GPHIN Daily Report for 2020-09-01

Special section on Coronavirus

Canada

Areas in Canada with cases of COVID-19 as of 31 August 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	128,948	5,604	9,126
Newfoundland and Labrador	269	1	3
Prince Edward Island	44	3	0
Nova Scotia	1,085	7	65
New Brunswick	191	4	2
Quebec	62,492	1,379	5,760
Ontario	42,309	1,221	2,811
Manitoba	1,214	469	14
Saskatchewan	1,619	34	24
Alberta	13,902	1,370	239
British Columbia	5,790	1,116	208
Yukon	15	0	0
Northwest Territories	5	0	0
Nunavut	0	0	0
Repatriated travellers	13	0	0

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

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

Canada

New measures to ensure the supply of future vaccines and therapies against COVID-19
Source: PM.gc.ca
ID: 1007744589

[APG]

August 31, 2020
Montréal, Quebec

Canada's ability to defeat COVID-19 depends on the development, production, and distribution of an effective and proven vaccine. That is why the Government of Canada is working closely with researchers and scientists to better understand the virus and protect the health of Canadians.

The Prime Minister, Justin Trudeau, today announced that agreements in principle have been reached with Johnson & Johnson and Novavax to procure millions of doses of experimental COVID-19 vaccines. These agreements add to those already reached with Pfizer and Moderna, which were made following the recommendations of the COVID-19 Vaccine Task Force.

With these additional agreements in place, Canada has now secured access to four of the leading vaccine candidates. The government will continue to negotiate and sign other agreements with a number of leading pharmaceutical companies, to ensure the supply of potential vaccines in Canada.

The Prime Minister also announced funding to establish a new biomanufacturing facility at the Human Health Therapeutics Research Centre in Montréal. Through a public-private partnership, the new building will enable the National Research Council of Canada (NRC) to increase vaccine manufacturing to up to two million doses per month by next year. This will help ensure our country's ability to produce enough doses of the vaccine for Canadians who need them, such as front line workers, long-term care workers, and those at risk of becoming seriously ill if they contract COVID-19.

The Government of Canada will continue to explore and pursue all promising options to ensure the supply of potential vaccines and better protect the health and safety of Canadians.

Quotes

"As we continue to work together to limit the impact of the COVID-19 pandemic on the health of Canadians, as well as its social and economic effects, we must also maximize our chances of defeating the virus. To do this, we need to invest in the development of several promising vaccines and ensure that we can manufacture and distribute the vaccine to as many Canadians as possible, as quickly as possible. That is how we will move forward on a sustainable path to a full recovery."

The Rt. Hon. Justin Trudeau, Prime Minister of Canada

"Our government is committed to delivering safe and effective treatments and vaccines against COVID-19. We must therefore grow our biomanufacturing capacity here in Canada. The funding announced today for this new facility will help the NRC increase production of potential vaccine doses to up to two million per month. It will also help manufacture vaccines for clinical trials and priority populations."

The Hon. Navdeep Bains, Minister of Innovation, Science and Industry

"We will continue to ensure that the Government of Canada is doing everything possible to make a safe and effective COVID-19 vaccine available to Canadians. Today's announcement marks an important milestone in our efforts to protect Canadians from COVID-19 as soon as possible."

The Hon. Patty Hajdu, Minister of Health

"As we continue our work to purchase the supplies and equipment that are necessary to combat the COVID-19 pandemic, we remain equally focused on planning for the future, including securing potential vaccines for Canadians. We are taking an aggressive approach in procuring a portfolio of the most promising vaccine candidates in order to ensure that Canadians will have access to them as quickly as possible once they have been approved."

The Hon. Anita Anand, Minister of Public Services and Procurement

Quick Facts

- The Government of Canada will invest $126 million over two years to build the new facility. The government will then provide $20 million per year to cover operating costs.
- The NRC facilities at the Human Health Therapeutics Research Centre bring together a variety of specialists, equipment, and expertise. They provide a full range of services to therapeutics developers, from preclinical discovery to biomanufacturing, characterization, purification, and the creation of materials for technology transfer.
- The Government of Canada has now signed agreements with the following companies to obtain vaccines:
    - Johnson & Johnson, which will supply up to 38 million doses of its vaccine candidate Ad26.COV2.S.
    - Novavax, which will supply up to 76 million doses of its vaccine candidate NVX-CoV2373.

    - Pfizer, which will supply a minimum of 20 million doses of its mRNA-based vaccine candidate, BNT162. The government is negotiating with the company to have the agreement include options for obtaining additional doses.
    - Moderna, which will supply up to 56 million doses of its vaccine candidate mRNA-1273.
- Currently, no vaccines have been approved to prevent COVID-19. Many vaccines are in clinical trials or under development. When additional studies have been completed, Health Canada will review the evidence of safety, efficacy, and manufacturing quality for each vaccine to determine whether individual vaccines will be approved for use in Canada, before they are used to vaccinate Canadians.
- In the spring of 2020, the Government of Canada announced a total of $44 million in funding to allow the NRC to upgrade its facilities at the Human Health Therapeutics Research Centre. This investment will ensure that the facility complies with good manufacturing practices related to the development, testing, and scale-up and production of promising vaccine candidates. It will also enable the preliminary production of 250,000 doses of vaccine per month starting in November 2020.
- On April 23, 2020, the Government of Canada announced an investment of more than $1 billion through the Plan to Mobilize Science to fight COVID-19. This funding will be used to develop a vaccine and treatments, as well as to track the virus. Of this amount, $600 million will support private sector work to develop a vaccine, conduct therapeutic clinical trials, and pursue biomanufacturing opportunities in Canada.
- The Government of Canada is also securing the equipment and supplies needed for the final phases of manufacturing and packaging for vaccine production in Canada. It is also purchasing the equipment required for safe and effective immunization, including syringes, needles, and alcohol swabs.

https://pm.gc.ca/en/news/news-releases/2020/08/31/new-measures-ensure-supply-future-vaccines-and-therapies-against

Canada
Statement from the Chief Public Health Officer of Canada on August 31, 2020
Source: Canada News Centre - Public Health Agency of Canada
ID: 1007744642

Statement
August 31, 2020 Ottawa, ON Public Health Agency of Canada

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 127,940 cases of COVID-19 in Canada, including 9,117 deaths. 89% of people have now recovered. Labs across Canada tested an average of almost 48,000 people daily over the past week with 0.7% testing positive. An average of 435 new cases have been reported daily during the most recent seven days.

Today is International Overdose Awareness Day, a global event that aims to raise awareness of overdose and reduce the stigma of drug-related death. It is also a day to acknowledge the grief felt by families and friends remembering those who have died or had a permanent injury as a result of a drug overdose. The ongoing opioid-related overdose crisis in Canada has claimed the lives of over 15,000 Canadians from all backgrounds since 2016 leaving too many members of communities across the country mourning the loss of loved ones, each with their own unique story.

We know that using drugs while alone is a major risk factor for experiencing a fatal overdose yet the majority of overdose deaths in Canada occur at home alone. Stigma plays a significant role. Negative attitudes towards people who use drugs can lead people to hide their substance use, and this stigma can also prevent people from seeking help. Public health measures designed to reduce the impact of COVID-19 may also increase isolation and create additional barriers for people to access the supports they need. People who use drugs need our compassion and support now more than ever before.

[APG]

All Canadians have a role to play in helping address the drug overdose crisis:

Know how to recognize the signs of an overdose and what to do if you witness one
Learn about naloxone, why it's safe to use if you suspect an opioid overdose, and where to get a free kit
Learn why stigma is preventing people from accessing help, and what you can do to help reduce the stigma around substance use
For health professionals, learn more about ways to reduce substance use stigma in the health system and compassionate, safe and non-stigmatizing communication tools
Check in regularly on coworkers, friends and family who may be living alone or working from home and get tips on how to talk to a friend or family member about drugs.
In these difficult and unprecedented times, it is important that we recognize substance use disorder as a health and social issue and that we treat people who use drugs with compassion and provide them the support they need. We must continue to work together to prevent overdose deaths and reduce substance-related harms, just as we are working hard to reduce the impact of COVID-19 on Canadians."

Contacts
Media Relations
Public Health Agency of Canada
613-957-2983
hc.media.sc@canada.ca
https://www.canada.ca/en/public-health/news/2020/08/statement-from-the-chief-public-health-officer-of-canada-on-august-31-2020.html

Canada
3 new coronavirus outbreaks declared in Ottawa
Source: Global News
Unique ID: 1007744706

Ottawa's coronavirus case count continues to climb on the final day of August, with three more outbreaks of the virus declared at local institutions.
Ottawa Public Health (OPH) reported 21 new cases of the novel coronavirus on Monday, bringing the number of active COVID-19 cases in Ottawa to 218. The local public health unit reported 156 active cases a week ago.
There have now been 2,967 cases of the virus locally since the start of the pandemic in March.
No new deaths linked to COVID-19 were reported on Monday.
OPH's coronavirus dashboard shows 11 people are currently in hospital with COVID-19, one of whom, a man in his 50s, is in the intensive care unit.
Ottawa is currently facing 14 outbreaks of the virus in local care homes, daycares and shelters.
Monday saw OPH report new outbreaks at two long-term care homes, the Madonna Care Community and West End Villa, as well as at the Beacon Learning Centre.
This marks the third coronavirus outbreak at Madonna Care Community and the second outbreak at West End Villa.
https://globalnews.ca/news/7307737/ottawa-coronavirus-update-aug-31/

Canada
81 Quebec City students in isolation after COVID-19 cases confirmed at two schools
Source: CTVNews.ca - Top Stories - Public RSS CA

ID: 1007746105
Publication date: 2020-08-31 19:45 UTC
Received date: 2020-08-31 23:18 UTC
81 Quebec City students in isolation after COVID-19 cases confirmed at two schools
Jillian Kestler D'Amours
Published Monday, August 31, 2020 3:45PM EDT
An overturned desk in a Calgary school during the COVID-19 pandemic

SHARE

MONTREAL -- More than 80 students in Quebec City are in isolation after three cases of COVID-19 were confirmed at two high schools, the local public health agency said Monday.

Two positive COVID-19 cases were detected at Polyvalente de Charlesbourg and one case was confirmed at Ecole Jean-de-Brebeuf, health agency spokesman Mathieu Boivin said in an email. He said 81 students from the two schools were told to isolate for 14 days beginning Aug. 28.

Boivin said the infected students are considered "community cases" because all three contracted COVID-19 outside school. He said the infections are not linked.

COVID-19 cases have been detected at a handful of schools across Quebec after most French-language schools resumed last week.

Quebec reported 140 new cases of COVID-19 and two additional deaths attributed to the novel coronavirus Monday, as classes resumed at the province's largest English-language public school board.

One of the deaths took place in the past 24 hours, while the other occurred between Aug. 24-29, health officials said in a news release.

Quebec Premier Francois Legault urged Quebecers to be vigilant after the recent uptick in COVID-19 infections. He said there was no single cause of the increase in daily cases.

"Above all -- above all -- I don't want to close schools," Legault told reporters in Montreal.

"Let's keep that in mind, we owe it to our children," he said. "We want our children to stay in schools, and so for our children to stay in schools, we have to be careful, we have to be disciplined, we have to respect all the instructions."

The English Montreal School Board said it would closely follow COVID-19 guidelines set by the provincial government as students returned to classes Monday morning. Students in Grade 4 and under are not required to wear face masks, while older students must wear them in common areas and on school transportation.

Students will still be able to take the bus to school, but health and safety guidelines only permit 44 students per bus instead of the typical 72. The board also asked for parents to drive or walk their children to school if they can.

In a newsletter to parents, the board said it has ordered medical equipment such as masks, hand sanitizer and disinfectant in "large quantities" for students. The school board said it won't accept donations of personal protective equipment in order to "maintain the control and quality."

Other English school boards, including Lester B. Pearson, Eastern Townships and Riverside, will also reopen their schools this week.

Meanwhile, a French-language school board said late Sunday two more teachers at a high school north of Montreal tested positive for COVID-19.

Four teachers at Polyvalente Deux-Montagnes have now tested positive after classes resumed last week, the school board, the Centre de services scolaire de la Seigneurie-des-Mille-Iles, said in a statement.

About 20 other staff members who were in contact with those cases were placed in isolation as a precaution.

The public health agency in the Laurentians region said in an email that 12 students from the school will be told to isolate until Sept. 10.

The school board added that most Grade 10 and 11 Polyvalente Deux-Montagnes students who were sent home last week after the teachers tested positive were back in school Monday.

Quebec Health Minister Christian Dube also stressed Monday that Quebecers need to remain cautious if they want to prevent outbreaks in schools. The recent infections tied to schools occurred in the community, he said.

"It's not the school that is an issue," Dube said.

Richard Masse of Quebec's public health department said his office will begin to receive a daily update on the COVID-19 situation in schools beginning Tuesday. "We're investigating every case, every outbreak, and we intervene in the first 24 hours," Masse said.

Quebec has now reported 62,492 total cases of COVID-19 and 5,760 deaths since the pandemic began.

Hospitalizations dropped by four over the past 24 hours, for a total of 112. Of those, 18 people were in intensive care, an increase of two from the previous day.

This report by The Canadian Press was first published Aug. 31, 2020.

Related Stories

https://montreal.ctvnews.ca/81-quebec-city-students-in-isolation-after-covid-19-cases-confirmed-at-two-schools-1.5086503

https://gphin.canada.ca/cepr/showarticle.jsp?docId=1007746105

[APG]

Canada
COVID-19 outbreak declared at Winchester nursing home
ID: 1007745453
Source: CTV News
August 31, 2020 2:48PM EDT

OTTAWA -- A Winchester, Ont. nursing home says a COVID-19 outbreak has been declared at their residence following a positive test result.

In a Facebook post on Sunday, Dudas Manor said a staff member tested positive for COVID-19 during proactive testing earlier in the week.

"The employee has only worked a few shifts recently," the post said. "The Eastern Ontario Health Unit has declared an outbreak at Dundas Manor."

An outbreak is declared when one staff member or one resident has a positive test for the novel coronavirus.

The home's management said all staff and all residents are being tested.

"Dundas Manor is taking every infection control precaution to keep our residents and staff safe," the Facebook post said. "At this time, there will be no indoor or outdoor visits. We will continue to provide updates for residents, families, and our community."

The Eastern Ontario Health Unit says there are two ongoing outbreaks in its region, as of its most recent update. There are 17 active cases of COVID-19 in the EOHU region, out of 198 cases total.
https://ottawa.ctvnews.ca/covid-19-outbreak-declared-at-winchester-nursing-home-1.5086403

Canada
Two employees at ByWard Market Keg Steakhouse test positive for COVID-19 |
Source: CTV News

Published: 2020-09-01 11:21 UTC
Received: 2020-09-01 11:26 UTC (+5 minutes)
Unique ID: 1007749770

OTTAWA -- The Keg Steakhouse and Bar in the ByWard Market is closed for sanitation after two employees tested positive for COVID-19, CTV News has learned.
The restaurant is expected to be closed until at least Sunday.
It is unknown when the employees were last at work or whether they were symptomatic at work. CTV News has reached out to The Keg management for comment.
In a statement, Director of Health Protection Andrew Hendriks told CTV News that Ottawa Public Health is reaching out to any close contacts of the affected employees.
"Ottawa Public Health is currently aware of two confirmed cases of COVID-19 among staff at The Keg restaurant located at 75 York Street. As part of our standard protocols, our team is working with the restaurant's management to carry out contact tracing in order limit the spread of the virus," Hendriks said.
"Close contacts of the confirmed cases are being contacted to determine whether their exposure was high-risk for COVID-19 transmission and if testing is recommended."
There was no indication in Hendriks' statement of any broader risk to the public.
"Ottawa Public Health would like to remind residents of the importance of being mindful of your risks when choosing to eat at a restaurant," Hendriks said.
This includes:
Limiting group size per table
Preferably limiting group members to your own household and/or social circle
Wearing a mask when not eating or drinking
Practicing proper hand hygiene
Refraining from going out in public if you are sick

https://ottawa.ctvnews.ca/two-employees-at-byward-market-keg-steakhouse-test-positive-for-covid-19-1.5083927

Canada
Northern Manitoba travel restrictions to return, 28 new cases of COVID-19 in province
Source: CBC News
ID: 1007745174

10 minutes ago

Manitoba will reintroduce restrictions on travel to the north effective Thursday after a rise in COVID-19 cases in the southern parts of the province, including 28 new cases announced Monday.

The Northern Health Region currently doesn't have any active cases, but Fox Lake Cree Nation locked down its Bird reserve on Aug. 22 after a person from the Prairie Mountain Health Region who had travelled to nearby Gillam, Man., later tested positive for COVID-19.

Chief Provincial Public Health Officer Dr. Brent Roussin said he's been communicating with First Nations leaders who have been calling for the northern travel ban. A previous northern travel restriction ended on June 26.

"As we saw increasing numbers in many of the southern regions in Manitoba, we just decided we'd move forward with that. I think we moved forward with it pretty expeditiously this time, and they will be in effect by Thursday," Roussin said.

There will be a number of exemptions to the travel restrictions, including people who live in northern Manitoba or plan to move there; people who travel to lodges or campgrounds directly, including travel directly to Churchill; government or Crown corporation workers, or those who work for a government or child and family services agency; health-care providers; those travelling for emergency health reasons; people who own or operate businesses and travel to provide goods, services or operate that business; and travel related to parenting arrangements.

"We know that if this virus gets into a remote, isolated community, we've seen in the past there's a real chance of it spreading and causing significant issues. These [restrictions] are in place to protect those communities," Roussin said.

Roussin also asked Manitobans to respect any restrictions that individual First Nation communities have in place.

That's good news, said officials from Manitoba Keewatinowi Okimakanak, a First Nations advocacy group.

"I want to commend Dr. Roussin for working closely with MKO and northern First Nations in working to protect our citizens from the COVID-19 virus," MKO Grand Chief Garrison Settee said in a news release Monday.

"We are fortunate that to date, our measures have been effective in keeping COVID-19 out of the First Nations in northern Manitoba."
https://www.cbc.ca/news/canada/manitoba/covid-19-manitoba-1.5706231

Canada
Travel restrictions to Canada remain in place for September long weekend - Canada.ca
Source: www.canada.ca
ID: 1007745161

News release

The Canada Border Services Agency (CBSA) is reminding all travellers ahead of the upcoming Labour Day long weekend that travel restrictions are still in place at all Canadian international border crossings.
The Government of Canada remains committed to protecting the health and safety of Canadians and reducing the spread of COVID-19 in Canada.
All travel of an optional or discretionary nature, including tourism, recreation and entertainment, is covered by these measures across all ports of entry in all modes of transportation: land, marine, air and rail.

With the travel restrictions still in place, foreign nationals, including United States (U.S.) citizens, will not be allowed to enter Canada for any of the following examples of discretionary/optional travel:

- opening or checking on a cottage or seasonal home
- sightseeing and hiking
- boating across the border
- fishing or hunting
- visiting friends or partners (outside of spouses or common-law)
- attending a party or celebration

Asymptomatic immediate family members, spouses or common-law partners of Canadian citizens and permanent residents who meet the immediate family member definition and are coming to Canada for a minimum of 15 days will be exempt from the prohibition from entering Canada for a discretionary/optional purpose. Read more about foreign nationals who are immediate family members of Canadian citizens and permanent residents.

Unless exempt, boaters cannot enter Canadian waters (territorial sea and internal waters) or boundary waters for discretionary or optional reasons. These reasons include: touring, sightseeing and pleasure fishing. Read more Information for foreign boaters.
Foreign nationals may be permitted to transit through Canada to Alaska for a non-discretionary/non-optional reason, but must follow stricter rules and meet additional entry conditions. Read more about requirements for transiting through to Alaska.
https://www.canada.ca/en/border-services-agency/news/2020/08/travel-restrictions-to-canada-remain-in-place-for-september-long-weekend.html

Canada
Coronavirus: Public health reports outbreak at child-care centre in Caledonia
Source: Global News
ID: 1007744846

Posted August 31, 2020 12:52 pm

Public health officials declared a COVID-19 outbreak on the weekend at the Haldimand-Norfolk REACH Child Care Centre at McKinnon Park Secondary School in Caledonia.
The health unit says a child tested positive for the novel coronavirus and that the agency is awaiting further test results from those who recently worked and attended the facility.
The infected child is not currently attending the centre. Close contacts have been identified and are now self-isolating, according to Haldimand-Norfolk Health Unit.
Under a “public health management” plan, only those who attended the affected class have been told to stay home. Children in other classes are being allowed to resume activities at the care centre.
Story continues below advertisement
Haldimand-Norfolk reports four new COVID-19 cases
The Haldimand-Norfolk Health Unit (HNHU) reported four new cases of COVID-19 on Monday. The region has a total of 479 lab-confirmed, positive cases.
Officials say 423 of those patients have since recovered.
The region has 32 COVID-19-connected deaths, with 27 among residents at Anson Place Care Centre, a nursing home in Hagersville.
There are currently 24 active cases in the region.

Niagara Region reports one new COVID-19 case
Niagara public health reported one new COVID-19 case on Monday. The region has 938 total cases as of Aug. 31.
Trending Stories
The region has 21 active cases and two outbreaks, including an institutional outbreak at the Garrison Place Retirement home in Fort Erie, declared on Thursday.
Sixty-four people with COVID-19 have died in Niagara since the pandemic began.
Brant County reports no new COVID-19 cases
Brant County's health unit reported no new COVID-19 cases on Monday.
Story continues below advertisement
The region still has 161 confirmed cases as of Aug. 31, with its last reported case coming on Sunday.
Since the pandemic began, five deaths have been connected to the new coronavirus.
There are no reported outbreaks and the county has seven active COVID-19 cases.
Hamilton has 67 active COVID-19 cases
Hamilton public health says about 61 per cent of its new coronavirus cases in the last 10 days have come from people under the age of 30.
On Friday, the agency reported that 32 per cent of its 31 recent cases came from residents aged 10 to 19.
The city has 67 active cases of the virus, with roughly 52 per cent (16) of new cases in the last 10 days still under investigation with no source of the spread yet confirmed.
Since the pandemic began, Hamilton has had a total of 980 confirmed cases, which includes 45 deaths.
Story continues below advertisement
The city has no current institutional outbreaks as of Aug. 28.
Halton Region reports three new COVID-19 cases
On Friday, Halton public health reported three new COVID-19 cases, with two in Milton and the other in Oakville.
As of Aug. 28, the region has 29 active cases and a total of 971 cases since the pandemic began.
The region still has 25 deaths tied to COVID-19 as of Friday and no current institutional outbreaks.
https://globalnews.ca/news/7307591/coronavirus-covid-19-outbreak-child-care-centre-caledonia/

Canada
Unions for 190,000 teachers and staff in Ontario to file workplace safety complaint over school reopenings
Source: National Post

ID: 1007744792
Published: 2020-08-31 18:05 UTC

TORONTO — Ontario's four major teachers' unions say they will file complaints with the province's labour board alleging the government's school reopening plan violates its own workplace safety laws.
The unions — which represent 190,000 teachers and education workers — say the Ontario government has failed to address their concerns following a meeting last week.
They had asked the Ministry of Labour to issue a series of workplace orders to set safety standards in schools.
Those standards include lowering class size, establishing maximum cohorts of 50 students, and setting busing standards which take precautions against COVID-19.
The unions also say the ministry should follow ventilation requirements already deemed safe for the province's courthouses.
The government did not immediately respond to a request for comment.
https://nationalpost.com/news/canada/cp-newsalert-unions-to-file-labour-board-complaint-over-school-reopening-plan/wcm/dde7c6a1-b779-4fa1-9e8b-2a7f36bb9412/

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

USA Centers for Disease Control and Prevention
Contact Tracing for COVID-19

Source: CDC

Updated Aug. 31, 2020 Print

Summary of COVID-19 Specific Practices

- State and local public health officials will decide how to implement these activities and how to advise specific people, or groups of people, to be tested.
- Contact tracing will be conducted for close contacts (any individual within 6 feet of an infected person for at least 15 minutes) of laboratory-conrmed or probable COVID-19 patients.
- Remote communications for the purposes of case investigation and contact tracing should be prioritized; in-person communication may be considered only after remote options have been exhausted.
- Testing should be considered for all close contacts of confirmed or probable COVID-19 patients.
- Those contacts who test positive (symptomatic or asymptomatic) should be managed as a confirmed COVID-19 case.
- Asymptomatic contacts testing negative should self-quarantine for 14 days from their last exposure (i.e., close encounter with conrmed or probable COVID-19 case)
- If testing is not available, symptomatic close contacts should self-isolate and be managed as a probable COVID-19 case.
- Asymptomatic close contacts who are not tested should self-quarantine and be monitored for 14 days after their last exposure, with linkage to clinical care for those who develop symptoms.

For COVID-19, a close contact is denied as any individual who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to positive specimen collection) until the time the patient is isolated

The public health evaluation of close contacts to patients with laboratory-confirmed or probable COVID-19 may vary depending on the exposure setting. Contacts in special populations and/or congregate settings require additional considerations and may need handoff to a senior health department investigator or special team. Additional guidance on managing these contacts can be found in Outbreak Investigations.

Close Contact Evaluation and Monitoring Priorities

In jurisdictions with testing capacity, symptomatic and asymptomatic close contacts to patients with confirmed and probable COVID-19 should be evaluated and monitored. For areas with insufficient testing support and/or limited public health resources, the following evaluation and monitoring hierarchy (Box 4) can be used to help guide prioritization. The hierarchy is based on the assumption that if close contacts listed in Priority 1 *become infected,* they could potentially expose many people, those at higher risk for severe disease, or critical infrastructure workers. If close contacts in Priority 2 *become infected*, they may be at higher risk for severe disease, so prompt notification, monitoring, and linkage to needed medical and support services is important.

When prioritizing close contacts to evaluate and monitor, jurisdictions should be guided by the local characteristics of disease transmission, demographics, and public health and healthcare system capacity. Some states require mandatory testing for specific circumstances. Local decisions depend on local guidance and circumstances.

Box 4. Close Contact Evaluation and Monitoring Hierarchy

EVALUATE/MONITOR CLOSE CONTACTS WHO ARE:

PRIORITY 1

- Hospitalized patients
- Healthcare personnel (HCP)
- First responders (e.g., EMS, law enforcement, firefighters)
- Individuals living, working or visiting acute care, skilled nursing, mental health, and long-term care facilities
- Individuals living, working or visiting community congregate settings (e.g., correctional facilities, homeless shelters, educational institutions, mass gatherings, and workplaces including production plants)
- Member of a large household living in close quarters

- Individuals who live in households with a higher risk individual or who provide care in a household with a higher risk individual (Note: Household members who likely had extensive contact with a patient with COVID-19 should constitute the highest risk close contacts.)

PRIORITY 2

- Critical infrastructure workers*
- Individuals 65 years of age and older
- Individuals at higher risk for severe disease
- Pregnant women

PRIORITY 3

- Individuals **with** symptoms who do not meet any of the above categories

PRIORITY 4

- Individuals **without** symptoms who do not meet any of the above categories

Consider moving to Priority 1 any critical infrastructure worker who works closely with other critical infrastructure workers and/or is in close contact with large numbers of people (e.g., transportation, food service).

Note: Boxes 1-3 can be found under the "Investigating a COVID-19 Case" section of the guidance.

Contact tracers use clear protocols to notify, interview, and advise close contacts to patients with confirmed or probable COVID-19. Jurisdictions can use the following steps and considerations as a framework when developing a protocol for the tracing of close contacts.
https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/contact-tracing.html

COVID-19 Travel Recommendations by Destination

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

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
- Timor-Leste

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
- Samoa

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

CDC COVID Data Tracker

Source: CDC

The CDC COVID-19 Data Tracker has a new look and location to make the data easier to find and use. All previous data remains and will be updated on the same schedule. Please update bookmarks and links. Also, as of 8/27, the Tracker includes correctional facility information, NIH Vulnerability Index data, and upgraded testing information.

United States Laboratory Testing

84,119,890

TESTS REPORTED

CDC | Updated: Aug 31 2020 2:02PM

7,250,402

POSITIVE TESTS

CDC | Updated: Aug 31 2020 2:02PM

9%

OVERALL % POSITIVE

CDC | Updated: Aug 31 2020 2:02PM

The U.S. Food and Drug Administration

Coronavirus (COVID-19) Update: Daily Roundup August 31, 2020

Source: FDA

For Immediate Release:

August 31, 2020

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

The FDA alerted health care facility risk managers, procurement staff, and health care providers that medical gowns sold by Laws of Motion PPE, including surgical gowns, have potential quality issues that affect the level of fluid barrier protection and should not be used as personal protective equipment at this time. The Letter to Health Care Providers includes information for reporting problems with the Laws of Motion PPE gowns, including surgical gowns.

The FDA broadened the scope of the existing emergency use authorization (EUA) for the drug Veklury (remdesivir) to include treatment of all hospitalized adult and pediatric patients with suspected or laboratory-confirmed COVID-19, irrespective of their severity of disease.
Testing updates:
To date, the FDA has currently authorized 230 tests under EUAs; these include 186 molecular tests, 40 antibody tests, and 4 antigen tests.
The FDA, an agency within the U.S. Department of Health and Human Services, protects the public health by assuring the safety, effectiveness, and security of human and veterinary drugs, vaccines and other biological products for human use, and medical devices. The agency also is responsible for the safety and security of our nation's food supply, cosmetics, dietary supplements, products that give off electronic radiation, and for regulating tobacco products.
https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-daily-roundup-august-31-2020

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

United States
Phase 3 Clinical Testing in the U.S. of AstraZeneca COVID-19 Vaccine Candidate Begins
Source: National Institute of Allergy and Infectious Disease
August 31, 2020
People 18 years of age and older who are interested in participating in this trial can visit ***coronaviruspreventionnetwork.org(link is external)*** ***or*** ***ClinicalTrials.gov(link is external)*** ***and search identifier*** ***NCT04516746(link is external)*** ***for details. Please do not contact the NIAID media phone number or email to enroll in this trial.***
A multi-site, Phase 3 clinical trial evaluating an investigational COVID-19 vaccine known as AZD1222 has begun. The trial will enroll approximately 30,000 adult volunteers at 80 sites in the United States to evaluate if the candidate vaccine can prevent symptomatic coronavirus disease 2019 (COVID-19). The United Kingdom-based global biopharmaceutical company AstraZeneca is leading the trial as regulatory sponsor. The National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health, and the Biomedical Advanced Research and Development Authority (BARDA), part of the U.S. Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response, are providing funding support for the trial.
"Safe and effective vaccines will be essential to meet the global need for widespread protection against COVID-19," said NIAID Director Anthony S. Fauci, M.D. "Positive results from preclinical research led by NIH scientists supported the rapid development of this vaccine candidate, which has also showed promise in early-stage clinical trials."
The Phase 3 trial is being implemented as part of Operation Warp Speed (link is external), a multi-agency collaboration led by HHS that aims to accelerate the development, manufacturing and distribution of medical countermeasures for COVID-19. The Accelerating COVID-19 Therapeutic Interventions and Vaccines (ACTIV) (link is external) public-private partnership also guided the development of the trial protocol to ensure a coordinated approach across multiple vaccine efficacy trials. NIH experts have emphasized the importance of a harmonized process to generate data for multiple investigational vaccines in parallel to assess the relative effectiveness of each.
"NIH is committed to supporting several Phase 3 vaccine trials to increase the odds that one or more will be effective in preventing COVID-19 and put us on the road to recovery from this devastating pandemic," said NIH Director Francis S. Collins, M.D., Ph.D. "We also know that preventing this disease could require multiple vaccines and we're investing in those that we believe have the greatest potential for success."
Oxford University's Jenner Institute and Oxford Vaccine Group developed AZD1222. The candidate vaccine was licensed to AstraZeneca for further development. The vaccine uses a non-replicating chimpanzee adenovirus to deliver a SARS-CoV-2 spike protein to induce an immune response. SARS-CoV-2 is the virus that causes COVID-19.
Scientists at NIAID's Rocky Mountain Laboratories (RML), based in Hamilton, Montana, conducted a preclinical study of AZD1222. Their findings—recently published in Nature (link is external)—indicate the candidate vaccine rapidly induced immune responses against SARS-CoV-2 in mice and rhesus macaques. A single dose of the vaccine protected six rhesus macaques from pneumonia caused by the virus. Based on the RML data, a Phase 1 trial of the candidate vaccine began on April 23 in healthy volunteers in the

U.K. Investigators recently reported promising results (link is external) in The Lancet (link is external). Currently, the vaccine candidate is being evaluated in Phase 2/3 trials in the U.K. and Brazil and in a Phase 1/2 trial in South Africa.
The NIAID COVID-19 Prevention Network (CoVPN) (link is external) will participate in the Phase 3 clinical trial of AZD1222 in the U.S. The CoVPN is composed of existing NIAID-supported clinical research networks with infectious disease expertise and is designed for efficient and thorough evaluation of vaccine candidates and monoclonal antibodies for the prevention of COVID-19.

Ann R. Falsey, M.D., professor of medicine, University of Rochester School of Medicine in New York, and Magdalena E. Sobieszczyk, M.D., associate professor of medicine at Columbia University Medical Center in New York, will serve as coordinating investigators for the trial.
Volunteers 18 years and older are eligible and must provide informed consent to participate in the trial. Participants will be randomly assigned to the investigational vaccine group or the placebo group, and neither the investigators nor the participants will know who is assigned to which group. After an initial screening, participants will receive two injections of either the investigational vaccine or a saline placebo approximately four weeks apart. One person will receive a placebo injection for every two people who receive AZD1222, which will result in approximately 20,000 people receiving the investigational vaccine and 10,000 people receiving a placebo.
The trial primarily is designed to determine if AZD1222 can prevent symptomatic COVID-19 after two doses. The trial also will evaluate if the vaccine candidate can prevent SARS-CoV-2 infection regardless of symptoms and if it can prevent severe COVID-19. It also will assess if the experimental vaccine can reduce the incidence of emergency department visits due to COVID-19.
Participants will be closely monitored, particularly after injections, for safety and reactogenicity, which refers to symptoms—usually mild and self-limiting—that can occur after vaccination. Investigators will evaluate participants after each vaccination and will ask participants to record any symptoms after returning home as well. An independent Data and Safety Monitoring Board (DSMB) will provide oversight to ensure the safe and ethical conduct of the study.
Participants will be followed for two years after their second vaccination. They will be asked to provide blood and nasopharyngeal samples at their initial visit and will be asked to provide blood samples periodically for the duration of the trial. Scientists will examine the blood samples in the laboratory to measure and characterize immune responses. The severity of the disease observed will be measured and used to assess the activity of the investigational vaccine.
Participants suspected to have COVID-19 will be asked to undergo a nasal and nasopharyngeal swab for testing. Participants who test positive for SARS-CoV-2 infection will be followed closely and referred for medical care if symptoms worsen.
Adults who are interested in joining this study can visit coronaviruspreventionnetwork.org (link is external) or ClinicalTrials.gov (link is external) and search identifier NCT04516746 (link is external).
NIAID conducts and supports research—at NIH, throughout the United States, and worldwide—to study the causes of infectious and immune-mediated diseases, and to develop better means of preventing, diagnosing and treating these illnesses. News releases, fact sheets and other NIAID-related materials are available on the NIAID website.
About the COVID-19 Prevention Network: The COVID-19 Prevention Network (CoVPN) was formed by the National Institute of Allergy and Infectious Diseases (NIAID) at the U.S. National Institutes of Health to respond to the global pandemic. Through the CoVPN, NIAID is leveraging the infectious disease expertise of its existing research networks and global partners to address the pressing need for vaccines and antibodies against SARS-CoV-2. CoVPN will work to develop and conduct studies to ensure rapid and thorough evaluation of vaccines and antibodies for the prevention of COVID-19. The CoVPN is headquartered at the Fred Hutchinson Cancer Research Center (link is external). For more information about the CoVPN, visit: coronaviruspreventionnetwork.org (link is external).
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.

[APG]

About HHS, ASPR, and BARDA: HHS works to enhance and protect the health and well-being of all Americans, providing for effective health and human services and fostering advances in medicine, public health, and social services. The mission of ASPR is to save lives and protect Americans from 21st century health security threats. Within ASPR, BARDA invests in the innovation, advanced research and development, acquisition, and manufacturing of medical countermeasures – vaccines, drugs, therapeutics, diagnostic tools, and non-pharmaceutical products needed to combat health security threats. To date, BARDA-supported products have achieved 55 FDA approvals, licensures or clearances. To learn more about federal support for the nationwide COVID-19 response, visit www.coronavirus.gov (link is external).
Contact
To schedule interviews, contact
Jennifer Routh
(301) 402-1663
NIAIDNews@niaid.nih.gov (link sends email)
https://www.niaid.nih.gov/news-events/phase-3-clinical-testing-us-astrazeneca-covid-19-vaccine-candidate-begins

USA
Warning - COVID-19 in the British Virgin Islands
Source: CDC Travel Notices
ID: 1007746337

COVID-19 in the British Virgin Islands
Warning - Level 3, Avoid Nonessential Travel
Alert - Level 2, Practice Enhanced Precautions
Watch - Level 1, Practice Usual Precautions
Warning – Level 3, COVID-19 risk in the British Virgin Islands is high, and new cases are increasing
Key Points

CDC recommends travelers avoid all nonessential international travel to the British Virgin Islands. Travelers at increased risk for severe illness from COVID-19 should consider postponing all travel, including essential travel, to the British Virgin Islands.
COVID-19 risk in the British Virgin Islands is high.
Within the last 14 days, new cases of COVID-19 in the British Virgin Islands increased.
If you get sick in the British Virgin Islands and need medical care, resources may be limited.
Check with the Office of Foreign Affairs or Ministry of Health of the British Virgin Islands or the US Department of State, Bureau of Consular Affairs, Country Information page for details about entry requirements and restrictions for arriving travelers, such as mandatory testing or quarantine.
Local policies at your destination may require you to be tested for COVID-19 before you are allowed to enter the country. If you test positive on arrival, you may be required to isolate for a period of time. You may even be prevented from returning to the United States, as scheduled. You might consider getting tested before your trip. If so, see Testing for COVID-19 webpage for more information.
What is the current situation?
COVID-19 risk in the British Virgin Islands is high. Over the last 14 days, new cases of COVID-19 in the British Virgin Islands increased. CDC recommends travelers avoid all nonessential international travel to the British Virgin Islands. Some examples of essential travel may include traveling for humanitarian aid work, medical reasons, or family emergencies. Older adults, people of any age with certain underlying medical conditions, and others at increased risk for severe illness should consider postponing all travel, including essential travel, to the British Virgin Islands.
If you get sick in the British Virgin Islands and need medical care, resources may be limited. Plan ahead and learn more about Getting Health Care Abroad .
If you get sick with COVID-19 (or test positive for COVID-19, even if you have no symptoms) while abroad, you may be isolated or not be permitted to return to the United States until you have recovered fully from your illness . If you get exposed to a person with COVID-19 while abroad, you may be quarantined or not be permitted to return to the United States until 14 days after your last exposure.
What can travelers do to protect themselves and others?
https://wwwnc.cdc.gov/travel/notices/warning/coronavirus-british-virgin-islands

WHO

Preventing and managing COVID-19 across long-term care services: Web annex
Source: WHO

| COVID-19: Essential health services
Preventing and managing COVID-19 across long-term care services: Web annex
Download (128.3 kB)
Preventing and managing COVID-19 across long-term care services
WHO has published a Web annex for preventing and managing COVID-19 across long-term care services. This publication forms part of the WHO policy brief entitled Preventing and managing COVID-19 across long-term care services. It presents a comprehensive set of actions for policymakers, national and local decision-makers and other actors. These key objectives and key actions are slightly modified but linked to the policy objectives from the policy brief. Their prioritization will depend upon the local context and situation.
https://www.who.int/publications/i/item/WHO-2019-nCoV-Policy_Brief-Long-term_Care-web-annex-2020.1

ECDC

Joint statement – Towards a consensus on safe schooling in the WHO European Region during the COVID-19 pandemic
13
Following a high-level meeting with representatives of Member States hosted by WHO/Europe and the Ministry of Health, Italy, on schooling during the COVID-19 pandemic
Joint statement by Dr Hans Henri P. Kluge, WHO Regional Director for Europe and Roberto Speranza, Minister of Health of Italy
31 August 2020
Our communities continue to deal with many uncertainties brought by the new COVID-19 reality. Following the initial phase of the pandemic, we have been able to ease lockdown measures and develop a more sophisticated understanding about how we can remain safe.
With caution, we are reopening societies and as we do so, we must explore how to safely reopen schools for our children.
COVID-19 has created the largest disruption of education systems in history, affecting nearly 1.6 billion learners in more than 190 countries, and our region is no exception. Most countries in the Region closed schools to assist with the containment of the virus. While this was vital, as we transition to reopening, we must now determine how to open schools in the Region, safely.
School closures can have a profound effect on the health and well-being of children
Although children can contract and transmit COVID-19, they have largely been spared from the direct health effects of the virus, with most cases of COVID-19 in children being mild or asymptomatic. Despite this, they continue to be negatively impacted by school closures, both in terms of their education and their health – including their mental health, social development and the risk and impact of being in an abusive home environment.
The vulnerable and deprived carry the heaviest burden of school closures
The harmful effects of the pandemic have not been distributed equally. Children living in vulnerable situations continue to be disproportionately affected in relation to their long-term health outcomes and challenges with distance learning, both due to digital poverty and difficulties for parents being able to assist in the learning process.
Challenges in accessing educational support have also been more profound for children with underlying health conditions and children living with disabilities.
Addressing these disparities must be central to any efforts to reopen schools safely.
Today we met to find a way forward
We recognize that many parents, educators and children themselves have several concerns and anxieties about going to school during these times. So, today we met virtually with representatives of Member States to develop a framework to ensure the safety and well-being of children, their families and communities.
We would like to reconfirm that our discussions are guided by the best interests of the child and overall public health considerations, informed by cross-sectoral and context-specific evidence.
Measures to be considered

We agreed that there is a wide array of measures that can be considered for risk reduction in school settings and propose the following considerations:

- Protective measures relating to hand hygiene, physical distancing, use of masks where appropriate, and staying at home if sick are cornerstones of safe schooling within the COVID-19 reality.
- Specific policies will need to be in place for at-risk children with special learning needs or health conditions, as well as for educators with health conditions that render them vulnerable to more severe infection.
- It is realistic to prepare and plan for online learning to be available to complement school-based learning in the coming scholastic year. This will be necessary during temporary closures, can be an alternative for children and educators with health conditions, may be needed during episodic quarantine and may complement school-based learning in circumstances where children alternate school presence to respect physical distancing needs in smaller classrooms.
- The important link between health and education sectors will continue to grow as we navigate the new post-COVID-19 reality. We are committed to working across sectors to meet the needs of children.

Our commitment

In placing the issue of schooling during the COVID-19 pandemic on the top of our agenda, we are indeed showing that we want to ensure that children and adolescents are not left behind as the world continues to grapple with this pandemic. We commit to:

- building a coalition across our Member States to inform our actions and move forward jointly to implement the best possible measures on the provision of safe schooling for all, including our children;
- agreeing to a unified set of data to learn more about the impact of COVID-19 on children, their families and communities to better inform future policy;
- preserving equity as a core guiding principle to ensure underserved populations are not further disadvantaged.

We also sincerely appreciate the tireless efforts of teachers and parents who have preserved childhood and, despite the obstacles, provided children with access to ongoing learning, and our health workers who continue to keep our communities safe.

Following this meeting, our focus is to deliver to our citizens a feasible and realistic framework for managing the reopening of schools.

We cannot let children become the hidden victims of this pandemic by denying them the opportunities they so fundamentally deserve.

Thank you

https://www.euro.who.int/en/media-centre/sections/statements/2020/joint-statement-towards-a-consensus-on-safe-schooling-in-the-who-european-region-during-the-covid-19-pandemic

USA

New Trump pandemic adviser pushes controversial 'herd immunity' strategy, worrying public health officials

ID: 1007746008

Source: washingtonpost.com us

August 31, 2020 at 3:56 p.m. EDT

One of President Trump's top medical advisers is urging the White House to embrace a controversial "herd immunity" strategy to combat the pandemic, which would entail allowing the coronavirus to spread through most of the population to quickly build resistance to the virus, while taking steps to protect those in nursing homes and other vulnerable populations, according to five people familiar with the discussions.

The administration has already begun to implement some policies along these lines, according to current and former officials as well as experts, particularly with regard to testing.

The approach's chief proponent is Scott Atlas, a neuroradiologist from Stanford's conservative Hoover Institution, who joined the White House earlier this month as a pandemic adviser. He has advocated that the United States adopt the model Sweden has used to respond to the virus outbreak, according to these officials, which relies on lifting restrictions so the healthy can build up immunity to the disease rather than limiting social and business interactions to prevent the virus from spreading.

Sweden's handling of the pandemic has been heavily criticized by public health officials and infectious-disease experts as reckless — the country has among the highest infection and death rates in the world. It also hasn't escaped the deep economic problems resulting from the pandemic.

But Sweden's approach has gained support among some conservatives who argue that social distancing restrictions are crushing the economy and infringing on people's liberties.

How does immunity against coronavirus work? New research shows how antibodies can block infection.

That this approach is even being discussed inside the White House is drawing concern from experts inside and outside the government who note that a herd immunity strategy could lead to the country suffering hundreds of thousands, if not millions, of lost lives.

"The administration faces some pretty serious hurdles in making this argument. One is a lot of people will die, even if you can protect people in nursing homes," said Paul Romer, a professor at New York University who won the Nobel Prize in economics in 2018. "Once it's out in the community, we've seen over and over again, it ends up spreading everywhere."

Atlas, who does not have a background in infectious diseases or epidemiology, has expanded his influence inside the White House by advocating policies that appeal to Trump's desire to move past the pandemic and get the economy going, distressing health officials on the White House coronavirus task force and throughout the administration who worry that their advice is being followed less and less.

Atlas declined requests for an interview. After the publication of this story, he released a statement through the White House: "There is no policy of the President or this administration of achieving herd immunity. There never has been any such policy recommended to the President or to anyone else from me."

At an event Monday in Florida with Gov. Ron DeSantis (R), Atlas falsely said The Post never reached out to him for comment.

The Post reached out to Atlas through the White House press office on Aug. 21, 28 and 29 via phone and email to seek an interview with the doctor and to share the findings of this story for comment. The press office answered some questions on his behalf and said he declined an interview.

White House communications director Alyssa Farah said there is no change in the White House's approach toward combating the pandemic.

"President Trump is fully focused on defeating the virus through therapeutics and ultimately a vaccine. There is no discussion about changing our strategy," she said in a statement. "We have initiated an unprecedented effort under Operation Warp Speed to safely bring a vaccine to market in record time — ending this virus through medicine is our top focus."

White House officials said Trump has asked questions about herd immunity but has not formally embraced the strategy. The president, however, has made public comments that advocate a similar approach.

"We are aggressively sheltering those at highest risk, especially the elderly, while allowing lower-risk Americans to safely return to work and to school, and we want to see so many of those great states be open," he said during his address to the Republican National Convention Thursday night. "We want them to be open. They have to be open. They have to get back to work."

Coronavirus update: U.S. death toll approaches 180,000

Atlas has fashioned himself as the "anti-Dr. Fauci," one senior administration official said, referring to Anthony S. Fauci, the nation's top infectious-disease official, who has repeatedly been at odds with the president over his public comments about the threat posed by the virus. He has clashed with Fauci as well

as Deborah Birx, the White House coronavirus response coordinator, over the administration's pandemic response.

Atlas has argued both internally and in public that an increased case count will move the nation more quickly to herd immunity and won't lead to more deaths if the vulnerable are protected. But infectious-disease experts strongly dispute that, noting that more than 25,000 people younger than 65 have died of the virus in the United States. In addition, the United States has a higher number of vulnerable people of all ages because of high rates of heart and lung disease and obesity, and millions of vulnerable people live outside nursing homes — many in the same households with children, whom Atlas believes should return to school.

"When younger, healthier people get the disease, they don't have a problem with the disease. I'm not sure why that's so difficult for everyone to acknowledge," Atlas said in an interview with Fox News's Brian Kilmeade in July. "These people getting the infection is not really a problem and in fact, as we said months ago, when you isolate everyone, including all the healthy people, you're prolonging the problem because you're preventing population immunity. Low-risk groups getting the infection is not a problem."

Atlas has said that lockdowns and social distancing restrictions during the pandemic have had a health cost as well, noting the problems associated with unemployment and people forgoing health care because they are afraid to visit a doctor.

"From personal communications with neurosurgery colleagues, about half of their patients have not appeared for treatment of disease which, left untreated, risks brain hemorrhage, paralysis or death," he wrote in The Hill newspaper in May

The White House has left many of the day-to-day decisions regarding the pandemic to governors and local officials, many of whom have disregarded Trump's advice, making it unclear how many states would embrace the Swedish model, or elements of it, if Trump begins to aggressively push for it to be adopted.

But two senior administration officials and one former official, as well as medical experts, noted that the administration is already taking steps to move the country in this direction.

Inside Trump's pressure campaign on federal scientists over a covid-19 treatment

The Department of Health and Human Services, for instance, invoked the Defense Production Act earlier this month to expedite the shipment of tests to nursing homes — but the administration has not significantly ramped up spending on testing elsewhere, despite persistent shortages. Trump and top White House aides, including Atlas, have also repeatedly pushed to reopen schools and lift lockdown orders, despite outbreaks in several schools that attempted to resume in-person classes.

The Centers for Disease Control and Prevention also updated its testing guidance last week to say that those who are asymptomatic do not necessarily have to be tested. That prompted an outcry from medical groups, infectious-disease experts and local health officials, who said the change meant that asymptomatic people who had contact with an infected person would not be tested. The CDC estimates that about 40 percent of people infected with covid-19, the disease caused by the coronavirus, are asymptomatic, and experts said much of the summer surge in infections was due to asymptomatic spread among young, healthy people.

Trump has previously floated "going herd" before being convinced by Fauci and others that it was not a good idea, according to one official.

The discussions come as at least 5.9 million infections have been reported and at least 179,000 have died from the virus this year and as public opinion polls show that Trump's biggest liability with voters in his contest against Democratic nominee Joe Biden is his handling of the pandemic. The United States leads the world in coronavirus cases and deaths, with far more casualties and infections than any other developed nation.

The nations that have most successfully managed the coronavirus outbreak imposed stringent lockdown measures that a vast majority of the country abided by, quickly ramped up testing and contact tracing, and imposed mask mandates.

Atlas meets with Trump almost every day, far more than any other health official, and inside the White House is viewed as aligned with the president and White House Chief of Staff Mark Meadows on how to handle the outbreak, according to three senior administration officials.

The lost days of summer: How Trump fell short in containing the virus

In meetings, Atlas has argued that metropolitan areas such as New York, Chicago and New Orleans have already reached herd immunity, according to two senior administration officials. But Birx and Fauci have disputed that, arguing that even cities that peaked to potential herd immunity levels experience similar levels of infection if they reopen too quickly, the officials said.

Trump asked Birx in a meeting last month whether New York and New Jersey had reached herd immunity, according to a senior administration official. Birx told the president there was not enough data to support that conclusion.

Atlas has supporters who argue that his presence in the White House is a good thing and that he brings a new perspective.

“Epidemiology is not the only discipline that matters for public policy here. That is a fundamentally wrong way to think about this whole situation,” said Avik Roy, president of the Foundation for Research on Equal Opportunity, a think tank that researches market-based solutions to help low-income Americans. “You have to think about what are the costs of lockdowns, what are the trade-offs, and those are fundamentally subjective judgments policymakers have to make.”

It remains unclear how large a percentage of the population must become infected to achieve “herd immunity,” which is when enough people become immune to a disease that it slows its spread, even among those who have not been infected. That can occur either through mass vaccination efforts, or when enough people in the population become infected with coronavirus and develop antibodies that protect them against future infection.

Estimates have ranged from 20 percent to 70 percent for how much of a population would need to be infected. Soumya Swaminathan, the World Health Organization’s chief scientist, said given the transmissibility of the novel coronavirus, it is likely that about 65 to 70 percent of the population would need to become infected for there to be herd immunity.

With a population of 328 million in the United States, it may require 2.13 million deaths to reach a 65 percent threshold of herd immunity, assuming the virus has a 1 percent fatality rate, according to an analysis by The Washington Post.

It also remains unclear whether people who recover from covid-19 have long-term immunity to the virus or can become reinfected, and scientists are still learning who is vulnerable to the disease. From a practical standpoint, it is also nearly impossible to sufficiently isolate people at most risk of dying due to the virus from the younger, healthier population, according to public health experts.

Atlas has argued that the country should only be testing people with symptoms, despite the fact that asymptomatic carriers spread the virus. He has also repeatedly pushed to reopen schools and advocated for college sports to resume. Atlas has said, without evidence, that children do not spread the virus and do not have any real risk from covid-19, arguing that more children die of influenza — an argument he has made in television and radio interviews.

Flu and covid-19: In the face of a looming double threat, U.S. expands access for flu shots at pharmacies

Atlas's appointment comes after Trump earlier this summer encouraged his White House advisers to find a new doctor who would argue an alternative point of view from Birx and Fauci, whom the president has grown increasingly annoyed with for public comments that he believes contradict his own assertions that the threat of the virus is receding. Advisers sought a doctor with Ivy League or top university credentials who could make the case on television that the virus is a receding threat.

Atlas caught Trump's attention with a spate of Fox News appearances in recent months, and the president has found a more simpatico figure in the Stanford doctor for his push to reopen the country so he can focus on his reelection. Atlas now often sits in the briefing room with Trump during his coronavirus news conferences, even as other doctors do not. He has given the president somewhat of a medical imprimatur for his statements and regularly helps draft the administration's coronavirus talking points from his West Wing office as well as the slides that Trump often relies on for his argument of a diminishing threat.

Atlas has also said he is unsure "scientifically" whether masks make sense, despite broad consensus among scientists that they are effective. He has selectively presented research and findings that support his argument for herd immunity and his other ideas, two senior administration officials said.

Fauci and Birx have both said the virus is a threat in every part of the country. They have also put forward policy recommendations that the president views as too draconian, including mask mandates and partial lockdowns in areas experiencing surges of the virus.

Birx has been at odds with Atlas on several occasions, with one disagreement growing so heated at a coronavirus meeting earlier this month that other administration officials grew uncomfortable, according to a senior administration official.

One of the main points of tension between the two is over school reopenings. Atlas has pushed to reopen schools and Birx is more cautious.

"This is really unfortunate to have this fellow Scott Atlas, who was basically recruited to crowd out Tony Fauci and the voice of reason," said Eric Topol, a cardiologist and head of the Scripps Research Translational Institute in San Diego. "Not only do we not embrace the science, but we repudiate the science by our president, and that has extended by bringing in another unreliable misinformation vector."
https://www.washingtonpost.com/politics/trump-coronavirus-scott-atlas-herd-immunity/2020/08/30/925e68fe-e93b-11ea-970a-64c73a1c2392_story.html?hpid=hp_hp-banner-low_virustrump-7am%3Ahomepage%2Fstory-ans

European Commission

EU offers $476m in guarantees to WHO-led COVID-19 vaccine initiative - COVID-19 World News
Source: covid19data.com
ID: 1007744860

The European Commission said it would contribute 400 million euros ($476m) in guarantees to an initiative led by the World Health Organization to buy COVID-19 vaccines.
Countries wishing to be part of the WHO initiative, dubbed COVAX, had to submit expressions of interest by Monday.
Source: ALJAZEERA
https://covid19data.com/2020/08/31/eu-offers-476m-in-guarantees-to-who-led-covid-19-vaccine-initiative/

Hong Kong

Hong Kong to Resume Face-To-Face School Classes by Late September - The New York Times
Source: www.nytimes.com
ID: 1007744859

HONG KONG — Hong Kong will resume face-to-face school classes from Sept. 23 as the Asian financial hub's authorities aim to wind back strict coronavirus restrictions, which kept around 900,000 students working at home for over four months.
Kevin Yeung, the city's Secretary for Education, said the resumption would be phased with grades 1, 5 and 6 resuming for secondary schools, primary schools and upper kindergartens on Sept. 23, while other grades would open on Sept. 29.

The city's government had said at the start of August that face-to-face classes would be suspended indefinitely as the Chinese special administrative region battled to control a third wave of the coronavirus.
The reversal in policy comes with new daily cases dropping substantially to single and low double digits from triple digits a few weeks earlier. The Chinese government is also offering mass coronavirus testing for all Hong Kong residents starting this week.
Schools in the former British colony have been mostly shut since January with many having switched to online learning. The switch to online has frustrated teachers, parents and students and exacerbated the learning gap between the haves and havenots.
More than two thirds of parents, regardless of income, believe their children have difficulty learning at home, according to a February survey by the Education University of Hong Kong.
Thanks for reading The Times.
Subscribe to the Times
A survey by The Society for Community Organisation (SoCO) of nearly 600 low-income students shows more than 70% did not have computers and 28% had no broadband at home.
https://www.nytimes.com/reuters/2020/08/31/world/asia/31reuters-health-coronavirus-hongkong.html?searchResultPosition=1

Ecuador
Coronavirus in Ecuador Quito University reports first case of reinfection by COVID-19
Source: Reuters
ID: 1007739092

The Institute of Microbiology of the University of San Francisco de Quito (USFQ) detected the first case of reinfection of the new coronavirus in Ecuador, in a patient who in May had tested positive and who has again been infected with another one knows of the same pathogen.
The Institute stated on Saturday on its Twitter account that "it has reported the first proven case of reinfection of SARS-CoV-2, causing COVID-19, in an Ecuadorian flag patient".
"The genomes of the virus present in an Ecuadorian with COVID-19 have been sequenced in May and again in August, showing that they are two different strains," the academic center added.
The detection has been given thanks to the PCR (Polymerase Chain Reaction) tests conducted on three separate occasions from the same patient, the first in May (positive), the second in July (negative) and the third positive in August.
Last May, the patient had had a "mild disease," according to his symptoms, but in August he showed "moderate symptoms," although in July he had a "negative PCR control, after having had the first infection," the Institute added.
In addition, it presented an "increase in IgG (antibodies that indicate that it has overcome the disease) against the virus in the second infection," opening up the "possibility that there are people who do not have immunity (not to be frightened this is expected)," the Institute of Microbiology added.
He also noted that "the two strains belong to different genetic groups" and that they "have mutations at different sites, proving that they are different."
The scientific finding comes at a time when, according to official figures, the disease has infected more than 112,000 people and killed more than 6,500 in the country.
According to the last official report, in Ecuador, since 29 February, when the first positive case of COVID-19 was recorded, 112 906 infected and 6 537 killed have been detected until this Saturday.
Only on the last day, the category of positive cases for coronavirus increased by 765; while the dead section grew by 33.
In addition, 3,738 "probable deaths" have been recorded in Ecuador, which refers to deaths with symptoms of the disease, but still without confirmation specifying the cause of death.

On 14 August, the Ecuadorian Government extended the state of emergency that has been in the country since 16 March for an additional 30 days to address the expansion of the pandemic.
Ecuador has been in a process of reopening since last June and has gone from mass isolation to physical estrangement, with the gradual and coordinated lifting of the restrictions imposed on the onset of the state of emergency.
(With EFE information)
Newsletter All about coronavirus
COVID-19 has put everyone on alert. Subscribe to our All About Coronavirus newsletter, where you'll find the most relevant daily data from the country and the world on the advancement of the virus and the fight against its spread.
OUR PODCASTS
'All about the new coronavirus.' In this program, Dr. Elmer Huerta comments on the announcement that clinical studies of the COVID-19 vaccine will be conducted in Peru:
https://rpp.pe/mundo/actualidad/coronavirus-en-ecuador-universidad-de-quito-reporta-el-primer-caso-de-reinfeccion-por-covid-19-noticia-1289489

Switzerland

Passengers From High-Risk Countries Can No Longer Transit Switzerland
Source: Reuters
ID: 1007739092
Those planning to transit Switzerland in their way to their destination country can no longer do so if they depart from one of the countries in Switzerland's list of high-risk areas.
As of Monday, August 31, those departing from countries with a high number of Coronavirus cases, which have been marked as high-risk countries by the Swiss authorities, will no longer be able to transit through any of the international airports in Switzerland, upon a decision taken by the Swiss Federal Council, amid an increasing number of infections in the country.
The decision will, however, not affect those reaching Switzerland from a non-high-risk country, even if they have a stopover in a high-risk country. The sole condition for these travellers is that they must not leave the international area of the airport.
"Under the new rules, which apply from August 31, the country of departure, not the stopover country, determines whether travellers may enter Switzerland. For example, it is no longer possible for third-country nationals to fly to Switzerland from the USA via Toronto," explains a press release published by the State Secretariat for Migration.
So far, the now-banned category of travellers, have been able to enter Switzerland as the decisive factor for entry into the country has been the country of departure of the incoming flight with which a person has reach the Swiss territory. The departure country of any previous connecting flights was not taken into account.
This new regulation intends to prevent people from using loopholes in the entry requirements by travelling in transit via countries which are not on the high-risk list.
Swiss and Schengen/EU residents are not subject to the new changes, and they can enter Switzerland from any country in the world. Quarantine may be required according to the risk level of the country they are arriving from.
Whereas the residents of Australia, Canada, Georgia, Japan, New Zealand, Rwanda, South Korea, Thailand, Tunisia, and Uruguay will be exempt from the change only in case they have to make a stopover in a high-risk country to change planes, due to absence of direct flights, under the condition of not leaving the internal area.
For now, all countries outside the Schengen area are considered as high-risk countries with the exception of:

Andorra
Australia
Bulgaria
Canada
Croatia
Cyprus

Georgia
Holy See
Ireland
Japan
Monaco
New Zealand
Romania
Rwanda
San Marino
South Korea
Thailand
Tunisia
Uruguay
https://www.schengenvisainfo.com/news/passengers-from-high-risk-countries-can-no-longer-transit-switzerland/

Coronavirus: What's happening around the world on Monday
ID: 1007746052
Source: CBC

Here's what's happening around the world
2 hours ago

Excerpt

According to the tally kept by Johns Hopkins University, the global total of confirmed coronavirus cases is now more than 25.3 million. More than 847,797 people have died, while 16.6 million have recovered.

Health authorities in **Portugal** are allowing the country's Communist Party to let 16,500 people into its annual open-air festival next weekend — an unusually high number for a gathering in Europe amid the coronavirus pandemic.

The permit has caused an outcry because officials have for months slashed the number of people allowed into other public events, forcing many of them to cancel.

The announcement came as the centre-left Socialist government is seeking political support from other parties, including the Communists, for its 2021 spending plan.

The festival, called Festa do Avante, features concerts and political speeches in a fenced-off area of countryside south of Lisbon. In past years it has drawn some 100,000 people over three days.

Authorities in the **United Kingdom** say 16 coronavirus cases have been linked to a flight that brought U.K. tourists back from Greece, and everyone aboard has been told to self-isolate for two weeks.

Public Health Wales says it is contacting almost 200 people who were aboard the Tui flight from the Greek island of Zante to Cardiff, Wales on Tuesday.

Gwen Lowe of Public Health Wales says 30 cases of COVID-19 have been confirmed in the last week among people who returned from Zante on several flights. She says the number is expected to rise.
The U.K. requires people arriving from overseas to quarantine for two weeks, unless they are coming from one of more than 70 countries and territories considered at low risk from the coronavirus. Greece is on the exemption list.

The Paris local municipality said on Monday that it would look to make free COVID-19 testing available in all of the capital's 20 districts, or arrondissements, as authorities battle against signs of a re-emergence of the virus in France.

[APG]

The Paris mayor's office said in a statement that from Monday onward, there would be three permanent laboratories set up to conduct free COVID-19 tests, as well as two other mobile laboratories that would go around the capital.

France's new COVID-19 infections surged by almost 50 per cent in August, which recorded the highest monthly tally since the beginning of the outbreak earlier this year, while hospitalisations for the disease are slowly increasing.

The country's health authorities reported 3,082 additional cases over the past 24 hours, sharply down from a caseload of above 5,000 each on the two previous days, however Monday figures always tends to dip as there are less tests conducted on Sundays.

The surge of new cases has led authorities to re-impose some containment measures, such as making face masks mandatory in the streets, shops and public transportation of almost all the country's main cities. As of Tuesday, masks will also be compulsory in workplaces.

In **Russia**, a small independent teachers' union is urging members not to be coerced into accepting shots of the "Sputnik V" coronavirus vaccine.

Moscow clinics last week began receiving supplies of the vaccine, which has been approved for use inside Russia even though the final Phase III tests, involving 40,000 people, began only last Wednesday.

From September, doctors and teachers will be among the first to be offered the vaccine on a voluntary basis, officials have said. Defence Minister Sergei Shoigu has said shots of the vaccine will be made mandatory for military personnel.

Ahead of Russian schools reopening on Sept. 1, the teachers' union Uchitel has launched an online petition against making the vaccine mandatory for teachers before all clinical trials are complete. "It's likely that school principals will be under pressure for everyone to be vaccinated," the petition says.

Uchitel represents only about 700 of Russia's 1.2 million school teachers, a senior union official said, but it says nearly 1,400 people have signed its petition.

Private tuition centres shut for the first time in **South Korea's** capital on Monday and traffic was light on the first working day of tighter physical-distancing rules aimed at halting a second wave of novel coronavirus infections.

South Korea took the unprecedented step on Friday of restricting the operation of restaurants, coffee shops and so-called cram schools in the greater Seoul area, with churches, nightclubs and most public schools having already closed.

The Korea Centers for Disease Control and Prevention reported 238 new cases as of midnight on Sunday, mostly in Seoul and surrounding regions, the 18th day of triple-digit rises in daily infections.

A more infectious mutation of the novel coronavirus has been found in Indonesia, the Jakarta-based Eijkman Institute for Molecular Biology said on Sunday, as the Southeast Asian country's caseload surges.

The "infectious but milder" D614G mutation of the virus has been found in genome sequencing data from samples collected by the institute, deputy director Herawati Sudoyo told Reuters, noting that more study is required to determine whether that was behind the recent rise in cases.

The strain, which the World Health Organization said was identified in February and has been circulating in Europe and the Americas, has also been found in neighbouring Singapore and Malaysia.

[APG]

The state at the epicentre of **Australia's** second wave of COVID-19 infections said on Monday the number of new cases fell to a near two-month low, allowing authorities to detail in a week's time how stringent lockdown measures will be lifted.

Victoria said it has detected 73 new COVID-19 infections in the past 24 hours, the lowest since July 3.

At the same time, the country reported a record daily rise in COVID-19 deaths on Monday, as Victoria said its COVID-19 death toll rose by 41, including 22 fatalities that came from aged care facilities in the weeks leading up to Aug 27. Australia's previous one-day record for COVID-19 deaths was on Aug. 25 when 25 people died.

In neighbouring New Zealand, schools and businesses reopened in Auckland on Monday after the lifting of a lockdown to contain the resurgence of the coronavirus, but face masks were made mandatory on public transport across the country.
https://www.cbc.ca/news/world/coronavirus-covid19-world-aug31-1.5705983

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

Canada

Antiviral used to treat cat coronavirus also works against SARS-CoV-2
Source: Top Health News – ScienceDaily

Publication date: 2020-08-27 19:50 UTC
Received date: 2020-08-28 04:11 UTC
ID: 1007722063

University of Alberta Faculty of Medicine & Dentistry
Summary:
Researchers are preparing to launch clinical trials of a drug used to cure a deadly disease caused by a coronavirus in cats that they expect will also be effective as a treatment for humans against COVID-19.

Researchers at the University of Alberta are preparing to launch clinical trials of a drug used to cure a deadly disease caused by a coronavirus in cats that they expect will also be effective as a treatment for humans against COVID-19.
advertisement
"In just two months, our results have shown that the drug is effective at inhibiting viral replication in cells with SARS-CoV-2," said Joanne Lemieux, a professor of biochemistry in the Faculty of Medicine & Dentistry.
"This drug is very likely to work in humans, so we're encouraged that it will be an effective antiviral treatment for COVID-19 patients."
The drug is a protease inhibitor that interferes with the virus's ability to replicate, thus ending an infection. Proteases are key to many body functions and are common targets for drugs to treat everything from high blood pressure to cancer and HIV.
First studied by U of A chemist John Vederas and biochemist Michael James following the 2003 outbreak of severe acute respiratory syndrome (SARS), the protease inhibitor was further developed by veterinary researchers who showed it cures a disease that is fatal in cats.
The work to test the drug against the coronavirus that causes COVID-19 was a co-operative effort between four U of A laboratories, run by Lemieux, Vederas, biochemistry professor Howard Young and the founding director of the Li Ka Shing Institute of Virology, Lorne Tyrrell. Some of the experiments were carried out by the Stanford Synchrotron Radiation Lightsource Structural Molecular Biology program.
Their findings were published today in the peer-reviewed journal Nature Communications after first being posted on BioRxIV, a research website.
"There's a rule with COVID research that all results need to be made public immediately," Lemieux said, which is why they were posted before being peer-reviewed.
She said interest in the work is high, with the paper being accessed thousands of times as soon as it was posted.

Lemieux explained that Vederas synthesized the compounds, and Tyrrell tested them against the SARS-CoV-2 virus in test tubes and in human cell lines. The Young and Lemieux groups then revealed the crystal structure of the drug as it binds with the protein.
"We determined the three-dimensional shape of the protease with the drug in the active site pocket, showing the mechanism of inhibition," she said. "This will allow us to develop even more effective drugs."
Lemieux said she will continue to test modifications of the inhibitor to make it an even better fit inside the virus.
But she said the current drug shows enough antiviral action against SARS-CoV-2 to proceed immediately to clinical trials.
"Typically for a drug to go into clinical trials, it has to be confirmed in the lab and then tested in animal models," Lemieux said. "Because this drug has already been used to treat cats with coronavirus, and it's effective with little to no toxicity, it's already passed those stages and this allows us to move forward."
"Because of the strong data that we and others have gathered we're pursuing clinical trials for this drug as an antiviral for COVID-19."
The researchers have established a collaboration with Anivive Life Sciences, a veterinary medicine company that is developing the drug for cats, to produce the quality and quantity of drug needed for human clinical trials. Lemieux said it will likely be tested in Alberta in combination with other promising antivirals such as remdesivir, the first treatment approved for conditional use in some countries including the United States and Canada.
The U of A researchers' work was funded by the Canadian Institutes of Health Research, the Natural Sciences and Engineering Research Council of Canada, Alberta Innovates, Li Ka Shing Institute of Virology and the GSK Chair in Virology.
make a difference: sponsored opportunity
Story Source:
https://www.folio.ca/antiviral-used-to-treat-cat-coronavirus-also-works-against-sars-cov-2-u-of-a-researchers/
https://gphin.canada.ca/cepr/showarticle.jsp?docId=1007722063
https://www.nature.com/articles/s41467-020-18096-2

Yet more data support COVID-19 aerosol transmission
ID: 1007745976
Source: CIDRAP

Yet more data support COVID-19 aerosol transmission

Two studies published late last week in Clinical Infectious Diseases highlight the role of airborne spread of COVID-19 and the importance of efficient ventilation systems. One study found that patients can exhale millions of viral RNA particles per hour in the early stages of disease, and the second tied an outbreak affecting 81% of residents and 50% of healthcare workers at a Dutch nursing home to inadequate ventilation.

In the first study, researchers in China analyzed exhaled breath samples from 49 COVID-19 patients from 10 countries, 4 hospitalized patients without COVID-19, and 15 healthy people from Beijing using reverse transcription polymerase chain reaction. They also tested 26 air samples and 242 surface swabs from quarantine hotels, hospitals, and personal belongings.

Of the exhaled breath samples, 26.9% were positive for SARS-CoV-2, the virus that causes COVID-19, while 3.8% of air samples and 5.4% of surface swabs tested positive. The viral RNA breath emission rate was highest in the first stages of disease.

Breath samples from two patients were positive for coronavirus RNA, but surface swabs of their cell phones, hands, and toilets were negative. Viral RNA was also detected on an air ventilation duct below another patient's bed.

Semi-enclosed environments

Among the 242 surface swabs, viral RNA was found most often on toilet bowls (16.7%); floors (12.5%); patient hands, pillowcases, mobile phones, and computer keyboards (4.0%); and surfaces that healthcare staff touched (2.6%). But only 2 of 22 mobile phone surface samples tested positive for viral RNA, and all object handles were negative.

The authors said that the viral RNA breath emission rate appears to vary based on factors such as patient activity level and disease stage and may be affected by age. Viral RNA emission was sporadic in at least one patient, whose samples generated different test results on different days.

The findings support previous studies that concluded that COVID-19 is mostly likely spread by aerosols rather than large respiratory droplets or contaminated surfaces, the researchers said. Such studies have documented airborne spread in semi-enclosed environments such as a choir practice in Washington state and a restaurant in Guangzhou, China.

"Though we did not study infectivity or transmission probability and other virus releasing activities such as talking and singing, our study demonstrates that exhaled breath emission plays an important role in SARS-CoV-2 emission into the air, which could have contributed greatly to the observed airborne cluster infections and the ongoing pandemic," the authors wrote.

Stale indoor air

In the second study, researchers in Rotterdam and Utrecht, the Netherlands, wrote a research letter documenting a COVID-19 outbreak that sickened 17 residents and 17 healthcare staff in one of seven wards in a nursing home for people with psychiatric or behavioral conditions. None of the 95 residents or 106 healthcare staff in the other six wards tested positive.

The authors noted that the Netherlands was experiencing a low prevalence of COVID-19 the week of the outbreak, with only 493 of that country's residents testing positive, compared with 8,391 cases during the most intense week of the outbreak in April.

To prevent coronavirus transmission, all healthcare workers were assigned to specific wards and required to wear surgical masks during patient care starting Apr 26. Residents lived in individual rooms and spent part of each day in shared living rooms; some residents were mobile.

Suspecting that the ventilation system of the affected ward could have contributed to the outbreak, investigators found that an energy-efficient system had been installed in which indoor air was refreshed only when indoor carbon dioxide (CO_2) concentrations detected elevated levels. If CO_2 levels didn't exceed a certain threshold, unfiltered indoor air was simply recirculated throughout the ward. In contrast, the six unaffected wards were refreshed regularly with outside air.

The researchers noted that low CO_2 levels produced by inactive patients may have led to stale air in the affected ward, which was cooled by two air conditioning units that also recirculated the air in the shared living areas. SARS-CoV-2 RNA was found in dust on the mesh dust filter of living room air conditioners and in four filters from three of eight ventilation units.

The research letter was written in support of findings of a study published in the same journal on Jul 6 warning of the hazards of airborne COVID-19 transmission in poorly ventilated environments.

"We advise that prevention of COVID-19 transmission should take into account the possibility of aerosol transmission in healthcare facilities and other buildings where ventilation systems recirculate unfiltered inside air," the authors of the Aug 28 study wrote.
https://www.cidrap.umn.edu/news-perspective/2020/08/yet-more-data-support-covid-19-aerosol-transmission

US cell phone data: Staying home amid lockdowns may stem COVID-19
ID: 1007746007
Source: CIDRAP

31 Aug.

US counties with large declines in cell phone activity at workplaces, transit stations, and stores and concomitant increases in home activity during COVID-19 lockdowns had lower rates of coronavirus infections 5, 10, and 15 days later, according to a study published today in JAMA Internal Medicine.

The researchers made 22,124 to 83,745 daily observations of cell phone location data from 949 to 2,740 counties, depending on data availability, from Jan 22 to May 11 and compared them with COVID-19 growth rates.

Growth of COVID-19 cases was 45.5% lower in counties in the lowest quartile of activity in retail stores than in those with the highest quartile, while counties with the most residential activity had a 19% lower COVID-19 growth rate at 15 days than those with the least.

Overall, cell phone activity outside the home increased roughly 0.5% compared with in-home activity per day that the stay-at-home measures were in place, suggesting waning adherence over time.

After adjusting for county population, case rates, and state-level factors, rural counties had smaller reductions in cell phone activity at workplaces, transit stations, and stores and greater reductions in visits to parks and home activities than did urban counties.

Counties in states with higher proportions of older adults, children, black residents, and people living in poverty; more per-capital hospital beds; and lower population density had the smallest reductions in workplace cell phone activity. Conversely, county residents stayed home more in states with a lower proportion of older adults, higher population density, greater economic productivity, lower rates of the uninsured, greater proportion spent on healthcare, fewer people living in poverty, and higher case rates.

"Reductions in workplace activity and increases in residential activity were higher in counties and on days where/when there was a greater number of new cases, and thus there was likely a higher perceived risk of infection," the authors said. "Counties with a high rate of cases were likely to also have more restrictions in place."

The researchers said that their findings support cell phone location monitoring to predict pandemic trends.
https://www.cidrap.umn.edu/news-perspective/2020/08/news-scan-aug-31-2020
https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2769771

Coronavirus: Mask refusal is linked to sociopathy study shows
ID: 1007746009
Source: theaustralian.com.au
August 31 2020

BY RHYS BLAKELY

People who refuse to follow rules on wearing face masks are more likely to have malevolent sociopathic traits, a study suggests.

Individuals who showed signs of the so-called dark-triad of personality traits — narcissism, Machiavellianism and psychopathy — were also more likely to trivialise the risks posed by COVID-19 and to avoid regular handwashing and social distancing.

Researchers from Brazil asked about 1600 volunteers to fill in two questionnaires often used by psychologists to assess empathy and expose personality disorders. They also asked them about their attitudes on rules and guidelines designed to contain the virus.

They then divided their subjects into two groups. About 1200 people qualified for an “empathy group": those who had displayed an interest in understanding other people’s feelings and motivations. These people also tended to be interested in “developing positive social interactions” with others.

The second group, with about 400 people, had shown signs of anti-social tendencies. These people tended to look for ways in which their interactions with others could benefit them personally. They were more likely to feel “socially detached” and to engage in hostile behaviour.

They were also less likely to follow rules designed to limit the spread of the coronavirus.
https://www.theaustralian.com.au/subscribe/news/1/?sourceCode=TAWEB_WRE170_a&dest=https%3A%2F%2Fwww.theaustralian.com.au%2Fworld%2Fthe-times%2Fcoronavirus-mask-refusal-is-linked-to-sociopathy-study-shows%2Fnews-story%2Fa954a8bc5d01ce727d591b113d5cc555&memtype=anonymous&mode=premium

Studying SARS-CoV-2 spread in poultry and domestic animals
Source: The Poultry Site - articles
ID: 1007745118

Many new human pathogens, including SARS-CoV-2, are known to originate in other species before entering human hosts, and so one frequently arising question about SARS-CoV-2 is whether the virus can infect non-human animals and, if so, what we should think or do about it. There have been a handful of reports on SARS-CoV-2 infection in domestic and zoo animals, so this question is not idle speculation. A recent report in Science sheds some light on how SARS-CoV-2 may affect non-human animals and provides a path for future research to benefit humans and animals alike.

In the study, Shi et al. tested the effects of SARS-CoV-2 on ferrets, cats, dogs, pigs, chickens, and ducks. The researchers’ objectives included gathering data on possible courses of infection in these animals as well as testing the possibility that they could transmit the virus to others of their species. These species were important to test because of their coexistence with humans in large numbers, whether as pets or farm animals. Knowing whether SARS-CoV-2 represents a danger to these animals may assist with plans regarding pets and our global food supply, could provide advance warning to veterinarians, and may indicate whether these animals might serve as viral reservoirs preventing the disease’s eradication in humans. Additionally, ferrets are a common animal model for studying respiratory infections in humans and so determining whether they can serve in that role for this novel coronavirus is important for SARS-CoV-2 vaccine research.

After inoculating members of each species with the virus, Shi et al. extracted viral RNA from various tissues and performed qPCR using an Applied Biosystems QuantStudio 5 Real-Time PCR System. By testing multiple tissues at various time points, they verified the spread of the virus through their bodies over time, an important marker for the extent of the infection and immune response to it.

The six species studies showed several different responses. Pigs, chickens, and ducks showed no susceptibility to SARS-CoV-2 infection, with the virus unable to establish itself in their bodies and remaining undetected thereafter. Dogs showed low susceptibility, with lower viral loads and evidence that the infection rapidly succumbed to their immune systems, leaving behind only non-infectious RNA fragments. Cats showed infection across multiple tissues, worsening as the experiment continued, as well as the ability to infect one another with respiratory droplets. Ferrets, similarly, showed viral spread within tissues near the intranasal inoculation site, but not in the lungs or other tissues. Some ferrets developed signs of an overactive, potentially injurious immune response, suggesting that the virus can replicate in their upper respiratory tracts but not other parts of their bodies, and that the virus can overstimulate their immune systems much as it does in humans.

This study shows that cats, dogs, and ferrets can at least temporarily sustain SARS-CoV-2 infection, that ferrets may be useful experimental models for SARS-CoV-2 research, and that SARS-CoV-2 may represent a potential danger to household pets as well as to humans.

It's important to note what the study does not show as well as what it does. As discussed in a recent Nature article, Shi et al. did not test whether cats could transmit SARS-CoV-2 to humans, or whether humans could transmit SARS-CoV-2 to cats. Although the virus originated with non-human animals, it is not yet clear that the non-human animals most popular as pets worldwide can serve as a viral reservoir that keeps the contagion active well into the future. Until more is known about this specific issue, the US Centers for Disease Control and Prevention (CDC) has provided some recommendations about SARS-CoV-2 and pets.

The knowledge gained from this study has one more potential benefit. Given that ferrets avoided lower respiratory infection from SARS-CoV-2, it is possible that their cell-surface proteins in this part of their bodies are different from those in more susceptible species. Other studies show that SARS-CoV-2 uses angiotensin-converting enzyme 2 (ACE-2) as its entry point, making differences between the ACE-2 genes and proteins of ferrets and more susceptible species an important avenue for future research. In the meantime, ferrets are revealed as ideal research subjects for antiviral drugs and vaccines aimed at SARS-CoV-2, and several labs have already begun research using ferrets.
Explore additional SARS-CoV-2 research solutions from Thermo Fisher Scientific.

https://tracking.feedpress.com/link/20925/13689617/studying-sars-cov-2-spread-in-poultry-and-domestic-animals

United States

Seroprevalence of SARS-CoV-2 Among Frontline Health Care Personnel in a Multistate Hospital Network — 13 Academic Medical Centers, April–June 2020
Source: CDC- MMWR

Early Release / August 31, 2020 / 69

Wesley H. Self, MD1; Mark W. Tenforde, MD, PhD2; William B. Stubblefield, MD1; Leora R. Feldstein, PhD2; Jay S. Steingrub, MD3; Nathan I. Shapiro, MD4; Adit A. Ginde, MD5; Matthew E. Prekker, MD6; Samuel M. Brown, MD7; Ithan D. Peltan, MD7; Michelle N. Gong, MD8; Michael S. Aboodi, MD8; Akram Khan, MD9; Matthew C. Exline, MD10; D. Clark Files, MD11; Kevin W. Gibbs, MD11; Christopher J. Lindsell, PhD1; Todd. W. Rice, MD1; Ian D. Jones, MD1; Natasha Halasa, MD1; H. Keipp Talbot, MD1; Carlos G. Grijalva, MD1; Jonathan D. Casey, MD1; David N. Hager, MD, PhD12; Nida Qadir, MD13; Daniel J. Henning, MD14; Melissa M. Coughlin, PhD2; Jarad Schiffer, MS2; Vera Semenova, PhD2; Han Li, PhD2; Natalie J. Thornburg, PhD2; Manish M. Patel, MD2; CDC COVID-19 Response Team; IVY Network (View author affiliations)

Summary

What is already known about this topic?

Little is known about the prevalence and features of SARS-CoV-2 infection among frontline U.S. health care personnel.

What is added by this report?

Among 3,248 personnel observed, 6% had antibody evidence of previous SARS-CoV-2 infection; 29% of personnel with SARS-CoV-2 antibodies were asymptomatic in the preceding months, and 69% had not previously received a diagnosis of SARS-CoV-2 infection. Prevalence of SARS-CoV-2 antibodies was lower among personnel who reported always wearing a face covering while caring for patients (6%), compared with those who did not (9%).

What are the implications for public health practice?

A high proportion of SARS-CoV-2 infections among health care personnel appear to go undetected. Universal use of face coverings and lowering clinical thresholds for testing could be important strategies for reducing hospital transmission.

Health care personnel (HCP) caring for patients with coronavirus disease 2019 (COVID-19) might be at high risk for contracting SARS-CoV-2, the virus that causes COVID-19. Understanding the prevalence of and factors associated with SARS-CoV-2 infection among frontline HCP who care for COVID-19 patients are important for protecting both HCP and their patients. During April 3–June 19, 2020, serum specimens were collected from a convenience sample of frontline HCP who worked with COVID-19 patients at 13 geographically diverse academic medical centers in the United States, and specimens were tested for antibodies to SARS-CoV-2. Participants were asked about potential symptoms of COVID-19 experienced since February 1, 2020, previous testing for acute SARS-CoV-2 infection, and their use of personal protective equipment (PPE) in the past week. Among 3,248 participants, 194 (6.0%) had positive test results for SARS-CoV-2 antibodies. Seroprevalence by hospital ranged from 0.8% to 31.2% (median = 3.6%). Among the 194 seropositive participants, 56 (29%) reported no symptoms since February 1, 2020, 86 (44%) did not believe that they previously had COVID-19, and 133 (69%) did not report a previous COVID-19 diagnosis. Seroprevalence was lower among personnel who reported always wearing a face covering (defined in this study as a surgical mask, N95 respirator, or powered air purifying respirator [PAPR]) while caring for patients (5.6%), compared with that among those who did not (9.0%) (p = 0.012). Consistent with persons in the general population with SARS-CoV-2 infection, many frontline HCP with SARS-CoV-2 infection might be asymptomatic or minimally symptomatic during infection, and infection might be unrecognized. Enhanced screening, including frequent testing of frontline HCP, and universal use of face coverings in hospitals are two strategies that could reduce SARS-CoV-2 transmission.

HCP who care for patients with COVID-19 are at risk for exposure and infection during patient care–related activities (*1*,*2*), and once infected, can spread SARS-CoV-2 to patients, coworkers, and others in the community. Therefore, understanding the frequency of SARS-CoV-2 infection among frontline HCP and characteristics associated with infection among HCP is important for planning effective strategies for minimizing SARS-CoV-2 spread in health care settings and associated communities (*3*,*4*).

Most persons who are infected with SARS-CoV-2 develop antibodies to SARS-CoV-2 proteins within 1–2 weeks of infection (*5*). Serologic testing for SARS-CoV-2 antibodies, albeit having variable sensitivity and specificity (*6*), might provide a useful marker for identifying past SARS-CoV-2 infection. In this study, SARS-CoV-2 antibodies were measured among HCP who regularly cared for patients with COVID-19, with the aim of identifying past infection and describing characteristics associated with seropositive test results.

This study was conducted by the Influenza Vaccine Effectiveness in the Critically Ill (IVY) Network, which is a collaboration of academic medical centers in the United States conducting epidemiologic studies on influenza and COVID-19 (*1*). Thirteen IVY Network medical centers from 12 states participated.* Each hospital enrolled a convenience sample of HCP (*1*) who regularly had direct patient contact in hospital-based units caring for adult COVID-19 patients since February 1, 2020, including emergency departments (EDs), intensive care units (ICUs), and hospital wards. Targeted enrollment was 250 participants per hospital, and volunteers were enrolled during April 3–June 19. HCP who were not working because of illness or quarantine were not enrolled. Participants underwent phlebotomy for serum collection and answered survey questions about demographic characteristics, medical history, symptoms, previous clinical testing for acute SARS-CoV-2 infection, and PPE practices while caring for patients in areas with COVID-19 patients. Participants were classified as having symptoms of an acute viral illness if they reported any of the following signs or symptoms from February 1, 2020, until the enrollment date: fever (temperature >99.5°F [37.5°C]), cough, shortness of breath, myalgias, sore throat, vomiting, diarrhea, or change in sense of taste or smell. Participants were asked whether they thought that they previously had COVID-19 (*7*). Participants also self-reported PPE use in the past week and whether they personally experienced at least one episode of PPE shortage since February 1, 2020, defined as inability to access at least one of the following forms of PPE when it was wanted for patient care: surgical masks, N95 respirators, PAPRs, gowns, gloves, or face shields.

CDC received serum specimens and completed testing for SARS-CoV-2 antibodies with an enzyme-linked immunosorbent assay against the extracellular domain of the SARS-CoV-2 spike protein.† This assay uses anti-pan–immunoglobulin (Ig) secondary antibodies that detect any SARS-CoV-2 immunoglobulin isotype, including IgM, IgG, and IgA. A specimen was considered reactive if it had a signal to threshold ratio >1.0 at a serum dilution of 1:100, correcting for background. Previous validation work with this assay demonstrated approximate sensitivity of 96% and specificity of 99%. Local area community incidence of COVID-19 was estimated from SARS-CoV-2 test results reported at hospital-area county public health departments. Local area community incidence was calculated as the total number of reported COVID-19 cases at the health

departments from the beginning of the pandemic through 7 days after the first date of HCP enrollment at the participating hospital divided by county population and multiplied by 1,000 (*8*).

Participants were classified as having positive serology (i.e., SARS-CoV-2 antibodies detected at or above the threshold) or negative serology (i.e., SARS-CoV-2 antibodies below the threshold). Characteristics of the seropositive and seronegative groups were compared using Wilcoxon rank-sum tests for continuous variables and Pearson's chi-squared tests or Fisher's exact tests for categorical variables. Statistical analyses were conducted using Stata software (version 16; StataCorp). This activity was reviewed by the Institutional Review Boards at the participating medical centers and by CDC and was conducted consistent with applicable federal law and institutional policies.[§]

Among 3,248 enrolled HCP, 1,445 (44%) were nurses, 919 (28%) were physicians, nurse practitioners, or physician assistants, 235 (7%) were respiratory therapists, and 648 (20%) had other clinical roles; the clinical role of one HCP was unknown. The median age of participants was 36 years, and most (80%) reported no underlying medical conditions. Among participants, 1,292 (40%) reported working primarily in an ICU, 1,139 (35%) primarily in an ED, and 817 (25%) primarily in other locations. Among the 3,248 participants, 194 (6.0%) had detectable SARS-CoV-2 antibodies. Seroprevalence varied widely by medical center, ranging from 0.8% (three facilities) to 31.2%, with generally higher seroprevalence at medical centers within counties with high local area community cumulative incidence of COVID-19 (Figure).

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Characteristics of Health Care Personnel With and Without SARS-CoV-2 Antibodies

SARS-CoV-2 antibody detection differed among participants according to demographic characteristics. Seropositivity was lower among females (5.3%) than among males (7.2%) ($p = 0.03$) and among non-Hispanic White participants (4.4%) than among participants of other racial/ethnic groups (9.7%) ($p<0.001$). Symptoms of an acute viral illness since February 1, 2020, were more prevalent in participants with antibodies detected (71%) than in those without antibodies detected (43%) ($p<0.001$) (Table). Notably, of 194 participants with antibodies detected, 86 (44%) reported that they did not believe they previously had COVID-19, 56 (29%) reported no symptoms of an acute viral illness since February 1, 2020, and 133 (69%) had not previously had positive test results for acute SARS-CoV-2 infection. A previous positive test was reported by 61 participants, representing 31% of the 194 participants with antibodies detected and 66% of 92 participants with both antibodies detected and previous SARS-CoV-2 testing completed.

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Personal Protective Equipment Use

Use of a face covering during all clinical encounters in the week preceding enrollment was reported by 2,904 (89%) participants. Detection of SARS-CoV-2 antibodies was less common among participants who reported using a face covering for all clinical encounters (6%) than among those who did not (9%) ($p = 0.012$). Shortages of any PPE equipment since February 1, 2020, were reported by 398 (12%) participants; shortages of N95 respirators (reported by 5% of participants) were those most commonly reported. In eight of the 13 medical centers, >10% of participants reported a PPE shortage. A higher percentage of participants who reported a PPE shortage had detectable SARS-CoV-2 antibodies (9%) than did those who did not report a PPE shortage (6%) ($p = 0.009$).

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Discussion

Among a convenience sample of HCP who routinely cared for COVID-19 patients in 13 U.S. academic medical centers from February 1, 2020, 6% had evidence of previous SARS-CoV-2 infection, with considerable variation by location that generally correlated with community cumulative incidence. Among participants who had positive test results for SARS-CoV-2 antibodies, approximately one third did not recall any symptoms consistent with an acute viral illness in the preceding months, nearly one half did not suspect that they previously had COVID-19, and approximately two thirds did not have a previous positive test result demonstrating an acute SARS-CoV-2 infection. These findings suggest that some SARS-CoV-2 infections among frontline HCP are undetected and unrecognized, possibly because of the minimally symptomatic or subclinical nature of some infections, underreporting of symptoms, or nonsystematic testing of some personnel with symptomatic infections.

This study resulted in the identification of two factors potentially associated with SARS-CoV-2 infection among HCP: PPE shortages and interacting with patients without wearing a face covering. These findings highlight the importance of maintaining PPE supplies at hospitals caring for COVID-19 patients and, assuming adequate supply, adhering to policies that encourage the use of masks for all interactions

between HCP and patients. Universal masking has been associated with a significantly lower rate of infection among HCP (*9*).
The findings in this report are subject to at least four limitations. First, bias might have occurred if personnel at higher or lower risk for infection were less or more likely to volunteer to participate; for example, HCP not working because of illness or quarantine were not recruited and might have been at higher risk for SARS-CoV-2 infection. Second, seroprevalence could be underestimated if participants who were infected had not yet mounted an antibody response or if antibody titers had declined since infection (*10*). Third, information on facility-level infection prevention and control practices that could further affect exposure risk was not collected. Also, multivariable models to adjust for confounding were not performed. Finally, among seropositive HCP, exposure that led to SARS-CoV-2 infection could have occurred within the hospital setting or the community and this study could not distinguish between these potential sources of exposure. In general, seroprevalence among HCP across sites correlated with community COVID-19 incidence. SARS-CoV-2 exposures in the hospital could also have occurred between health care providers (e.g., within shared workspaces).
Evidence of previous SARS-CoV-2 infection was detected in 6% of frontline HCP from 13 academic medical centers within the first several weeks of U.S. transmission, although prevalence varied considerably by location. A high proportion of personnel with antibodies did not suspect that they had been previously infected. The risk for transmission of SARS-CoV-2 from HCP to others within hospitals might be mitigated by adherence to recommended practices such as universal use of face coverings and suggestions to have dedicated cohorts of HCP caring for patients with COVID-19. In addition to maintaining PPE supplies and instituting universal face covering policies for HCP at work, enhanced screening, including frequent testing of frontline HCP, and universal use of face coverings in hospitals are strategies that could reduce SARS-CoV-2 transmission.
Full Study
https://www.cdc.gov/mmwr/volumes/69/wr/mm6935e2.htm?s_cid=mm6935e2_e&deliveryName=DM36789

United Kingdom

GSK, partner Vir join race to find COVID-19 antibody treatment
Source: Reuters
ID: 1007744622

(Reuters) - GlaxoSmithKline and partner Vir Biotechnology have started testing their experimental antibody on early-stage COVID-19 patients, entering the race to find a winner in a promising class of antiviral drugs to combat the pandemic.
The British drugmaker said on Monday the long-acting single injection will be tested on recently diagnosed high-risk cases for its ability to prevent hospitalization, typically a life threatening disease stage.
GSK, which in April moved to invest $250 million in Vir and agreed to collaborate on the antibody, is behind some peers in developing the class.
Regeneron, which is working on antibody manufacturing with Roche, expects initial data from ongoing trials of its COVID-19 two-antibody combination in September.
Eli Lilly, working with biotech firm AbCellera, early this month started testing whether their antibody can prevent the infections in nursing homes. A separate trial testing the compound on recently diagnosed COVID patients may yield initial data in September or shortly after.
“We’re coming into the clinic a little bit later and part of that is because we spent some time selecting what we believe will be a best-in-class antibody,” Vir Chief Executive George Scangos told Reuters.
The antibody is designed to not only block the virus from invading cells but also to recruit immune cells to kill already infected cells, which would otherwise replicate the virus.
It also has been altered to stay effective for several months on a single shot and to cling to a part of the virus’s outer spike protein that has shown no tendency to mutate.
After testing the drug on an initial 20 U.S. participants over two weeks for safety, the trial will expand to 1,300 patients globally.
GSK said initial results could be available by the end of the year, complete results during the first quarter of 2021, and early access to patients could be on the cards before June.
GSK’s more prominent role so far in combating the pandemic has been in providing adjuvants, efficacy boosters that play a vital role in many vaccines.

The global effort to develop a vaccine against the virus, which has so far claimed more than 800,000 lives globally, has seen recent launches of late-stage trials, but work on treatments has also gone into overdrive.
While one approach has been to quell a dangerous overreaction of the immune system, known as cytokine storm, another has been to block the virus from invading cells with antibodies.
Antibodies, part of the body's adaptive immune system, are normally made by white blood cells in response to a foreign substance in the body.
But pharma companies, also including AstraZeneca and Molecular Partners, are working on manufactured monoclonal antibodies, made in bioreactors from living cells, for a more targeted attack on the virus.
Using plasma from recovered COVID-19 patients, which contains a range of antibodies, is a similar approach but it may be fraught with more complex logistics and less consistent quality than manufactured antibodies.
In future studies, GSK and Vir plan to run more trials on their antibody's ability to prevent the infection and treat patients that are already in hospital care. Later this year, they plan to start a trial of a second antibody from the collaboration.
https://www.reuters.com/article/us-health-coronavirus-gsk-vir/gsk-partner-vir-join-race-to-find-covid-19-antibody-treatment-idUSKBN25R1KF

Domestic Events of Interest

Canada

Statement from the Chief Public Health Officer of Canada on August 31, 2020
Source: Canada News Centre - Public Health Agency of Canada
ID: 1007744642

Statement
August 31, 2020 Ottawa, ON Public Health Agency of Canada

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 127,940 cases of COVID-19 in Canada, including 9,117 deaths. 89% of people have now recovered. Labs across Canada tested an average of almost 48,000 people daily over the past week with 0.7% testing positive. An average of 435 new cases have been reported daily during the most recent seven days.

Today is International Overdose Awareness Day, a global event that aims to raise awareness of overdose and reduce the stigma of drug-related death. It is also a day to acknowledge the grief felt by families and friends remembering those who have died or had a permanent injury as a result of a drug overdose. The ongoing opioid-related overdose crisis in Canada has claimed the lives of over 15,000 Canadians from all backgrounds since 2016 leaving too many members of communities across the country mourning the loss of loved ones, each with their own unique story.

We know that using drugs while alone is a major risk factor for experiencing a fatal overdose yet the majority of overdose deaths in Canada occur at home alone. Stigma plays a significant role. Negative attitudes towards people who use drugs can lead people to hide their substance use, and this stigma can also prevent people from seeking help. Public health measures designed to reduce the impact of COVID-19 may also increase isolation and create additional barriers for people to access the supports they need. People who use drugs need our compassion and support now more than ever before.

All Canadians have a role to play in helping address the drug overdose crisis:

Know how to recognize the signs of an overdose and what to do if you witness one
Learn about naloxone, why it's safe to use if you suspect an opioid overdose, and where to get a free kit
Learn why stigma is preventing people from accessing help, and what you can do to help reduce the stigma around substance use

For health professionals, learn more about ways to reduce substance use stigma in the health system and compassionate, safe and non-stigmatizing communication tools
Check in regularly on coworkers, friends and family who may be living alone or working from home and get tips on how to talk to a friend or family member about drugs.
In these difficult and unprecedented times, it is important that we recognize substance use disorder as a health and social issue and that we treat people who use drugs with compassion and provide them the support they need. We must continue to work together to prevent overdose deaths and reduce substance-related harms, just as we are working hard to reduce the impact of COVID-19 on Canadians."

Contacts
Media Relations
Public Health Agency of Canada
613-957-2983
hc.media.sc@canada.ca
https://www.canada.ca/en/public-health/news/2020/08/statement-from-the-chief-public-health-officer-of-canada-on-august-31-2020.html

International Events of Interest

Nil

Researches, Policies and Guidelines

Nil