

## Belliveau, Sébastien

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**From:** Khalil, Samantha  
**Sent:** September 15, 2020 8:32 PM  
**To:** Clow, Brian; Telford, Katie; Broadhurst, Jeremy; Ahmad, Cameron; Chin, Ben  
**Cc:** Belliveau, Sébastien  
**Subject:** Erin O'Toole COVID Briefing  
**Attachments:** Covid-19 Management Strategy Briefing Leader of Opposition Sept15\_vfinal.pptx; ATT00001.htm

Hi all,

Earlier this evening Dr Tam briefed Erin O'Toole and MP Rempel Garner on COVID19. Notably, a number of O'Toole's questions focused on the vaccine task force and the cooperation with provinces.

Below is a read out provided by Minister Hajdu's office.

Begin forwarded message:

**From:** "Exton, Adam (HC/SC)" <adam.exton@canada.ca>  
**Date:** September 15, 2020 at 8:27:47 PM EDT  
**To:** "Khalil, Samantha" <Samantha.Khalil@pmo-cpm.gc.ca>, "Theis, Rick" <Rick.Theis@pmo-cpm.gc.ca>, "Lemkay, Kevin" <Kevin.Lemkay@pmo-cpm.gc.ca>, "Belliveau, Sébastien" <Sebastien.Belliveau@pmo-cpm.gc.ca>  
**Cc:** "Saini, Sabina (HC/SC)" <sabina.saini@canada.ca>  
**Subject:** Erin O'Toole COVID Briefing

Hi all,

Tonight, Dr. Theresa Tam and Stephen Lucas provided the COVID-19 briefing that the PM offered to Erin O'Toole. Michelle Rempel Garner also participated along with Tausha Michaud and Renze Nauta from OLO. Minister Hajdu was on for the beginning and gave introductory remarks. Readout below and deck attached.

Minister Hajdu gave introductory overview, emphasizing the importance of working together.

Q&A

EO – Want to get MPH's sense—from a political level—on if we're in the area where there will be a successful vaccine, has there been a protocol established for distribution?

MPH – Yes, it is being developed and led by a number of different groups.

DrTam- Elaborated on the work being done and the need to bring different groups together to plan how the vaccine rollout will occur. We still need to look at evidence from clinical trials on vaccines when making these considerations as well.

EO – In terms of first wave and risk of 2<sup>nd</sup> wave, is there a formalized whole-of-gov lesson learned process and do we have a number of data sets that we are tracking for the first wave against the 2<sup>nd</sup> one?

MPH – Our ability to track data has significantly improved across all jurisdictions and we are constantly making improvements.

Steve – Elaborated on work w/ PTs, looking at lessons and charting path forward.

EO – If there is this formalized lesson learned, how much is publicly available and if it's not public, is there an opportunity for MPs to see the data sets.

MPH – “Living with COVID strategy” will be released soon and available to Canadians. It will chart out how we can go through pandemic together as science gives us more tools. Some of the lessons learned we won't know right away – there's a huge “global learning” right now on what works and what doesn't. The science on the virus is constantly evolving. MPH committed to sharing any info, through this briefing, or other questions they have in the future. She also committed to sharing the strategy document as soon as it's available.

MPH left and Dr Tam led technical briefing briefing

Q&A

EO - On 7 day rolling average – has your team identified what would indicate a “second wave?”

DrTam- Not a specific number but there are a number of indicators that we are tracking.

EO – on communications, are some of these communicated to show collaboration or is it left to each PT to speak about the work?

SL – Yes we work with PTs and sometimes put out joint communications.

EO – Did PTs have input on members of vaccine task force?

SL – No, federal task force but we briefed them on it and work closely with them on roll-out strategy for application of vaccines as they are approved.

EO – Implementation will be PT, so why not consult them when approving a vaccine?

SL – Gov decided to seek advice from experts on federal investments and there were pre-existing groups through PHAC that helped developed much of this work also.

EO – Of the names on the task force, how many were considered versus how many were selected?

SL – Don't have the info offhand, there were a range of candidates considered and recommendations provided and a complimentary of skills.

MRG – No questions but she “looks forward to litigating these issues in the house of commons (if Parliament ever comes back) or during an election. Giddy up”

**Adam Exton**

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[Redacted]



Health Canada and the Public  
Health Agency of Canada

Santé Canada et l'Agence  
de la santé publique du Canada

Canada

# Update on COVID-19

September 2020



# Current Context

Three key objectives:

Sustained  
Epidemic  
Prevention and  
Control

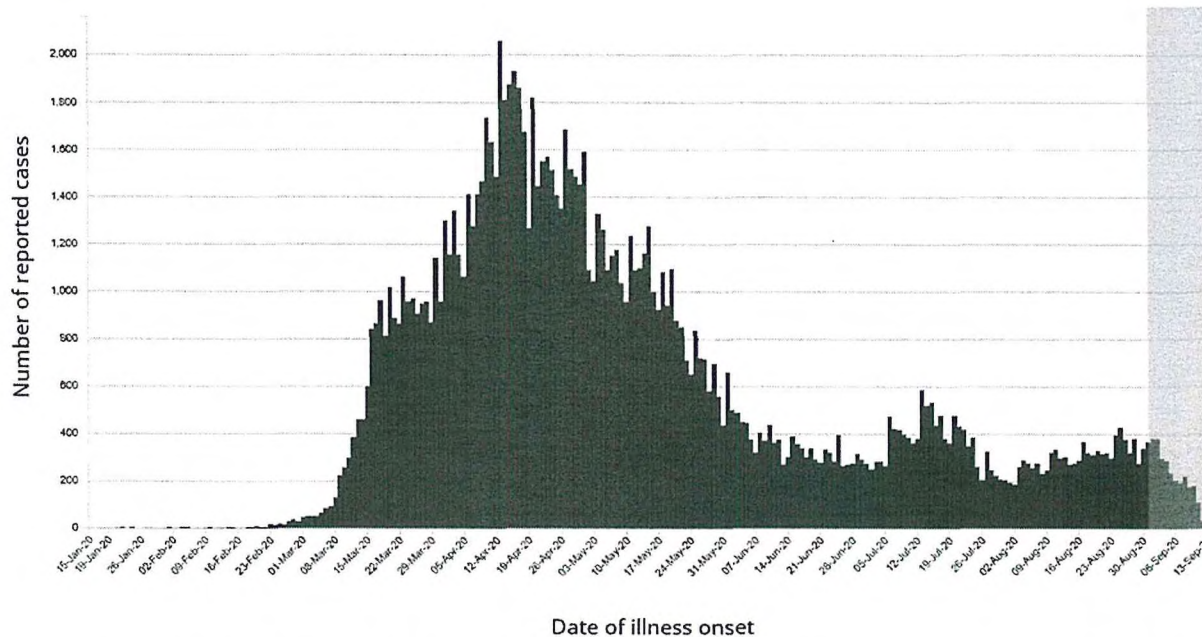
Preparing for  
Potential  
Resurgence

Vaccines and  
Treatment for  
Longer-Term  
Recovery

# Epidemic Trajectory to Date

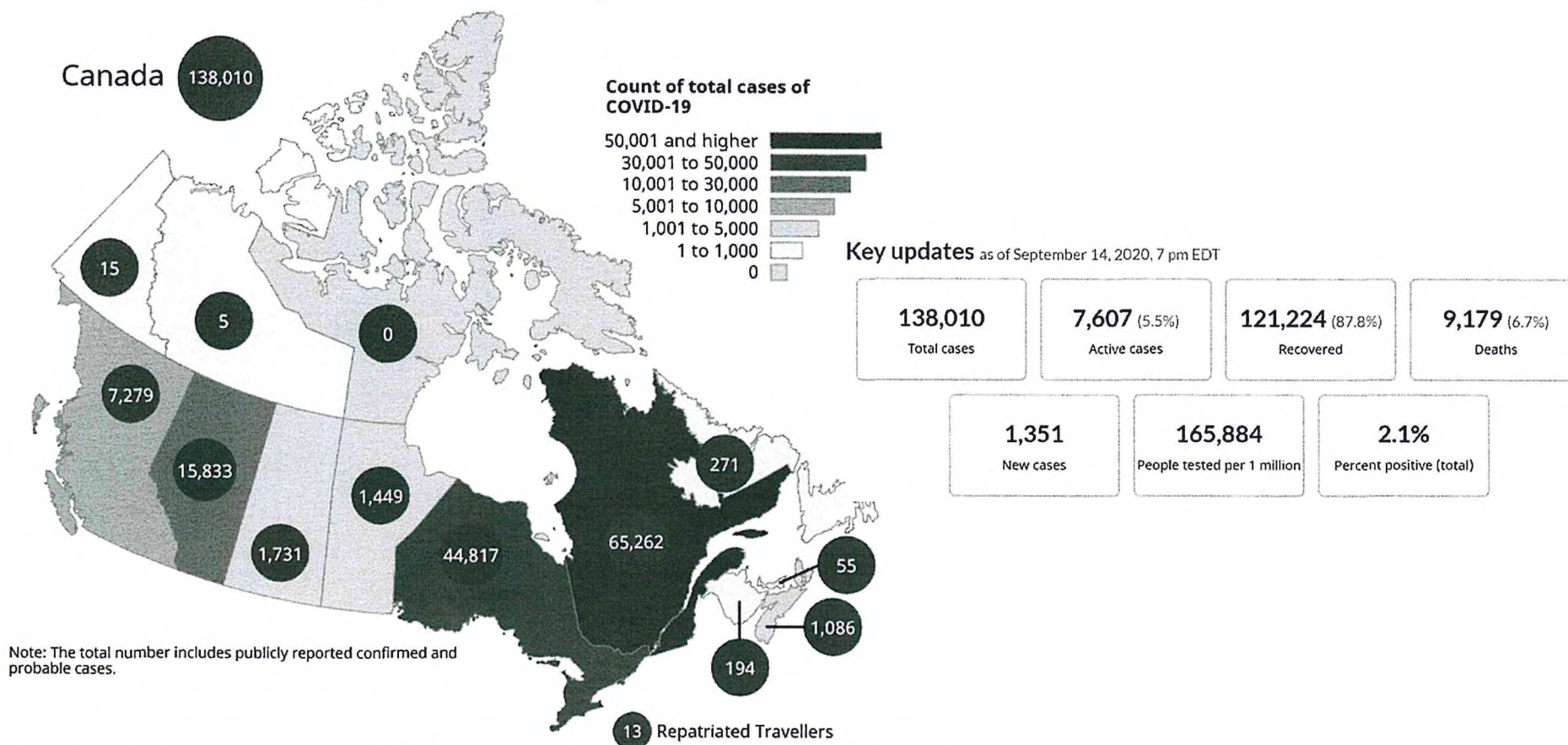
- Over the last 8 months **unprecedented measures** were implemented to mitigate and contain the spread of COVID-19
- Working together, federal, provincial and territorial health officials and experts developed and implemented public health responses to protect Canadians, using **the full spectrum of domestic tools available**

COVID-10 cases in Canada by date of illness onset  
*as of September 14*



**Data note:** The shaded area represents a period of time (lag time) where it is expected that cases have occurred but have not yet been reported nationally.

# COVID-19 Regional Impacts



Data as of September 14, 2020 at 7:00 pm

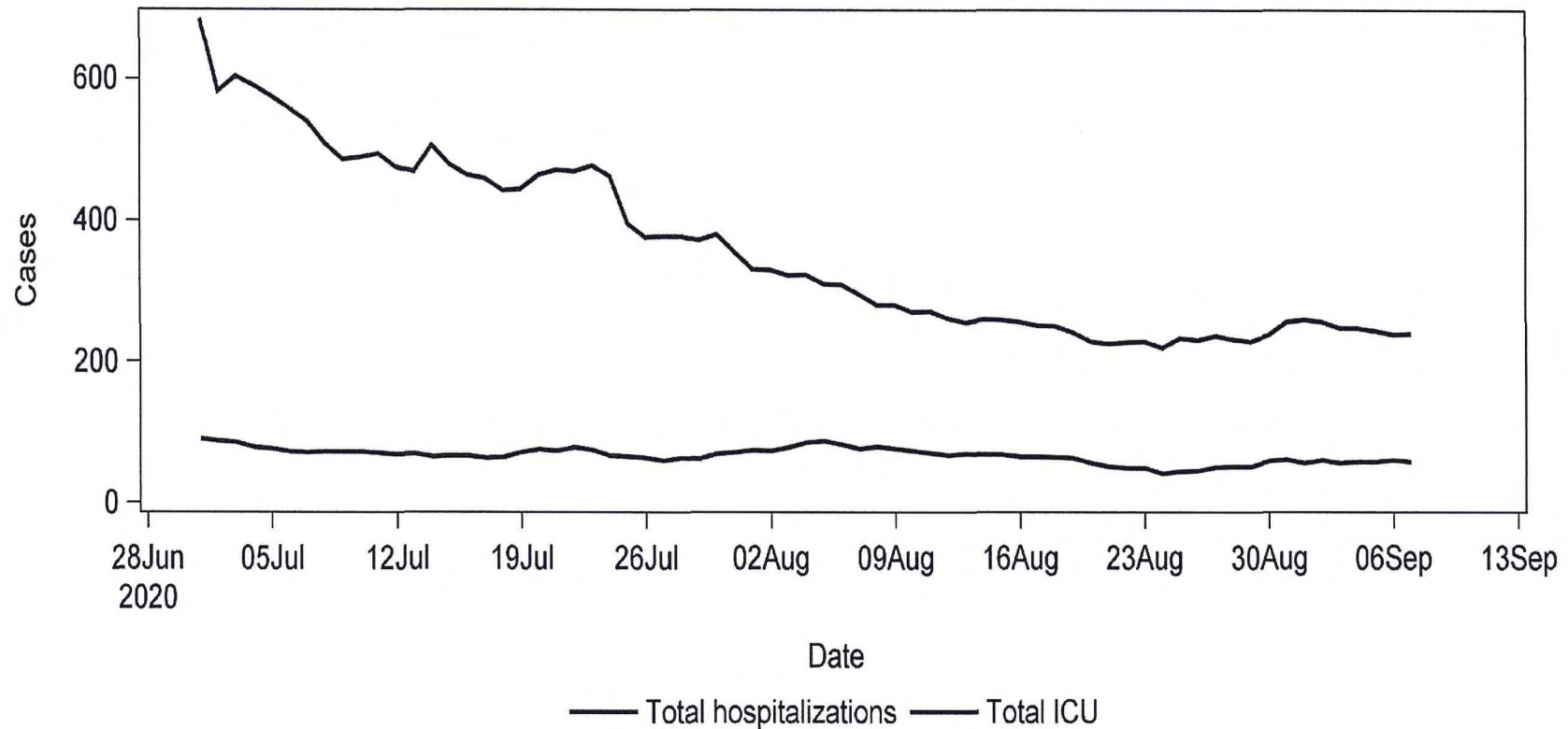
Credit: A collaboration between Public Health Agency of Canada, Statistics Canada & Natural Resources Canada. Powered by: PHAC InfoBase

Data source: Berry I, Soucy J-PR, Tuite A, Fisman D. Open access epidemiologic data and an interactive dashboard to monitor the COVID-19 outbreak in Canada.

# Cases with Severe Illness

COVID-19 patients in hospital daily across Canada

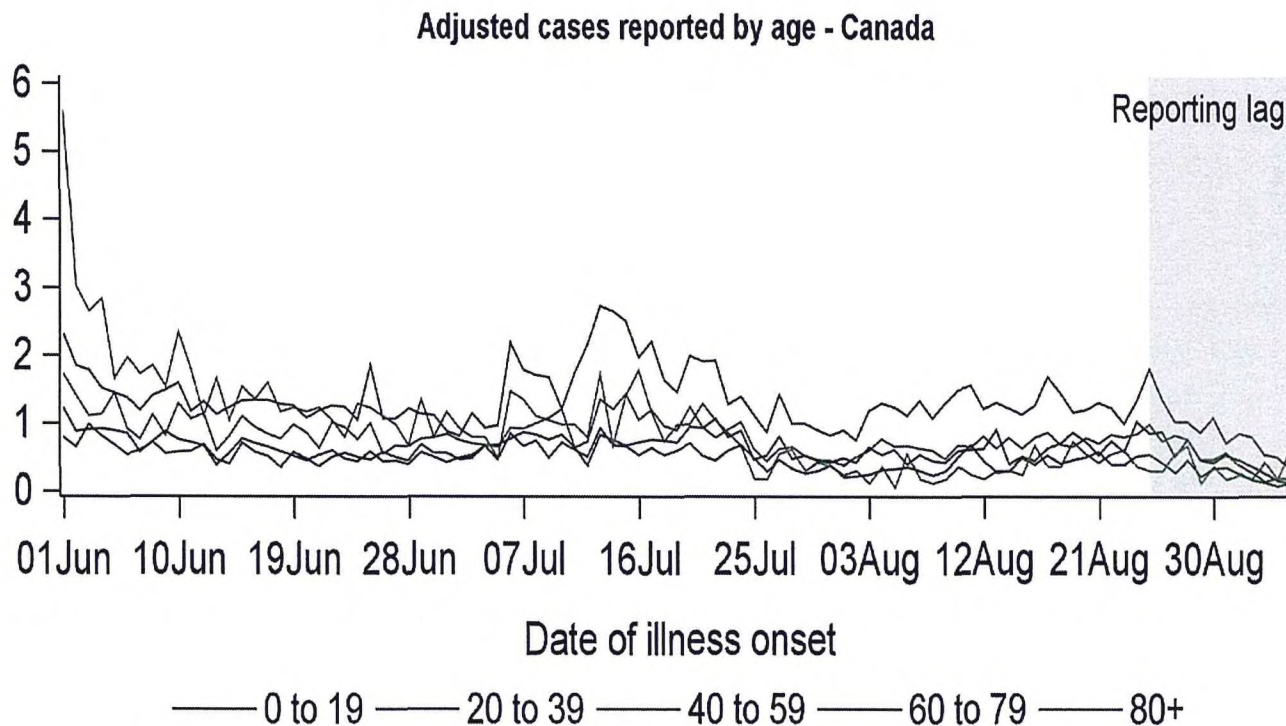
Canada



- Number of COVID-19 cases in hospitals across the country **remains low**

# Highest Incidence in Recent Weeks is among Young Adults, aged 20 to 39 Years

Number of cases per 100,000 population by date of illness onset and age group



- Since early July, the highest incidence of COVID-19 has been reported among individuals aged 20 to 39 years

Data as of September 8

\*First available of illness onset, specimen collection, laboratory test date; cases may not yet be reported in shaded area due to reporting lag



# Outbreaks Point to Vulnerabilities in Closed and Crowded Settings

Outbreak Setting	Reported Number of:		
	Outbreaks	Cases	Deaths
Long-term care and seniors homes	1 258	21 987	6 744
Hospital	153	2 118	207
Agricultural work setting (including those with congregate living for workers)	23	1 752	4
Shelter	47	649	4
Correctional Facility	30	840	4
Other congregate living settings	51	506	37
Meat production/packing facility	22	3 214	7
Other industrial settings	51	760	2
Mass gathering	26	784	2
Food/drink establishments	52	258	0
Community/Small city/Reserve/Indigenous communities/Rural and remote	38	699	12

Source: Publically reported data as of 29 August

Note: This is not an all-inclusive list and is subject to change based on current and active outbreak locations reported.

Within the month of August, outbreaks have been increasing in **food/drink/retail settings**, which likely have a **younger** demographic and may be contributing an increase of cases among younger people.

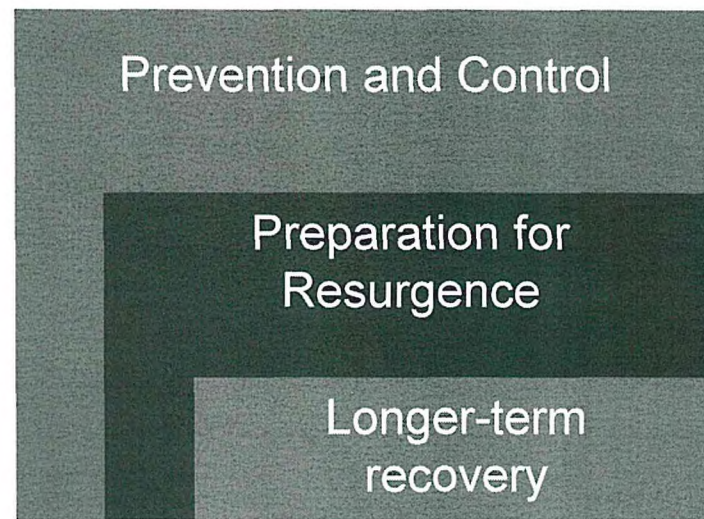
Outbreaks continue to be observed in **high-risk settings**, such as long-term care facilities and settings involving **closed spaces, crowded places and close contact situations**.

Outbreaks have been detected in **congregate living and workplace settings**, such as meat processing plants and hospitals.

Outbreaks continue to be reported in **social settings**, including food and drink establishments, and private gatherings and parties.

# COVID-19 Risk Management Strategy

- Ten **critical action areas** deliver on three overlapping objectives:
  - 1) Surveillance and Data
  - 2) Borders
  - 3) Public Health Measures
  - 4) Health System Capacity
  - 5) Vulnerable Populations
  - 6) Testing and Contact Tracing
  - 7) Personal Protective Equipment (PPE)
  - 8) Vaccines and Other Medical Countermeasures
  - 9) Communications
  - 10) Research

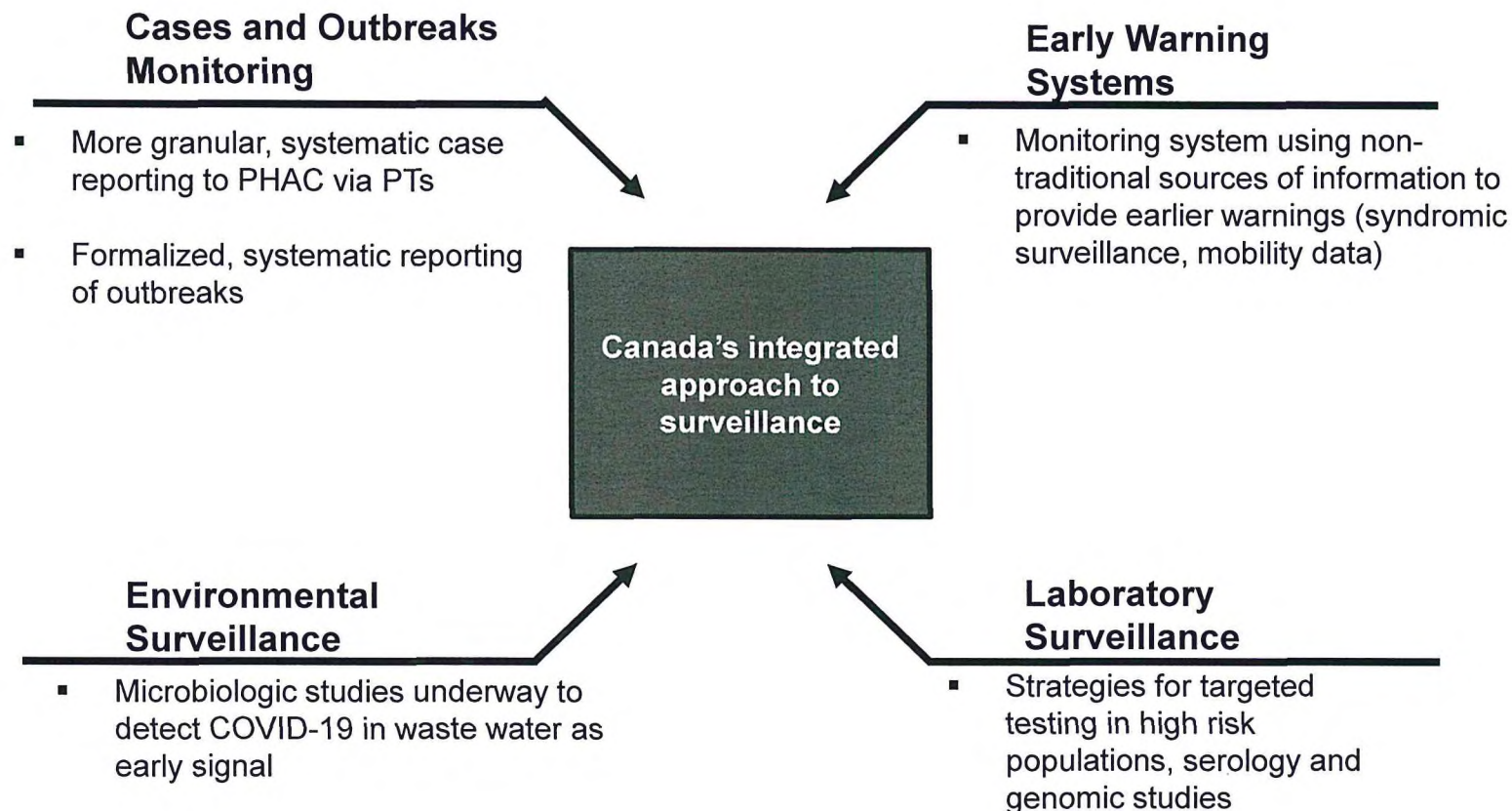


## Supported by:

- **Science and evidence**
- **Scenario planning**
- **Work with provinces/territories, Indigenous communities, businesses and other stakeholders**
- **Strong public communications**

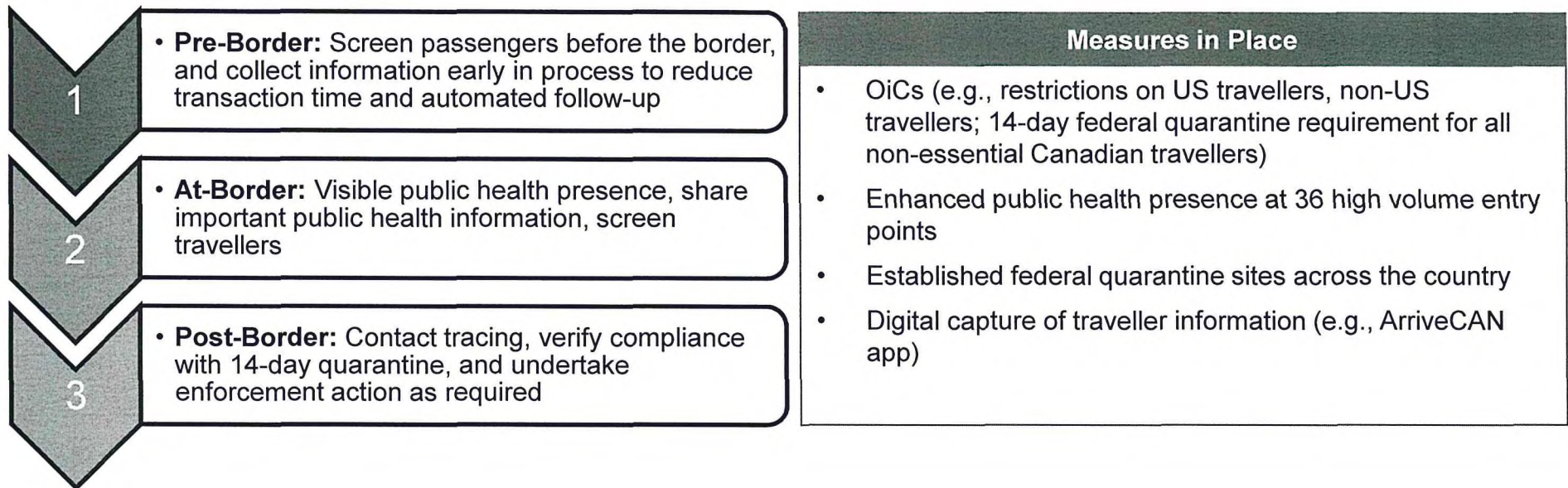
# 1. Surveillance and Data Systems

COVID-19 surveillance strategy organised around 4 pillars



## 2. Managing Risk of Importation

### Managing the system from end to end



### 3. Implementing Public Health Measures

Continued collaboration with PTs through the Special Advisory Committee on **public health measures** and communications

#### Guidance

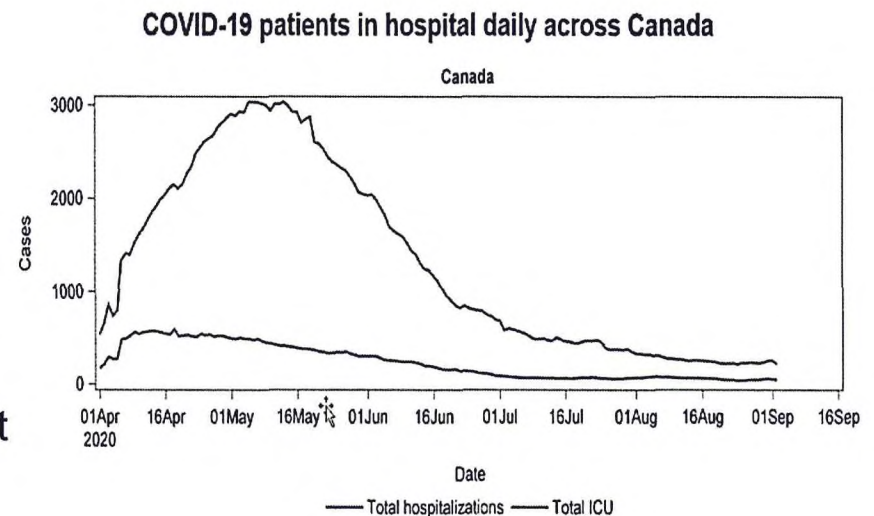
- FPT Public Health Response Plan for the Ongoing Management of COVID-19
- Post-secondary institutions
- Schools (Kindergarten to Grade 12)
- Businesses: resources and guidance through Canadian Centre for Occupational Health and Safety

#### Surveillance and Outbreak Management

- Actions to detect and respond quickly to cases and target any public health actions as closely as possible to the risks

## 4. Health System Capacity

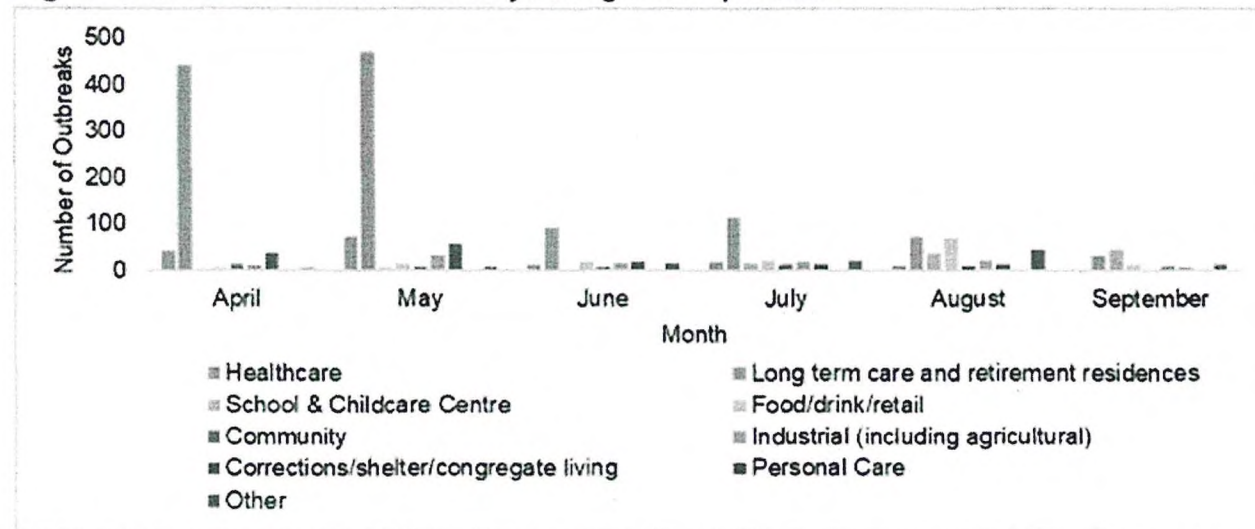
- Canada's health system and hospitals have not been overwhelmed so far – in large part due to efforts to implement public health measures across Canada and to free up hospital capacity
- PTs have resumed elective procedures
- \$500M to PTs in March to support health system capacity
- \$700M through **Safe Restart Agreement** to PTs to support health care system capacity, including helping to cover the incremental cost of hospital operations, staffing, implementation of infection prevention and control measures, and to deploy surge capacity.



## 5. Protecting Vulnerable Populations

- Key populations, including seniors and Long Term Care residents, low wage workers, persons experiencing mental health and problematic substance use challenges, **continue to be at greater risk** of COVID-19, with work and living conditions contributing to the spread of outbreaks
- Contributions have included public health guidance, Canadian Armed Forces and Canadian Red Cross support, PPE
- **Safe Restart Agreements** invested \$740M in PTs to strengthen infection prevention and control and others supports for vulnerable populations

**Figure 6.** Number of new outbreaks by setting since April 2020



Source: Publically reported outbreak data as of 5 September

## 6. Testing and Contact Tracing

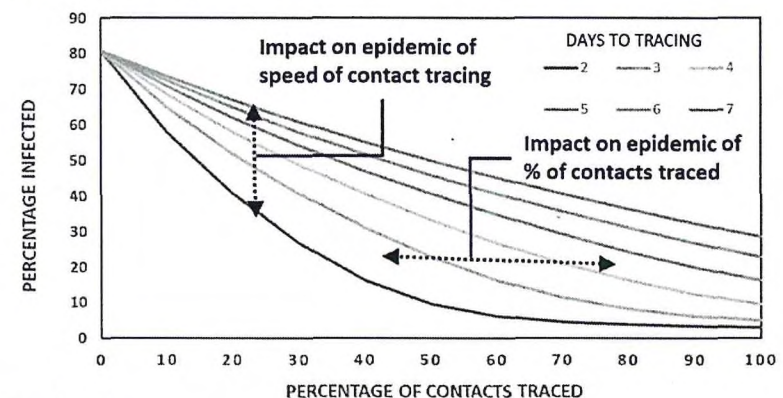
- Federal-provincial-territorial collaboration to increase **testing, contact tracing** and data management
- Provinces and territories collectively are now conducting an **average of about 48,000 tests/day**
- Safe Restart Agreement** funding (\$4.2 billion) to ramp up testing and contact tracing capacity, and improve access to timely and comprehensive data
- Statistics Canada and Health Canada providing health human resource **surge capacity for contact tracing**
- On July 31, **Exposure notification app** launched in Ontario to inform users of possible exposure to COVID-19. Newfoundland and Labrador launched on September 3, with Saskatchewan having announced intention to do so. Discussions underway with other PTs.

### Government is supporting innovation

- National Microbiology Lab, provincial labs and researchers have been researching, standardizing **new methods for sampling** (saliva) and testing technology platforms.
- Investment in **innovation challenges**

Chart of COVID-19 testing reported in Canada

Province/Territory	Total number of people tested <sup>a</sup>	7 day difference	Average # people tested daily (29 August to 5 September)	Average # people tested daily per 1 000 pop'n (29 August to 5 September)	Weekly Percent positivity (29 August to 5 September)
British Columbia	329 626	24 431	3 490	0.69	2.7%
Alberta	800 562	49 752	7 107	1.63	2%
Saskatchewan	125 950	7 649	1 093	0.93	0.5%
Manitoba	137 809	8 095	1 156	0.84	1.7%
Ontario	2 996 176	175 254	25 036	1.72	0.5%
Quebec	1 152 442	58 773	8 396	0.99	1.8%
Newfoundland and Labrador	33 180	1 613	230	0.44	0.1%
New Brunswick	55 550	2 227	318	0.41	0.04%
Nova Scotia	80 219	4 571	653	0.67	0.1%
Prince Edward Island	29 183	1 839	263	1.68	0.1%
Yukon	2 720	202	29	0.71	0%
Northwest Territories	3 548	121	17	0.38	0%
Nunavut	1 894	120	17	0.44	0%
<b>Total<sup>b</sup></b>	<b>5 748 859</b>	<b>334 647</b>	<b>47 807</b>	<b>1.27</b>	<b>1.1%</b>



Download COVID Alert today



COVID Alert is Canada's free exposure notification app.

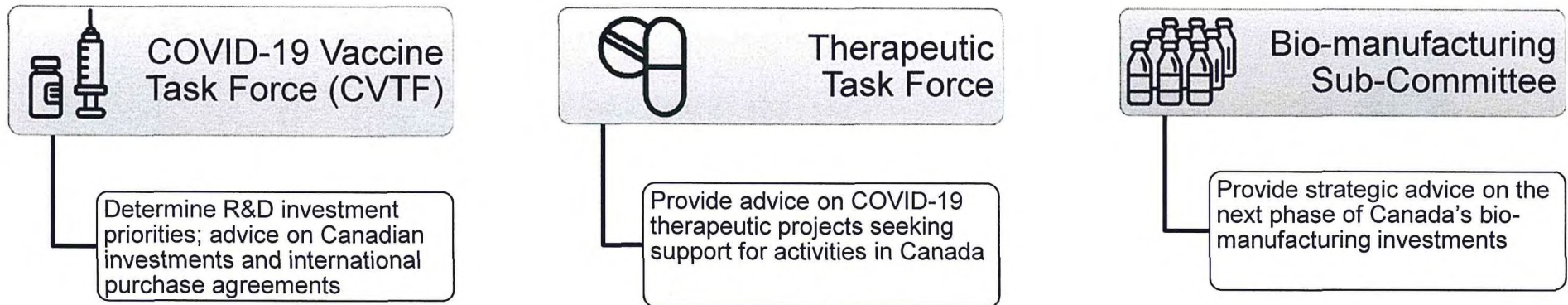
Figures are for illustration purposes. The actual figures needed to maintain control of the epidemic will vary in different jurisdictions and communities.



## 7. Personal Protective Equipment (PPE)

- **To support Canada's frontline response and the safe restart of the economy, the Government has worked with P/Ts in significant bulk procurement of PPE**
  - Procuring from available sources, internationally and domestically
- **The Government issued a Call to Action on March 20, 2020, for proposals from domestic firms looking to join the fight against COVID-19, with more than 1,000 companies re-tooling operations to supply PPE**
  - Supporting firms by leveraging industry and innovation programming through ISED, NRC
  - Example: procurement agreements for medical gowns (Canada Goose) and masks with GM Canada, in collaboration with provincial governments
- **The Government has also taken steps to ensure an efficient capacity for warehousing and distribution**
  - Expanding warehousing capacity across Canada and engaging logistics experts for management of the *National Emergency Strategic Stockpile*
  - Recently introduced the *Essential Services Contingency Reserve* through PSPC, to address short-term gaps in PPE availability for critical services
- **The Government is working with PTs to model future PPE supply and demand, to ensure readiness for a potential resurgence of the disease in the fall.**

## 8. Vaccines and Medical Counter measures



- Over **120 vaccines** are in development worldwide
- Continue to support domestic and international vaccine projects to **ensure Canada is in line in the global race for a vaccine.**
- Agreements reached to secure access to millions of doses of leading vaccine candidates with Johnson & Johnson, Novavax, Pfizer and Moderna
- The **National Advisory Committee on Immunization (NACI)** is preparing recommendations on key populations for early vaccination and full program roll-out, dosage, and administration of vaccines

### 9. Clear and Evidence-Based Communication is Essential

- **Robust, proactive, and evidence-based communications** are a critical tool that can cut through behavioral fatigue or potential confusion due to the messages from various jurisdictions
- Infographics help people assess the risk of the activities they may engage in and their own personal risk tolerance

#### Going out? Do it safely.

Your actions matter.

Make informed choices to keep yourself and others safe.

#### ✘ Avoid



#### ✔ Always



#### Assess the risk level

Risk levels may vary based on your ability to physically distance, the use of non-medical masks by you and others, and the controls put in place at the establishment or setting to further reduce risk. Some examples of low, medium, high risk are provided below but depend on whether or not proper public health measures are followed. Risk level for exposure is impacted by closed spaces, prolonged exposure time, crowds, forceful exhalation (yelling, singing, coughing).

Low risk	Medium risk	High risk
<ul style="list-style-type: none"> <li>Getting mail and packages</li> <li>Grocery and retail shopping with public health measures</li> <li>Camping</li> <li>Driving Car (solo or with household contacts)</li> <li>Going for a walk</li> <li>Backyard BBQ with your 'bubble' contacts</li> <li>Restaurant takeout</li> </ul>	<ul style="list-style-type: none"> <li>Hair salon / barbershop</li> <li>Medical, health and dental appointments</li> <li>Hotel / BnB</li> <li>Taxi / ride shares</li> <li>Working in an office</li> <li>Playing on play structures</li> <li>Movie theatre</li> <li>Outdoor restaurant/patio</li> </ul>	<ul style="list-style-type: none"> <li>Bars and nightclubs</li> <li>Gyms and athletic studios</li> <li>Cruise ships and resorts</li> <li>Hugging, kissing or shaking hands</li> <li>Large religious / cultural gatherings</li> <li>Watching sporting events in arenas and stadiums</li> <li>Casinos</li> <li>Crowded public transportation (bus, subway)</li> </ul>

## 10. Robust research agenda will help inform policy response

### Significant research agenda:

- In February 2020, the Canadian Institutes of Health Research (CIHR) launched an open call on COVID-19 research proposals.
- CIHR has continued working with key partners to invest over \$180 million in nine research opportunities to support the government's response to COVID-19.

### Close collaboration with domestic and international partners:

- The “Canadian Treatments for COVID-19 (CATCO)” study is a multi-centre, adaptive, controlled clinical trial that follows the master protocol of the WHO Solidarity initiative.

## Next Steps

- **Sustained focus on epidemic control and suppression of outbreaks, while ensuring preparedness for a possible resurgence**
  - Early warning, surveillance, and applying lessons learned are foundational to this work
- **Sustained close collaboration with PTs on a coordinated approach** to support sustained safe reopening of the economy and to prepare for a potential resurgence
- **Enabling access for Canadians to new testing technologies, safe and effective vaccines and treatments**