposure to domestic poultry. She developed mild symptoms on 3 August 2020 and was admitted to a hospital on 4 August. As of 28 August, no further cases were detected in her family members. This case recovered and was discharged from the hospital.

This is the sixth case of avian influenza A(H9N2) reported from China in 2020. A total of 34 cases of human infection with avian influenza A(H9N2) have been reported from China to WHO since December 2015.

Public Health Response

The Chinese government has taken the following monitoring, prevention and control measures:

- Case management
- Strengthened surveillance and disinfection of the surrounding environment, including of the patients' residence and suspected exposure areas; and
- Public risk communication activities to improve public awareness and adoption of self-protection measures.

WHO Risk Assessment

Most human cases are exposed to the avian influenza A(H9N2) virus through contact with infected poultry or contaminated environments. Human infection tends to result in mild clinical illness. Since the virus continues to be detected in poultry populations, further human cases can be expected. No clusters of cases have been reported.

Currently available epidemiological and virological evidence suggests that A(H9N2) viruses have not acquired the ability of sustained transmission among humans, thus the likelihood of human-to-human spread is low. Should infected individuals from affected areas travel internationally, their infection may be

detected in another country during travel or after arrival. If this were to occur, further community level spread is considered unlikely as this virus has not acquired the ability to transmit easily among humans. This case does not change the current WHO recommendations on public health measures and surveillance of influenza. Thorough investigation of every human infection is essential.

Within the context of COVID 19, the pandemic is straining health systems worldwide. Surveillance of public health events, contact tracing activities and laboratory capacities might be impacted. The rapidly increasing demand on health facilities and health care workers threatens to leave some health systems overstretched and unable to operate effectively. Well-organized and prepared health systems can continue to provide equitable access to essential service delivery throughout an emergency, limiting increased indirect mortality. As of 31 August 2020, there has been a cumulative of 1,740 cases of COVID-19 including eight deaths in Guangdong Province. Currently, only imported cases have been reported from 27 until 1 September 2020. On 1 September, 13 cases of COVID-19 are reported to be hospitalized in the province.

WHO Recommendations

The public should avoid contact with high-risk environments such as live animal markets/farms and live poultry, or surfaces that might be contaminated by poultry feces. Hand hygiene with frequent washing or use of alcohol hand sanitizer is recommended. WHO does not recommend any specific different measures for travellers.

WHO advises against the application of any travel or trade restrictions based on the current information available on this event.

All human infections caused by a new subtype of influenza virus are notifiable under the International Health Regulations (IHR, 2005). State Parties to the IHR (2005) are required to immediately notify WHO of any laboratory-confirmed case of a recent human infection caused by an influenza A virus with the potential to cause a pandemic. Evidence of illness is not required for this report.

For more information

- WHO Avian and other zoonotic influenza:
https://www.who.int/influenza/human_animal_interface/en/
- WHO Avian influenza Food safety issues:
https://www.who.int/foodsafety/areas_work/zoonose/avian/en/
- WHO Monthly Risk Assessment Summary: Influenza at the human-animal interface:
https://www.who.int/influenza/human_animal_interface/HAI_Risk_Assessment/en/

WPRO Avian Influenza Weekly Updates, as of 31 August

2020: <https://iris.wpro.who.int/handle/10665.1/14460>

Democratic Republic of Congo

Ebola infects 1 more in DRC, bringing outbreak total to 113 cases

Source: CIDRAP

ID: 1007814078

Tests have confirmed Ebola in one more person in the Democratic Republic of the Congo (DRC), pushing the outbreak total to 113 cases, the WHO African regional office said in an update on Twitter today.

No new deaths were reported, keeping the fatality count at 48.

The outbreak, first detected in early June, is occurring in the same area where a 2018 outbreak sickened 54 people, 33 of them fatally. Investigations so far suggest it is probably linked to a new zoonotic introduction, rather than the earlier outbreak or a large outbreak that unfolded around North Kivu province in the eastern DRC and was declared over in June.

Health officials are worried about the latest outbreak, because cases are spread over a large geographic region, some confirmed case-patients have remained in the community, the location poses a travel threat to Kinshasa and neighboring countries, and health resources are stretched thin owing to the COVID-19 pandemic.

<https://www.cidrap.umn.edu/news-perspective/2020/09/news-scan-sep-10-2020>

Germany

Germany confirms first case of African swine fever

Source: Pig World
Unique ID: [1007811969](#)

BY ALISTAIR DRIVER ON SEPTEMBER 10, 2020 AFRICAN SWINE FEVER, NEWS

African swine fever (ASF) has been confirmed in a wild boar in Germany very close to the Polish border. The Friedrich-Loeffler-Institute (FLI) confirmed Germany's first ever case of the virus on Thursday morning.

The suspected case was detected in a wild boar carcass found in the eastern state of Brandenburg, and bones found carcass were sampled. The carcass was decayed suggesting 'the entry took place a few weeks ago', the institute said.

The Berlin-Brandenburg State Laboratory detected the specific genome sequences of the ASF virus in the samples taken on site and the FLI confirmed the finding on Thursday.

The animal was found just 6km from the Polish border and only 30km from the the last confirmed case of ASF in Poland. This makes an entry by a migrating wild boar likely, although introduction by humans through contaminated food cannot be ruled out, the institute said.

It said the responsible veterinary authorities on site must now take the necessary measures and stressed that it was 'now extremely important for farmers to carefully observe farm biosecurity'.

"This still offers the best protection against the pathogen entering farm animal populations. The pig keeping hygiene regulation serves as the legal basis for this," the institute said.

It said wild boars that have died should continue to be intensively examined nationwide for the presence of ASF and any found dead should be reported immediately to the responsible authorities.

"It remains important to dispose of possibly contaminated pig products such as sausage and meat in such a way that wild and domestic pigs have no access. Vehicles, clothing, footwear and equipment that could have been contaminated during hunting, for example, should be cleaned and disinfected," the institute added.

"The suspected case unfortunately has been confirmed," German Agriculture Minister Julia Kloeckner told a news conference in Berlin on Thursday morning, Bloomberg reports.

She said the infected area will be cordoned off. The authorities have prepared for the eventuality of ASF occurring in Germany and will be putting in place measures to prevent the disease spreading further, she added.

In a Q&A on its website, published before this incident, the Federal Ministry of Food and Agriculture states: "If ASF were detected in wild boar, a so-called zone at risk would be established. It would then be prohibited to move domestic pigs into and out of this area.

"If required, wild boar would be hunted more intensively. Any wild boar that was killed or found dead would be examined. Further hygiene measures for disease control would be applied (such as centralised collection of viscera, if required centralised evisceration of killed wild boar."

High alert

Germany has been on high alert for ASF, and was considered at high risk of infection, ever since a spate of cases emerged in wild boar in western Poland, in some cases as close as 10km from the German border. Measures put in place to prevent disease entering Germany included building fences on the border and culling wild boar.

Germany is the EU's biggest pork producer and one of the world's biggest pork exporters, shipping around 500,000 tonnes per year, including huge volumes to China. There are fears that a confirmed case could result in damage that trade, with a wider knock-on effect on the German and EU pork market. A confirmed case would come as further blow to a sector that has suffered from processing plant shutdowns during COVID-19, including the closure of a large Tonnies plant, which had a major impact on the market.

In a report published in February, AHDB said EU prices could drop by 20-40% if ASF hits Germany, although the consequences of an outbreak for the EU market would not be as severe as it would have been 18 months ago, due to the ongoing demand for pork from China.

If German pork can no longer be sent, as other exporters are now shipping so much out of the EU, supplies on the EU market could increase to levels similar to those seen in 2018, the report said.

<http://www.pig-world.co.uk/news/suspected-case-of-african-swine-fever-in-germany.html>

ECDC

Shigellosis - Annual Epidemiological Report for 2017

Surveillance report

10 Sep 2020

Publication series: Annual Epidemiological Report on Communicable Diseases in Europe

Time period covered: 1 January - 31 December 2017

Shigellosis is a relatively uncommon disease in the European Union/European Economic Area (EU/EEA), but remains of concern in some countries and for some population groups. For 2017, 30 EU/EEA countries reported 6 337 confirmed shigellosis cases. The overall notification rate was 1.7 cases per 100 000 population, slightly higher than in 2016. The highest notification rate was observed in children below five years of age, followed by male adults aged 25–44 years. Sexual transmission of shigellosis among men who have sex with men (MSM) is thought to have contributed to the gender imbalance in the latter group.

<https://www.ecdc.europa.eu/en/publications-data/shigellosis-annual-epidemiological-report-2017>