

## Briefing Materials for HESA May 2, 2022 Appearance

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### 1. Opening Remarks

Mr. Chair,

Thank you for inviting Public Health Agency of Canada officials to provide an update on the COVID-19 pandemic.

We are pleased to be here. Joining me today are:

- Dr. Theresa Tam, Chief Public Health Officer;
- Dr. Howard Njoo, Deputy Chief Public Health Officer;
- Cindy Evans, Vice President, Emergency Management;
- Stephen Bent, Acting Vice President, Vaccine Rollout Task Force; and

- Jennifer Lutfallah, Vice President, Health Security and Regional Operations

Since we last provided you with an update, there have been significant changes across the country. However, one thing has stayed the same – COVID-19 is still circulating widely.

## EPIDEMIOLOGY

Disease activity remains high in Canada and the BA.2 sub-lineage now accounts for more than 90% of sequenced variants. However, there are early signs that transmission may be nearing a peak in some jurisdictions.

We expect further ups and downs over the coming months. But maintaining a Vaccines Plus approach can provide us better protection going forward. This means continuing to take personal precautions – like masking, improving ventilation, and staying home when we have symptoms or test positive.

It also means maintaining a strong core of protection against severe illness, by getting up-to-date with COVID-19 vaccines, including booster doses. And, it is a crucial time to ensure that we and our loved ones are up-to-date on routine vaccinations, and catch up on any that have been missed or delayed over the pandemic. Vaccinations help keep us healthy from childhood through to adolescence and into adulthood.

## VACCINATION

As of January 2022, over 74 million total doses of COVID-19 vaccines had been administered in Canada. I am pleased that the number now stands at more than 83 million.

Nationally, more than 89% of eligible Canadians (5 years of age and older) have had at least one dose of a COVID-19 vaccine. Approximately 81% of the population is fully vaccinated. In addition, more than 18 million Canadians have received an additional dose as of April 29, 2022.

At this time, the National Advisory Committee on Immunization (NACI) strongly recommends a first booster dose for adults 18 years of age or older, and

adolescents 12 to 17 years of age who are at higher risk of severe outcomes or exposure. In addition, NACI recommends a first booster dose may now be offered to anyone aged 12 years or older in the context of heightened epidemiological risk.

NACI is also recommending that second booster doses be rapidly deployed and prioritized for those who are expected to benefit the most, namely residents of long-term care homes or other congregate living settings for seniors, and to seniors 80 years of age or older living in the community.

At this time, Canada has a sufficient supply of mRNA booster doses for all eligible Canadians.

## BORDERS

The international outlook of COVID-19 has shifted. So too has our approach at our borders. When I last appeared, everyone coming to Canada had to be tested for COVID-19 prior to arriving at the border.

On February 28th, we expanded the options for the pre-entry test requirement. Then, on April 1st, we removed this requirement for fully vaccinated travellers.

As of April 25th, we removed the pre-entry testing requirement for unvaccinated or partially vaccinated children aged 5-11 who are accompanied by a fully vaccinated parent, step-parent, guardian or tutor.

Pre-entry tests are still required for partially vaccinated or unvaccinated travellers 12 and older.

We continue to monitor our borders and assess risks. Our measures remain flexible and adaptable so we are prepared for future scenarios.

## SURVEILLANCE

To prepare for the future, we are committed to working with the provinces and territories to ensure the health care system is underpinned by health data that supports system improvements. In addition, in Budget 2022, the Government is

proposing to provide \$436.2 million over five years, starting in 2022-23, to strengthen key surveillance and risk assessment capacities within the Agency.

## CONCLUSION

We are at a turning point in the pandemic. We are transitioning to sustainable longer-term management. Progress may not be linear, and, at the same time, we are preparing for future waves and a possible worst-case scenario.

I encourage everyone to keep their COVID-19 vaccines up-to-date, including getting a booster as recommended. Be aware of the risks in your community and maintain individual protective practices, such as wearing a mask and staying home when sick. Together, these measures will help protect us as we move forward.

Thank you, Merci.

## 2. Overarching Key Messages

- **Protecting the health and safety of all Canadians** during the pandemic remains the PHAC's top priority.
- **PHAC has spent the past 24 months on the front lines** of the federal response to COVID-19.
- Programs and services were **delivered and stood up in record time** – from a national immunization strategy, expanded and enhanced border measures to securing personal protective equipment and medical supplies, funding safe voluntary isolation sites and leading public health surveillance.
- Throughout the pandemic response, PHAC has **worked in close collaboration** with other federal agencies, provinces and territories, Indigenous partners and International partners.
- This virus did not come with a playbook. Our risk posture and response decisions were continually informed by the evolving degree of knowledge of

the virus and data accumulated. The Government's **response to COVID-19 has therefore evolved** based on the latest available scientific evidence, epidemiology, and expert opinion.

- Thanks to the collective actions and sacrifices made by all Canadians and often difficult decisions taken by all levels of Government, **we appear to have passed the acute phase of the latest wave** of this pandemic.
- However, **the pandemic is not over** and our priority remains ensuring the protection of the health and safety of Canadians and we will continue to dedicate the resources necessary to respond to the pandemic.

#### **a. Defining the “End of the Pandemic”**

- COVID-19 has **not yet reached an endemic state in Canada.**
- With effective, widespread vaccines, COVID-19 will likely be controlled and a new normal achieved, but it is **unlikely to disappear**, and the timeframe is uncertain as access to, and uptake of, vaccines and other medical countermeasures continues to be uneven throughout the world.
- Canada is expected to **enter a transition period towards an endemic state over the next number of months.**
- Progression may not be linear and **there remains potential for resurgence** and variants throughout.
- Our response in the transition from pandemic to endemic will reflect the **following principles:**
  - Consider the **load on healthcare system** and its resilience to increased demands;
  - **Work in collaboration with PTs** and other key partners;
  - Ensure the path forward is **based on best science and evidence;**
  - **Support public confidence** for measures and **empower Canadians to take personal responsibility;**
  - **Target interventions to highest-risk and most vulnerable;**
  - Provide Canadians with **clear and sustained communications** on path forward, while recognizing uncertainty; and

- Anticipate and be prepared for worst case scenarios.

## **b. Science / data behind policy decisions**

- The government's response to the pandemic has evolved over the past two years, as we learned more about the virus, and its variants since the initial outbreak in early 2020.
- **Finding a responsible balance** between measures that protect Canadians' safety and setting the stage for lives to increasingly return to normal, and for the Canadian economy and businesses to recover is critical.
- In its role as the Government of Canada lead for responding to the pandemic, **PHAC has provided guidance and advice**, based on the **available scientific data at the time, to inform decision-making around public health measures at the federal, PT and municipal levels of government.**
- **Any decision to lift COVID-19 measures** will be informed by a **number of considerations** including vaccination and hospitalization rates, the evolving epidemiological situation in Canada and abroad, the emergence of new variants of concern, and effectiveness of public health and other measures.
- **As the pandemic has evolved, so have public health measures.** Where the science and public health advice allow for the easing of measures in place, PHAC will not hesitate to recommend to do so.

### **Example of considerations based on evidence at the time**

- To inform the implementation of COVID-19 vaccine requirements, PHAC advised that the benefits of vaccination outweighed any safety risks, based on scientific evidence indicating that:
  - Vaccines had been very effective at preventing severe illness, hospitalization, and death from COVID-19, including against the Alpha and Delta variants,
  - people who are fully vaccinated were less likely to have symptomatic COVID-19 or asymptomatic SARS-CoV-2 infection compared to unvaccinated individuals,

- some evidence that COVID-19 vaccines reduced the risk of transmission of COVID-19; and
- Vaccines supported achieving widespread immunity.

### c. Modelling

- One tool that supports COVID-19 pandemic response planning by helping to illustrate possible outcomes with the right combination of interventions and public health measures to slow the spread and prevent resurgence.
- Longer-range forecasts combine real-life case and vaccination data with how virus behaves to show what could happen in different scenarios (for example, increasing or decreasing public health measures).
- Underscores need to follow recommended public health measures and encourage vaccination to bring pandemic under control as new variants continue to spread and waning immunity has an impact on potential resurgence.
- PHAC's latest modelling takes into account a number of factors, including the impact of public health measures, increased transmissibility of variants and levels of vaccination in the population.

### d. PHAC Success Stories

Some notable highlights from the past two years include:

- Securing over **3.8 billion units** of medical supplies and personal protective equipment to provinces and territories, ranging from N95 masks to syringes;
- Increasing our public health presence at borders and introducing enhanced travel and border measures under the *Quarantine Act*;
- Establishing a **Vaccine Roll-out Task Force** to secure access to vaccines to carry out the largest mass immunization program in Canadian history;
- Providing surge capacity to support provinces and territories and correctional services with infection prevention and control;
- Helping Canadians make informed decisions to protect themselves from COVID-19 through **daily communications**;

- Developing and deploying **molecular tools** for detecting variants of concern in wastewater to inform public health decisions for managing COVID-19;
- Strengthening our surveillance capacity to better detect, assess, model and explain the arrival and evolution of the pandemic;
- Procuring and distributing **COVID-19 therapeutics** to provinces and territories;
- Establishing a new **Centre for Integrated Risk Assessment** to bolster the Agency's integrated public health risk assessment capacity; and
- Providing funding to Kids Help Phone and distress centres across Canada to meet the increase in demand for **mental health** and crisis support services during the pandemic.

#### e. **Lessons Learned**

- While PHAC continues the fight against this virus, we are taking every opportunity to incorporate improvements, based on evolving knowledge of the virus, as well as lessons learned from past actions.
- Although **PHAC was able to rapidly mobilize, adapt and respond to the evolving COVID-19 situation**, we will look to strengthen our pandemic preparedness in Canada, building on the lessons learned.
- **Lessons learned and existing challenges** that were heightened during the pandemic:
  - public health surveillance and data gaps
  - impact of misinformation
  - need for increased domestic manufacturing capacity
  - importance of close collaboration with other government departments, provinces, territories, Indigenous partners and stakeholders
  - challenges with administration of unprecedented border and quarantine measures program



- **This will inform our work** to help us become better prepared to respond to future public health events, including:
  - securing and distributing vaccines, therapeutics, and personal protective equipment
  - strengthening surveillance and detection of COVID-19 and its variant;
  - improve early monitoring and warning processes
  - updating and testing our emergency plans
  - developing evidence-based public health guidance
  
- **Some of this work is already underway:** for example
  - PHAC is already working with provincial and territorial partners to build on the information sharing, management and technology improvements.
  - PHAC has established a new **Centre for Integrated Risk Assessment**
  - PHAC has restructured its border and travel health program to better respond to the changing pandemic and increase its focus on compliance.

### 3. Budget 2022

- Budget 2022 addresses the larger question of longer-term investment in the public health system: “In the years to come, it will be important to ensure that Canada’s public health system is prepared for any crisis it may face.”
- PHAC received a total of **\$534.2M** over five years through **four** initiatives, which includes investments for:

<b>Strengthening Canada’s Ability to Detect and Respond to Public Health Events and Emergencies</b>	<b>\$436.2M/ 5 years</b> , starting in 2022-23, with \$15.5M in remaining amortization
<b>Maintaining the NESS</b>	<b>\$50M</b> in 2022-23

<b>Supporting the Centre for Aging and Brain Health Innovation (CABHI)</b>	<b>\$30M/ 3 years</b> , starting in 2022-23
<b>Continued Support for the Canadian Proof of Vaccination Credentials (PVC)</b>	<b>\$18M</b> in 2022-23.

#### 4. Border Measures

- Border measures have been **central to the pandemic response** and **multi-layered approach** in collaboration with provinces and territories.
- We will continue to use the **latest data and scientific evidence to guide decisions** on border measures and travel advice and we continue to watch closely the epidemiological situation in Canada and abroad.
- Adjustments to Canada’s border measures are made possible by a number of factors, including Canada’s high vaccination rate, the increasing availability and use of rapid tests to detect infection, and growing domestic availability of treatments for COVID-19.

As of April 25, 2022:

- **Fully vaccinated travellers and accompanied unvaccinated children under 12 arriving at land, air and marine ports of entry are no longer be required to complete a pre-entry test for entry to Canada.**
  - For partially or unvaccinated travellers over the age of 12 who are currently allowed to travel to Canada, pre-entry testing requirements are not changing.
- **Fully vaccinated travellers, children aged 5-11 (who are accompanied by a fully vaccinated parent/guardian), and those with a medical contraindication to COVID-19 vaccination, will no longer be required to provide quarantine plans** when travelling into Canada.

- This means, for example, children no longer need to wait 14 days before attending school, camp or daycare.
- After arriving in Canada, **fully vaccinated travellers will no longer be required to:**
  - Report if they develop signs or symptoms;
  - Wear a mask while in public;
  - Quarantine if another traveller in the same travel group exhibits signs or symptoms or tests positive; and,
  - Maintain a list of close contacts.
- Unless otherwise exempt, **all travellers 5 years of age or over** who do **not qualify as fully vaccinated** must continue to **provide proof of an accepted type of pre-entry COVID-19 test result:**
  - a **valid negative antigen test, administered or observed by an accredited lab or testing provider**, taken outside of Canada the day before or the day of the initially scheduled flight departure time or arrival at the land border or marine port of entry;
  - a valid **negative molecular test** taken no more than 72 hours before their initially scheduled flight departure or arrival at the land border or marine port of entry; or
  - a previous **positive molecular test** taken at least 10 calendar days and no more than 180 calendar days before their initially scheduled flight departure time or arrival at the land border or marine port of entry. It is important to note that positive antigen test results will not be accepted.
- **Unvaccinated travellers will continue to be required to test on arrival, on Day 8 and quarantine for 14 days. Unvaccinated foreign nationals will not be permitted to enter Canada unless they meet one of the few exemptions.**
- To meet pre-entry requirements, travellers presenting a **negative COVID-19 test result** will now have the option of using a **professionally administered or observed antigen test** (taken outside of Canada no more than one day before their flight to Canada's initially scheduled departure time or their arrival at the land border or marine port of entry) or a **molecular test**

(taken no more than 72 hours before their flight to Canada's initially scheduled departure time or arrival at the land border or marine port of entry).

- Government of Canada has also adjusted its **Travel Health Notice from a Level 3 to a Level 2**. This means that the Government will **no longer recommend that fully-vaccinated Canadians avoid travel for non-essential purposes**.

## 5. Vaccines

- Vaccination is one of the most effective tools we have to combat the pandemic and keep Canadians safe from COVID-19 and many other vaccine-preventable diseases (e.g. polio, measles).
- Prime Minister announced on April 29 that COVID-19 vaccine developer Moderna will build a state-of-the-art manufacturing facility in Quebec to deliver made-in-Canada vaccines.
  - When completed, this new facility will be able to produce up to 100 million mRNA vaccine doses annually.
  - Canada's existing advance purchased agreements with manufacturers such as Moderna and Pfizer will provide us **access to new formulations such as pediatric as well as variant specific formulations**.
- PHAC created a vaccine roll-out task force to lead the largest immunization program in Canadian history.
- Canada has achieved one of the highest rates of vaccination in the world, with nearly 86% of the eligible population (5 & over) fully vaccinated.
- Booster and pediatric campaign rolled out with over 56.8% of children having received their first dose (41.4% fully vaccinated) and 57.33% of eligible population 18 & over having received a booster.

- As per the Council of Chief Medical Officers of Health statement on April 5, it is important that Canadians remain up to date with all the doses for which they are eligible, which means boosters for individuals 18 and over.
- Vaccination remains the most important tool to protect ourselves and our communities against the impacts of future waves of COVID-19.
- As jurisdictions lift public health restrictions and shift from mandates to recommendations, our individual actions will continue to have a critical impact on the health of all those living in Canada.
- Staying up-to-date with COVID-19 vaccines provides strong individual protection against severe illness and hospitalization and helps to reduce the overall impact and severity at the population level.

## **6. Emergency Management**

- The NESS is a federally owned stockpile that contains a supply of life-saving drugs, medical supplies and medical equipment.
- It is intended to be leveraged as surge capacity to support PT responses to public health events and emergencies.
- During the COVID-19 pandemic, NESS took a more active role procuring PPE, vaccine ancillary supplies and biomedical equipment, along with other medical supplies.
- We are in a different position now on domestic manufacturing and we need to build and sustain that success in collaboration with PTs who drive health care delivery in Canada.
- There are great success stories of Canadian manufacturers re-tooling their production in the face of shortage from face shields to hand sanitizer. However, ramping up in the middle of the pandemic brought challenges. Need to avoid this in the future – need domestic self-sufficiency for our supplies.
- The collaboration at the FPT level, including on the demand and nature of supplies needed has been very beneficial to better situating Canada in the COVID-19 environment and in looking forward to future pandemics.

## 7. Surveillance and Data

- The pandemic has demonstrated how **reliable, timely and relevant health data are crucial to inform decision-making during and between health emergencies**, as well as to improve health outcomes for Canadians in the longer term.
- **FPT co-development of a pan-Canadian Health Data Strategy is underway.** The goal is to address the persistent systemic barriers to data collection, sharing, access and (re)use and strengthen core elements of a health data foundation (Governance; Trust; Policy; Interoperability and Literacy)
- This work will assist Canada’s **continued public health response to COVID-19 and the emergence of new variants like Omicron.**
- It will also equip Canada to deal more effectively with **future public health events**, and **achieve better health outcomes for Canadians** through the better use of health data.
- **Mandate Letter** asks the Minister of Health “to continue demonstrating leadership in public health by strengthening surveillance and capacity to detect and act on public health threats”.
  - This includes harnessing the full potential of data, in consultation with provinces and territories and a broad range of partners, and **expediting work to create a world-class health data system that is timely, usable, open-by-default, connected and comprehensive.**
- **Budget 2022** will provide **\$436.2 million over five years**, starting in 2022-23, to the PHAC to strengthen key surveillance and risk assessment capacities within the Agency.