

Daily Technical Briefing to Parliamentarians: Main Issues

PPE

Were going to need to have masks on airplanes soon, who will be supplying these masks? Thailand used to be in top 10 for the amount of COVID cases, but they gave out masks to all their citizens and now they are one of the best off countries. What is the plan to emulate this?

- Mr. Halliday: With respect to Thailand, we will describe our measures. We're using physical and social distancing as much as possible, we're trying to get more tests done and as get them turned around as quickly as possible, we're tracing contacts and limiting the importation of infections with border measures. We need to make a distinction between PPE and non medical masks and face masks as well. We have guidelines on how to make them on our website.

Is there a federal contact who can work to distribute more PPE? Is there a count on all the PPE available in the country?

- Dr. Njoo: Provincial government is the lead on distributing PPE as appropriate. Federal role is just procurement. We will contact province to see if there's a number that fire chiefs can call for more PPE.

Nurses are refusing to do COVID tests without N-95 masks, but federal regulations say regular masks are fine. What kind of masking procedures are optimal for testing/dealing with COVID patients

- Dr. Njoo: There is a need to operationalize and adapt practices based on local cases. After reviewing evidence around the world, the main mode of transmission is through droplets. Different types of PPE are required for different situations, it depends on the type of the interaction. Triage nurses might need different masks as compared to OR nurses. Provinces must recommend specific measures given their understanding. What's part of the issue is that healthcare workers might not have full information and are also scared, but they have to be able to perform their duties in a safe way. Speak to AB Public Health officials.

How are you supplying CBSA officials with PPE?

- CBSA: First time we hear there is a lack of supplies, we did check to make sure that sites have adequate supplies. Will make sure if bathroom cleaning twice a day is good. Temperature checks is not something that has been advised from PHAC. There have been guidelines on PPE given to all CBSA officers, and we are regularly meeting with the unions.
- Dr. Njoo: From a Public Health perspective, bathroom cleaning is one measure. You could do it once an hour, but if someone goes in right after then it's not effective. Washing hands properly is key, along with not touching your face. SARS taught that temperature checks are useless as people may take anti-pyretic medication, or are

asymptomatic. Must inform and educate public that they need to self-isolate and monitor for 14 days.

Will funeral homes be provided with the proper PPE supplies they need?

- Dr. Njoo: The issue has been raised at the SAC and inter-provincial meetings. Operations for PPE distribution is an issue for Alberta provincial authorities.

Often frontline workers in pharmacies, and those who work at cashiers and tellers can transmit the virus easily through the handling of cash. Will they get additional training and PPE to prevent this?

- Dr. Njoo: Frontline healthcare workers need PPE the most; cashiers not as much. For those working cashiers, frequent hand washing, not touching ones face, and social distancing if sick are the most important measures for those types of workers and for the general public.

What is the government doing to ensure that frontline healthcare workers have access to adequate PPE, including those in non-hospital settings?

- Dr. Njoo: PPE supply is good, but PHAC is putting out guidelines so PPE is used in the right settings and the correct way. The provinces are responsible for ensuring all healthcare workers get PPE, but the government is supporting this. There are enough ventilators in Canada, but federal government is preparing to buy more.

Taiwan is providing free masks and hand sanitizers to the public. Can we do the same?

- Ms. Kropp: We are focusing on ensuring health care workers have access to PPEs, with a difficult global supply. People may choose to wear non-medical masks or face coverings should they wish to protect others from getting ill; and there is information on our website about these.

Can the government say how much PPE is being delivered to First Nations, and why are they delivering orders that aren't complete?

- ISC: Currently there is a global and national shortage of PPE, and all areas of the health care system are seeing shortages of PPE even in downtown Toronto. Our department is working hard to procure more and get orders to these indigenous reservations. If constituents continue to have issues please pass those comments on and we will look into these concerns.

There is a manufacturing company in Ontario that has the ability to produce PPE, and they haven't had any luck in getting touch with the government. Who can they get in touch with?

- ISED: PHAC and HC have established a contact point for corporate donations, and we will have this sent off to the Senator after the call. If they are willing to manufacture, we can in touch with them to see how they can help the federal response.
- Ms. Kropp: Smaller PPE donations can be donated to hospitals directly.

If there are businesses who are looking for licences in order to import and distribute PPE, but they haven't received a response from the government, where do they contact?

- ISED: Health Canada provides these licences, and we will send their contact to your Parliamentary email

What's being done to help small enterprises who are trying to import PPE?

- ISED: Health Canada is responsible for quality checking PPE, and we're looking to import for PPE. I will speak with my Health Canada colleagues on this.

If no further N-95s come in, how many weeks/months do we have supply on hand, how many producers do we have, and how many contracts were provided for people to produce these masks?

- Ms. Kropp: We are watching the global demand very closely and ensuring support of local industry as sources for PPE. We are not currently recommending the use of masks by the general public, as the US has announced. If people do choose to go this route we offer information on PHAC website. We have a number of contracts in place and are anticipating a delivery of up to 8 million masks in coming days. Watching closely with P/Ts to monitor any shortages and working with bulk procurement.
- ISED: We are in active conversations with several Canadian companies to re-tool and build capacity to make surgical masks and N-95s. We discuss their equipment requirements, and make sure product meets required standards. We have announced work with Medicom to establish capacity to produce masks.
- PSPC: We have had tremendous response through the Buy and Sell website, and encourage all to continue promoting use of this website. Unable to give precise number of contracts at this time due to sheer volume and rapid pace. We are working actively on all of fronts and with P/T counterparts to coordinate needs across all P/Ts.

Testing

Yesterday, the testing numbers given by the government at 11am were actually higher than the ones given later on yesterday's call, which in turn were different than the numbers given on Dr. Tam's social media. Where does the data for the government's case numbers come from and is there a protocol for the timing of when these numbers are released publically?

- Mr. Halliday: With respect to the changing numbers, we release these numbers as soon as they're available and aggregated, but what we're looking at is the overall trend and these numbers will change throughout the days and a given day as new information comes in from the P/Ts. The data from the P/Ts is relayed to us via a standardized form, however what data we receive and when we receive it is determined by the different

P/T jurisdictions. Some provincial labs can do their own confirmation testing, but some provinces send their confirmation tests to the NML which can cause a delay. We have a team of epidemiologists and data experts who compile the data into a clean format. This data is then updated online and made available to all Canadians.

The curve looks to be flattening, but the positive test rate continues go up. On a day to day basis were not getting satisfactory answers. What're the sources of PHAC's numbers? Is there a protocol on reporting testing numbers? Why is there variation in the testing numbers given from day to day?

- Mr. Halliday: We appreciate people are paying attention to being presented from Dr. Tam and information on the website. The messaging for Canadians remains that we need to continue to physical distance and limit the rate of infection. In respect to why the numbers change day to day and within days, provinces collect this information daily and its up to them to determine how they provide that information. Waiting for results can add a delay of 24-28 hours. We make sure that we disclose the numbers on the website. The website gets updated information as it comes in, we give numbers based on what's available.

Could testing evolve to the point where it can be done at-home or is surface based?

- Ms. Evans: We are working with colleagues at CIHR and NML scientists, whom are actively engaged in testing capabilities and how to move to other modes. We are seeing great creativity and ingenuity as Canadian manufacturers retool their operations for other products, for example distilleries making hand-sanitizers.
- ISED: There has been a great deal of interest in the government's call to action on COVID-19. There are a number processes in place to bring the best minds together, as well as programs to support large-scale research. People with new ideas are encouraged to bring them forward, particularly on high-need areas such as PPEs and vaccines.

Is the ultimate goal for testing to test everyone in the country? What are the biggest blockages we need to be aware of?

- Ms. Evans: We are prioritizing testing. First responders and HC workers need to be tested quickly. We are not intending to test everyone in Canada. Steps have been taken to increase sites available to do testing and NML is providing ongoing guidance. Canadian testing numbers per capita are strong compared to rest of world.

What is the current inventory of test kits that haven't been used? What is the minimum amount of time from swab to result to receive a test result back?

- Ms. Kropp: We have been able ramp up and increase testing. We have 33 lab testing facilities across the country now doing results. Minimum time is not provide-able, but certain things affect the amount of testing being done. The sheer shock on system. Often tests need to be shipped to labs which could be far. We are doing our best to

procure a point of care test which would rapidly decrease test times. These concerns are faced by all countries.

Jurisdictions who have been able to flatten the curve are the ones who have been able to test repeatedly. What are the updates on improving our testing capabilities?

- Ms. Kropp: We want to reduce the amount of infections, including through isolation between those who are sick from those who are susceptible and vulnerable, as well as finding a vaccine. Testing features prominently in FP/T conversations, we need to actively understand the national testing situation, and look into bulk producing more. The NML has been working to produce more low supplies of reagents. We need to prioritize and make sure tests are used judiciously via triaging and using them on those who really need it. Must have a set of consistent principles with testing, and were ensuring that we have an adequate supply that's being used appropriately.

What share of people are testing negative and positive, and is that rate testing higher or lower as compared to previous weeks, and how does that relate to if we are flattening the curve?

- Dr. Njoo: If someone has a test negative, then they have another repository infection. However, would defer to local authorities as to whether they should still be isolated or not. All tests results we are seeing today, are people who got sick a week ago. In terms of urgency, social distancing important but we wont see those results for another two-three weeks. We will understand how effective our social distance methods are in a few weeks. Still in containment mode for those who are symptomatic.

What efforts are underway to expand testing for COVID-19?

- Dr. Njoo: Some challenges to supply of testing kits. But need to look at directing who really needs testing via self assessments. People who are severely ill, or people in long term facilities should be priority. There is a bulk procurement mode happening for lab supplies and swabs, but labs are running low on their other supplies too. FP/T collaboration with labs is very strong.
- Procurement is difficult as every country has the same needs as Canada. Businesses in Canada may be able to shift production to medical supplies.

Why wouldn't we have a more robust program to hire people to do contact-tracing, instead of volunteers? Has any consideration been given to allocating some money to paying an army of people to systematically approach tracing?

- Ms. Kropp: As you mentioned, Health Canada is organizing a venue through which people can volunteer their expertise and time to support P/Ts in the contact-tracing realm, with some degree of health background to allow them to apply their expertise. Another thing we are looking at are the possibilities of using apps to assist with contact-tracing. When we are in a recovery phase, contact-tracing becomes intensely important. Can't speak to using some of the money put towards COVID-19 to support contact-

tracing federally, but can say different jurisdictions are putting various programs in place to shore up contact-tracing support.

What assurance can you give that the testing, case and death rate numbers being released aren't being managed to give off a certain impression?

- Ms. Kropp: We're really delighted we were able to get these rapid kits into the field, but I'm unsure when they will be delivered. The priority will be giving them to northern communities. In terms of numbers, the testing numbers may fluctuate based on a jurisdiction's testing numbers. At this stage the focus is that we are testing the right groups of people. Originally we had a broad net in terms of testing, but had to narrow this down. Some jurisdictions may expand this to asymptomatic people which will affect numbers. We're cautiously optimistic about the recent numbers, but we will be unable to ascertain when we are over the curve until we are. We will continue to update Canadians regularly.

It's difficult to find numbers for past dates online. Can you give us the numbers for the days this weekend that we didn't have briefings? Can you give an update on testing, particularly rapid testing?

- Ms. Kropp: Here are the numbers: For April 10th; we had 21,243 cases, 531 deaths, and more than 380,000 tests. On April 12; 23,318 cases, 659 deaths, and more than 404,000 tests. On April 13; 24,804 cases, 734 deaths, and more than 428,000 tests. Health Canada has authorized a new rapid screening test, which focuses on diagnosing COVID-19 in less than an hour. This is an important development for people in the North and in isolated communities where there are logistical challenges. The GoC has put in an order for this test, and there is a plan to ensure access will be prioritized for Northern and remote communities. Work continues on the serology-based test front. They will play an important role in looking at levels of immunity within the population, and to ensure essential workers can use the serology tests to determine if they have developed immunity and therefore can go back to work. NML is in the process of doing verification and validity of a number of different serology tests.

Medical researchers are wondering why we aren't testing for antibodies here yet. Are there plans to do this?

- Ms. Kropp: NML is actively working with partners in the CPHLN. An approach for serological testing is currently underway. NML is looking at serological tests that are available, and working with P/Ts on how best we are going to use these tests. Under consideration is looking at the levels of immunity in the population, from both a research and concrete public health perspective. An announcement will be made soon.

The positive test rates seem to be higher, and there seems to be a lowering of tests. Is it possible that we're under-testing and under-reporting?

- Ms. Kropp: If we are focusing testing efforts on areas where there is the highest risk, it is not surprising the overall positivity rates would be higher. With a broader testing strategy that

includes more asymptomatic people, we would expect a bit of dilution of the number. There has been discussion in approaches to testing and rates of testing in different jurisdictions. We are monitoring this and if/where the federal government can assist; such as with equipment issues. Work continues with Canadian Public Health Lab Network to discuss rates of testing, what may be impacting them, and moving towards rapid tests.

What's the state of serological testing tight now? As constituents are trying to navigate programs, there is some confusion.

- Ms. Kropp: Regarding serology, the NML is working concurrently to do two things; create a rapid test, and work on the development of a serological test that will be able to look at levels of immunity, and could be useful to get the clear for workers to work. We are still in the early days for this, but we are engaging P/T partners to work on this. Will update as it moves along.

There is an 11% increase in number of cases in cases and 25% increase in deaths, but only a 4% increase in testing. If we can increase testing numbers for essential workers it would be better, especially as we increase our tracing abilities at the same time. Eventually the economy has to recover, when we move on from isolating, we'll need to be able to have tests done quickly. Where does rapid testing stand right now?

- Ms. Kropp: The rate of testing doesn't appear to be going up as much, and there's a few things at play with this. One is that people are being advised to stay home, even if they have mild COVID symptoms. Second is that FPTs are really targeting testing to people at the greatest risk, with contract tracing for these people as well. Essential service providers are flagged as people at risk and are prioritized for testing. Testing is becoming more precise. In regards to tracing, PT's are focused on tracing, and were partnering with Health Canada to find people with particular skill sets to assist in surge capacity with things like contract tracing. Serological tests that are being developed are not focused on diagnostics, but people who have been exposed and recovered from illness, and will indicate if people can go back to work. For rapid tests, materials for the NML have been provided and testing is underway on these, and these will be good for remote and vulnerable communities

Can we not produce all of the components for testing here in Canada? If we can, why would the testing numbers be going down?

- Ms. Kropp: Testing numbers are available online. In terms of testing components, the NML is working day and night on making components and reagents. We're working vigorously with suppliers and partners to get the components needed in a market where everyone wants it. Were being judicious in how we use testing, but were relying on people with mild symptoms to self isolate and stay home and not go to get tested, even if they think they need it. POC testing continues to progress, and look forward to say when its ready. This will allow testing beyond healthcare facilities. We do have 250,000 tests that have been conducted, and the SAC speaks about testing on a regular basis.

Comments will be passed on to SAC. Testing and self-isolation will work to flatten the curve eventually.

Quarantine/Self-isolation/Social Distancing Measures

How is the quarantine act practically enforced on campgrounds, where snowbirds with seasonal addresses are returning? How is a violation reported and how is the local jurisdiction to manage repeat offenses?

- Ms. Evans: There are processes in place at all points of entry, particularly education on mandatory self-isolation. We have increased communication to snowbirds coming back and are asking Canadians not to flock to cottage country and remote areas. We are working with RCMP and Public Safety, and have initiated a graduated compliance approach starting with education, to follow-up calls, to penalties and fines.

There are varying descriptions of isolation and quarantine. What is the government's definition of self-isolation, and can people self-isolating go for walks?

- Ms. Kropp: The most recent OiC requires mandatory isolation. Those people cannot move on public transit and must stay in a residence. This involves very strict isolation, no walks or groceries as the risk of spreading the disease is high. Self isolation refers to asymptomatic people. They have to follow all PHAC guidance such as social distancing. They are advised to stay at home if possible, and these people can go outside if they wish to go for a walk and get groceries. You will see different recommendations across jurisdictions.

In terms of the quarantine process, if an international traveler comes in and is asymptomatic, can they still get on another domestic flight? What's being done for safety in that circumstance?

- Ms. Kropp: Those international travellers will be screened, asymptomatic people and symptomatic people will get different sets of guidance. Symptomatic people will be given transport by the federal government if they have no private means of travel. For those who are asymptomatic, they are allowed to take a connecting flight, as the risk of transmission is far lower for an asymptomatic person versus symptomatic. This people sill are required to self-isolate and social distance.

Do people who need to connect to another part of the country must quarantine in the area they arrive in even if they are asymptomatic or symptomatic. Can you define what the prognosis of what "recovered" is and if a recovered person can travel or move around the country?

- Ms. Kropp: Symptomatic people cannot board public conveyance, asymptomatic people can. They will be asked to self isolate, but they can connect to different flights. Defining a recovered person means they've received two negative tests, as science evolves this

may change. Recovering individuals are not required to be in isolation, but are encouraged to social distance.

How is mandatory self isolation going to be rolled out, as it's a big problem. How will enforcement work, and will there be a hotline to report those who aren't following it?

- Ms. Kropp: The legislation came into effect today, which does require travelers to self-isolate, and those who are symptomatic to isolate, either at their home or a federal facility. Enforcement is a concern, but the legislation makes this possible. The general population is recommended to still self isolate in general, and provinces will enforce other measures. This new legislation is dedicated towards returning passengers.

If someone is ordered into self isolation, but their tests come back negative, must they still go back into isolation?

- Dr. Njoo: *If someone has a test negative, then they have another repository infection. However, would defer to local authorities as to whether they should still be isolated or not. All tests results that we are seeing today, are people who got sick a week ago. In terms of urgency, social distancing important but we wont see those results for anther two-three weeks. We will understand how effective our social distance methods are in a few weeks. Still in containment mode for those who are symptomatic.*

Are there any updates on physical distancing and measures for the prisons, both for those that live and work in them?

- PS: Will try to get someone from Correctional Services on the call to answer this question.

Mayors are confused as to what exact social distancing measures municipalities should be enacting. What are they?

- Dr. Njoo: *Direction on supplies and practice is a provincial authority, would speak to provincial Public Health authorities.*

How will enforcement of the Quarantine Act work in coordination with local police?

- Ms. Kropp: In regards to the QA orders enforcement, it involves working with CBSA, RCMP and local police forces. Were still working out details but the intention would be that checks wold be done in multiple ways, but local police would involved with this, based on information given by CBSA, while PHAC maintains a central list.

Will there be quarantine follow ups?

- Ms. Kropp: There is an increased risk from international travels, and OICS allow us to enforce mandatory self isolation and quarantine measures. Symptomatic people are

banned from public conveyances and could be put into a quarantine facility. Symptomatic people should not be boarding flights, symptomatic people on flights will not be able to get on public transport or domestic flights. We've been proactive with passengers on the Zaandam to determine who's asymptomatic or symptomatic and make sure we have the facilities available to support them and minimize the risk to Canadians.

- GAC: Were working with other departments to make sure there screened as people come in. Its been an excellent cross government effort to minimize risk.
- CBSA: We gain more and more experience everyday to identify those who are ill and facilitate people who are asymptomatic.

Medical Supplies

What is the goal for the amount of respirators/ventilators that Canada will need?

- Ms. Kropp: There's an issue of a number of different supplies in Canada. The number needed is going to depend on the forecasting of the epidemic curve, and if we are flattening the curve enough. Will be influenced by the seriousness's of symptoms people will have. Constant conversations on what materials are in short supply and the number needed in supply, but there is no specific number available for the number we need right now. We are forecasting this with P/Ts.

What is the government doing to secure and produce medical supplies, as it looks like were going to have great need of these supplies?

- Ms. Kropp: There are a number of proactive pieces of work being undertaken. There are a number of departments who are having conversations with industry partners to identify priority medical equipment, and working on how we rally these industries to work towards a common goal, and not stopping any current supply chain of these vital materials.
- ISED: We are working with industry, there have been strong responses for calls for help. We are working with a number of companies who want to produce ventilators. There are active conversations taking place, and we are also working with existing suppliers of ventilators to make sure their supplies are still flowing.
- PSPC: We are always looking for available units. We have secured 570 more ventilators, and whenever we have a lead to a company that can supply materials, we work to make deals.

What is the government doing to speed up the process of acquiring more medical supplies and ventilators?

- Dr. Njoo: We are looking at the needs of the provinces to prepare a bulk purchase of medical supplies as needed ASAP. Things are being done across government in a much more accelerated way.

The hospital in Nanaimo-Ladysmith has 12 ventilators for 400,000 people who go there annually. What is being done to procure more?

- Dr. Njoo: Issue of ventilators, most of the cases (80) are mild and able to recover at home. 20 need care, and only about 1-2 need ventilator support in a ICU. We need to protect vulnerable people like citizens. Lots of planning going on, hospitals are preparing by freeing up beds and canceling elective surgery. Need coordination with FPTs to buy 500 more ventilators for surge capacity, and establish system to transport resources and personnel. Civil liberties, at this point everyone has a role in trying to social distance to flatten the curve. Hopefully a lock down is a last resort, but certainly strict options are on the table.

On Tuesday it was said there is enough ventilators, but now are buying more and you're saying that there is not much need for them, can you clarify this?

- Dr. Njoo: The ventilator issue is complicated; as very small amount of cases need them. Social distancing measures are trying to distribute the number of cases over a greater period of time, giving us more control of the outbreak. We can't tell yet on the exact need for ventilators as we wait to see how effective social distancing measures are. If 1000 people get symptoms and require hospitalization over one week, it's a very different situation than 1000 people being hospitalized over a month. We must flatten the curve.

What is the R0 of the virus, how many people are actually infected, what is the status of procuring more ventilators for Canadian hospitals.

- R0 could be anywhere between 1-5. While there is over 430 positive cases, over 36,000 people have been tested. Planning on purchasing ventilators, and will work with provinces for a bulk purchase. We have enough for now due to low rate of critical cases.

There are 2500 doctors who have signed a petition are calling for more ventilators. What's the government response to this.

- Right now, there are enough ventilators, but the government will be proactive in procuring more as needed. Economic integration and essential service provision makes border closure impractical, and Americans would have to be self-isolated if they came anyways to visit.

There is a constituent who is ready to produce surgical masks, but is having trouble getting machinery shipped to Canada. Is there a way to expedite this?

- ISED: We have been overwhelmed by offers from industry, were trying to contact thousands of companies. Several requests in regards to mass manufacturing. We are working with GAC to see if we can free up goods which are stuck abroad. We will look into this situation and make sure the offer is pulled to the front.

- PSPC: We know there are export challenges, working with GAC to try and expedite this . We would be more than happy to work with colleagues to assist where we can.