**GPHIN Daily Report for 2020-11-04**

**Special section on Coronavirus**

## Canada

**Areas in Canada with cases of COVID-19 as of 03 November 2020 at 19:01 pm EDT**
Source: Government of Canada

| Province, territory or other | Number of confirmed cases | Number of active cases | Number of deaths |
|---|---|---|---|
| Canada | 244,935 | 31,147 | 10,279 |
| Newfoundland and Labrador | 291 | 3 | 4 |
| Prince Edward Island | 64 | 0 | 0 |
| Nova Scotia | 1,114 | 16 | 65 |
| New Brunswick | 344 | 29 | 6 |
| Quebec | 108,889 | 9,256 | 6,317 |
| Ontario | 78,705 | 8,295 | 3,166 |
| Manitoba | 6,377 | 3,495 | 85 |
| Saskatchewan | 3,373 | 842 | 25 |
| Alberta | 29,932 | 6,110 | 338 |
| British Columbia | 15,800 | 3,098 | 272 |
| Yukon | 23 | 2 | 1 |
| Northwest Territories | 10 | 1 | 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)**

**Chief Public Health Officer of Canada Statement on Preliminary Guidance from the National Advisory Committee on Immunization (NACI) on Key Populations for Early COVID-19 Vaccination**
From: Public Health Agency of Canada

**Statement**

Today, the National Advisory Committee on Immunization (NACI) provided the government and Canadians with their best thinking and recommendations on key populations for early COVID-19 vaccination.

November 3, 2020 | Ottawa, ON | Public Health Agency of Canada

"Canadians have sacrificed much in the months since the pandemic first began. We have come together to protect one another and allow scientists and researchers the time it takes to develop a safe and effective COVID-19 vaccine.

Although there is no approved COVID-19 vaccine at this time, we remain cautiously optimistic that safe and effective COVID-19 vaccines will be available in the first quarter of 2021, bringing us one step closer to the widespread and long-term management of COVID-19. Canada is recognized around the world for its high standards for drug and vaccine regulatory review, approvals and monitoring systems. As we prepare on all fronts to secure access and roll out vaccines to every Canadian who wants one, safety remains our top priority.

It is also important for everyone to know that there will be a limited supply of vaccine at first, though supply will continually increase over time. Federal, provincial and territorial governments will have to make important decisions on how to use the initial vaccine supply to protect high-risk populations and those who help keep our pandemic response, society and economy running. Throughout this pandemic, we have seen people come together to protect those most at risk. We know Canadians will understand the need to prioritize some groups during the early weeks of COVID-19 vaccine roll-out until there is enough vaccine for everyone who wants it.

The National Advisory Committee on Immunization (NACI) is a long-standing expert advisory group that provides independent guidance and recommendations to inform these kinds of tough decisions on the use of vaccines in Canada. Today, NACI provided the government and Canadians with their best thinking and recommendations on key populations for early COVID-19 vaccination. The guidance they provided to the Public Health Agency of Canada is published on Canada.ca/coronavirus and a summary has also been published in the Canadian Medical Association Journal today.

The Government of Canada is doing everything possible to give Canadians access to safe and effective vaccines. There is still a long road ahead. Preliminary guidance on key populations for early COVID-19 vaccination is just the starting point. Clinical trials need to continue, Health Canada still needs to approve vaccines and we will be receiving additional advice on prioritization based on the characteristics of the vaccines deemed safe and effective for Canadians.

I remain committed to keeping Canadians informed and to sharing everything I know on the science of vaccinations as new information becomes available."

https://www.canada.ca/en/public-health/news/2020/11/cpho-statement-on-nacis-preliminary-guidance-on-key-populations-for-early-covid-19-vaccination.html

**Manitoba Indigenous leaders call on province to step up COVID-19 response efforts**

ID: 1008182767
Source: globalnews.ca

Indigenous leaders in Manitoba are calling on the provincial government to do better with their COVID-19 response efforts.
This comes as COVID-19 cases and hospitalizations among First Nations communities in Manitoba spikes.
According to the Assembly of Manitoba Chiefs, as of Monday there were 679 active cases of COVID-19 among First Nations both off and on reserves. The data also shows that 20 per cent of people hospitalized in the province are Indigenous.
The five-day test positivity rate among Indigenous people across the province was 11 per cent, surpassing the provincial rate of 8.6 per cent.
"It's quite shocking and alarming. I think we need to have a refocus on how we address this issue," Assembly of Manitoba Chiefs grand chief Arlen Dumas told Global News.
"We knew that we were this vulnerable, we had an appreciation of it. Unfortunately, I think out initial success led to a bit of our failure. I think it's a wake-up call for everyone that we really need to change how we move forward and we need to do that immediately."
Jerry Daniels, the grand chief of the Southern Chiefs Organization, says the province needs to step up their efforts and free up critically-needed funds.
[ Sign up for our Health IQ newsletter for the latest coronavirus updates ]
"The numbers are just a reflection of what the reality is for First Nations people, and so we need to have the supports streamlined and we need to see action happening a lot quicker than it is," Daniels said.
The Southern Chiefs Organization says since Oct. 31, 26 First Nations across Canada have reported two or more cases of COVID-19, and 17 of those communities are in Manitoba.
Daniels said the province needs to focus more on resources and taking action, rather than policy.
"I think with the province we'd like to see some sort of action rather than just policy statements or policy directives," Daniels said, adding that the province is working to improve testing capacity and rates on First Nations.
Story continues below advertisement
It's a statement echoed by Dumas.
"I'm a little frustrated with the inaction of our provincial government. I think that's it's shameful," he said.
"I think that we need to move forward and I think that they cannot continue to rest on the successes that our First Nations advocacy has done, and they need to do their part."
Daniels says First Nations are now focusing on limiting the spread within their communities.
"There's not a whole lot we can do once it's getting into the community, except for just slow down the traffic," Daniels said.
Both chiefs are also voicing concerns that COVID-19 could get out of control in poverty-stricken First Nations, where overcrowding is an issue.
"I think it's very distressing," Dumas said. "I think that we are very much in tune to our reality. We have overcrowding, we have a lot of our facilities that are very communal. We don't have the luxury of having multiple facilities that we would be able to call upon."
Dumas also says he has concerns over how the potential curfews could impact vulnerable Manitobans.
"I think it's frivolous. I think we're well past, we're well beyond (that)," he said. "We've already shut down all of the restaurants all of the institutions where people are to gather after hours, so what's the point of doing a curfew?
"Unfortunately the people who will be impacted are those who are homeless and are living on the street. Where are they going to go when the curfew happens? You'll end up targeting the most vulnerable, and it doesn't make any sense."
https://globalnews.ca/news/7440451/manitoba-indigenous-leaders-provincial-coronavirus-response/

**COVID-19: Manitoba's rapid test devices expected to speed up testing in remote areas**
ID: 1008182761
Source: globalnews.ca
The government of Manitoba says a handful of remote communities will be receiving rapid test devices for COVID-19, where transportation and weather issues are more likely to slow results.
Two of the 13 devices will be sent to Winnipeg's St. Boniface Hospital to help manage an outbreak there,

while one will be kept by Manitoba officials to learn how the tests can be used most effectively.
The province says it currently has supplies for 4,000 tests.
“Now that our initial shipment of these rapid testing units has arrived, we are taking strategic action to put these resources where they can benefit our public health response the most,” said Premier Brian Pallister in a news release.
“This plan will support some of Manitoba’s more vulnerable communities and ensure our province is well-positioned to respond to the challenges of this virus.”
The province suggests not every test in the listed communities will utilize the rapid testing device, rather it says health-care providers will use provincial guidance on when a rapid test is appropriate, or as a tool to identify possible outbreaks as early as possible.
It also notes that while the devices produce nearly immediate results, they tend to display false negatives more often, so they must still be confirmed by traditional testing.
The units are expected to be distributed this week, and will be up and running just as soon as staff have received proper training. Remaining units will be deployed as needed to respond to future outbreaks or other developments.

https://globalnews.ca/news/7440618/covid-19-manitoba-abbott-id-now-remote-areas/

## Ontario

**COVID-19 outbreak declared after 40 farm workers test positive**

Source: KitchenerToday
ID: 1008181984

**Summary** A failure to comply with public health measures at a southwestern Ontario farm has led to at least 40 workers testing positive for COVID-19, local health authorities said Tuesday. Those who have tested positive are a mix of local and migrant farm workers, Lock said, adding that there currently doesn't appear to be community transmission of the virus beyond the farm outbreak. The Southwestern Public Health unit said the cases have been linked to living quarters for workers at a farm in Bayham, Ont., in Elgin County.

A failure to comply with public health measures at a southwestern Ontario farm has led to at least 40 workers testing positive for COVID-19, local health authorities said Tuesday.
A failure to comply with public health measures at a southwestern Ontario farm has led to at least 40 workers testing positive for COVID-19, local health authorities said Tuesday.
The Southwestern Public Health unit said the cases have been linked to living quarters for workers at a farm in Bayham, Ont., in Elgin County.
"There has been a lapse in compliance with public health measures that has resulted in the 40 cases," said Dr. Joyce Lock, the unit's medical officer of health.
"The close proximity to one another facilitated the quick spread of the virus throughout the group."
One person was admitted to hospital for COVID-19 symptoms on Friday and has remained there after testing positive, Lock said.
That prompted the testing of a total of 157 people, including the workers and their close contacts, she said.
Those who have tested positive are a mix of local and migrant farm workers, Lock said, adding that there currently doesn't appear to be community transmission of the virus beyond the farm outbreak.
Kevin Martin, president of Martin's Family Fruit Farm, said the outbreak was at the Vienna Farms Orchards, one of the company's facilities.
He said the company is working to support its employees.
"We're checking in regularly, making sure that everyone is doing OK," he said. "Just making sure that everyone is healthy and getting the care that they need."
Martin said the company was working on preventing similar outbreaks in the future.
"There certainly will be some opportunities for learning that we can improve on," he said. "People can be vigilant in following the guidelines they've been asked to follow."
Martin added that the farm's workers have been reminded during the pandemic to follow physical distancing measures and to regularly clean and sanitize areas.

A number of farms in southwestern Ontario grappled with outbreaks earlier in the pandemic.
This report by The Canadian Press was first published Nov. 3, 2020.
This story was produced with the financial assistance of the Facebook and Canadian Press News Fellowship.
Denise Paglinawan, The Canadian Press

https://www.kitchenertoday.com/around-ontario/covid-19-outbreak-declared-after-40-farm-workers-test-positive-2846688

**COVID-19 cases more than double within Manitoba's largest jail outbreak**
Source: CTV News
ID: 1008181983

**Summary** This is more than double the cases announced at the centre one day earlier, when Chief Provincial Public Health Officer Dr. Brent Roussin reported 44 total cases on Monday, including 34 cases among inmates. Since the outbreak was declared at the jail in mid-October, Headingley has seen 110 total cases including 86 inmates and 24 staff members. On Tuesday, provincial health officials confirmed with CTV News the number of cases at the Headingley Correctional Centre increased to 89 active cases.

WINNIPEG -- Cases of COVID-19 have spiked within the Headingley Correctional Centre in Manitoba, more than doubling in one day.
On Tuesday, provincial health officials confirmed with CTV News the number of cases at the Headingley Correctional Centre increased to 89 active cases.
Since the outbreak was declared at the jail in mid-October, Headingley has seen 110 total cases including 86 inmates and 24 staff members.
There have been 21 recoveries, though the province does not say how many inmates are included in this number.
This is more than double the cases announced at the centre one day earlier, when Chief Provincial Public Health Officer Dr. Brent Roussin reported 44 total cases on Monday, including 34 cases among inmates.
The Headingley Correctional Centre remains under the red or critical level of the pandemic response system. No deaths related to COVID-19 have been reported in the centre.
The following correctional centres in Manitoba also have reported cases of COVID-19:
The Women's Correctional Centre, which has 20 total cases, including 17 inmates and three staff;
The Agassiz Youth Centre, with 10 total cases including nine inmates and one staff;
The Brandon Correctional Centre with three total cases all of which are among staff members;
The Manitoba Youth Centre, which has one case among a staff member;
The Milner Ridge Correctional Centre which has two total cases among staff members; and
The Winnipeg Remand Centre which has two total cases, including one inmate and one staff member.
No cases of COVID-19 or deaths have been reported at the federal Stony Mountain Institution.
There have been no COVID-19 deaths reported at any Manitoba correctional centre.
https://winnipeg.ctvnews.ca/covid-19-cases-more-than-double-within-manitoba-s-largest-jail-outbreak-1.5173047

**Canada's top public health doctor now recommends 3-layer non-medical masks**
Source: CBC News
ID: 1008181980

**Summary** According to recently updated guidelines, two layers of the mask should be made of a tightly woven fabric, such as cotton or linen, and the middle layer should be a filter-type fabric, such as non-woven polypropylene fabric. The Public Health Agency of Canada is now recommending Canadians choose three-layer non-medical masks with a filter layer to prevent the spread of COVID-19 as they prepare to spend more time indoors over the winter. Chief Public Health Officer Dr. Theresa Tam made the recommendation during her bi-weekly pandemic briefing in Ottawa Tuesday.

3 hours ago

Dr. Tam says the science behind masks has accelerated

The Public Health Agency of Canada is now recommending Canadians choose three-layer non-medical masks with a filter layer to prevent the spread of COVID-19 as they prepare to spend more time indoors over the winter.

Chief Public Health Officer Dr. Theresa Tam made the recommendation during her bi-weekly pandemic briefing in Ottawa Tuesday.

"To improve the level of protection that can be provided by non-medical masks or face coverings, we are recommending that you consider a three-layer nonmedical mask," she said.

According to recently updated guidelines, two layers of the mask should be made of a tightly woven fabric, such as cotton or linen, and the middle layer should be a filter-type fabric, such as non-woven polypropylene fabric.

'Every little thing that you do' could impact spread of COVID-19 over winter: Dr. Theresa Tam
"We're not necessarily saying just throw out everything that you have," Tam told reporters, suggesting adding a filter can help with protection.

The Public Health website now includes instructions for making three-layer masks.

The World Health Organization has recommended three layers for non-medical masks since June. When pressed about the sudden change for Canada, Tam said the research has evolved.

Watch: Dr. Tam suggests using three-layer masks with filters as we move indoors

Canada's chief public health officer spoke to reporters during the bi-weekly pandemic briefing on Tuesday. 2:05
"This is an additional recommendation just to add another layer of protection. The science of masks has really accelerated during this particular pandemic. So we're just learning again as we go," she said.

"I do think that because it's winter, because we're all going inside, we're learning more about droplets and aerosols."

She also urged Canadians to wear well-fitted masks that cover the nose, mouth and chin without gaping.
https://www.cbc.ca/news/politics/three-layer-mask-tam-1.5787946

**Ford announces reopenings as Ontario reports single-day record of 1,050 new COVID-19 cases**
Source: CBC News
ID: 1008181973

**Summary** 7, Ottawa, Peel and York Region will move out of the modified Stage 2, which means gyms and indoor dining will once again be permitted, with capacity limits. Ford said Tuesday that Ottawa, Peel, Eastern Ontario and York Region would all be in the restrict category as of this Saturday, with Toronto following a week later. The new colour-coded system is, in part, intended to provide clarity on how decisions about restrictions for different industries and businesses, like restaurants and bars and fitness facilities, are being made at the provincial level.

Province, eyeing reopening plans, revealing more data about the pandemic Tuesday

2 hours ago

Ontario says it is introducing a new set of specific criteria for imposing anti-COVID-19 measures in different regions, as the province reported a record-high 1,050 new cases of the illness on Tuesday.

The new colour-coded system is, in part, intended to provide clarity on how decisions about restrictions for different industries and businesses, like restaurants and bars and fitness facilities, are being made at the provincial level.

It also means changes for the public health units currently in a modified Stage 2 of Ontario's recovery plan, namely Toronto, Peel Region and Ottawa.

All three areas were rolled back for a period of 28 days on Oct. 11, meaning the additional measures are set to expire this weekend. York Region is also in a modified Stage 2, but is only in its third week of the 28-day period.

At the province's daily news conference Tuesday, Premier Doug Ford said that as of 12:01 a.m. on Nov. 7, Ottawa, Peel and York Region will move out of the modified Stage 2, which means gyms and indoor dining will once again be permitted, with capacity limits.

The same will happen in Toronto a week later, on Nov. 14.

"Mayor Tory has asked us for a little more time in Toronto," Ford said.

The new system comes as Ford's government has met increasing resistance to harsh COVID-19 restrictions from local politicians and business groups in some parts of the province.

"As a province, and as a country, we're grappling with a new reality. And it's becoming more and more clear COVID-19 will be with us for a while," Ford said.

"We continue to plan for the long game."

Watch | Ontario Premier Doug Ford on the province's new system:

Ottawa, Peel and York Regions to move out of the modified Stage 2 Saturday

Premier Doug Ford says as of 12:01 a.m. on Nov. 7, Ottawa, Peel and York Region will move out of the modified Stage 2, which means gyms and indoor dining will once again be permitted. The same will happen in Toronto a week later, on Nov. 14. 0:58

**A colour-coded system**

The new framework, outlined by public health officials at a morning media briefing, is based on five categories that all correspond to a colour:

Prevent (Green): Restrictions in this category "reflect broadest allowance of activities in Stage 3 absent a widely available vaccine or treatment," the province said in a document provided to reporters.

Protect (Yellow): "Enhanced targeted enforcement, fines, and enhanced education to limit further transmission," the document reads.

Restrict (Orange): "Implement enhanced measures, restrictions, and enforcement avoiding any closures [emphases added].

Control (Red): "Restrictions are the most severe available before wide-scale business or organizational closure," the document said. In essence, this category represents a return to a modified Stage 2.

Lockdown (Grey): This would likely coincide with a declaration of emergency in the province, and would include a return to Stage 1.

Ford said Tuesday that Ottawa, Peel, Eastern Ontario and York Region would all be in the restrict category as of this Saturday, with Toronto following a week later.

Brant, Hamilton, Durham and Halton are being moved into the protect level, Ford said.

According to an analysis by the province based on COVID-19 data reported last week, 25 public health units across Ontario would currently fall into the green.

The criteria for moving a public health unit from one classification to another include measures such as weekly case per 100,000 people; per cent positivity rate of tests; the speed at which the virus is spreading; and the capacity of individual hospital systems.

A full breakdown of the criteria for each category can be found in the slides embedded at the bottom of this story.

Health officials said all of the information and data will be posted online for members of the public to consult at any time. Decisions about specific public health units would be made on a 28-day basis, the officials said this morning.

When asked Tuesday why the province is loosening restrictions when case numbers are still going up, Ford said Ontario is seeing "some positive areas" and "a little bit of flattening," specifically mentioning the situation in Ottawa.

Dr. David Williams, the province's medical officer of health, said the move to a modified Stage 2 for Ontario's hotspots has helped slow the rise of cases in some areas.

"There has been impact," he said.

But the medical officers of health for all four regions agreed, Williams said, that those closures have also had negative impacts on many people that have the regions "concerned about social determinants of health."

**New single-day record for cases**

Meanwhile, Ontario recorded an additional 1,050 cases of COVID-19 this morning, which marks a new single-day high for the province.

The seven-day average of new cases, which helps smooth out noise in the data, is now up to 950. The province is also reporting 14 more deaths, with its official death toll standing at 3,166. Just under 64 per cent of those deaths were residents of long-term care homes.

Just 25,279 tests were completed yesterday. Public health officials said in September that they hoped to be processing upward of 68,000 tests per day by mid-November, with Monday's testing number far below current daily capacity of about 45,000.

There were 408 new cases found in Toronto, 212 in Peel, 86 in Halton, 76 in York Region and 57 in Durham. There were also 837 resolved cases.

Other regions seeing double digit increases include Ottawa at 34 (a number far lower than daily case count that city was seeing weeks ago), Simcoe Muskoka at 21, Hamilton at 34, Niagara at 31 and Waterloo at 20.

**Making decisions under Ontario's new COVID-19 framework**

2 hours ago

Ontario's Chief Medical Officer Dr. David Williams explains how the province's new COVID-19 framework will help residents make decisions based on their own safety assessment and their region's levels. 1:34 Hospitalizations hit 357, which is the highest they've been since June. There are also 73 patients currently in intensive care and 47 requiring a ventilator.

Currently, there are known outbreaks of COVID-19 in 78 of Ontario's 626 long-term care homes.

The province is also set to launch an enhanced set of graphs Tuesday afternoon, showing more information about infection rates than has been easily accessible until now.

Ford said Tuesday he wants the public to have access to the information he uses when making decisions.

"I want you to see what I see," he said.

A prototype of the new web page, seen by CBC News, shows new graphs allowing users to compare COVID-19 case numbers between different public health units. Another new chart breaks down how the infections were contracted, whether through an outbreak, close contact with someone positive, or from an unknown source of community spread.
https://www.cbc.ca/news/canada/toronto/covid-19-november-3-ontario-1.5787622

**Ontario Brings In Color-Coded Virus System, Eases Restrictions**
Source: Financial Post
ID: 1008181755

**Summary** Under the framework, some regions currently operating under tight rules, including Ottawa and Peel, will see restrictions ease to the middle tier on the scale — orange “restrict” — on Nov. The new system has five levels, ranging from the least serious green “prevent” tier to the most restrictive “lockdown” grouping. Toronto, which reported 408 new virus cases on Tuesday, is expected to keep tougher restrictions in place until Nov.

(Bloomberg) — Ontario unveiled a new five-color system for deciding when to ramp up or relax Covid-19 restrictions and said it will allow restaurants, gyms and other businesses to reopen in some regions where they’re currently closed.
The new system has five levels, ranging from the least serious green “prevent” tier to the most restrictive “lockdown” grouping. Different business sectors will face specific restrictions and safety measures for each level.
Under the framework, some regions currently operating under tight rules, including Ottawa and Peel, will see restrictions ease to the middle tier on the scale — orange “restrict” — on Nov. 7. That will see the reopening of dining rooms, gyms, movie theaters and other activities, with capacity limits.
Toronto, which reported 408 new virus cases on Tuesday, is expected to keep tougher restrictions in place until Nov. 14, Ontario Premier Doug Ford said at a news conference.
The new system “takes a gradual approach to public health matters, cautiously escalating or reducing restrictions as we see changes in the local data,” Ford said. “We will stay on top of the trends to determine where regions stand.”
Ford’s government has faced anger from the restaurant sector, in particular, after clamping down for a second time last month in virus hot spots including Toronto and Ottawa. At the time, he said it was “the single toughest decision” he’d made since taking office in 2018.
https://financialpost.com/pmn/business-pmn/ontario-brings-in-color-coded-virus-system-eases-restrictions

**COVID-19 outbreak at Siksika First Nation closes schools, daycare, homeless shelter**
Source: globalnews.ca
ID: 1008181760

**Summary** The spike in confirmed COVID-19 cases at Siksika First Nation has also prompted the SFSC to temporarily shut down its homeless shelter, the Siksika Shelter Centre, which will be closed Nov. Siksika First Nation has closed its schools, homeless shelter and daycare amid an outbreak of COVID-19 that has seen the total number of cases spike over the past few days. To help curb the spread of COVID-19, Siksika Family Services Corporation (SFSC) announced on Tuesday it closed the Siksika Daycare Centre from Nov.

Siksika First Nation has closed its schools, homeless shelter and daycare amid an outbreak of COVID-19 that has seen the total number of cases spike over the past few days.
On Monday, the first nation reported a total of 14 active COVID-19 cases being managed by Siksika Health, compared to just two on Saturday.
Oki Siksika, there has been one confirmed COVID-19 case on reserve since last night's update. From October 27 to November 2, the CRU has conducted 87 COVID-19 Home Tests, 363 CRU Drive Thru Tests, and 66 worksite tests. The outbreak has caused the temporary closure or shutdown of several facilities.
Siksika Daycare Centre temporarily closed
To help curb the spread of COVID-19, Siksika Family Services Corporation (SFSC) announced on Tuesday it closed the Siksika Daycare Centre from Nov. 3 to Nov. 6.

According to a release, the daycare is tentatively scheduled to reopen on Nov. 9.
“The Siksika Daycare staff have already initiated cleaning protocols and will reopen when it’s deemed safe to do so under the direction of the Siksika Family Services Management,” the release stated.
Siksika Family Services Corporation (SFSC), will be temporarily closing the Siksika Daycare Center from November 3-6, 2020 due to COVID-19 risk. pic.twitter.com/I2BdfyprPB
— Siksika Nation (@Siksika_Nation) November 3, 2020
Siksika Shelter Centre temporarily closes its doors

The spike in confirmed COVID-19 cases at Siksika First Nation has also prompted the SFSC to temporarily shut down its homeless shelter, the Siksika Shelter Centre, which will be closed Nov. 3 and 4.
In a release, the SFSC said staff are in the process of cleaning the shelter and will reopen it when it’s deemed safe to do so.
“Siksika Health Services is working diligently to contain further spread and to support all families who are affected by COVID-19,” the release stated.

Siksika Board of Education Schools closed this week
Officials announced on Tuesday that all Siksika Board of Education schools would be closed for the remainder of the week due to increased risk of transmission of COVID-19.
Operations and maintenance staff will conduct a “thorough deep cleaning and sanitization while the schools are vacant,” a release stated.
The schools included in the closure are Chief Old Sun School, Chief Crowfoot School, Siksika Outreach and Siksika Nation High School.
Siksika Elders Lodge no longer accepting visitors
The Siksika Elders Lodge announced on Tuesday it was temporarily suspending visits from the public.
“Siksika Elders Lodge staff continue to ensure that the residents’ comfort and safety are prioritized during this recent COVID-19 outbreak,” a release stated. “There has been no contact with positive individuals at the Elder’s Lodge.”
Officials said access to the facility and the ground is being strictly controlled by lodge management and is limited to resident, staff and essential health care providers.
How to seek help if you live in Siksika First Nation
COVID-19 testing in Siksika is available via drive-thru between 10 a.m. and 1 p.m. daily, or by calling the COVID-19 Response Unit (CRU) at 403-734-5688 seven days a week.
Anyone dealing with emotional stress or anxiety can call 403-734-5660 between 9 a.m. and 9 p.m. Monday – Friday to confidentially speak with a Siksika Health Services mental health therapist.
– With files from Jill Croteau
https://globalnews.ca/news/7439467/covid-19-outbreak-siksika-first-nation/

**Canada**

**Ontario to launch enhanced COVID-19 data page**

Source: CBC News

Unique ID: 1008179757

Another new chart breaks down how the infections were contracted, whether through an outbreak, close contact with someone positive, or from an unknown source of community spread. A prototype of the new web page, seen by CBC News, shows new graphs allowing users to compare COVID-19 case numbers between different public health units. The province will launch an enhanced set of graphs Tuesday afternoon, showing more information about infection rates than has been easily accessible until now.

Ontario's main web page of data on COVID-19 cases is getting a makeover.

The province will launch an enhanced set of graphs Tuesday afternoon, showing more information about infection rates than has been easily accessible until now.

Premier Doug Ford will announce the new data page during his daily COVID-19 news briefing, CBC News has learned.

A prototype of the new web page, seen by CBC News, shows new graphs allowing users to compare COVID-19 case numbers between different public health units. Another new chart breaks down how the infections were contracted, whether through an outbreak, close contact with someone positive, or from an unknown source of community spread.

"As our government has often said, the people of Ontario deserve to have the same access to the same information that we use to inform our decisions. That's what we're delivering," said Treasury Board President Peter Bethlenfalvy, the cabinet minister overseeing Ontario's digital government initiatives.

"This will help make it easier for people to try to understand where are the infections and help them make informed decisions about what they should be doing," said Bethlenfalvy in an interview.

Ontario's existing data page provides a range of graphs showing such province-wide figures as new infections, hospitalizations, and testing. Local figures are only available from each of the 34 public health units.

The province's enhanced data page will include graphs with more interactive options, such as viewing the raw number of cases or the number of cases per 100,000 population in selected public health units. Test positivity rates — considered a key indicator of the spread of the virus — will also be available.

The Ford government is facing an imminent decision on whether to lift the extra restrictions imposed on the COVID-19 hot-zones of Toronto, Ottawa and Peel Region, which are due to expire on Friday.

Ford has asked public health officials to provide a plan to ease the measures, so that bars and restaurants could resume serving indoors.

The seven-day average of new COVID-19 cases in the province hit 919 on Monday, its highest level yet.

https://www.cbc.ca/news/canada/toronto/covid-19-ontario-cases-data-1.5787317

**Canada**

**COVID-19 surge in B.C. requires more contact tracing, but officials continue to dismiss federal app.**

Source: CBC News

Unique ID: 1008178861

Health Minister Adrian Dix said on Monday that the province is hiring hundreds of new contact tracers, in addition to the 500 to 600 people who have been doing the work since the pandemic began — sometimes while doing other work as well. With new COVID-19 cases surging to staggering new heights in British Columbia, health officials say hundreds of new contact tracers are being hired to help manage the workload, but they're continuing to downplay the usefulness of the federal COVID Alert app. He said the hiring process began in the summer in anticipation of the respiratory illness season, and by the end of this week, 600 new tracers will have been hired, with the goal of hiring 800.

With new COVID-19 cases surging to staggering new heights in British Columbia, health officials say hundreds of new contact tracers are being hired to help manage the workload, but they're continuing to downplay the usefulness of the federal COVID Alert app.

On Monday, Dr. Réka Gustafson, deputy provincial health officer, announced 1,120 new cases in B.C. since the previous update on Friday. Each of the three days accounted for more daily cases than ever

before, in a province where the previous record — set a week earlier — had been 317 new daily cases.
Gustafson reported 2,945 active cases, and 6,448 people under active public health monitoring.
Health Minister Adrian Dix said on Monday that the province is hiring hundreds of new contact tracers, in addition to the 500 to 600 people who have been doing the work since the pandemic began — sometimes while doing other work as well.
"This work has been particularly important in recent weeks, when you have more than 6,000 people who are being monitored by public health," said Dix.
He said the hiring process began in the summer in anticipation of the respiratory illness season, and by the end of this week, 600 new tracers will have been hired, with the goal of hiring 800.
But both Dix and Gustafson dismissed the idea that the federal COVID Alert app, which has been adopted by eight other provinces, could help with the contact tracing load.
"Based on the features of that app, mostly because of the type of information that's provided individuals, it wasn't felt that it would have additional benefit, would be additional value to the existing contact tracing," said Gustafson. "We reviewed that app very, very carefully."
She said B.C. health officials are working with federal partners, but until a series of new features are added to the app, it wouldn't be considered in B.C.
On Friday, the app was updated to allow users to input the date they were tested, as well as when symptoms began.
So far, 4.9 million Canadians have downloaded the app, with 2,939 people using it to report a positive COVID-19 test. Health Canada has urged all provinces and territories to activate the app, and suggests people download it even in provinces where it isn't used. Alberta and B.C. are the final two provinces that have yet to activate the app.
But on Monday Gustafson criticized the app, sharing a list of shortcomings with reporters.
"It isn't able to notify and tell them when, how long, what they need to do, how intense that contact was, how close that contact was, when it occurred and what they need to do about it," she said.
Gustafson said B.C.'s contact tracers are able to provide people who have been in contact with the virus with specific information they need to "make a meaningful change in their behaviour that reduces the risk to the people they love and to their communities."
Do you have more to add to this story? Email rafferty.baker@cbc.ca
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https://www.cbc.ca/news/canada/british-columbia/covid-19-surge-contact-app-b-c-1.5787327?cmp=rss

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

**Study**
**Pregnant women with Covid-19 face higher risk of severe illness and death, study says**
Source: COVID-19 World News
Unique ID: 1008179278

Pregnant women infected with the coronavirus are more likely to become severely ill and die from Covid-19, and they're at increased risk for premature delivery, according to a pair of reports released Monday by the US Centers for Disease Control and Prevention (https://www.cdc.gov/mmwr/volumes/69/wr/mm6944e3.htm?s_cid=mm6944e3_w).
A separate report (https://www.cdc.gov/mmwr/volumes/69/wr/mm6944e2.htm?s_cid=mm6944e2_w) found that the rate of preterm birth, when a baby is born before 37 weeks of pregnancy, is 12.9% among women with coronavirus, compared to 10.2% among the general population. The new research adds to a growing body of evidence that pregnant women are at increased risk when it comes to coronavirus, said Dr. Denise Jamieson, chair of the gynecology and obstetrics department at Emory University School of Medicine.
Pregnant women infected with the coronavirus are more likely to become severely ill and die from Covid-19, and they're at increased risk for premature delivery, according to a pair of reports released Monday by the US Centers for Disease Control and Prevention (https://www.cdc.gov/mmwr/volumes/69/wr/mm6944e3.htm?s_cid=mm6944e3_w).
Although the overall risk of severe illness or death remains low, CDC researchers found that pregnant women with coronavirus are more likely to need intensive care, ventilation and heart and lung support

than non-pregnant women with the virus.
A separate report (https://www.cdc.gov/mmwr/volumes/69/wr/mm6944e2.htm?s_cid=mm6944e2_w) found that the rate of preterm birth, when a baby is born before 37 weeks of pregnancy, is 12.9% among women with coronavirus, compared to 10.2% among the general population.
The new research adds to a growing body of evidence that pregnant women are at increased risk when it comes to coronavirus, said Dr. Denise Jamieson, chair of the gynecology and obstetrics department at Emory University School of Medicine.
"It also demonstrates that their infants are at risk, even if their infants are not infected, they may be affected," Jamieson noted on a call with reporters Monday.
https://covid19data.com/2020/11/03/pregnant-women-with-covid-19-face-higher-risk-of-severe-illness-and-death-study-says/
Study 1 https://www.cdc.gov/mmwr/volumes/69/wr/mm6944e3.htm?s_cid=mm6944e3_w
Study 2 https://www.cdc.gov/mmwr/volumes/69/wr/mm6944e2.htm?s_cid=mm6944e2_w

**IHR Notification**
**Mauritania | Rift Valley Fever**
Core Details
Event ID:
2020-E000409
Date updated: Tuesday, November 3, 2020 - 20:02
Region: AF
Country:
Mauritania
EIS Status:
Current
Hazard:
Infectious
Syndrome:
Acute Haemorrhagic Fever Syndrome
Aetiology:
Rift Valley Fever Virus
Disease:
Rift Valley Fever
Verification Status:
WHO-NFP risk assessment concluded
Laboratory Confirmed:
No
IHR Assessment:
Public Health Risk (PHR)
WHO IHR Contact Point
**IHR Contact Point** African Region
**Phone** +242 06 511 7993
**Fax** + 47 241 39 503
**Email** afroihr@who.int; afrooutbreak@who.int
**URL** http://www.afro.who.int/health-topics/disease-outbreaks
IHR Criteria

Serious Public Health Impact
Rift Valley fever (RVF) is a mosquito-borne viral zoonotic disease that primarily affects animals but can also cause severe illness in humans. Although most RVF human infections are subclinical or mild, a small percentage of RVF patients can develop haemorrhagic fever which can result in a case fatality rate of around 50%. The current outbreak in Mauritania is associated with a high case–fatality rate. Since the beginning of this outbreak and as of the 31st October 2020, a total of 24 deaths over 70 (CFR 34%) confirmed cases were reported. High CFR are related to the late recourse of patients with severe symptoms in health structures, and admission to care structures with limited medical care conditions as the impact of COVID-19 on existing health system structures.

As of 31 October 2020, Mauritania has reported 7,717 COVID-19 cases and 163 deaths.
In addition, RVF cases were confirmed in animals and certain occupational groups such as herders, farmers, slaughterhouse workers, and veterinarians are therefore at higher risk of infection.

*La fièvre de la vallée du Rift (FVR) est une zoonose virale transmise par les moustiques qui affecte principalement les animaux mais peut également provoquer des maladies graves chez l'homme. Bien que la plupart des infections humaines par la FVR soient subcliniques ou bénignes, un petit pourcentage de patients atteints de FVR peut développer une fièvre hémorragique qui peut entraîner une létalité d'environ 50%. La flambée actuelle en Mauritanie est associée à un taux de mortalité élevé. Depuis le début de cette épidémie et en date du 30 octobre 2020, un total de 24 décès sur 70 (34%) cas confirmés a été signalé. Les létalité élevées sont liées au recours tardif de patients présentant des symptômes sévères dans les structures de santé et à l'admission dans des structures de soins avec des conditions de soins limitées (impact du COVID-19 sur les structures existantes du système de santé). Au 31 octobre 2020, la Mauritanie avait notifié 7717 cas de COVID-19 et 163 décès.*
*En outre, des cas de FVR ont été confirmés chez les animaux et certains groupes professionnels tels que les éleveurs, les cultivateurs, les travailleurs des abattoirs et les vétérinaires plus à risque d'infection.*
yes

Unusual or unexpected
This outbreak is not unusual. The country has already experienced 6 major RVF epidemics in 1987 (300 cases with more than 200 deaths), 1998 (between 300 to 400 cases with 6 reported deaths), 2003 (25 cases with 4 deaths), 2010 (63 cases with 13 deaths), 2012 (34 cases with 17 deaths) and 2015 (31 cases with 13 deaths) affecting several departments in the regions of Brakna, Tagant, Assaba, Adrar, Inchiri,Trarza, Hodh Elgharby and Hodh El Chargui.
*Cette épidémie n'est pas inattendue. Le pays a déjà connu 6 épidémies majeures de FVR en 1987,(300 cas avec plus de 200 décès) 1998 (entre 300 et 400 cas avec 6 décès), 2003(25 cas avec 4 décès) 2010 (63 cas avec 13 décès), 2012(34 cas et 17 décès) et 2015 (31 cas avec 13 décès) affectant plusieurs départements des régions de Brakna, Tagant, Assaba, Adrar, Inchiri Trarza, Hodh Elgharby et Hodh El Chargui.*

International disease spread
Human cases are reported from 11 regions of the country (as of the 31st October 2020), some of them are border regions with Senegal and Mali where is increased cross-border population and animal movement. This represents a real risk of spread at the national and regional levels as well as the presence of favorable environmental factors for disease vectors (heavy precipitation, floods, sanitation).
*Des cas humains ont été notifiés dans 11 régions du pays (à la date du 31 octobre 2020), certains d'entre elles sont des régions frontalières avec le Sénégal et le Mali où il y a un grand nombre des mouvements transfrontalièrs de la population et des animaux. Cela représente un risque réel de propagation au niveau national et régional. La présence de certains facteurs environnementaux (fortes précipitations, inondations, assainissement) sont favorables aux vecteurs de maladies.*

Interference with international travel or trade
WHO advises against the application of any travel and/or trade restrictions to Mauritania based on the currently available information.
*L'OMS déconseille l'application de toute restriction de voyage ou de commerce en Mauritanie sur la base des informations actuelles disponibles sur cet événement.*
Date first Published to EIS: Tuesday, November 3, 2020 - 20:02
updated status:
new

Latest Bulletin / Situation report
Event Update 2020-11-03
**Date / Time Published:** 2020-11-03 20:02
The Ministry of Health has notified WHO that between 13 September and 1 October 2020, eight (8) cases of Rift Valley fever (RVF) including seven (7) deaths (5 from Tagant and 2 from the Assaba region), were confirmed in animal breeders, in several localities in the departments of Tidjikja and Moudjéria (Tagant

region), Guerou (Assaba region) and from Chinguetty (Adrar region). Laboratory confirmation of RVF was performed using a PCR technique, at the National Institute for Public Health Research (INRSP) in Nouakchott. The age of the patient varies between 16 and 70 years old, including 1 woman and 7 men. All 7 deaths occurred among hospitalized patients with fever and haemorrhagic syndrome (petechia, gingivorrhagia) and vomiting.
As of 31 October 2020, a total of 189 samples have been sent to the INRSP for Laboratory testing: 70 cases have tested positive (PCR and Elisa, including 24 deaths). Positive cases have been reported in 11 regions of the country Brakna, Trarza, Gorgol, (on the border with Senegal), Adrar, Assaba, Hodh Elgharby, Hodh El Chargui, Guidimaka (on the border with Mali) and Nouakchott Sud, Nouakchott Ouest and Tagant. The Tagant region is the most affected and the principal hotspot districts in that region are Tidjikja et Moudjeria. The majority of cases, 37 ( 53 % of a total number of cases ) including 12 deaths (50% of all deaths) have been confirmed among animal breeders, thus confirming the higher risk of infection in this occupational group of herders and farmers.
Outbreak in animal has been also confirmed in the regions of Assaba, Tagant, Brakna, Trarza and Hodh Elgharbi. The results of 165 samples taken during the period from 16 to 23 September 2020, showed that 33 camels, 4 small ruminants and 6 cattle were positive.
In 2020, the first confirmed COVID-19 case was registered in the Islamic Republic of Mauritania on 13 March 2020. As of 31st of October 2020, Mauritania has reported 7,717 COVID-19 cases and 163 deaths. The lift of the restriction on movement between regions and the curfew, as well as the reopening of the airports for domestic flights approved on 10 July, were interpreted by the population as the end of the pandemic in Mauritania, leading to a lack of respect for barrier measures and a very low level of alerts reported.

*Le Ministère de la Santé a notifié à l'OMS, qu'entre le 13 septembre 2020 et le 1er octobre 2020, 8 cas de FVR ont apparus dans plusieurs localités des départements de Tidjikja et Moudjéria (Région du Tagant), de Guerou (Région de l'Assaba) et de Chinguetty (Région de l'Adrar).*
*La confirmation au laboratoire de la FVR a été réalisée à l'aide d'une technique de PCR, à l'Institut national de recherche en santé publique (INRSP) de Nouakchott. Les malades sont âgés entre 16 et 70 ans (1 femme et 7 hommes). Tous ces décès sont survenus au niveau des structures hospitalières de ces 3 régions dans des tableaux de fièvre et syndromes hémorragiques (pétéchies, gingivorragies) et vomissements incoercibles.*
*A la date du 31 octobre 2020, au total 189 prélèvements ont été transmis à l'INRSP : 70 cas ont été testés positifs (PCR et Elisa, dont les 24 décès). Des cas positifs ont été signalés dans 11 régions du pays Brakna, Trarza, Gorgol (à la frontière avec le Sénégal), Adrar, Assaba, Hodh Elgharby, Hodh El Chargui, Guidimaka (à la frontière avec le Mali) et Nouakchott Sud, Nouakchott ouest, Tagant. La région de Tagant est la plus touchée et les principaux districts atteins dans cette région sont Tidjikja et Moudjeria.*
*La majorité des cas, 36 (67%) dont 13 décès (62%) a été confirmé parmi les éleveurs d'animaux, confirmant ainsi le risque plus élevé d'infection dans certains groupes professionnels d'éleveurs et d'agriculteurs.*
*L'épidémie chez les animaux a également été confirmée dans les régions d'Assaba, Tagant, Brakna, Trarza et Hodh Elgharbi. Les résultats de 165 échantillons prélevés au cours de la période du 16 au 23 septembre 2020 ont montré que 33 chameaux, 4 petits ruminants et 6 bovins étaient positifs.*
*Pour l'année 2020, le premier cas confirmé de COVID-19 a été enregistré en République islamique de Mauritanie le 13 mars 2020. Au 31 octobre 2020, la Mauritanie a signalé 7 717621 cas de COVID-19 et 163 décès. La levée de la restriction de circulation entre les régions et le couvre-feu, ainsi que la réouverture des aéroports pour les vols intérieurs approuvée le 10 juillet, ont été interprétées par la population comme la fin de la pandémie en Mauritanie, conduisant à un manque de respect des mesures barrières et un niveau de signalement des 'alertes très bas.*

**Public Health Actions/Actions de santé publique**

Since the beginning of this outbreak, WHO is working hand in hand with the Ministry of Health to respond to the current outbreak and to monitor the evolution of the epidemiological situation.
WHO is supporting the following Public health activities being implemented to respond to the outbreak:

- -Regular coordination and technical meetings;
- -Coordination of the response activities to the outbreak;
- - Epidemiological investigation;

- Preparation of situation reports (Sitrep);
- Reinforcement of diagnostic capacities;
- Preparation of communication tools;
-Mobilization of the necessary resources and expertise.

Joint field missions by FAO, OIE, and WHO experts are planned to support MOH and the Ministry of Rural Development in the control and prevention measures for RVF, in particular with regards to laboratory capacities, surveillance and risk communication to various populations at risk, and in other aspects related to the “One Health” concept.

Depuis le début de cette flambée, l'OMS travaille avec le ministère de la Santé pour répondre à la flambée actuelle et suivre l'évolution de la situation épidémiologique. L'OMS apporte un appui aux activités de santé publique suivantes :

-Coordination et réunions techniques régulières ;
-Coordination des activités de réponse à l'épidémie ;
- Enquête épidémiologique ;
- Préparation de rapports de situation (Sitrep);
- Renforcement des capacités de diagnostic ;
- Préparation des outils de communication ;
- Mobilisation de ressources financières ;
-Mobilisation des ressources et de l'expertise nécessaires

Des missions conjointes sur le terrain des experts de la FAO, de l'OIE et de l'OMS sont prévues pour soutenir le Ministère de la Santé et le Ministère du Développement Rural dans les mesures de contrôle et de prévention de la FVR, en particulier en ce qui concerne les capacités des laboratoires, la surveillance et la communication des risques aux différentes populations à risque, et dans d'autres aspects liés au concept «One Health».

**WHO risk assessment/ Évaluation des risques par l'OMS**

The COVID-19 epidemic, which has been ongoing since February 2020, is putting pressure on the health services and in particular on the activities of the National Reference Laboratory for Public Health (INRSP). This pressure has led to excessive demand for the analysis of COVID-19 samples, limiting the processing of samples from other pathologies. As of the 31st of October 2020, the cumulative number of confirmed cases of COVID-19 is 7717, with 7438 recoveries and 163 deaths. It should be noted that the lifting of containment measures for the COVID-19 epidemic and restrictions on travel abroad has led to an increase in the movement of people to rural areas in search of animal products (like milk and meat).

The RVF outbreak is recurrent in Mauritania. The country has already experienced 6 major RVF outbreaks in the past (1987, 1998, 2003, 2010, 2012 and 2015) affecting several departments in the regions of Brakna, Tagant, Assaba, Adrar, Inchiri, Trarza, Hodh Elgharby and Hodh El Chargui. The current outbreak affecting humans and animals occurred after heavy, unusual and prolonged rainfall in the regions with a high animal density which contributes to the proliferation of vectors and the spread of the virus. During hot seasons, people spend more time in rural areas with a history of RVF transmission, resting at night in the open air., This could possibly be a risk factor for exposure to mosquitoes and other vectors of the disease. It is predictable that with the seasonal change from November to February, the temperate season could limit the transmission of the disease with the reduction of mosquito proliferation.

The majority of Mauritania (77%) is considered arid or semi-arid and movement of animals in search of water and pasture increasing the risk of disease spread. Uncontrolled cross-border pastoral movements increase the risk for regional disease spread to Senegal, Mali, and Morocco. The cooperation between neighbouring countries is essential for RVF surveillance, prevention and control.

People who have direct or indirect contacts with infected animals or with blood or organs of infected animals in RVF endemic regions are at higher risk of infection. This can include herders, farmers, slaughterhouse workers, veterinarians and others who work with animals and animal related products.

To date, no human-to-human transmission of RVF has been documented.

The level of risk at the national level is considered high: this epidemic represents a high risk for human health with a high CFR 35% (as of the 31st of October 2020) among confirmed cases. Confirmation of the circulation of the virus in animals from several outbreaks poses a great risk of amplification of the disease in humans. This epidemic shows a rapid geographic expansion and is spreading in agro-pastoral zones at the national level.

In total, and as of the 31st of October 2020, there are 11 regions affected by this epidemic. The national human surveillance system faces operational challenges ranging from early detection to notification of cases. Support measures are insufficient. The high lethality would be linked to the late referral of patients with severe symptoms, admitted to care structures with limited medical care.
The overall risk at the regional level is moderate: There is a real risk of propagation at the regional level given the favorable conditions of propagation of the vectors (heavy rainfall, proliferation of vectors, floods, lack of sanitation), animal density, uncontrolled movements of livestock and people between regions and border countries (Mali, Senegal, Morocco).

COVID 19 situation: L'épidémie de COVID-19 qui sévit depuis le mois de février 2020 exerce une forte pression sur les services de santé et en particulier sur les activités du laboratoire national de référence en santé publique (INRSP). Cette pression entraine une demande excessive de traitement des échantillons de COVID-19 limitant le traitement des échantillons des autres pathologies. A la date du 31 Octobre 2020, le cumul des cas confirmés de COVID-19 est de 7717, 7438 guérisons avec 163 décès. Il faut noter que la levée des mesures de confinement liées à l'épidémie de COVID-19 et des restrictions de voyage à l'étranger, a conduit à l'augmentation des déplacements des populations vers les zones rurales à la recherche des produits d'origine animale (lait et viande).
L'épidémie de FVR est récurrente en Mauritanie. Le pays a déjà connu des épidémies de FVR par le passé (1987, 1998, 2003, 2010, 2012 et 2015) ayant affectée plusieurs départements des régions de Brakna, Tagant, Assaba, Adrar, Inchri, Trarza, Hodh Elgharby et Hodh El Chargui. L'épidémie actuelle affectant l'homme et les animaux s'est produite suite aux pluies abondantes, inhabituelles et prolongées dans les régions à forte densité animale qui contribuent à la prolifération des vecteurs et à la propagation du virus. Pendant la saison chaude, les gens passent plus de temps dans les zones rurales et dorment en plein air la nuit dans les zones où l'épidémie de FVR est en cours. Cela pourrait être un facteur de risque d'exposition aux moustiques et autres vecteurs de la maladie. Il est prévisible qu'avec le changement de saison de novembre à février, la saison tempérée puisse limiter la transmission de la maladie avec la réduction de la prolifération des moustiques.
La majorité de la Mauritanie (77%) est considérée comme aride ou semi-aride et les déplacements d'animaux à la recherche d'eau et de pâturage augmentent le risque de propagation de la maladie. Les mouvements pastoraux transfrontaliers incontrôlés augmentent le risque de propagation régionale de la maladie au Sénégal, au Mali et au Maroc. La coopération entre les pays voisins est essentielle pour la surveillance, la prévention et le contrôle de la FVR.
Les personnes qui ont des contacts directs ou indirects avec des animaux infectés ou avec le sang ou les organes d'animaux infectés dans les régions endémiques de la FVR courent un risque plus élevé d'infection. Cela peut inclure les éleveurs, les agriculteurs, les travailleurs des abattoirs, les vétérinaires et d'autres personnes qui travaillent avec des animaux et des produits dérivés des animaux.
À ce jour, aucune transmission interhumaine de la FVR n'a été documentée.
Le niveau de risque au niveau national est considéré comme élevé : cette épidémie représente un risque élevé pour la santé humaine avec un taux de mortalité élevé de 35% (à la date du 31 octobre 2020) parmi les cas confirmés. La confirmation de la circulation du virus chez les animaux à partir de plusieurs foyers présente un risque important d'amplification de la maladie chez l'homme. Cette épidémie montre une expansion géographique rapide et se propage dans les zones agro-pastorales au niveau national. Au total, 11 régions à la date du 31 octobre 2020 sont touchées par cette épidémie. Le système national de surveillance humaine est confronté à des défis opérationnels allant de la détection précoce à la notification des cas. Les mesures d'appui sont insuffisantes. La létalité élevée serait liée à la référence tardive des patients présentant des symptômes sévères, admis dans des structures de soins avec des soins médicaux limités.
Le risque au niveau régional est modéré : Il existe un risque réel de propagation au niveau régional compte tenu des conditions favorables à la propagation des vecteurs (fortes pluies, prolifération des vecteurs, inondations, manque d'assainissement), densité animale, mouvements incontrôlés du bétail et des personnes entre les régions et vers les pays frontaliers (Mali, Sénégal, Maroc).

**WHO advice/Avis de l'OMS**
Rift Valley Fever (RVF) is an environmentally-driven mosquito-borne zoonosis that primarily affects domestic animals (including cattle, sheep, camels, and goats). Human cases often occur in proximity to outbreaks in livestock in an environment favorable for mosquito vectors to transmit the virus locally. The

majority of human infections result from direct or indirect contact with the blood or organs of infected animals. Care must be taken when handling sick animals or human patients, their products, and laboratory samples. Raising awareness of the risk factors of RVF infection as well as other protective measures such as vector control the vector and protection against mosquito bites is the key to reduce human infection and deaths. Public health messages for risk reduction should focus on:

- reducing the risk of animal-to-human transmission as a result of unsafe animal husbandry and slaughtering practices. Practicing hand hygiene, wearing gloves and other appropriate individual protective equipment when handling sick animals or their tissues or when slaughtering animals.
- reducing the risk of animal-to-human transmission arising from the unsafe consumption of fresh blood, raw milk or animal tissue by thoroughly cooking before eating.
- reducing the risk of mosquito bites through the implementation of vector control activities (e.g. insecticide spraying and use of larvicide to reduce mosquito breeding sites), use of insecticide-impregnated mosquito nets and repellents, covering clothing, and by avoiding outdoor activity at peak biting times of the vector species.

As outbreaks of RVF in animals precede human cases, the establishment of an active animal health surveillance system is essential in providing early warning for animal and public health authorities. Routine animal immunization in endemic areas can prevent RVF epizootics. Vaccination campaigns are not recommended during an outbreak as it may intensify transmission among the herd through needle propagation of the virus. Therefore, public education, livestock quarantine, and slaughter bans are perhaps the most effective measures against disease spread during the pre-outbreak and outbreak phases.
WHO advises against the application of any travel or trade restrictions on Mauritania or the affected area based on the current information available on this event.

*La FVR est une zoonose virale qui touche principalement les animaux domestiques (y compris les bovins, les moutons, les chameaux et les chèvres) et qui peut contaminer aussi l'homme. La maladie est très contagieuse pour l'homme lorsqu'il manipule du bétail potentiellement infecté. La sensibilisation aux facteurs de risque d'infection par la FVR ainsi que d'autres mesures de protection telles que le contrôle du vecteur et la protection contre leurs piqûres sont les clés pour réduire la propagation de l'infection et les décès humains. Les messages de santé publique pour la réduction des risques devraient se concentrer sur:*

- *Réduire le risque de transmission du virus de l'animal à l'être humain en raison de pratiques d'élevage et d'abattage non sécuritaires. Pratiquer l'hygiène des mains, porter des gants et d'autres équipements de protection individuelle appropriés lors de la manipulation d'animaux malades ou de leurs tissus ou lors de l'abattage d'animaux.*
- *Réduire le risque de transmission de l'animal à l'être humain résultant de la consommation dangereuse de sang frais, de lait cru ou de tissus animaux en les cuisinant soigneusement avant de manger.*
- *L'importance de la protection personnelle et communautaire contre les piqûres de moustiques grâce à l'utilisation de moustiquaires imprégnées, d'un anti-moustique personnel si disponible, de vêtements de couleur claire (chemises à manches longues et pantalons) et en évitant les activités de plein air aux heures habituelles des piqures de l'espèce vecteur de la maladie.*

*Comme les épidémies de FVR chez les animaux précèdent les cas humains, la mise en place d'un système actif de surveillance de la santé animale est essentielle pour alerter précocement les autorités vétérinaires et de santé publique humaine. La vaccination systématique des animaux dans les zones d'endémie peut prévenir les épizooties de FVR. Les campagnes de vaccination ne sont pas recommandées pendant une épidémie car elles peuvent intensifier la transmission au sein du troupeau par la propagation du virus par les aiguilles.*
*L'OMS déconseille l'application de toute restriction de voyage ou de commerce en Mauritanie ou dans la zone touchée sur la base des informations actuellement disponibles sur cet événement.*

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- OIE, Rift Vallet Fever https://www.oie.int/en/animal-health-in-the-world/animal-diseases/rift-valley-fever/
- WHO rift valley fever fact sheets : **https://www.who.int/news-room/fact-sheets/detail/rift-valley-fever**
- UNICEF, MAURITANIA: COVID-19 Situation Report – #11:

https://www.unicef.org/media/83446/file/Mauritania-COVID-19-SitRep-18-September-2020.pdf

**WHO**

**Weekly epidemiological update - 3 November 2020**

3 November 2020

**Emergency Situational Updates**

Data as received by WHO from national authorities, as of 10am CEST 1 November 2020

COVID-19 Weekly Epidemiological Update Data as received by WHO from national authorities, as of 1

*Excerpt*

November 2020, 10 am CEST For the latest data and information on COVID-19, please see:

• WHO COVID-19 Dashboard

• WHO COVID-19 Weekly Operational Update Global epidemiological situation In the past week, over 3.3 million new cases have been reported globally (Figure 1). As of 1 November, nearly 46 million cases and 1.2 million deaths have been reported globally. The further acceleration in the incidence of new cases was most notable in European Region, which reported half of global new cases (over 1.7 million cases - a 22% increase from the previous week. Moreover, the region also reported a substantial rise in the number of new deaths (a 46% increase compared with the previous week), with Europe and the Americas now each reporting over 17 000 new deaths in the last 7 days.) The Americas and the Eastern-Mediterranean Regions have also seen relatively smaller rises in the number of reported cases. The South-East Asia Region has continued to report a decline in new cases and deaths, while case incidence continues to fluctuate around similar rates compared to recent weeks in the African and Western Pacific

Key weekly updates

• The fifth meeting of the IHR (2005) Emergency Committee on COVID-19 took place on Thursday, 29 October 2020. They advised that the pandemic still constituted aPpublic Health Emergency of International Concern, and urged a focus on response efforts based on lessons learned and g science. The Emergency Committee C provided d advice for WHO and countries to focus on in the coming months and expressed appreciation for WHO's leadership and response activities. It will reconvene in 3 months' time.

• To a significant number of people, COVID-19 poses a range of serious long-term effects, and post COVID19 symptoms and complications have been reported in both non-hospitalised and hospitalised patients. In a media briefing on 30 October, WHO Director-General Dr Tedros said "What's really concerning is the vast spectrum of symptoms that fluctuate over time, often overlap and can affect any system in the body. From fatigue, a cough and shortness of breath, to inflammation and injury of major organs - including the lungs and heart, and even neurological and psychological effects. Although we're still learning about the virus, what's clear is that this is not just a virus that kills people. While people do recover, it can be slow – sometimes weeks or months – and it is not always a linear route to recovery."

• Several vaccines are now in final phase three trials. If proved safe and effective they will be rolled out through the ACT Accelerator's vaccine arm – the COVAX Facility, which is now supported by 186 countries. The COVAX Facility is speeding up the search for an effective vaccine for all countries. At the same time, it is supporting the building of manufacturing capabilities, and procuring doses ahead of time so that 2 billion doses can be fairly distributed by the end of 2021.

• Progress on gender equality has been made in all 12 key areas identified in the 1995 Beijing Declaration and Platform for Action on Women – but for millions of girls and women around the world today, this

visionary agenda is still far from reality. The British Medical Journal has commissioned a special series of papers on “Women’s Health and Gender Inequalities” with support from WHO, the Human Reproduction Programme and the United Nations University International Institute for Global Health. The COVID-19 pandemic is limiting or reversing gains made towards gender equality. WHO strongly urges investment in women’s health and is marking the 25th anniversary of the Beijing Declaration with a number of activities.

https://www.who.int/publications/m/item/weekly-epidemiological-update---3-november-2020

**PAHO**

**PAHO and IHME will improve knowledge about health conditions in the countries of the Americas**
Source: Pan American Health Organization
3 Nov 2020

By strengthening countries' capacities to analyze data and produce quality metrics, they will help decision makers shape life-saving health policies

Washington, DC, November 3, 2020 (PAHO)- The Pan American Health Organization (PAHO) and the Institute for Health Metrics and Evaluation (IHME) at the University of Washington have partnered to improve knowledge about health conditions of the population of the Americas by strengthening data analysis capabilities and producing high-quality metrics to provide more accurate estimates in the countries of the region.

After working together between 2014 and 2019, with the recent emergence of COVID-19, PAHO and IHME signed a new 5-year memorandum of understanding. Now, both organizations will help build professional capacity in data analysis, modeling, and forecasting methods, as well as in the joint production of high-quality metrics related to population health and its determinants, health system performance, and health emergencies.

Predictive analytics allows for the estimation of the behavior of any health challenge with an acceptable degree of uncertainty in establishing when and under what conditions countries can predict changes in disease behavior.

With this information, in cases such as the current COVID-19 pandemic, demand for acute care medical services can be estimated, time frames for partial or total lifting of mobility restrictions can be determined, the effect of preventive measures such as the generalized use of face masks can be calculated, and even new needs that might arise in subsequent waves of the pandemic can be predicted.

Predictive models have been useful in estimating the number of cases and deaths from COVID-19; the resources needed, such as hospital and intensive care unit (ICU) beds; and the demand for supplies, such as personal protective equipment (PPE).

These models become indispensable tools by providing perspectives that are crucial for policymakers, particularly in situations of high uncertainty where information based on observations is limited.
https://www.paho.org/en/news/3-11-2020-paho-and-ihme-will-improve-knowledge-about-health-conditions-countries-americas

**ECDC**

**European Observatory, WHO/Europe and European Commission publish special issue of Eurohealth examining health system responses to COVID-19**
03-11-2020

As countries across the WHO European Region face a steep surge in COVID-19 transmission, the latest issue of Eurohealth, released today, considers whether there is still an opportunity to use the crisis to tackle underlying problems besetting our health systems.

This special edition is a collaboration between the European Observatory on Health Systems and Policies, WHO/Europe and the European Commission, and draws on data from the COVID-19 Health System Response Monitor launched in April.

It includes contributions from WHO Regional Director for Europe Dr Hans Henri P. Kluge and WHO/Europe colleagues Dr Natasha Azzopardi-Muscat and Dr Dorit Nitzan; European Observatory Director Dr Josep Figueras; and Ms Sandra Gallina and Ms Isabel de la Mata from the European Commission's Directorate-General for Health and Food Safety.

As well as offering perspectives on the pandemic, this issue of Eurohealth provides analyses of the policy decisions, progress and challenges experienced across countries under the following headings:

- Preventing transmission
- Physical infrastructure and workforce capacity
- Health service provision
- Paying for services
- Governance.

Finally, the publication provides an overview of emerging innovative practices in managing the pandemic and ongoing service provision, and outlines policy lessons for the future.

United action for better health

Understanding how health systems have responded to COVID-19 is an important part of the European Programme of Work's (EPW) core priorities. The EPW shapes the European Region's contribution to WHO's 13th General Programme of Work, which sets out the triple-billion goals: more people benefitting from universal health coverage, more people better protected from health emergencies, and more people enjoying better health and well-being.

Eurohealth is a quarterly publication that provides a forum for researchers, policy-makers and experts to express their views on health policy issues and so contribute to a constructive debate on health policy in Europe.

https://www.euro.who.int/en/about-us/partners/observatory/news/news/2020/11/european-observatory,-whoeurope-and-european-commission-publish-special-issue-of-eurohealth-examining-health-system-responses-to-covid-19

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

**Mexico**
**CanSino Biologics delivers COVID-19 vaccine to Mexico for late-stage trial**
Source: Financial Post
Unique ID: 1008180023

The country aims to vaccinate nearly all of its population against COVID-19 by the end of 2021 after reaching accords with pharmaceutical companies and the World Health Organization-backed COVAX plan. MEXICO CITY — Mexico has received the first doses of a COVID-19 vaccine candidate from Chinese pharmaceutical company CanSino Biologics Inc. for a late stage-trial on between 10,000 and 15,000 volunteers, foreign minister Marcelo Ebrard said on Tuesday.
MEXICO CITY — Mexico has received the first doses of a COVID-19 vaccine candidate from Chinese pharmaceutical company CanSino Biologics Inc. for a late stage-trial on between 10,000 and 15,000 volunteers, foreign minister Marcelo Ebrard said on Tuesday.
The country aims to vaccinate nearly all of its population against COVID-19 by the end of 2021 after reaching accords with pharmaceutical companies and the World Health Organization-backed COVAX plan.

“On October 30, the first doses were received to carry out phase three of clinical trials of the candidate vaccine from Cansino Bio,” Ebrard said at a news conference, adding that it would be one of the world’s largest COVID-19 clinical trials. (Reporting by Ana Isabel Martinez Writing by Stefanie Eschenbacher; Editing by Frank Jack Daniel)
https://financialpost.com/pmn/business-pmn/cansino-biologics-delivers-covid-19-vaccine-to-mexico-for-late-stage-trial

## Bahrain

**Bahrain allows Sinopharm COVID-19 vaccine candidate use in frontline workers**
Source: **financialpost.com**
Unique ID: 1008178871

The vaccine candidate, nearing the end of phase III trials in the United Arab Emirates, Egypt, Bahrain and Jordan, is a partnership between Sinopharm’s China National Biotec Group (CNBG) and Abu Dhabi-based artificial intelligence and cloud computing company Group 42 (G42). Bahrain’s Health Minister Faeqa bint Saeed Al Saleh said on Tuesday, in comments carried by BNA, that the use of the vaccine complies with the country’s regulations on exceptional licensing in emergency cases. DUBAI — Bahrain has granted emergency approval for the use of a Chinese COVID-19 vaccine candidate currently in phase III trials on frontline workers from Tuesday, state news agency BNA said.
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The vaccine candidate, nearing the end of phase III trials in the United Arab Emirates, Egypt, Bahrain and Jordan, is a partnership between Sinopharm’s China National Biotec Group (CNBG) and Abu Dhabi-based artificial intelligence and cloud computing company Group 42 (G42).
The UAE in September authorized similar emergency use of the same vaccine for frontline workers at high risk of infection with the new coronavirus.
Bahrain’s Health Minister Faeqa bint Saeed Al Saleh said on Tuesday, in comments carried by BNA, that the use of the vaccine complies with the country’s regulations on exceptional licensing in emergency cases.
“The results of phase I and phase II clinical trials showed the vaccine is safe and effective,” she said, adding that phase III trials were going smoothly and without serious side effects.
Around 7,770 people have so far volunteered in the Phase III trials in Bahrain and have received a second dose, the minister added.
The phase III trials of the inactivated virus vaccine began in mid-July in the UAE, and were expanded to Bahrain, Egypt and Jordan.
G42 Healthcare CEO Ashish Koshy last month said the vaccine had been administered to more than 31,000 people across those countries.
Several ministers and senior officials have already received the vaccine in both the UAE and Bahrain, including Bahrain’s crown prince.
On Tuesday Prime Minister and Vice-President of the UAE and ruler of Dubai Sheikh Mohammed bin Rashid al-Maktoum tweeted a picture of him receiving a shot of a COVID-19 vaccine.
(Reporting by Lisa Barrington; Editing by Alison Williams, William Maclean)
https://financialpost.com/pmn/business-pmn/bahrain-allows-sinopharm-covid-19-vaccine-candidate-use-in-frontline-workers

## Germany

**Germany eyes antigen tests to keep elderly safe in 2nd wave**
Source: The Mainichi
Unique ID: 1008178826

BERLIN (AP) -- As Europe tries to break the surging second wave of coronavirus infections, Germany is counting on a new type of test to avoid closing nursing homes to visitors, a move that caused considerable anguish among residents and relatives in the spring. Still, Germany -- which has managed to contain the spread of the outbreak better than many of its neighbors -- announced recently that it is bulk-buying millions of antigen tests each month. A Health Ministry spokeswoman told The Associated

Press that manufacturers have agreed to supply Germany with 9 million such tests in November and 11.5 million tests in December.
BERLIN (AP) -- As Europe tries to break the surging second wave of coronavirus infections, Germany is counting on a new type of test to avoid closing nursing homes to visitors, a move that caused considerable anguish among residents and relatives in the spring.

So-called antigen tests, which look for a specific protein on the virus, were first launched months ago. They are cheap and fast, but experts said at the time they are also less accurate than the standard PCR test, which detects even the tiniest genetic trace of the virus.

Still, Germany -- which has managed to contain the spread of the outbreak better than many of its neighbors -- announced recently that it is bulk-buying millions of antigen tests each month.

"We have a new strategy," Chancellor Angela Merkel told reporters Monday. "We can now basically perform rapid tests on visitors to nursing and care homes."

Nursing homes will receive up to 20 free monthly tests per resident. These can be used to test patients, staff and -- crucially -- visiting relatives, who might be unwitting carriers of COVID-19, posing a potentially devastating threat.

"Health insurers will cover the costs for a certain number of visitors each month," Merkel said. "That's huge progress in terms of protection."

Germany has one of the world's oldest populations. More than 24 million people are 60 or older and about 900,000 people live in nursing homes. A further 2.5 million younger people have serious disabilities.

That means almost 30% of Germany's population of 83 million are particularly vulnerable to the virus, Merkel said.

"Almost everyone knows somebody they don't want to infect," she said.

Germany has reported about 550,000 coronavirus cases -- less than half the number recorded in Britain, Spain and France. Germany's confirmed virus death toll of 10,669 is also one-fourth of Britain's.

A Health Ministry spokeswoman told The Associated Press that manufacturers have agreed to supply Germany with 9 million such tests in November and 11.5 million tests in December.

Experts caution that while antigen tests have become more accurate, they should not be seen as a replacement for the standard PCR method.

Scientists in Switzerland recently scrutinized two widely available antigen tests, sold by Chicago-based Abbott Laboratories and Swiss pharma giant Roche. The researchers concluded that out of 100 people infected with the virus, only between 85 and 89 tested positive using the antigen method.

"It does fulfill the criteria that are published by the (World Health Organization), which should be more than 80% sensitivity," said Isabella Eckerle, who heads the Center for Emerging Viral Diseases at the University of Geneva, where the tests were validated.

While the tests are less accurate, they provide quick results, she noted.

"One big advantage of these tests would be that you, for example, can build up a decentralized testing center," Eckerle told The AP. "So you build up a tent, let's say, in front of a school or in a park, and then people can come. And then after 15 minutes, they will know if they are positive or not."

The tests still need to be carried out by a person qualified to take a nasal swab, however.

"This test is not a home test," she said. "It's nothing that you can do in your home before you visit your grandmother."

Sandra Ciesek, who heads the Institute of Medical Virology at the University Hospital in Frankfurt, says the PCR test remains the "gold standard" for now.

But Christian Drosten, one of Germany's most prominent virologists who developed one the first PCR tests for COVID-19, has suggested that the antigen method has its uses if people take into account its limitations.

One distinct feature of the new coronavirus is its ability to multiply rapidly in the throat of newly infected hosts, causing them to spread the virus days before they show symptoms. By the time most people are diagnosed, the amount of virus they are expelling when they speak or even breathe has dropped significantly.

While only the PCR tests can determine with near-absolute certainty if someone is infected, argues Drosten, the antigen tests can indicate whether a person is infectious -- and therefore a risk to others.

Some experts say a negative result from an antigen test could therefore be sufficient to allow people without symptoms to leave quarantine or return to school or work, giving greater freedoms particularly to children and young adults who are less at risk from serious illness.

Eckerle, of the University of Geneva, was hesitant.

"I would not call them a game changer," she said. "They are a very nice and very important addition that comes exactly at the right time. But because they are less sensitive than our standard tests, we know that we would probably still miss a small proportion of infectious cases."

That's a risk some countries may be willing to take as the pandemic drags on and the availability of PCR tests reaches its limits.

Antigen tests are already used at nursing homes and assisted living facilities in the United States. Spain warned of faulty tests early in the pandemic, but the World Health Organization has since touted them as an effective tool for low- and middle-income countries.

Roche alone says it can provide over 40 million antigen tests per month worldwide and aims to more than double that by the end of the year. The company declined to disclose the price of its tests but said that "in pandemic situations like this, cost should not be a barrier to accessing diagnostics."

"We are committed to delivering as many tests as possible to people who need them. We will certainly price the test responsibly."

As new restrictions came into force in Germany on Monday with no certainty that they will effectively flatten the curve of infections, Merkel said the country might be able to get as many as 20 million antigen tests in January, offering some prospect of freedom.

"Then we can (...) start thinking about whether we can do this for visits to grandparents, not just care homes," she said.
https://mainichi.jp/english/articles/20201103/p2g/00m/0in/096000c

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

**Portuguese study identifies SARS-CoV-2 antibodies up to 7 months after infection**
Source: ecns
ID: 1008182758

**Summary** A new study by the Joao Lobo Antunes Institute of Molecular Medicine (IMM) here proved that antibodies against SARS-CoV-2 virus, the virus responsible for COVID-19, are detected up to seven months after infection in 90 percent of patients. Working with doctors at the Hospital Center Lisboa Norte, the team began to monitor the antibody levels of 300 patients and healthcare professionals and more than 200 volunteers who were followed after contracting COVID-19. The results, now published in the European Journal of Immunology, also show that the levels of antibodies produced are determined by the severity of the disease, and not by the age of the infected person.

Special: Battle Against Novel Coronavirus

A new study by the Joao Lobo Antunes Institute of Molecular Medicine (IMM) here proved that antibodies against SARS-CoV-2 virus, the virus responsible for COVID-19, are detected up to seven months after infection in 90 percent of patients.

The results, now published in the European Journal of Immunology, also show that the levels of antibodies produced are determined by the severity of the disease, and not by the age of the infected person.

The study started at the beginning of the pandemic in Portugal in March 2020, when researchers set up a sensitive, specific and versatile serology test for COVID-19.

Working with doctors at the Hospital Center Lisboa Norte, the team began to monitor the antibody levels of 300 patients and healthcare professionals and more than 200 volunteers who were followed after contracting COVID-19.

"The results of this study over six months show a classic pattern of immune response until the 7th month after infection, with a rapid increase in antibody levels in the first three weeks after symptoms and a subsequent reduction", explained Marc Veldhoen, lead investigator of the project.

"In the initial response phase, our results show that on average men produce more antibodies than women, but the levels are balanced during the resolution phase and are similar between the sexes in the months after SARS-CoV-2 infection", he added.

Collaborating with the Portuguese Institute for Blood and Transplantation (IPST), Veldhoen confirmed "a robust activity until the seventh month after infection in a large proportion of previously tested individuals."

"The coming months will be essential to assess the robustness of the immune response to SARS-CoV-2 infection and to find clues to some open questions, such as the duration of this immune response or whether there is a possibility of reinfection", concluded the IMM researcher.

Data from the World Health Organization indicated that as of Oct. 2, there were 193 COVID-19 candidate vaccines being developed worldwide, of which 42 were in clinical trials amid a global fight against the pandemic.

http://www.ecns.cn/news/2020-11-04/detail-ihacnaey6712730.shtml

## Study

**Cancer treatment could be replicated for COVID-19**

Source: medicalxpress.com

Unique ID: 1008179130

University of South Australia cancer researcher, Dr. Nirmal Robinson, working with a team in Naples, has found evidence in animal models that the beta-blocker Propranolol helps suppress the spread of cancer in the lung which has an inflammatory profile very similar to COVID-19. Dr. Robinson, head of the Cellular-Stress and Immune Response Laboratory at the Center for Cancer Biology, says Propranolol is commonly used to treat heart conditions, anxiety and migraine. The scientists have presented their findings in a paper published in Frontiers in Immunology, calling for clinical trials to support their research.

Beta-blockers could potentially be used to treat COVID-19, according to a new international study by Italian and Australian scientists.

University of South Australia cancer researcher, Dr. Nirmal Robinson, working with a team in Naples, has found evidence in animal models that the beta-blocker Propranolol helps suppress the spread of cancer in the lung which has an inflammatory profile very similar to COVID-19.

The scientists have presented their findings in a paper published in Frontiers in Immunology, calling for clinical trials to support their research.

Dr. Robinson, head of the Cellular-Stress and Immune Response Laboratory at the Center for Cancer

Biology, says Propranolol is commonly used to treat heart conditions, anxiety and migraine. Recent clinical trials have shown its effectiveness for other conditions, including cancer.
"Patients with COVID-19 suffer from many abnormalities, including inflammation, because the SARS-CoV-2 virus disrupts the body's immune system. Beta-2 blockers could potentially reduce this inflammation and help rebalance the immune system," Dr. Robinson says.
Beta-blockers including Propranolol are medicines that work by temporarily stopping or reducing the body's natural "fight-or-flight" response. In return, they reduce stress on certain parts of the body, such as the heart and blood vessels in the brain.
They have also been suggested as a treatment option for autoimmune diseases such as rheumatoid arthritis.
"SARS-Cov-2 enters the human cells through the protein ACE2, infecting the lower respiratory tract, causing profound inflammation and multi-organ failure. Patients with comorbidities, such as high blood pressure, diabetes and heart disease, are at much higher risk," he says.
Other inflammation suppressors, including Tocilizumab (an immunosuppressive drug prescribed for arthritis) and Ruxolitinib (a drug used to treat the rare bone marrow blood cancer, myelofibrosis) have already been used to treat the more serious COVID-19 cases, the researchers say.
"We believe the beta-2-adrenergic pathway should be more deeply investigated as a possible target to reduce the inflammatory symptoms related to COVID-19. The next step is to perform clinical trials to explore an alternative therapy to treat COVID-19, based on the lessons we have learned from cancer," Dr. Robinson says.
More information: Antonio Barbieri et al. Can Beta-2-Adrenergic Pathway Be a New Target to Combat SARS-CoV-2 Hyperinflammatory Syndrome?—Lessons Learned From Cancer, Frontiers in Immunology (2020). DOI: 10.3389/fimmu.2020.588724
https://www.frontiersin.org/articles/10.3389/fimmu.2020.588724/full
https://medicalxpress.com/news/2020-11-cancer-treatment-replicated-covid-.html

## China

**China inspects, quarantines imported seafood to ensure food safety: FM spokesperson**
Source: **ecns.cn**
Unique ID: 1008179095

China on Monday said its customs imposes inspections and quarantines on imported seafood in accordance with the law, and permits clearance after establishing that goods conform with relevant standards to ensure food safety for Chinese consumers. Foreign Ministry spokesperson Wang Wenbin made the remarks at a daily press briefing in response to media query about lobsters imported from Australia are facing customs clearance delays at Chinese ports. Wang said China adheres to the principles of mutual respect, equality and mutual benefit in developing friendly cooperation with foreign countries.
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Foreign Ministry spokesperson Wang Wenbin made the remarks at a daily press briefing in response to media query about lobsters imported from Australia are facing customs clearance delays at Chinese ports.
"What customs authorities have done is required by relevant Chinese laws and regulations and is aimed at ensuring the safety of imported food for Chinese consumers," Wang said.
Wang said China adheres to the principles of mutual respect, equality and mutual benefit in developing friendly cooperation with foreign countries.
It is China's consistent belief that sound and stable China-Australia relations serve the fundamental interests of both peoples, and mutual respect is the basis and guarantee for countries to undertake pragmatic cooperation, the spokesperson said.
"We hope Australia can contribute more to the mutual trust and cooperation between the two countries as well as endeavors in line with the spirit of the China-Australia comprehensive strategic partnership, so as to bring bilateral ties back on track at an early date," Wang added.
http://www.ecns.cn/news/politics/2020-11-03/detail-ihacnaey6712244.shtml

**Study**

**Higher COVID-19 rates and mortality tied to substandard housing**
ID: 1008181994
Source: CIDRAP

Poor housing conditions are associated with higher US COVID-19 incidence and mortality rates, a PLOS One study yesterday showed, highlighting the need for health policies supporting individuals living in substandard housing.

Veterans Administration researchers conducted a cross-sectional nationwide analysis of 3,135 US counties used data from the US Centers for Disease Control and Prevention, the US Census Bureau, and John Hopkins Coronavirus Resource Center, identifying an average of 14.2% of US households living in substandard housing.

The authors defined poor housing as households that included one or more of the following characteristics: overcrowding (more than one person per room), high housing cost (greater than 50% of household monthly income), incomplete kitchen facilities (lacking a sink with running water, stove, range, or refrigerator), or incomplete plumbing facilities (lacking hot and cold piped water, a flush toilet, or a bathtub/shower).

The researchers calculated incidence rate ratios (IRR) and mortality rate ratios (MRR) for county-level COVID-19 cases and deaths on Apr 21, finding a 50% higher risk of COVID-19 incidence (IRR, 1.50, 95% CI, 1.38 to 1.62) and a 42% higher risk of COVID-19 mortality (MRR, 1.42, 95% CI, 1.25 to 1.61) for each 5% increase in percent of households with one or more substandard housing characteristics, with similar results for two earlier time points (Mar 31 and Apr 10).

The authors point to repeated exposure and potentially higher viral inoculum due to overcrowding and a lack of access to adequate plumbing and sanitation as the most likely factors responsible for the higher incidence and mortality. They advocate for the need for public health messaging to improve hygiene, surface cleaning, and ventilation in crowded housing.

"Our study adds to a robust body of evidence for other disease processes, which has shown that inadequate housing is a public health hazard especially in relation to infectious diseases and highlights the importance of finding short (e.g. better access to clean water and bathrooms) and long-term (e.g. overcrowding, cost) solutions to problems surrounding poor housing to help contain or mitigate the spread of COVID-19," the authors wrote.
https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0241327

**Less distancing, higher COVID-19 burden in low-income neighborhoods**
ID: 1008181993
Source: CIDRAP

A study in Nature Human Behavior today finds a strong association between neighborhood income and physical distancing, with financial constraints and inability to work from home contributing to a higher COVID-19 burden in low-income neighborhoods.

Physical distancing—reducing close contacts between non-household members—is one of the primary strategies to mitigate the transmission of COVID-19 and was the impetus for state-level stay-at-home orders in the early months of the US pandemic. Data suggest that stay-at-home orders helped to reduce cases but reveal unequal declines and higher mortality rates among racial and ethnic minorities, who disproportionately live in low-income neighborhoods.

The study authors used cellphone mobility data from 19 million users in all 50 states and the District of Columbia from Jan 6 to May 3 to assess neighborhood-level physical distancing, finding increased physical distancing for all income groups, but lower increases for low-income communities. The highest income neighborhoods increased days at home 16.0 percentage points more than the lowest-income

neighborhoods (P < 0.001, 95% confidence interval [CI], 16.0 to 16.1), inverting the pre-pandemic pattern of people in high income neighborhoods staying home less than those in low-income communities.

"The rapid inversion in the relationship between mobility and income during the COVID-19 pandemic illustrates how higher socioeconomic position affords greater opportunity to achieve good health," the authors write.

Residents of low-income neighborhoods were more likely to work outside the home, showing only a 6.6-percentage-point reduction in days at work versus a 13.7-percentage-point reduction for the highest income areas. Non-work activities outside the home declined in all groups, with low- and high-income communities curtailing non-work activities at similar rates.

"Although lower-income individuals had the knowledge and motivation to avoid exposure to COVID-19, as their reductions in non-work activities suggest, they were less able to stop reporting to work outside the home," the study authors conclude. "Our findings indicate that state policies did little to level the disparities in distancing between low- and high-income communities in Spring 2020."
https://www.nature.com/articles/s41562-020-00998-2

## Domestic Events of Interest

**IHR Notification**

**Canada | Influenza due to identified avian or animal influenza virus**

Core Details

Event ID:

2020-E000434

Date updated: Wednesday, November 4, 2020 - 11:35

Region: AM

Country: Canada

EIS Status: Current

Hazard: Infectious

Aetiology: Human infection with influenza A(H1N2)variant virus

Disease: Influenza due to identified avian or animal influenza virus

Verification Status: No verification requested

Laboratory Confirmed: Yes

IHR Assessment: Public Health Risk (PHR)

WHO IHR Contact Point

**IHR Contact Point** Region of the Americas

**Phone** + 1 202 368 8929

**Fax** + 1 202 351 0548

**Email** ihr@paho.org

**URL** http://www.paho.org/english/ad/dpc/cd/eer-ihrs.htm

IHR Criteria

Serious Public Health Impact

According to the IHR, a human infection caused by a novel influenza A virus subtype is an event that has the potential for high public health impact. A novel influenza A virus is considered to have the potential to cause a pandemic if: (1) the virus has demonstrated the capacity to infect and transmit efficiently among humans; and (2) differs from currently-circulating seasonal human influenza viruses such that the hemagglutinin (HA) gene (or protein) is not a mutated form of those, i.e. A/H1 or A/H3, circulating widely in the human population; and (3) the population has little to no immunity against it. Human infections with variant viruses tend to result in mild clinical illness, although some cases have been hospitalized with more severe disease. Nevertheless, human infections with these viruses need to be monitored closely.

Unusual or unexpected

Swine influenza A(H1N2) viruses circulate in swine populations in many regions of the world. Influenza A viruses that normally circulate in swine are called “variant” influenza viruses when isolated from humans. There may be important antigenic and genetic differences between seasonal influenza viruses that circulate worldwide in the human population and influenza viruses that normally circulate in swine. Close monitoring is needed in order to identify changes in the virus and/or its transmission to humans early (see related case definitions for the four diseases requiring notification in all circumstances under the International Health Regulations (2005) URL: http://www.who.int/ihr/Case_Definitions.pdf).

International disease spread

The case self-isolated at home following illness onset and has since recovered. The hospital emergency department that the case visited had implemented heightened COVID-19 related infection prevention and control measures, further reducing the potential for spread. Moreover, COVID-19 related border and travel restrictions make it even more unlikely that international spread will occur.

Interference with international travel or trade

WHO does not recommend any restrictions on travel and/or trade for Canada based on available information on this event.

Date first Published to EIS: Wednesday, November 4, 2020 - 11:35
updated status: new

Event Update 2020-11-04

Date / Time Published: Wed, 2020-11-04 11:37

On 31 October 2020, the Canada IHR National Focal Point (NFP) informed PAHO/WHO of human infection with influenza A(H1N2) variant virus (A[H1N2]v). According to the report, on October 29, 2020, the Public Health Agency of Canada (PHAC) was notified of a confirmed human case of influenza

A(H1N2) variant virus, marking the first influenza A(H1N2)v detection in a Canadian resident since WHO reporting began in 2005. The case is an elementary school-aged child, residing in the province of Alberta, who developed mild respiratory infection symptoms. The child presented to an emergency department on October 7, 2020, with symptoms of acute upper respiratory infection including fever (≥38C), cough, and sore throat, at which time specimen collection took place. The case did not require hospitalization, self-isolated at home, and was reported recovered by October 12, 2020. No influenza antiviral treatment was provided. RT-PCR tests for SARS-CoV-2 and RT-PCR testing for influenza completed between October 16-19, 2020 identified an unsubtypeable influenza A virus. Further testing at the provincial laboratory identified an influenza A(H1N2)v virus of swine origin. On November 3, 2020, the specimen was received at the National Microbiology Laboratory (NML), Canada's National Influenza Centre, in Winnipeg for confirmation, viral culture, and additional genetic, antigenic, and antiviral susceptibility testing.

Public health investigations noted that the case's older sibling also developed illness within 1-2 days after the case's onset of illness but was not tested. The sibling's illness was reported to be self-limiting and no health care was sought. Both children self-isolated at home for 10 days following the onset of illness and have since recovered. Neither of the child's parents reported illness prior to or following the case's illness. The household is located in a rural community. Based on a preliminary investigation, the case has had no known animal or sick human exposure; however, the case's father provides direct care to animals on a swine farm. There was no recent travel history among any members of the household.

Epidemiologic, animal health, and virological investigations are ongoing.

**WHO Risk Assessment**.

There has been some limited, non-sustained human-to-human transmission of variant influenza viruses, but no ongoing community transmission has been identified. Current evidence suggests that these viruses have not acquired the ability of sustained transmission among humans, thus the likelihood is low. Further information from the ongoing investigations is anticipated and may change the risk assessment.

Swine influenza viruses circulate in swine populations in many regions of the world. Depending on geographic location, the genetic characteristics of these viruses differ. When an influenza virus that normally circulates in swine (but not people) is detected in a person, it is called a "variant influenza virus". Most human cases are the result of exposure to swine influenza viruses through contact with infected swine or, in some cases, contaminated environments. Because these viruses continue to be detected in swine populations around the world, further human cases can be expected. This case is the first influenza A(H1N2)v detection in a Canadian resident since WHO reporting began in 2005. Variant virus infections, such as A(H1N1)v and A(H3N2)v infections, in humans, have previously been reported from Canada to WHO with the last reported case occurring in 2016.

Influenza viruses that infect pigs may be different from human influenza viruses. Thus, influenza vaccines against human influenza viruses are generally not expected to protect people from influenza viruses that normally circulate in pigs. In addition, pigs are susceptible to avian, human, and swine influenza viruses; they potentially may be infected with influenza viruses from different species at the same time. If this happens, it is possible for the genes of these viruses to mix and create a new virus. This type of major change in the influenza A virus is known as antigenic shift. If this new virus causes illness in people and can be transmitted easily from person-to-person, an influenza pandemic can occur.

Due to the constantly evolving nature of influenza viruses, WHO continues to stress the importance of global surveillance to detect virological, epidemiological, and clinical changes associated with circulating influenza viruses that may affect human (or animal) health and timely virus sharing for risk assessment.

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

**WHO Recommendations**

This case does not change the current WHO recommendations on public health measures and surveillance of seasonal influenza.

WHO does not advise special traveler screening at points of entry or restrictions with regard to the current situation of influenza viruses at the human-animal interface.

Travelers to countries with known outbreaks of animal influenza should avoid farms, contact with animals in live animal markets, entering areas where animals may be slaughtered, or contact with any surfaces that appear to be contaminated with animal feces. Travelers should also wash their hands often with soap and water. Travelers should follow good food safety and good food hygiene practices. Should infected individuals from affected areas travel internationally, their infection may be detected in another country during travel or after arrival. If this were to occur, further community level spread is considered unlikely as this virus has not acquired the ability to transmit easily among humans.

In the case of a confirmed or suspected human infection caused by a novel influenza virus with pandemic potential, including a variant virus, a thorough epidemiologic investigation (even while awaiting the confirmatory laboratory results) of history of exposure to animals, of travel, and contact tracing should be conducted. The epidemiologic investigation should include early identification of unusual respiratory events that could signal person-to-person transmission of the novel virus and clinical samples collected from the time and place that the case occurred should be tested and sent to a WHO Collaboration Center for further characterization.

**For further information and details please see:**

- Current technical information including monthly risk assessments at the Human-Animal Interface can be found at the WHO website: http://www.who.int/influenza/human_animal_interface/en
- WHO. Influenza virus infections in humans, October 2018. Available at:
- https://www.who.int/influenza/human_animal_interface/virology_laboratories_and_vaccines/influenza_virus_infections_humans_Oct_18.pdf
- Case definitions for diseases requiring notification under the IHR (2005). Available at: www.who.int/ihr/Case_Definitions.pdf
- IHR (2005). Available at: http://www.who.int/ihr/publications/9789241596664/en/
- Manual for the laboratory diagnosis and virological surveillance of influenza (2011). Available at: http://www.who.int/influenza/gisrs_laboratory/manual_diagnosis_surveillance_influenza/en/The
- Terms of Reference for National Influenza Centers of the Global Influenza Surveillance and Response System. Available at: https://www.who.int/influenza/gisrs_laboratory/national_influenza_centres/tor_nic.pdf
- Protocol to investigate non-seasonal influenza and other emerging acute respiratory diseases. Available at: https://www.who.int/influenza/resources/publications/outbreak_investigation_protocol/en/
- OIE. Swine influenza. Available at: https://www.oie.int/en/animal-health-in-the-world/animal-diseases/Swine-influenza/

Reported Infections with Variant Influenza Viruses in the United States. Available at: https://www.cdc.gov/flu/swineflu/variant-cases-us.htm#table-infections

Event(s):

Canada | Influenza due to identified avian or animal influenza virus

Unpublish date:

Wednesday, November 4, 2020 - 11:30

## Canada

**Health Canada Approves Canada's First HIV Self Test Made-In-Canada INSTI® HIV Self Test Provides Results in 1 Minute and is More Than 99% Accurate**

Source: Financial Post

Unique ID: 1008179035

The approval of the INSTI® HIV Self Test comes a year after the launch of a ground-breaking field study at three sites across Canada which proved that individuals without medical training could perform the 1-minute self-test and interpret their results accurately. By providing innovative options like our 1-minute INSTI® HIV Self Test, we can help people who are unaware of their HIV status to learn the facts and make informed health decisions much faster," says bioLytical's Chief Executive Officer, Robert Mackie. bioLytical Laboratories, a world leader in rapid infectious disease tests, announced today that it has received Health Canada Licence to produce and sell its highly accurate, 1-minute INSTI® HIV Self Tests in Canada.

VANCOUVER, British Columbia, Nov. 03, 2020 (GLOBE NEWSWIRE) —For the first time, Canadians will have access to at-home HIV self test kits. bioLytical Laboratories, a world leader in rapid infectious disease tests, announced today that it has received Health Canada Licence to produce and sell its highly accurate, 1-minute INSTI® HIV Self Tests in Canada.

Likened to a home pregnancy test, the INSTI®HIV Self Test allows individuals to screen and monitor for HIV in the comfort of their own home, using easy-to-understand, three-step instructions. Testers collect one drop of blood using a simple fingerstick method and receive results that are more than 99 per cent accurate in only 1 minute. The INSTI® HIV Self Test is part of bioLytical's world-leading line of 1-minute tests for infectious diseases including HIV, Hepatitis C, Syphilis and now, COVID-19.

Contrary to the popular belief, HIV infections are still on the rise in Canada. It is estimated that 14 per cent of people living with HIV nationwide do not know their status. The introduction of HIV self-testing provides new opportunities to reach the undiagnosed, which can lead to better health outcomes and fewer new HIV transmissions.

"Ending the HIV epidemic starts with testing. By providing innovative options like our 1-minute INSTI® HIV Self Test, we can help people who are unaware of their HIV status to learn the facts and make informed health decisions much faster," says bioLytical's Chief Executive Officer, Robert Mackie. "In addition, bioLytical has received approval in Europe and is currently in FDA trials for our COVID-19 Antibody test, which uses the same 1-minute INSTI® self-testing technology."

The approval of the INSTI® HIV Self Test comes a year after the launch of a ground-breaking field study at three sites across Canada which proved that individuals without medical training could perform the 1-minute self-test and interpret their results accurately. The study was jointly funded by The CIHR Centre for REACH 3.0 and the Canadian Foundation for AIDS Research (CANFAR) and was led by Dr. Sean B. Rourke at the MAP Centre for Urban Health Solutions at St. Michael's Hospital.

The study provided data to support bioLytical's application for Health Canada Licence, reporting that users found INSTI® HIV Self Test to be accurate and easy to use. In fact, over 95% of the study participants indicated they would use INSTI again and would recommend it to family, friends, and sexual partners.

Dr. Rourke said, "We are excited to be bringing HIV self-testing to Canada to reach the undiagnosed – it's long overdue, and without this option, we will not be able to end the HIV epidemic in Canada. Now approved, REACH is working closely with front-line community-based HIV organizations and other health agencies to develop, implement and scale-up a national (online) telehealth platform with peer navigators to support access to, and support with, HIV self-testing as well as linkage to care."

The test will be available for purchase this week from INSTI.com. For more information and to sign up for updates, please visit insti.com/self-test-canada.

About bioLytical Laboratories Inc.

bioLytical Laboratories Inc. is a privately-owned Canadian company focused on the research, development and commercialization of rapid in vitro medical diagnostics. Using its proprietary INSTI®technology platform, bioLytical's product line features the INSTI®HIV-1 / HIV-2 Antibody Test, INSTI® Multiplex HIV / Syphilis Test and INSTI® HIV Self Test, as well as new INSTI®tests for COVID-19 and HCV. With worldwide regulatory approvals including US FDA approval, Health Canada approval, WHO Prequalification and CE mark, INSTI generates meaningful outcomes for patients, healthcare professionals, payers and public health organizations, as well as contributing to global health strategies. For more information, visit www.insti.com.

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https://financialpost.com/pmn/press-releases-pmn/globe-newswire-releases/health-canada-approves-canadas-first-hiv-self-test-made-in-canada-insti-hiv-self-test-provides-results-in-1-minute-and-is-more-than-99-accurate

## Ontario

**Overdose alert issued after 5 suspected overdose deaths in a week in Waterloo region**

ID: 1008182002

Source: CBC

An overdose alert has been issued for Waterloo region after five suspected overdose deaths were reported in the last week.
Dark red and black fentanyl may be circulating in the community, according to the alert issued by the Waterloo Region Integrated Drug Strategy.
Dark red fentanyl can cause breathing problems and cardiac issues while black fentanyl is reportedly very strong and can cause long-lasting sedation, the alert said.
If you're with someone who overdoses, the alert said you should:

- Call 911.
- Administer naloxone if you suspect it was an opioid overdose.
- Do not give the person stimulants like crystal meth, which can make the overdose worse.
- Assist the person until help arrives.
- Accompany the person with paramedics to hospital
- Anyone using substances should also take care to:
    - Never use drugs alone.
      Avoid using at the exact same time as a friend.
      Try a small amount of a drug at first.
      Avoid mixing substances.
      Have naloxone ready.

Free naloxone, a drug which can block the effects of overdose, is available through Region of Waterloo Public Health and through the Sanguen Health Centre. Other locations can also be found through the Province of Ontario website.
78 suspected deaths in 2020
As of Tuesday, there have been 78 suspected overdose deaths in Waterloo region so far this year, 10 more than at the last count in early October.
The number of suspected deaths is reported by police and is considered a proxy to understand the impact of opioids in the region. It can take up to 12 months for the cause of death to be confirmed by the Office of the Provincial Coroner.
There were a total of 63 suspected overdose-related deaths in 2019 and 61 in 2018.
In 2017, there were 86 overdose-realated deaths in Waterloo region, which have now been confirmed by the coroner.
https://www.cbc.ca/news/canada/kitchener-waterloo/5-suspected-overdose-deaths-one-week-waterloo-region-78-in-2020-1.5788343?cmp=rss

## International Events of Interest

**South Korea**
**88 dead after receiving flu shots: authorities**
Source: koreatimes.co.kr
Unique ID: 1008179337

The deaths have stoked public anxiety over the safety of such vaccines, but the Korea Disease Control and Prevention Agency (KDCA) said 83 of those deaths have very limited relation with the flu shots. Of the total, 38 people were in their 70s, followed by 35 people aged 80 or older, seven under 60 and eight in their 60s, the KDCA said. The health authorities have repeatedly said they have found no direct link between flu shots and deaths, urging people to get flu vaccinations before the onset of winter amid the coronavirus pandemic.
South Korea's public health agency said Tuesday that a total of 88 people, most of whom were elderly, died after being administered with seasonal flu vaccines.
The deaths have stoked public anxiety over the safety of such vaccines, but the Korea Disease Control and Prevention Agency (KDCA) said 83 of those deaths have very limited relation with the flu shots.
Another five cases are under investigation.
Of the total, 38 people were in their 70s, followed by 35 people aged 80 or older, seven under 60 and eight in their 60s, the KDCA said.

The health authorities have repeatedly said they have found no direct link between flu shots and deaths, urging people to get flu vaccinations before the onset of winter amid the coronavirus pandemic.
Public anxiety has heightened over the safety of flu vaccines after some vaccine bottles — part of the country's free inoculation program — were exposed to room temperature during distribution. The authorities, however, said there was no safety issue.
So far, more than 11.9 million South Koreans have received free state flu shots, out of about 19 million people, including teenagers and senior citizens.
Generally, flu season arrives between end-November and December. Considering that flu vaccines cause antibodies to develop in the body about two weeks after vaccination, experts recommend people get flu shots by mid-November.
http://www.koreatimes.co.kr/www/nation/2020/11/119_298678.html

**St. Vincent and the Grenadines is currently experiencing the most severe dengue fever outbreak in its recent history**
ID:
Source: outbreaknewstoday.com

November 3, 2020
The Ministry of Health, Wellness and the Environment in St. Vincent and the Grenadines (SVG) islands report they are currently experiencing the most severe dengue fever outbreak in its recent history.

In its latest official bulletin dated 20 October 2020, the Ministry of Health, Wellness and the Environment has confirmed an increase in reported cases of dengue infection in the country with 1,155 laboratory confirmed cases of dengue fever recorded and six fatalities.

The last outbreak in the SVG islands was in 2012 when 200 cases were reported.

The mosquito borne disease continues to affect all health districts, but most reported cases have been reported in the Pembroke, Kingstown, Calliaqua and Georgetown Health Districts.

Since the 2012 outbreak, the government has upgraded its surveillance and control system although it is understood that activities to control dengue both locally and regionally have been only moderately effective as vector control programs are costly and difficult to sustain. Additionally, given the COVID-19 context in country, it is feared that this dengue outbreak could expand considerably without appropriate and timely intervention.

http://outbreaknewstoday.com/st-vincent-and-the-grenadines-is-currently-experiencing-the-most-severe-dengue-fever-outbreak-in-its-recent-history-83178/

## United Kingdom

**UK terrorism threat level raised to 'severe'**
Source: BBC
ID: 1008181757

**Summary** The move means security chiefs believe that an attack is highly likely but there is no specific intelligence of an imminent incident. Assessments of threat levels are taken by the Joint Terrorism Analysis Centre (JTAC), part of MI5, which makes its recommendations independently from the government. Last week, three others died in a knife attack in Nice, France, and a teacher was murdered in Paris last month.

Published 2 hours ago

The UK's terrorism threat level has been upgraded from "substantial" to "severe".

The move means security chiefs believe that an attack is highly likely but there is no specific intelligence of an imminent incident.

The move follows Monday night's shooting in Vienna in which four people died.

Last week, three others died in a knife attack in Nice, France, and a teacher was murdered in Paris last month.

Home Secretary Priti Patel said the British people should be "alert but not alarmed".

"This is a precautionary measure following the horrific events of the last week in France and last night in Austria and is not based on a specific threat."

She added that significant steps had already been taken to amend powers and strengthen the tools for dealing with developing terrorist threats.

"As I've said before, we face a real and serious threat in the UK from terrorism.

"I would ask the public to remain vigilant and to report any suspicious activity to the police," she said.

How do terrorism threat levels work?
Arrests after 'freed jihadist' kills four in Vienna
Three stabbed to death in France 'terror attack'
Beheading of teacher deepens divisions in France
Assessments of threat levels are taken by the Joint Terrorism Analysis Centre (JTAC), part of MI5, which makes its recommendations independently from the government.

The five levels of threat set by the JTAC are:

Low - an attack is highly unlikely
Moderate - an attack is possible but not likely
Substantial - an attack is likely
Severe - an attack is highly likely
Critical - an attack is highly likely in the near future

Presentational grey line
'A sense of inevitability'

The decision to raise the threat level back to "severe" has a certain sense of inevitability about it.

While the threat level may feel vague to the public, what lies behind it is an assessment of available intelligence on known suspects targeting the UK and a wider analysis of how international events will play into their intentions.

Whenever there is an attack that leads to loss of life, there are plotters who will regard that as a success to emulate.

They will be encouraged to go further themselves. That is why a string of events elsewhere - such as France and Austria at the moment - carry weight in the UK's planning and preparedness.

In public, there are likely to be subtle changes to visible policing - particularly around public locations thought to be at risk of attack.

Additional advice may be given confidentially to some organisations that could be vulnerable.

And behind the scenes it will mean that counter-terrorism investigators will be taking a very close look at

some of their highest current priorities and asking whether these individuals have been emboldened to turn talk into violence.

**Presentational grey line**
Labour's shadow home secretary Nick Thomas-Symonds said the decision to change the threat level should not cause "undue alarm" but showed the importance of people continuing to be vigilant.

The UK's terrorism threat level was raised to the highest rating, "critical", in the days following the Manchester Arena bombing in May 2017.

It last reached that level again briefly in September that year, after a bomb partially exploded on a Tube train at Parsons Green.

The threat level remained at the second highest rating, "severe", until last November when it was downgraded to "substantial", where it has stayed until now.

BBC security correspondent Frank Gardner said given events in Austria and France, it would have been "remiss" of the government not to raise the threat level.

He said the JTAC, which brings together analysts from across transport, health, intelligence and the military, were constantly analysing the ongoing threat to UK citizens anywhere in the world, and will have looked at what has happened in Vienna and at all the postings from al-Qaeda and the Islamic State group, encouraging people to carry out attacks.

"There's a lot of anger at the moment in many parts of Muslim communities over the cartoons [of the Prophet Muhammad] and that's being exploited by extremists who are encouraging people to carry out attacks, hence the raising to severe."
https://www.bbc.com/news/uk-54799377

**Study**
**Researchers find new lead for disarming antibiotic-resistant bacteria**
Source: **phys.org**
Unique ID: 1008180031

The study, published recently in Proceedings of the National Academy of Sciences, was led by Lanying Zeng, Ph.D., associate professor in the Texas A&M College of Agriculture and Life Sciences Department of Biochemistry and Biophysics. Named after the Latin word pilus, for spear, pili allow bacteria to transfer genes for advantageous traits, such as drug resistance, and enhance bacteria's ability to move and to attack host cells. Through a series of experiments, Zeng, her graduate student Laith Harb, and the other coauthors obtained a detailed description of what happens when an MS2 phage infects an E.
A virus can stop bacteria from sharing genes for antibiotic resistance among themselves, Texas A&M AgriLife researchers have discovered. The results hint at new ways to treat infections and describe a new feature of a highly diverse, largely unexplored part of the biosphere.
The study, published recently in Proceedings of the National Academy of Sciences, was led by Lanying Zeng, Ph.D., associate professor in the Texas A&M College of Agriculture and Life Sciences Department of Biochemistry and Biophysics.
How some phages infect bacteria
Viruses that only infect bacteria are called bacteriophages, or phages for short. Phages are the most numerous biological entities on Earth. Soil is rife with phages, as is the human gut, and phages that infect and destroy bacteria have found promising uses in combating antibiotic-resistant bacterial infections. Some phages only infect bacteria whose surface contains cylindrical structures called pili. Named after the Latin word pilus, for spear, pili allow bacteria to transfer genes for advantageous traits, such as drug resistance, and enhance bacteria's ability to move and to attack host cells. Because of pili's link to bacterial virulence, researchers have wondered whether new medications could be created to inactivate this feature. While the ways bacteria benefit from pili are clear, how phages use pili to infect bacteria has

remained elusive.
Phage competition
Zeng's team used fluorescence microscopy to delve into how a phage, MS2, enters an E. coli cell. The researchers created MS2 phages that fluoresce and are fully infectious and stable. The phages attach to pili on E. coli cells, making the pili visible through a fluorescence microscope.
Through a series of experiments, Zeng, her graduate student Laith Harb, and the other coauthors obtained a detailed description of what happens when an MS2 phage infects an E. coli.
The team discovered that after a phage attaches to a pilus, the pilus retracts, bringing the phage to the bacterial cell surface. The pilus then breaks off behind the phage. Whereas healthy E. coli replenish broken pili, cells infected by MS2 do not. In this way, other phages are prevented from infecting the same cell. The first phage to reach the cell gains a competitive advantage.
"It's like, 'OK, this cell is mine.' Phages set up their own territory," said Zeng, who is a core faculty member of the Center for Phage Technology, a part of Texas A&M AgriLife Research.
Because the phenomenon gives such a boost to the infecting phage, this occurrence may be widespread among other phage strains that employ pili to infect bacteria, Zeng added.
New ideas for medicine
The results may be of use in medicine, Zeng said. First, using phages to decrease bacterial virulence may give the immune system time to fight off an infection. Second, the results point to a way of dealing with infections that may be gentler for patients than antibiotics or than using phage therapy to destroy bacteria.
"One advantage of our method versus traditional phage therapy is that you do not kill the cell, you just disarm it," Zeng said. "Killing the cell may cause a problem, because inside the cell you may have a toxin that could be released into the host."
Phages that target pili could also reinforce the action of antibiotics. Some bacterial infections only respond to high doses of antibiotics, which can cause side effects. Adding phages to the mix may allow doctors to decrease the needed antibiotic dosage.
More information: Laith Harb et al. ssRNA phage penetration triggers detachment of the F-pilus, Proceedings of the National Academy of Sciences (2020). DOI: 10.1073/pnas.2011901117
Journal information: Proceedings of the National Academy of Sciences
Study https://www.pnas.org/content/117/41/25751
https://phys.org/news/2020-11-antibiotic-resistant-bacteria.html

**Study**

**Anti-opioid addiction drugs can reverse adverse effects of type 2 diabetes: IIT Mandi research**
Source: The Tribune India
Unique ID: 1008179149

Researchers from Indian Institute of Technology (IIT) Mandi have found that the treatment drugs for opioid addiction can reverse some of the adverse effects of type 2 diabetes. The relationship between insulin resistance and hyperinsulinemia is cyclic - each increases the occurrence of the other," said Prosenjit Mondal, Associate Professor, School of Basic Sciences, IIT Mandi. The results of the research work that was funded by the Science and Engineering Research Board (SERB) grant have recently been published in the Journal of Biological Chemistry.
New Delhi, November 3
Researchers from Indian Institute of Technology (IIT) Mandi have found that the treatment drugs for opioid addiction can reverse some of the adverse effects of type 2 diabetes.
The team has unravelled the mechanism by which insulin overload in the body causes insulin resistance that is associated with diabetes.
The results of the research work that was funded by the Science and Engineering Research Board (SERB) grant have recently been published in the Journal of Biological Chemistry.
"Insulin, a hormone produced by the pancreas, is used by cells to absorb glucose from the blood. Type 2 diabetes results when cells lose their ability to use insulin due to a variety of reasons. Insulin resistance is intricately linked to a condition called hyperinsulinemia, in which there is excess insulin traversing the bloodstream. The relationship between insulin resistance and hyperinsulinemia is cyclic - each increases the occurrence of the other," said Prosenjit Mondal, Associate Professor, School of Basic Sciences, IIT Mandi.

"While it is obvious how insulin resistance leads to hyperinsulinemia - when cells cannot use the insulin, it just remains in the blood - the converse of how hyperinsulinemia increases insulin resistance has hitherto remained unclear. We have known that one of the causes of insulin resistance is inflammation," he added.
The researchers identified a critical protein molecule - SIRT1 which is repressed in hyperinsulinemia.
"The team has found that low dose naltrexone (LDN), a drug commonly administered for opiate addiction, can activate SIRT1, thereby reducing inflammation and increasing insulin sensitivity of cells.The significance of this discovery is enormous," Mondal said.
Naltrexone is already an Food and Drug Administration-approved drug that is used for the treatment of opioid addiction and can easily be repurposed for inflammation reduction and diabetes control.
"The research team intends to study this thread further to understand the mechanistic aspects of LDN's effects on hyperinsulinemia-induced inflammation and resulting insulin resistance," he said. PTI
https://www.tribuneindia.com/news/nation/anti-opioid-addiction-drugs-can-reverse-adverse-effects-of-type-2-diabetes-iit-mandi-research-165403

## Study

**Study gives insight into bushmeat preferences in Uganda**
Source: Food Safety News
Unique ID: 1008179037

Depending on the wildlife species involved such as baboons, bats, hippopotamus or monkeys, hunting, preparing, and consuming bushmeat has the potential to spread diseases such as the Ebola virus or more widespread, and perhaps more economically damaging, bacterial infections caused by E. They interviewed 292 women in July 2017 who cook for their households and 180 self-identified hunters in July 2016 from 21 villages bordering Murchison Falls National Park in Uganda on bushmeat preferences, the opportunity for zoonotic pathogen transmission, and awareness of common wildlife-associated zoonoses.
The team at the University of Tennessee College of Veterinary Medicine and Department of Forestry, Wildlife and Fisheries, looked at the attitudes, practices, and zoonoses awareness of community members associated with the bushmeat trade in northern Uganda.
Researchers have expanded understanding of the potential for exposure to and infection with zoonotic pathogens in the bushmeat trade.
Scientists believe that if they can help bushmeat traders and consumers keep themselves safe, perhaps their communities can also be protected.
The team at the University of Tennessee College of Veterinary Medicine and Department of Forestry, Wildlife and Fisheries, looked at the attitudes, practices, and zoonoses awareness of community members associated with the bushmeat trade in northern Uganda.
They interviewed 292 women in July 2017 who cook for their households and 180 self-identified hunters in July 2016 from 21 villages bordering Murchison Falls National Park in Uganda on bushmeat preferences, the opportunity for zoonotic pathogen transmission, and awareness of common wildlife-associated zoonoses.
Awareness doesn’t equal mitigation
Families and communities frequently rely on bushmeat for food security and basic income. In Uganda, the harvest of wildlife is illegal but bushmeat hunting is common. This has resulted in a covert market with person-to-person exchanges rather than legal open markets.
Depending on the wildlife species involved such as baboons, bats, hippopotamus or monkeys, hunting, preparing, and consuming bushmeat has the potential to spread diseases such as the Ebola virus or more widespread, and perhaps more economically damaging, bacterial infections caused by E. coli, Salmonella, Brucella or others.
Almost all respondents were aware there is a risk of disease spillover from wildlife to people. However, for hunters, this awareness does not appear to influence or motivate precautionary behaviors during the harvest of wildlife as virtually no respondents reported taking precautions with financial gain the top motivation.
Both hunters and women who cook considered primates to be the most likely wildlife species to carry diseases humans can catch. Among common zoonotic pathogens, both groups believed that pathogens causing stomach ache or diarrhea and monkeypox can be transmitted by wildlife. Cooks considered domestic meat such as cow, pig, chicken, and goat safer than bushmeat species.

Neither women who cook nor hunters report frequent injury during cooking, butchering, or hunting, and few took precautions while handling bushmeat. One respondent described wearing plastic bags on his hands like gloves. A greater proportion of cooks reported taking precautions when preparing domestic meats compared to when working with bushmeat.

Intentional deception impacts informed choices

The survey, published in the journal PLOS ONE, was in cooperation with Makerere University and the private secretary in charge of veterinary affairs in the State House of Uganda.

It found most women who cook believe that hunters and dealers never or rarely disguise primate meat is another kind in the marketing process. However, the majority of hunters said they "usually" disguise primate meat as some other kind in the market. A total of 95 percent of hunters report that dealers "usually" disguise this meat as some other kind.

This is potentially harmful because it impacts the ability of bushmeat consumers to make informed choices about their diets. If awareness that certain species carry more risk for zoonoses transmission than others translates to differences in precautionary practices in food preparation and handling, then consumers may be inadvertently exposing themselves and others consuming the meals to pathogens due to this misrepresentation.

"These findings raise concerns, as the ability of cooks to know and assess the risks of handling primate meat is subverted through the disguise of these species in the market. Expanding our knowledge of awareness, perceptions, and risks enables us to identify opportunities to mitigate infections and injury risk and promote safe handling practices," said BreeAnna Dell, a study author.

(To sign up for a free subscription to Food Safety News, click here.)

https://www.foodsafetynews.com/2020/11/study-gives-insight-into-bushmeat-preferences-in-uganda/

## Researches, Policies and Guidelines

### United States

**Type 2 diabetes medicine recalled for NDMA content**

Source: Miami Herald

Unique ID: 1008179194

Nostrum becomes the latest of many drug makers, most recently Marksans Pharma Limited of India last month, to recall their metformin because the NDMA (N-Nitrosodimethylamine) content surpasses the FDA's daily limit. Consumers should keep taking their metformin until their doctor or another medical professional comes up with another course of treatment. Nostrum Laboratories announced Monday that two lots of its version of Type 2 diabetes drug metformin has too much of the carcinogen NDMA.

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This covers 100-tablet bottles of Metformin Hydrochloride Extended Release Tablets, lot Nos. MET200101 and MET200301, both with expiration date 05/2022. Consumers should keep taking their metformin until their doctor or another medical professional comes up with another course of treatment.

Consumers with medical questions regarding the recall can email Nostrum at quality@nostrumpharma.com or call the company at 816-308-4941 Monday through Friday, 9 a.m. to 6 p.m., Eastern time.

If this or any other drug causes a medical problem, after notifying a medical professional, let the FDA know via its MedWatch Adverse Event page or by filling out a form you can get by calling 800-332-1088.

https://www.miamiherald.com/news/health-care/article246914062.html

https://www.epa.gov/sites/production/files/2014-03/documents/ffrrofactsheet_contaminant_ndma_january2014_final.pdf