

FW: ** FOR DMs AWARENESS ** TRANSCRIPT - Government of Canada officials COVID-19 - News Conference - September 22, 2020

From:

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Date:

Wed, 23 Sep 2020 18:25:00 +0000

Transcript from yesterday's presser. Working on getting last night's Power and Politics transcript too.

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From: Carole Charette

Sent: September 23, 2020 1:03 PM

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COVID-19 - News Conference - September 22, 2020

Nathalie, also for DMs awareness please find below, Transcript from yesterday
MAA News Conference.

Happy to provide additional information as required.

Carole Charette

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From: Services Media

Sent: September 23, 2020 9:17 AM

Subject: TRANSCRIPT - Government of Canada officials COVID-19 - News Conference
- September 22, 2020

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DATE/DATE: September 22, 2020 12:00 p.m. ET
LOCATION/ENDROIT: Room 225, West Block, Parliament Hill,
Ottawa, Ontario
PRINCIPALS/PRINCIPAUX: Dr. Theresa Tam, Chief Public
Health Officer

Dr. Howard Njoo, Deputy
Chief Public Health
Officer
The Honourable Patty Hajdu,
Minister of Health
The Honourable Anita Anand,
Minister of Public Services
and Procurement Canada

SUBJECT/SUJET: Ministers and Government of Canada officials hold
a news conference to provide an update on coronavirus disease
(COVID-19). Government of Canada officials also hold a technical
briefing on data and modelling informing public health action on
COVID-19.

Moderator: Good afternoon, thank you for
being here. Bonjour, merci à tous d'être présents. We will first hear
from Minister Anand and then turn to the doctors for the daily
update. Mme la Ministre.

Hon. Anita Anand: Thank you all for joining us. Let
me begin by thanking all those working tirelessly on the front lines to
care for those affected by COVID-19, and the doctors and scientists
working behind the scenes to develop better treatments and an
effective vaccine.

The increase in case numbers in recent days reminds us of the fragility of the efforts to stop the spread of COVID-19 and the importance of continuing to follow public health instructions, such as physical distancing and wearing a mask.

Our government remains vigilant in preparing for the possibility of a resurgence and my department, Public Services and Procurement Canada continues to procure vital supplies for our frontline healthcare workers and Canadians who are providing essential services.

At the same time on behalf of the Public Health Agency of Canada and based on the recommendations of the vaccine task force, we are looking to the future and readying Canada for a vaccine to enable us to emerge from this pandemic collectively. Over the past few weeks our government has announced several agreements to secure Canada's access to a successful vaccine or vaccines.

Today we are taking another significant step on this front. I am pleased to announce that the government of Canada has signed an agreement with Sanofi for up to 72 million doses of its vaccine candidate adding to our diverse portfolio of potential vaccines. In addition, based on the advice of the vaccine task force Canada is purchasing an additional 14 million doses of Moderna's vaccine to bring our total to 20 million doses procures with options remaining for 36 million.

These contracts reflect our ongoing strategy to secure a diverse range of potential vaccines. Alongside the previously announced agreements with Johnson and Johnson, Novavax and Pfizer and exercising our options for additional doses of Moderna, Canada now has secured access to a guaranteed minimum of 154 million doses and up to 262 million doses of potential vaccines to protect Canadians and save lives.

Canada now has access to a guaranteed minimum of 154 million doses of the potential vaccine, and up to 262 million doses, to protect Canadians and save lives. These vaccine contracts ensure Canada has access to the three main types of vaccine candidates known as MRNA, protein subunit and viral vector.

Having a diverse portfolio of vaccines from multiple supply sources will provide assured access to safe and effective COVID-19 vaccines when they become available. Investments today to secure rapid access on multiple fronts are investments in the future health and safety of every Canadian.

To date we have committed roughly \$1 billion to secure access to five vaccine candidates. This amount includes some upfront payments that

the vaccine developers require to support vaccine development, testing and at risk manufacturing. This investment guarantees Canada's earliest possible place in production runs.

Subsequent payments are contingent on vaccines passing clinical trials and obtaining regulatory approval and all contracts that Canada signs with vaccine developers contain off ramps and exit provisions should they be required. The amounts of future payments will depend on which vaccine candidates are successful and the number of doses Canada decides to purchase ultimately.

Of course, we know that when enough data is collected on a vaccine, there are still critical steps to take, including Health Canada's review and regulatory approval. These steps will take time but will ensure that a safe effective and high quality vaccine is available.

When those vaccines arrive Canada will be prepared in terms of supplies as well. Just recently we signed two contracts with SIO2, a materials manufacturer, for syringes and vials for use in filling vaccines. The vials we are receiving from SIO2 are anticipated to provide capacity for up to 80 million doses.

These contracts will prove to be essential for the efficient distribution and administration of a vaccine. We are also procuring supplies required to manufacture and package vaccines here in Canada. This includes securing domestic production lines to rapidly fill and finish vials.

It also includes buying syringes, needles and alcohol swabs to support safe and effective immunization. The Canadian component to this process is important. For example, we have awarded contracts to Cardinal Health to provide Canada with alcohol swabs, adhesive bandages, nonsterile gauze and sharps containers.

In addition, Beckton Dickinson Canada which is already providing consumables such as syringes and needles to us, will also be supplying sharps containers under new agreement that we recently signed. Just a few weeks ago, the Prime Minister announced that the government will invest \$126 million over two years to build a new National Research Council facility in Montréal.

This facility will increase vaccine production in Canada by 2 million doses a month. This is excellent news for the Canadian biomanufacturing industry. In short, when a vaccine is ready we will be ready to offer it to Canadians in every corner of this country.

We are also ensuring Canadians have access to the most effective treatments available if they do become ill. Today I am pleased to announce the government of Canada has signed a new agreement with Gilead Sciences and McKesson Canada to secure a supply of up to 150,000 vials of remdesivir, an important drug used to fight COVID-19.

Health Canada authorized remdesivir for the treatment of COVID-19. It is the only known antiviral drug at this time that has been shown to be effective in treating the most serious cases of COVID-19. We know COVID-19 will be with us for some time and this endeavour is imperative as we prepare for all possible scenarios including a spike in cases into the fall and winter seasons.

Our government will continue to make every effort to ensure the safety of Canadians, and we will continue to do what we must to protect them against COVID-19. I would again like to thank everyone on the front lines and behind the scenes who are working hard to develop treatments and vaccines for the virus.

It will be thanks to your hard work and dedication that we will get through this pandemic. Lorsqu'un vaccin sera prêt le Canada le sera aussi. When a vaccine is ready, Canada will be ready also. Merci beaucoup, meegwetch, thank you.

Moderator: Thank you Minister, merci Mme la Ministre. We will now turn to Dr. Tam and Dr. Njoo.

Dr. Theresa Tam: Good afternoon. Bonjour à toutes et à tous. Today we'll be updating the national epidemiology and modeling work that continues to inform us on the control of COVID-19 in Canada. First I'll provide the latest numbers. There have been 145,415 cases of COVID-19 reported to date in Canada including 9,228 deaths.

Due to increasing daily case counts and a higher proportion of active cases the cumulative number of people recovered has decreased slightly to 86%. Labs across Canada have tested almost 6.7 million people for COVID-19 to date. Over the past week there has been a marked increase in testing with an average of almost 70,000 people tested daily and a 1.4% testing positive.

Much of this has been due to a large increase in testing in the province of Ontario. In the following slides we'll discuss increasing daily case counts and updated COVID-19 epidemiological trends in Canada.

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Dr. Theresa Tam: Slide two. Since the last modeling update in mid-August the national daily case count has been increasing at an accelerated rate. Over the past 7 days an average of 1,058 cases were reported daily compared to 380 cases reported daily at the time of our last update in mid-August. This acceleration in epidemic growth is concerning the situation will continue to escalate further unless public health and individual protective measures are strengthened.

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Dr. Theresa Tam: Slide four. The time varying effective reproduction number or R_T represents how many people are being infected by each new case. In order for the epidemic to die out

RT needs to remain consistently below 1 meaning on average each new case infects less than one other person. When RT is greater than 1 as it has been in Canada since the end of August, it means the epidemic is growing.

This is consistent with the acceleration we are now seeing in daily reported cases. Right now the RT is around 1.4 which means that every 100 cases are passing the cases onto 140 new people and so on with each new generational spread getting larger.

Because daily reported cases will always lag behind transmission by one to two weeks, we will only learn about the spread happening now in another one to two weeks in the future. This is why our actions right now are what matters for keeping epidemic growth under control.

Dr. Howard Njoo: Slide four. The time varying effective reproduction number, or RT, represents how many people are being infected by each new case. In order for the epidemic to die out, RT needs to remain consistently below 1, meaning on average each new case infects less than one other person. When RT is greater than 1, as it has been in Canada since the end of August, it means the epidemic is growing.

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Dr. Theresa Tam: Slide five. As has been the case throughout the epidemic the intensity of COVID-19 activity is not the same across the country. This slide illustrates the uneven distribution of COVID-19 activity over the past two weeks. Jurisdictions and health regions with the highest incidence rates are shown in a deeper shade of blue.

While those with the lowest incidence are in the lightest shade of blue-grey. Over the past 14 days nine health regions across Canada have reported incidence rates from 50 to 99 cases per 100,000 seen as dark blue areas on the map. This illustrates the different levels of activity across Canada and the hot spots even within affected provinces.

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Dr. Theresa Tam: Slide six. Following the first wave of COVID-19 in Canada which disproportionately impacted elderly adults, we've seen a shift in the age trend. In June as incidence rates continued to sharply decline in adults over 80, increased incidence was occurring in younger adults. In particular those aged 20 to 39 years have had the highest incidence throughout the summer months.

While COVID-19 tends to have a milder clinical course in young people, serious or prolonged illness can occur at any age. As well, ongoing circulation of the virus in younger, more mobile and socially connected adults builds a reservoir for the virus increasing the risk of spread to individuals and populations at higher risk for severe outcomes and threatening our ability to maintain epidemic control.

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Dr. Theresa Tam: Slide seven. Along with the continued increase in daily case counts over the past several weeks, outbreaks are being reported in a greater variety of settings. In some

cases a large number of exposures and infections have been linked back to single gatherings and events including private gatherings.

Outbreaks in long term care settings have been far fewer in recent months with a significant decrease in the number of cases associated with each outbreak. A review of publicly reported outbreaks in long term care settings over the course of the epidemic in Canada suggests that the number of cases per outbreak has declined from over 30 cases per outbreak in April to less than 5 cases per outbreak in August.

Nevertheless, outbreaks in long term care homes are an area of concern where we must continue to strengthen measures that prevent introduction of the virus and control spread through rapid detection and robust infection prevention and control.

So far school outbreaks tend to be limited to a single reported case or small cluster with very few cases. These are a reflection of transmission in the community. Although it is not unexpected to have cases in schools we need to monitor these settings to investigate if schools are the setting of transmission.

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Dr. Theresa Tam: Slide eight. To keep a close watch on COVID-19 severity trends we continue to monitor the number of people who are hospitalized and those admitted to intensive care units. Overall these indicators have remained low over the summer months despite increasing disease circulation as indicated by the rise in daily cases.

However, hospitalizations, critical care admissions and deaths are considered late indicators of disease severity because they lag one or more weeks behind the increase in cases. The younger age of COVID-19 cases may be another factor accounting for the overall lower rate of hospitalizations and ICU admissions.

However, some areas have begun to report small increases in hospitalizations which is a reminder that spread in any age group can spill over to affect individuals and populations at high risk for severe outcomes due to COVID-19.

Dr. Howard Njoo: Slide eight. To keep a close watch on COVID-19 severity trends, we continue to monitor the number of people who are hospitalized and those admitted to intensive care units. Overall, these indicators have remained low over the summer months, despite increasing disease circulation as indicated by the rise in daily cases.

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However, some areas have begun to report small increases in hospitalizations, which is a reminder that spread in any age group can spill over to affect individuals and populations at high risk for severe outcomes due to COVID-19.

Dr. Theresa Tam: Slide nine. Following the steep decline in deaths from early May to July in Canada, deaths have remained at a low level with under 10 deaths reported daily for many weeks. As with hospitalizations, deaths are late indicators of COVID-19 severity and can lag behind increases in reported cases by several weeks due to the prolonged natural history of the disease.

However with heightened circulation of the virus and accelerated epidemic growth, the potential for the virus to spread into higher risk populations or settings could lead to an increase in deaths down the

line. We must do everything we can to prevent severe outcomes. This includes ongoing strengthening of measures to keep COVID-19 out of vulnerable settings together with careful monitoring to ensure rapid detection and early interruption of transmission in the event an introduction does occur.

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Dr. Theresa Tam: Slide ten. Based on Canadian data up to September 17th the short term forecasting shows predicted cases and deaths due to COVID19 out to October 2nd. The graph on the left shows the predicted number of cases could be in the range of 150,780 to 155,795 by October 2nd.

The graph on the right shows the predicted number of deaths could be in the range of 9,220 to 9,300 by October 2nd. When reported cases and deaths fall between the red and green dotted lines they are within the forecast range of expected cases and deaths but this type of forecast can serve to alert us of an unexpected signal. When reported data points fall outside the limits it signals that further epidemiologic investigation may be needed to explain the increase.

Dr. Howard Njoo: Slide ten. Based on Canadian data up to September 17, the short-term forecasting shows predicted cases and deaths due to COVID-19 out to October 2. The graph on the left shows the predicted number of cases could be in the range of 150,780 to 155,795 by October 2.

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Dr. Theresa Tam: Slide eleven. This slide shows the result of modeling studies that look at how the epidemic may evolve in Canada. On the left the model scenario shows with minimal controls the virus is capable of surging into very sharp and intense peak because most Canadians don't have immunity to the virus.

This surge could overwhelm our health system capacity and significantly impact social and economic systems as well. In the middle with enhanced case detection and contact tracing but no individual hygienic and distancing measures, the epidemic may surge and if so the peak in cases will be less sharp but still extreme, far exceeding the peak we experienced in the spring.

The model scenario on the right shows the effect of public health acting together with individual hygiene and distancing measures. It's a level of control we need to keep the infection rate low and prevent the virus from surging into an uncontrollable growth trajectory. Therefore the only way to achieve strong control of COVID-19 and prevent the virus from surging into an uncontrollable growth trajectory is for public health authorities and the public to work together.

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Dr. Theresa Tam:

Slide twelve. When public health guidelines are not being adhered to the risk of resurgence increases. We've seen examples recently where even a single case with mild symptoms can start a chain reaction of exposures and infections both at private gatherings and in public settings.

The public has a vital role to play to control the acceleration of epidemic growth. This modelling simulation shows how reducing our number of contacts can have a profound impact on our ability to maintain epidemic control. This modelling forecast based on currently increasing daily cases shows that if we maintain our current rate of contacts the epidemic is forecast to come back. That's the grey line.

If we increase our current rate of contacts the epidemic is forecast to come back faster and stronger which is the orange line. But if we decrease our current rate of contacts the epidemic is forecast to come back under control in most locations, blue line.

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Dr. Theresa Tam:

Slide thirteen. We continue to learn from the experience of other countries whose pandemic trajectory is ahead of Canada. Many European countries that first experienced their first wave in March are now experiencing resurgence that is exceeding or approaching the disease activity levels seen in the first wave.

Similar to what we are seeing in Canada, resurgence in European countries has been mainly among younger age groups and the mortality has been lower. However some countries have begun to

have cases spill over into older age groups and some countries like Spain have begun to see an increase in mortality.

Dr. Howard Njoo: Slide thirteen. We continue to learn from the experience of other countries whose pandemic trajectory is ahead of Canada. Many European countries that first experienced their first wave in March are now experiencing a resurgence that is exceeding or approaching the disease activity levels seen in the first wave.

Similar to what we are seeing in Canada, resurgence in European countries has been mainly among younger age groups and the mortality has been lower. However some countries have begun to have cases spill over into older age groups, and some countries, like Spain, have begun to see an increase in mortality.

Dr. Theresa Tam: Slide fourteen. During the months of closure schools, workplaces, businesses and other public settings modified spaces and implemented protocols and policies to slow the spread of COVID-19. As individual Canadians we likewise modified our behaviours and became adept at practising personal protective measures including physical distancing, hand hygiene and wearing a mask.

The challenge we face now is to stay the course no matter how weary we may feel. We have done this before. We know what works and we know we can work together to get this done. Young people were part of the collective solution to crushing the spring wave and now with high incidence rates in this age cohort they are a critical element in the solution we need to ramp up the defenses and stop a big resurgence from occurring.

As we end today's update I'm making a special call out to young Canadians to say, we need your ingenuity and your drive because we won't get COVID-19 back on the slow burn track without your help. This is your generation. This is your time. You've got this. Let's work together and own this pandemic. Thank you.

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Moderator: Thank you Doctors. We will start the question period as soon as we get the Ministers back online. On va passer à la période des questions, une question, un suivi, one question, one follow up. We'll start on the phone as usual.

Operator: Thank you, merci. Please press *1 at this time if you have a question. Veuillez appuyer *1 maintenant pour poser une question. Our first question is from Marie Vastel of the Devoir. Please go ahead.

Question: I think my question is for Minister Hajdu and or Dr. Tam. We learned that the Conservative Party didn't warn journalists they had been in contact with a staffer that was diagnosed positive with COVID last week. I'd like to clarify. Whose responsibility is it to retrace all contacts of someone with COVID?

Should it have been the Public Health Agency who should have retraced the journalists based on Erin O'Toole's public event and on published media reports which is what the Conservative Party is saying? Should public health themselves have retraced these people or was it the Conservative Party's responsibility?

Hon. Patty Hajdu: I was just saying I'll turn to Dr. Tam first as she is actively engaged with the public health community and the processes of contact tracing.

Dr. Theresa Tam: That is anyone who is a case in Canada needs to link back to the local public health units because contact tracing is a complex issue. That is what local public health is there to do. I'm sure each MP or each Parliamentarian have different contacts. I don't know the specific circumstances of individual cases so I can't comment.

Hon. Patty Hajdu: I concur with Dr. Tam that in the case of Mr. O'Toole he is likely working with Ottawa Public Health who would then determine who his close contacts were and who needs to be contacted and who needs to be invited to have a test or not.

Question: On today's modelling Dr. Tam, I have two questions. One is a technical clarification. On slide 10 you give projections of what could happen between now and October 2nd. On slide 10 we have the orange, blue and grey line. I want to clarify, are those lines equivalent?

In other words, is the best case scenario and worst case scenario until October 2nd is that (off microphone). My more substantive question, how should we take these projections today given that they are from data you had on September 17th and since then the number of cases has exploded in Ontario and Quebec. How reliable are your predictions from today given the situation has already drastically changed?

Dr. Theresa Tam: As we mentioned before our models are to help us look at a short or long range in terms of forecasting. They are not real data and that is what we need to look at. On slide 10 this is a short term epidemic trajectory forecast that uses the actual cases we collect in terms of the Canadian data.

What I said is on September 17th we used the data at that point in time to say what things might look like in the next ensuing short range. If you see the dots we've been following of what's happening now, those dots are reaching to the top of the red and green bar, signaling that to me there is an actual acceleration in what we would have projected September 17th.

So which is a signal that we need to relook at what's going on in different parts of the country. Certainly if that little dot today went outside of the red line you know the epidemic trajectory we had on September 17th isn't the same as what we have today. The modelling which is done from dynamic modelling is a longer range forecast. It's for looking ahead but it's an entirely different methodology.

You can't stack one on top of the other but it is there to show that what could happen if we chose to do things differently in terms of public health measures and contact rates in particular.

Operator: The next question is from Alex Ballingall from the Toronto Star. Please go ahead.

Question: Thanks very much. This question is for Dr. Tam and Minister Hajdu, about the (off microphone) of the rem – rem – rem – you know what I'm talking about.

Hon. Patty Hajdu: Remdesevir.

Question: Thank you, remdesevir vial. Can you talk about in practical terms what that means? I guess it's the only antiviral drug that's been shown to be effective in treating patients. There's 150,000 of them. Is that enough for 2021? Do you expect that to save people's lives as more people might end up in the hospital with cases? Just talk about the practical implications of that procurement.

Dr. Theresa Tam: Maybe I'll start. Remdesevir – there's much research going on now on accelerated rates on a range of treatments but remdesevir has been shown to shorten the duration of the illness or recovery in severely sick people. These are the ones hospitalized and it's for that very specific setting.

We also have other research that shows other therapeutics such as dexamethasone which is a very common anti-inflammatory steroid also makes a difference and the ICU physicians have learned a lot about how to provide supportive care at different stages of someone's clinical evolution.

I see it as an added therapeutic in the broad range of management of a severely sick person. I think it will contribute to a certain extent and I am not familiar with a supply critical path. Maybe one of the Ministers can comment but obviously 150,000 vials is very welcome in the clinical setting as an additional management tool.

Question: On the question for Minister Anand, a couple of weeks ago you guys were reluctant to say how much you were going to spend on vaccine procurement because it would maybe disadvantage us in negotiations for further contracts.

As we continue to push for more, notably the Oxford one, AstraZeneca, does telling the world how much we're spending, does that disadvantage us? Why are you saying that now?

Hon. Anita Anand: Thank you for the question Alex. It's not totally unexpected I must say. What we've done today is to take an aggregate number of funds expended on the base number of doses across five contracts so as not to undermine potential negotiations moving forward.

Furthermore to respond to a potential question regarding why aren't we providing broken down numbers, we do have confidentiality agreements with multiple suppliers and we need to remain inside those bilateral agreements while we are continuing to negotiate with additional suppliers and potentially go back to those original suppliers for additional doses.

I want to highlight how complex these negotiations are and how sensitive the data in terms of our procurements. We did want to come forward with an aggregate amount today which is what we are doing. We will continue to negotiate with additional suppliers as we are following the recommendations of the vaccine task force, the Minister of Health and the Public Health Agency of Canada.

Operator: The next question is from Catherine Lévesque of Presse Canadienne. Please go ahead.

Question : Thank you both. My question is for Dr. Njoo. Has Canada officially entered the second wave?

Dr. Howard Njoo: It's hard for me to say if we're in a resurgence or a second wave, as you said, for all of Canada because Canada is a large country. All regions are different from each other. What's happening in the Northwest Territories isn't the current situation in Quebec. Here in Ottawa, with the epidemiology situation on the ground, Ottawa's medical officer of health declared a second wave in Ottawa, and I know that my colleague Dr. Arruda declared that the first wave is starting in Quebec.

I agree with what's currently happening in Quebec, but we can't average out the cases in all the provinces and territories. I think that, at a certain point, if every chief medical officer in every province and territory in Canada, with their knowledge of the situation in the field, declares a second wave, then yes, Canada can declare that it's in the second wave.

Question: I just want to understand. Are you going to wait until the majority of provincial chief medical officers declare a second wave?

I would like you to explain slide 12 at that point, which shows what we can expect in the coming months. I'm wondering, if we're not in a second wave, what would that look like and which scenario is most likely, in your opinion?

Dr. Howard Njoo: That's not an easy question to answer because we are still working closely with our provincial and territorial counterparts. I think that we can say in general that all chief medical officers in all provinces and territories, as well as Dr. Tam and myself, are currently worried about what is happening with the resurgence, the increase in cases in several provinces.

Almost all provinces west of the Atlantic provinces. So I think that it's something to follow closely and, like we said today, it's really, it's always a group but also an individual responsibility. Because what we do now today, everyone, every Canadian, can have consequences in a few weeks.

If you're asking me about slide 12, I think that we want the blue line, a slow progression, transmission, but if everyone gives up and doesn't follow public health guidelines like they should, we will definitely have the grey or orange line. For me, that's part of a resurgence. The difference is really the peak, the angle of increase. We want to avoid both these scenarios.

Question: Question for Dr. Tam and Minister Hajdu. Dr. Tam, when we look at those figures on page 12 it's pretty striking. How likely if people don't change their behaviours, how likely that a total return to confinement will become necessary? Minister, what's your message to Canadians at this point when we see those scenarios?

Hon. Patty Hajdu: I'll start and then turn it to Dr. Tam. Dr. Tam and Dr. Njoo said it quite well in that all of us have the future in our hands in terms of the decisions we're making today. I heard a local public health officer speak recently and he said we have to get better at saying no more than yes to the invitations we're receiving to gather for barbecues in the backyard or parties to celebrate occasions or gatherings bringing people together.

This is a difficult time and it's difficult for people to stay apart because we're all longing for the company of our friends and family but those decisions we make today to say no, to connect in different ways, to keep our gathering sizes small, to ensure we're not socializing more than necessary are going to help drive the cases down.

It's a sacrifice we all have to make and it's difficult. I fully understand how difficult it is. In terms of measures, public health measures that can help reduce the spread, ultimately at the end of the day what I think Dr. Njoo's previous answer illustrates the disease activity is not the same across the country.

It's not the same across the province. In my area in northern Ontario there have been very few cases. There continue to be very few cases and so it seems to me like a surgical approach at this point in the stage of the pandemic is an appropriate one where local public health works with local leaders and provincial leaders to determine measures that need to be taken in a particular area of concern based on epidemiology, based on where the disease spread is happening.

That could be different across the country. What's happening in BC may be different than what's happening in Ontario for example. We're looking to our public health leaders to ensure we get the best advice built on the best evidence and data possible so we can take measures that balance the health of Canadians which has to be first and foremost but also the needs of the economy and our healthcare system to continue to serve other Canadians in other ways.

Dr. Theresa Tam: From the public health system perspective knowing what we know about this virus and learning from the initial wave is that people are trying to get more granular information. Slide 5 shows different hot spots, getting that data so you can target your intervention and that locality is the concept.

You've already seen provinces and cities, say three of them in Ontario now restricting their gathering size. I think that is what we're going to be seeing going forward. Again it is up to all of us because if we see things going the wrong way local jurisdictions have all the powers they have to reduce those gathering sizes more or have more restrictive measures but we're all trying to keep everything in a delicate balance.

As I say, everybody is going to ask are we in the second wave. If you look at that graph of the Canadian graph going up, what I can't tell you is it's going to go down a bit then up a bit then down a bit. Do you call the next bump the third wave and the following one the fourth? It's difficult to say. We're riding this pandemic like different bumps up and down different currents or other people said it's like low moguls.

We want to keep it at low moguls. We don't want it to go up a giant ski hill and then down again. That is the bit we want to avoid. Because of the characteristics of this virus, it has the capacity to go to exponential growth. We've seen that before. The other thing we're trying to look at carefully and be transparent and careful with our communication is the age group.

This surge is a very different surge to the previous wave. It is younger people. Right now we're seeing the mortality is lower, the

hospitalizations are lower but people don't exist in age group cohorts from morning to night. It doesn't happen in communities. That is going to spill over into high risk populations and how we protect those populations depends on all the lessons learned we had in the initial instance in looking after long term care and other places.

I am still concerned that long term care outbreaks are lower but then community transmission was lower through the summer. Now with increasing community transmission the protection that can be afforded to prevent entry into long term care is extremely important.

Because of how this virus is invisible I would say it's just a matter of time that some of that spillover effect we will see and we're going to have to manage those individual outbreaks. There are some long time care facility outbreaks right now that are larger than the average. They are relatively few and we want to keep it that way.

Question: Dr. Njoo, I would like to hear from you on the possibility that this curve that could possibly increase significantly and be more important than the first wave we saw in spring. Could you describe that a little? I understand that the number of cases could increase significantly from what we saw in spring.

Dr. Howard Njoo: We definitely worked hard to flatten the curve in the first wave, but the fact remains that most Canadians are still susceptible and have no immunity against the virus. It's important to follow the situation.

We pushed the good public health measures, respiratory etiquette, hand hygiene, wearing masks. We must really highlight that point because if this continues, the case trend continues to increase, it's possible to have the same level, or even more cases than in the spring.

It's difficult. If we talk about a resurgence or a second wave, it's difficult to determine when exactly is the second wave. It's only retrospective. We don't know if we're already on the descending side of the epidemic wave. It's clear that, with winter, the season of other respiratory infections, the flu, everyone will stay inside.

Every Canadian must be careful because the first wave started in Canada in February, March, end of January with the first case detected in Canada. Now, it's September, October, November, December, with Christmas and the holiday season, many things that we'll see for the first time.

Question: Rachel Haynes from CTV National News. My first question goes to Dr. Tam about what you were saying about the need to reduce contacts. However we still are allowed to do social gatherings. Malls are open. We can go out to eat where we might be served by a young person.

What concrete measures are you suggesting for us to reduce these contacts? Are you suggesting we stay home like you did in March? For Minister Hajdu, will the government implement these measures?

Dr. Theresa Tam: I think as I said depending on where you are in the country there's measures being enacted by local public health units in terms of the gathering size etc. but as individuals the measures, it's the broken record measures which is you should keep small consistent bubbles.

We call them social bubbles but that concept is difficult to imagine right now. It's to keep that small and ask yourself if you're going to interact with others are you able to keep the physical distancing. You have to wear a mask if you can't. What environment you're going into so we suggest you can see on the last slide you've got to take your personal risk assessment into account, who you are as an individual, your risk in your household.

You layer on the proportions. We recognize how tiring all of this is. Public health wants to maintain some activities that we all want to do during the day and during our daily lives but we can do that smarter, having learned everything. Ask yourself whether it's necessary to do the activity.

Think ahead as to whether you can control that environment or not. Does it have well laid protocols for physical distancing? Is the building able to provide hygienic measures and mask? All of those things we already know is a matter of doing it. Right now as we see this resurgence whatever you can do to reduce that risk but you've got to go to the grocery store and do that in the new way that we're going grocery shopping.

In some public settings for example schools, they're laying out how that environment could be managed but again you have to adapt. We know that. If we do see outbreaks different settings are going to adapt to reduce them. The concept is to detect, understand and then adapt flexibly to the situation.

But I think because right now the age group that is most implicated in the resurgence and the transmission is the younger population. We need to have better ways of reaching out to them in terms of what they can do to help. As I said in ending the presentation, we can own this pandemic and not let it own us. The young adults are perfectly capable of addressing the pandemic and maintain all those measures I've just said in their own way.

I'm looking forward to them coming up with their ideas of what to do. It's not anything that different but public health is going to try and manage this with the testing. We've got much I've just said I think it was Monday when there was over 100,000 tests being done in this country. It's a very different picture.

We've got more testing. We've got more contact tracing but public health if you see the slide I've just shown, you can't just have the public health measures of testing, contact tracing etc. without the public adding in their bit. It's only together that you're going to keep the resurgence down.

Question: I had asked Minister Hajdu in my question to respond to that as well.

Hon. Patty Hajdu: I don't have much to add to Dr. Tam's very thorough response. It really is deciding for ourselves as individuals our risk level and the layers of protection we need to have in our lives. I use personally the three C's to help me assess the risks I'm willing to take.

In an environment where I will be very close to people, close proximity is a risk. Is it a contained environment? Obviously outside events are better than inside but if it's inside is there enough space to spread out so we're not physically close in proximity to each other. How crowded will the space be?

These are all important questions for me and I think a good guide for Canadians. Again I think I have been invited to a number of social events over the last couple of weeks and I've had to decline them because at this point in time I personally feel that choosing to not socialize in larger events is an important contribution to protecting my own health and of course the health of the people I live with and work with.

Question: That wasn't my follow up Carl, sorry. Dr. Tam, I do want to follow up on some of the things you're

saying about you're not asking anybody to do anything that different but you're going to manage this with testing.

We have seen over the last couple of weeks some issues at many testing centres. You say we're going to get this slow burn by contact tracing and testing. How likely are we to get to this slow burn scenario and how confident are you we're going to be able to get there given all of the issues we've been seeing with testing at various assessment centres for the last couple of weeks?

Dr. Theresa Tam: I don't know how common that is. It's a very local level issue. I too have seen some lineups of course on the media but it is being managed at the provincial and local level. Access and having the ability to I guess some of it is logistics and some of it is other factors.

We know that in Canada the capacity for the existing platforms and the PCR testing has been increasing and continues to be built up. It's not an infinite resource. We have to test smartly and make sure we're testing everyone who needs a test.

At the present time the national guidance perspective we ask people who have symptoms, even if mild, contacts or people who may have been exposed for whatever reason or been told by public health or got an alert on your COVID alert app, those are the most important for testing.

It's testing smartly. There's also guidance about testing as part of monitoring and surveillance. It's slightly concepts and you would want to assure that there's no entry into high risk settings like long term care or if you are in a mine in a very remote area you would want to be able to have capacity to do that kind of testing.

But we have to be smart about where we're putting this resource. As we've been discussing in the last little while, we will be looking at how we broaden the kind of testing modalities we have. Many things can help maybe increase the capacity as well including pooling samples which some jurisdictions are doing.

You've seen BC collecting saliva. That goes along the same platform. It can reduce the human resource requirement at the front end of collection even if it doesn't impact the downstream capacity. Everyone is trying hard to do this but the reason why the public is really important is that the public health can't just keep testing and keep doing tons of contact tracing non stop.

You've got to have both sides of the coin coming together doing its part for it to be manageable. The kinds of manageable levels is that you have the numbers of cases and contacts properly traced and it doesn't overwhelm your public health capacity. We're going to try hard on all fronts across the country to bring more testing to bear but I think people are trying all sorts of different things.

People are announcing pharmacies and other spots to reduce lineups. We're going to see more and more of that innovation as people go along. Nothing is going to be enough if you don't slow down, if everybody doesn't squeeze down their social bubble.

Question: Dr. Tam, is Health Canada aware of unapproved COVID-19 tests in Canada? What's your response to Canadians who may be using unapproved COVID-19 tests?

Dr. Theresa Tam: I will have to ask back to my Health Canada colleagues. I haven't heard of that in particular but I don't know if others have or the Minister has but not to my knowledge but that's a very limited knowledge. You do have to be very careful. If people were ordering things online or doing something unusual, Health Canada is in the process of evaluating a whole range of tests.

We look forward to more range of testing but the reason why some of these tests haven't been approved is that the data that was supplied to Health Canada is inadequate. Just bear that in mind in that if you're getting some sort of tests and you don't know that Health Canada has approved it, it could give you a false reading and you wouldn't know what to do with it.

You still have to phone Public Health and figure that one out. Yeah, I think be very wary of what it is you're using. If people have found some of these tests floating around they should report it into local public health so we're aware of it and they can be evaluated.

Question: Minister Hajdu, on another topic, do you think there was enough due diligence done when it came to vetting the current Governor General for this position?

Hon. Patty Hajdu: Thanks for the question. I don't have any background on how the Governor General's vetting went but I do know for the appointments I'm responsible for there is a thorough process that we undergo to make sure the candidate reflects the criteria necessary for those positions.

Moderator: Thank you Minister. We are starting to run out of time so we'll take one last question from the phone and then one last question from the room.

Operator: Thank you. The next question is from Mélanie Marquis from La Presse. Please go ahead.

Question: Hello. My first question is for Dr. Tam. First of all is there some kind of relation between the fact that there are more cases and the fact that provinces are testing more?

Dr. Theresa Tam: I think absolutely. The more you test the more you're going to find is one dimension but there is definitely more cases as well in increasing numbers. It's the rate of increase that we're also looking at. Sure, if you increase in testing you will potentially find more cases.

We didn't have as much testing in the first wave so we knew that we're only hitting the tip of the iceberg in the first round and right now we have more capacity so we are going to find more. The other parameter we look at is the percent positive and that is still within a fairly low range at the national level at 1.4%.

The majority of the people we're testing are testing negative at that moment in time. That tells us we are broadly testing. We're also among some of the top testing countries in the world in accordance with the disease activity we are dealing with right now.

Question: I guess I should have been more specific. Does it have an impact on the rate? My follow up is about slide 12. It seems like the only scenario where we will see the number of cases diminish is if we have stronger measures to encourage people to stay home, limit their contacts.

Does that mean the provinces aren't doing enough? Bars are still open in Quebec. What's your message to provinces? Do they need to tighten the rules? What can you do at the federal level as well?

Dr. Theresa Tam: I think absolutely if you're in some of those dark blue hot spots if you like, more needs to be done. Clearly the incidence is increasing and I think we are seeing some of those measures now but there may be other areas where there's not that much happening and whatever you do with the food and drink industry might be different in those settings.

We do know that the settings where it's these enclosed environments where people may behave in such a way that the mixing can't be controlled. Those kinds of environments are much higher risk. Those will be the first ones that jurisdictions need to really look at very carefully to see if further measures and restrictions need to be done while trying to keep your schools and other settings open.

These are different choices people have to make but the data will tell you, if you're looking at the outbreaks and where they are. It's not that surprising that night clubs and pubs and those places offer a higher risk of transmission and the demographics of people who are cases are likely to be the demographics who visit those places as well.

But still people are trying not to do a blanket approach but to look at the local epidemiology. I do think given what we've just seen and the numbers, we have to act now in those big jurisdictions, those urban areas right now. Throughout Canada people should retrain themselves in what they've learned and reinforce those measures.

Dr. Howard Njoo: I would say if we look at the provinces and territories we would give kudos to for example the province of Quebec as Dr. Tam has mentioned. You can't do a blanket approach for the whole province. The fact that in Quebec they have this very easy to understand four colour system and the nine regions. I think people get it.

Based on where you live and the local epidemiology that will determine what kind of targeted measures or flexibility is there for officials to focus their measures based on what the epidemiology shows. For example, a certain type of setting or a source of type of event might be the cause of an outbreak or the increase in cases, then they can adapt but it wouldn't be across the whole province but focused on those areas which I think in Quebec are maybe going from the yellow to the orange and hopefully not into the red.

Question: (Off microphone) Global News.
This question is for Dr. Tam and Minister Hajdu. We planked the curve in the spring by locking everything down and shutting down the economy, shutting down schools. Can we bring the RT under one without a similar lockdown?

Dr. Theresa Tam: The objective is – we know it's going to go up and down but we need to keep it at manageable levels. That's the slow burn scenario I've talked about. We will – it's not surprising to have increase in cases in the fall. We've said this can happen.

But now you've got to keep things under control without the full lockdown but in different hot spots people may have to have more restrictive measures and based on what I heard my colleagues are fully prepared to do that if necessary. But you can avoid it. My message today is the time is now.

We're at a bit of a crossroads. If you manage to reduce those contacts and make some choices in terms of not going to big gatherings and some of these social events, you can manage this without a lockdown.

Hon. Patty Hajdu: I want to say I concur. Listen, we're getting the best public health advice from Dr. Tam and her colleagues who are working closely together. Every medical officer of health as well as politicians at all levels realize there is an economic and a social cost to pay for broad and sweeping lockdowns.

That is why the approach of trying to tamp down these hot spots, Dr. Njoo referenced Quebec's work on a regional approach, an alert system. These are very wise tools for provinces to adopt and of course at the federal level we're doing everything we possibly can to help with those efforts to put out the flames if you will at the hot spots.

For example last week I was in touch with a medical officer of health from Peel, Toronto and Ottawa to talk about what was driving their surge and how we could best help them at the federal level. We do have something called the rapid response program which is a plug and play toolkit that we can bring additional resources to the table at the local level including things like isolation housing, supports for contact tracing, expert support in terms of epidemiological analysis of the outbreak.

All of these tools are available for any part of the country that is experiencing a surge. We regularly communicate that to provinces and territories and directly to local public health. That's the national approach now is to try and help communities and regions that are struggling with a suite of tools that they determine will be helpful in their efforts.

The top line message that Dr. Tam has repeated over and over is that we also have to have the support of Canadians. We can't keep up from a contact tracing perspective if Canadians aren't doing their part to limit their social circles and their social engagements and their own close contacts. Another useful tool is the COVID alert app for the jurisdictions, almost all of them now across Canada that have the COVID alert app please download that tool.

It runs silently in the background, does not use up people's batteries, completely respects people's privacy and it's another tool to assist in defeating the spread of COVID-19 in your community.

Question: We just concluded a provincial election in New Brunswick and we're about to go into one in BC and we'll be soon having one in Saskatchewan. Do general elections pose a risk to public health in this current environment?

Dr. Theresa Tam: If you're talking about polling stations etc., public health in different provinces have been working with electoral officers because you can put in measures to do things in the safest possible way. That is being planned for jurisdictions having elections. It is possible to have safe ways of conducting those activities.

Moderator: Thank you, merci. Ceci met fin à la conférence de presse pour aujourd'hui. That's it for today.

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