

Border Measures

SYNOPSIS

- The Public Health Agency of Canada has put in place successive border measures in response to COVID19 under the Quarantine Act.

POTENTIAL QUESTION

- What is the Government doing to prevent imported cases of COVID19? How are you protecting Canadians at the border?

KEY MESSAGES

- The Government of Canada is taking action at the border to limit the introduction and spread of COVID-19 and to protect the health of Canadians.
- We have enacted emergency orders under the *Quarantine Act* to restrict discretionary entry into Canada from abroad, including the U.S., and to strengthen measures to reduce the importation risk from other countries.
- All persons entering Canada, with limited exceptions – no matter their country of origin or mode of entry - are required to quarantine for 14 days.
- There are exemptions in place on mandatory quarantine so that critical infrastructure, essential services and economic supply chains continue between Canada and the U.S.. Essential workers will be permitted to enter Canada, including truck drivers, firefighters and medical workers.
- Anyone not excluded from mandatory quarantine or isolation when entering Canada must have a plan and suitable location where they can isolate or quarantine for 14 days. They must wear an appropriate non-medical mask or face covering while in transit to their final destination.

IF PRESSED ON FEDERAL QUARANTINE SITES

- Individuals who do not have an appropriate isolation or self-quarantine plan will be directed to a federally designated Quarantine Facility.
- Hotels have been designated as Quarantine Facilities in a number of cities, including Vancouver, Calgary, Toronto, and Montreal.

IF PRESSED ON COMPLIANCE AND ENFORCEMENT

- The Public Health Agency of Canada is working with the RCMP and provincial law enforcement agencies to verify compliance with the Mandatory Isolation Order.
- Penalties include a fine of up to \$1,000,000 or imprisonment for 3 years, or both, for failure to comply with this Order.
- A ticketing scheme is now in place to allow for fines for non-compliance ranging from \$275 to \$1000.

BACKGROUND

Since February 3, the Governor in Council has made eleven Emergency Orders under the *Quarantine Act* to minimize the risk of exposure to COVID-19 in Canada – to reduce risks from other countries, to repatriate Canadians, and to strengthen measures at the border to reduce the impact of COVID-19 in Canada.

PHAC has been working with federal and provincial partners to facilitate commercial traffic to maintain the flow of essential goods and services, while continuing to protect the health of Canadians.

A travel ban is currently in place for most people entering Canada, including:

- All foreign nationals entering Canada by air;
- All travellers from the U.S., across all modes, for non-essential travel including recreation and/or tourism purposes;

- Foreign nationals entering Canada if they arrive from a foreign country other than the United States, with some exceptions, including temporary foreign workers and international students; and
- Foreign nationals entering from the U.S. with signs or symptoms of respiratory illness.

Canada has updated its temporary border agreement with the U.S. until May 21, 2020.

All persons entering Canada, with limited exceptions – no matter their country of origin or mode of entry - are REQUIRED to isolate or quarantine for 14 days in a suitable location.

There are exemptions in place on mandatory quarantine/isolation which permit essential workers to enter Canada, including truck drivers, firefighters and medical workers.

Cross-border supply chains are vital to ensure the continued flow of goods, including food and medical supplies for all Canadians. As such, the Canada Border Services Agency (CBSA) is working with other federal partners to share information with commercial stakeholders to provide assurances that commercial traffic is not impeded.

Enforcement:

PHAC undertakes compliance and enforcement linked to ensuring that travelers are abiding by the requirement to isolate/quarantine for 14 days. In those instances where compliance cannot be confirmed, referrals are made to the RCMP. Maximum penalties for failing to comply with the mandatory isolation/quarantine order include a fine of up to \$750,000 or imprisonment for six months, or both.

A person who causes a risk of imminent death or serious bodily harm to another person while willfully or recklessly contravening the *Quarantine Act* or the regulations could be liable for a fine of up to \$1,000,000 or imprisonment of up to three years, or both.

The *Contraventions Act* has now been changed to give law enforcement partners (including RCMP, provincial and local police) the enforcement power to issue tickets to people who do not comply with the *Quarantine Act*, with fines ranging from \$275 to \$1000.

Communications and Public Education on COVID-19

SYNOPSIS

- Communications and public education on COVID-19 are key to maintaining citizen trust and confidence in the Government's response, and ensuring Canadians continue to be aware of the risks to their health and steps they can take to protect themselves, their families and their communities.

POTENTIAL QUESTION

- What is the Government of Canada doing to ensure that Canadians are informed about COVID-19 to protect themselves and stop the spread of this virus?

KEY MESSAGES

- Since the start of the COVID-19 outbreak, the Government of Canada has provided Canadians and health care providers with the timely, trusted, accessible and evidence-based information they need to protect themselves, their families, their communities and their businesses.
- We have used a wide variety of channels to provide information and updates to Canadians, including:
 - the dedicated website Canada.ca/coronavirus and other linked pages on the COVID-19 response, which have had more than 150 million visits since its launch;
 - daily briefings to the media; and
 - a toll-free information line [1-833-784-4397] with service available in 200+ languages open from 7 a.m. to midnight, 7 days a week;
 - regular public advisories to inform Canadians and the media about emerging issues and to dispel misinformation;
 - social media; and
 - digital advertising.
- We are using a variety of methods to ensure that Canadians who may not have access to or use online technology, or who live in rural or remote communities, get the information they need so they can make informed decisions and protect their health. For example, we distributed a nation-wide mail-out on COVID-19 to every household in Canada.
- Over the past month, you would have likely seen, heard or

read a Government of Canada ad on TV or radio, or in print publications across the country.

- Through our website, Canadians can access:
 - plain-language guidance and advice for travellers, healthcare professionals, essential workers, Indigenous communities and all Canadians;
 - downloadable factsheets and infographics on a variety of topics, in multiple languages;
 - a self-assessment tool to check for symptoms of COVID-19; and
 - a dashboard that shows how the outbreak of COVID-19 is evolving in Canada.

- A new email subscription service has been created to help provide authoritative, Government of Canada information about COVID-19 to the public by sharing the latest updates in web content with subscribers.

- To complement the website, the Government of Canada launched the Canada COVID-19 mobile app, which provides users with easy access to up-to-date information about COVID-19, trusted health resources and allows them to track COVID-19 symptoms daily.

- The Government of Canada has also launched Wellness Together Canada, a mental health and substance use support portal to provide access to credible information, and to connect Canadians to peer support workers, social workers, psychologists and other professionals for confidential chat sessions or phone calls.

- The Government of Canada continues to work closely with provinces and territories, vendors and stakeholders to make

additional tools widely available to Canadians and their families.

IF PRESSED ON THE WELLNESS TOGETHER CANADA PORTAL

- During these difficult times, it is critical that Canadians have access to effective tools to support their mental health and well-being, obtain credible and reliable information about mental health and substance use, and access support services.
- The Wellness Together Canada portal provides Canadians with access to a virtual network of psycho-social information services and supports.

IF PRESSED ON THE CANADA COVID-19 APP

- This app has more than 455,000 users as of April 24. It builds on what provinces and territories are doing, and provides another valuable resource for Canadians.
- The Canada COVID-19 app is a central resource to access trusted, evidence-based information about the COVID-19 pandemic across Canada. It does not track personal information, nor is it a surveillance tool.
- The protection of Canadians' information is a priority for the Government of Canada, and any tool used to collect health care information undergoes a rigorous privacy assessment.

IF PRESSED ON PUBLIC EDUCATION FUNDING

- The \$50 million in funding for the Public Health Agency of Canada is supporting ongoing communications efforts and the development and implementation of a comprehensive national public education campaign for COVID-19 that

provides Canadians with credible information that promotes behaviours that protect individuals and overall public health.

- The public education campaign includes advertising, social marketing, the development of information resources, the establishment of partnerships and targeted outreach to at-risk populations.
- This work complements the ongoing outreach and communications activities such as the website for information on COVID-19, a toll-free information line and regular updates to media.
- Public education plays a critical role in our response to COVID-19 as it helps to:
 - increase awareness and understanding about symptoms and treatment;
 - provide information on preventive measures such as self-isolation;
 - address misinformation and public concerns.

IF PRESSED ON EFFORTS TO COMMUNICATE WITH VULNERABLE POPULATIONS

- The Public Health Agency of Canada is undertaking ongoing communications and a comprehensive national public education campaign for COVID-19. This includes targeted outreach to vulnerable populations.
- Some Canadians are more vulnerable to getting an infection and developing severe complications due to their health, social and economic circumstances. These includes the elderly, those with underlying medical conditions and those with compromised immune systems.

- To help protect these vulnerable populations, the Government has ensured that key information on infection prevention is available to them and their caregivers, in clear and relatable terms, and in multiple formats, including having simultaneous interpretation into ASL and LSQ for all media briefings.
- Similarly, we have been supporting outreach to language minority populations by reproducing 19 communications resources, including fact sheets and infographics into 33 languages to date.

BACKGROUND

Canada has multiple systems in place to prepare for, detect and limit the spread of infectious disease, including COVID-19, in Canada. The Government of Canada is working collaboratively with partners at all levels of government to respond to COVID-19.

Since the outset, the Public Health Agency of Canada and public health authorities at all levels of government across the country have been working together to ensure that our preparedness and response measures are appropriate and adaptable, based on the latest science and the evolving situation.

The communications tactics outlined above aim to meet the following objectives:

- Provide Canadians with timely and accurate information about the COVID-19 situation in Canada and the risks to their health, and persuade Canadians to take specific actions to protect themselves and minimize illness and death and disruption to society.
- Communicate the actions the Government is taking in concert with the provinces and territories to prepare for and respond to the COVID-19 pandemic in Canada and its related impacts, in order to maintain public trust and confidence in the Government's response.
- Detect and address misinformation with the latest evidence and information in order to reduce fear, anxiety, stigma and other reactions that can lead to further societal, economic and other disruptions.

Key Statistics (as of April 27)

- **More than 150 million web visits** since launch, as of April 24.
- **More than 455,000 users** of the **COVID-19 App**, as of April 24.

- Almost **120,000 calls** received on the **COVID-19 toll free line** since the launch, as of April 23.
- National **postcard mailout** sent to **15.5 million households** across Canada.

Federal Correctional Facilities

SYNOPSIS

- The Government of Canada has taken measures to: strengthen the capacity of federal correctional institutions across Canada to prevent introduction of COVID-19 into facilities; to rapidly identify and contain any outbreaks that may occur; and to ensure that federal inmates have access to appropriate COVID-19 health care as all Canadians.

POTENTIAL QUESTION

- What is the federal government doing to prevent the introduction and transmission of COVID-19 in federal corrections facilities?

KEY MESSAGES

- The Public Health Agency of Canada is working closely with Correctional Service Canada to strengthen measures to prevent introduction and transmission of COVID-19 into federal correctional institutions across Canada.
- The Public Health Agency of Canada and Correctional Service Canada are working with local and provincial/territorial public health authorities across the country to ensure that all of the appropriate public health and infection prevention and control practices are in place to prevent or rapidly control further outbreaks.
- The National Microbiology Laboratory is working with provincial public health laboratories to ensure that federal correctional institutions have access to sufficient laboratory testing capacity to rapidly identify and manage cases.

- We are collaborating closely with local and provincial/territorial public health authorities to ensure that federal inmates have access to COVID-19 testing and health care, including hospital based care if it is required.

IF PRESSED ON THE COVID-19 OUTBREAK AT MISSION

- The Public Health Agency of Canada is working closely with officials at Correctional Service Canada, as well as with the public health authorities locally and with British Columbia's Centre for Disease Control, to bring the outbreak at Mission under control.
- The Public Health Agency of Canada is in daily contact with Correctional Service Canada, and have mobilized experts in epidemiology, infection prevention and control, and workplace health and safety to Mission to support Correctional Services Canada and local public health authorities in bringing the outbreak under control.

BACKGROUND

Correctional Service Canada (CSC) and the Public Health Agency of Canada (PHAC) are focusing on preventing and containing the spread of the virus across correctional institutions by:

- Assessing and strengthening measures to prevent and contain the transmission of the virus;
- Reviewing and auditing the infection prevention and control practices; and
- Reviewing and auditing the workplace health and safety practices.

Outbreak at Mission

CSC has been working in concert with PHAC to identify additional measures required to control the outbreak at the Mission facility in B.C. and to prevent or contain outbreaks elsewhere.

Recommendations to improve infection prevention and control, and workplace health and safety measures at Mission have been rapidly implemented. Further reviews of these practices will be undertaken at federal correctional institutions across Canada.

Digital Supports

SYNOPSIS

- In response to the COVID-19 pandemic, the Government of Canada is putting in place a range of digital supports to help Canadians and health authorities get the information and resources they need. These include an online self-assessment tool, a mobile app to enhance self-assessments and provide a hub for trusted information and resources and an online portal for access to virtual psychosocial supports.

POTENTIAL QUESTION

- What has the Government of Canada done to help Canadians access the resources they need during the COVID-19 pandemic?

KEY MESSAGES

- Canadians need ready access to digital tools and resources to help during the COVID-19 pandemic, including education, information, mental health supports, alerts and screening tools.
- The Government of Canada is working closely with provinces and territories, vendors and stakeholders to make these tools widely available to Canadians and their families.
- Building on this success of the online self-assessment tool, which has been accessed by more than 4 million Canadians, we have launched a mobile app for Canadians called “Canada COVID-19”.
- Canada COVID-19 app provides reliable information and resources for Canadians. In addition, on the app, Canadians are encouraged to monitor their health on a regular basis through a daily symptom tracker.

- We also recognize that all Canadians are coping with the impact of COVID-19 and facing different degrees of stress. That is why the Government of Canada has launched *Wellness Together Canada*, a free online portal of virtual mental health and substance use supports available through the Canada COVID-19 app and Canada.ca website.
- Through *Wellness Together Canada*, Canadians can access a range of supports during COVID-19, including peer support and professional counselling through chat and live phone conversations.
- We will continue to work with all of our partners to ensure that Canadians have access to up-to-date information, tools and resources on COVID-19.

IF PRESSED ON PRIVACY

- Privacy considerations were – and continue to be – front and centre at every stage of these initiatives.
- Government of Canada officials have confirmed compliance with applicable privacy legislation, and, as applicable, inserted additional privacy-protective terms into contracts with vendors.
- Government of Canada officials also worked to integrate privacy best practices going beyond legal compliance where appropriate.

IF PRESSED ON MENTAL HEALTH

- The Government of Canada recognizes that COVID-19 is creating stress and anxiety for many Canadians, particularly those who do not have ready access to their regular support

networks.

- That is why the Government has launched a new online portal for mental health and substance use supports: **Wellness Together Canada**. The portal makes it easy for Canadians to access self-directed tools and find credible information on mental health and substance use issues.
- It also connects Canadians to peer support workers, social workers, psychologists and other professionals for confidential chat sessions, phone calls and online counselling.
- The portal will be updated on a regular basis to ensure it meets the needs of Canadians.

IF PRESSED ON CONTACT TRACING APPS

- Rigorous contact tracing continues to be an important part of Canada's strategy in response to COVID-19, recognizing its importance to tracking the virus and preventing future flare-ups.
- That is why the Government of Canada's national volunteer recruitment campaign included a call-out for volunteers to help provincial and territorial authorities with case tracking and contact tracing.
- Our Government is aware of the many approaches that are being developed to help digitize the contact tracing process, including through mobile apps.
- It is important that any such apps protect the privacy and

security of users.

IF PRESSED ON ADDITIONAL PLANNED ACTIVITIES IN THIS AREA

- Our government recognizes that this is an unprecedented time for Canadians, and are continuing to explore how we can best take action in innovative ways.
- We will continue to work closely with provinces and territories and other partners to evaluate needs for digital supports.

BACKGROUND

COVID-19 self-assessment tool (March 21, 2020)

- Developed in collaboration with Health Canada and the Public Health Agency of Canada, this tool is available to all Canadians through the Canada.ca website. The tool has been visited over 4 million times in the first month since the launch. It is intended to complement PT self-assessment tools and is empowering Canadians to make informed decisions on the appropriateness of COVID-19 testing and when to access other resources like telehealth, primary care providers and emergency departments.

Canada COVID-19 app (March 31, 2020)

- Accessible via mobile and web-enabled devices, this nationally available app provides an integrated platform for Canadians to receive trusted information and engage on issues related to COVID-19. It quickly became the number one medical app on both the App and Google Play Store.
- On April 11, the app launched its daily symptom tracker, which enables users to take an active role in their self-care through the daily recording of potential COVID-19 symptoms. With enough users, the symptom tracker will help to provide useful data to allow public health authorities to track the symptoms of the population as a whole, providing an indicator of how the disease is evolving in neighbourhoods, regions, and provinces.

Portal for mental health and substance use supports: Wellness Together Canada (April 15)

- Through this portal, Canadians are able to access digital tools to help them monitor and manage their mental health and substance use needs, and access trained

mental health professionals through digital platforms.

- Three broad types of supports are available:
 - Triage and self-monitoring tools: These are self-directed tools to guide and connect users to promotion or prevention resources. This will enable individuals to determine their level of need, as well as self-manage their mental health and substance use.
 - Mental health promotion tools and resources: These tools and resources promote mental health and prevent poor mental health. These will focus on enhancing protective factors (e.g., resilience, coping, social support and social networks) and addressing risk factors (e.g., substance use, social isolation, discrimination and stigma).
 - Live psychosocial supports: The portal also provides confidential chat sessions, phone calls and online counselling with peer support workers, social workers, psychologists and other professionals.

Notify (formal announcement planned for April 26)

- The Government of Canada has put in place an opt-in email subscription service called “Get Updates on COVID-19.” This will provide valuable updates to those Canadians who would like to be alerted to updates on the COVID-19 situation in Canada.

Contact Awareness/Tracing Apps

- Globally, all countries are looking at digital tools to help reduce the workload burden related to tracing and containing the spread of COVID-19. In Canada, many jurisdictions are also considering such tools, given their potential value to help contain the spread of disease as Canadians return to the workforce. Health Canada has been engaging with provinces and territories to understand proposed approaches.

Health Canada continues to explore other digital tools with a view to providing Canadians with the information and resources they need to stay safe and healthy during the COVID-19 pandemic. This includes resources for travellers coming into Canada as well as for children to help them better understand the disease and stay safe and healthy.

Drug Shortages

SYNOPSIS

- COVID-19 is creating global supply chain challenges and increased demand for drugs used in supporting patients with the disease. Drug shortages, particularly in the context of COVID-19 critical drugs, could put the health of Canadians at risk.
- Health Canada has amplified its surveillance activities and engagement with key supply chain players. It is also taking steps to help stabilize the supply, with a focus on drugs in shortage or in high demand.

POTENTIAL QUESTION

- What action is the government taking to ensure the COVID-19 pandemic does not create drug shortages in Canada?

KEY MESSAGES

- Ensuring that Canadians have access to needed medication is a top priority for the Government of Canada. Significant efforts are being made through a whole-of-government approach to respond to drug shortages during the COVID-19 pandemic.
- We have amplified our monitoring activities. We are engaging provinces and territories, industry, healthcare and patient groups - in some cases on a daily basis. Together, we are assessing supply chain vulnerabilities to ensure action is taken to help prevent and minimize the impact of shortages.
- On March 30, 2020, I signed an Interim Order to allow for the exceptional importation of products related to COVID-19. When drugs are not available, the department has a legal pathway to bring alternate supplies of drugs to the Canadian market.

- We are also taking steps to help mitigate and prevent drug shortages. Public Services and Procurement Canada issued seven Requests for Information signaling Canada's interest in procuring and building a reserve of critical drugs in shortage.
- We are also working closely with key international regulatory partners (US, EU, UK and Australia). This has resulted in earlier risk identification and response planning.

IF PRESSED ON CURRENT DRUG SHORTAGES

- Our government is taking proactive measures to mitigate the impact of any drug shortages related to COVID-19.
- Through this work, we have been able to secure additional supplies of needed drugs for Canada. For example, we have worked with multiple companies to facilitate access to additional supplies of drugs such as muscle relaxants (e.g. cisatracurium), inhalers (e.g. salbutamol) and sedatives (e.g. propofol) to help support COVID-19 patients.

IF PRESSED ON REQUESTS FOR INFORMATION (RFIs)

- The RFIs were posted to identify additional supply that is not already earmarked to meet Canada's current needs.
- The initial RFIs focus on critical drugs currently in shortage – drugs that have the greatest potential impact on the health care system. These drugs include sedatives, muscle relaxants and inhalers.

- The Government will also be looking to procure other drugs, vaccines, and drugs that are showing promise in Clinical Trials.

BACKGROUND

Health Canada's role

Health Canada recognizes that drug shortages can have a significant impact on patients and health care professionals and is committed to doing its part to prevent shortages where possible and minimize their impact when they occur.

Addressing the complex issue of drug shortages is a multi-stakeholder responsibility requiring collaborative action from provinces and territories, manufacturers, distributors, practitioners, and the federal government. When national shortages occur, Health Canada works with provinces and territories and stakeholders across the drug supply chain to determine the details and status of the shortage, coordinate information-sharing, and identify mitigation strategies, which may include regulatory measures and exploring access to alternative products available in other jurisdictions.

Factors such as whether the shortage is national in scope, whether alternative supplies are available and whether the product is considered medically necessary are all considered in determining the potential impact and any necessary actions by Health Canada.

Health Canada also co-chairs the Multi-Stakeholder Steering Committee on Drug Shortages, which mobilizes provinces and territories and key stakeholder groups to play a lead role in advancing tools to address drug shortages.

Bill C-13, the *COVID-19 Emergency Response Act*

On March 25, 2020, the *COVID-19 Emergency Response Act* was brought into force to support the availability of drugs and medical devices by providing the Government with the authority to make regulations to address any future shortages of therapeutic products, including drugs and medical devices. This includes the importation of drugs and medical devices not authorized for sale in Canada to address certain shortages, such as for personal protective equipment or drugs required to treat COVID-19, and changes to the *Patent Act* to allow for compulsory licencing in health emergencies in the period up to September 30, 2020.

Interim Order Respecting Drugs, Medical Devices and Foods for a Special Dietary Purpose in Relation to COVID-19

On March 30, 2020, the Minister of Health authorized an Interim Order which sets up a regulatory framework to help prevent and alleviate shortages of drugs, medical devices, and foods for a special dietary purpose.

It allows for the exceptional importation and sale of products that may not fully meet Canadian requirements, such as those related to licensing and labelling, but are manufactured according to comparable standards.

Health Canada designates the products eligible for importation and sale under the Interim Order. Companies with an establishment licence may import these drugs and devices after notifying Health Canada five days in advance.

The Interim Order also requires that any shortages of critical medical devices related to COVID-19, such as ventilators, be reported to Health Canada and publicly communicated. Public reporting of shortages help manufacturers and the health care system plan and react to supply disruptions, in order to mitigate the impact on patients.

These new tools allow Health Canada to address critical supply issues in an expedited manner when shortages occur and help protect the health and safety of Canadians during the pandemic.

Through this work, Health Canada has been able to secure additional supplies of needed drugs and medical devices for Canada. For example, the department has worked with multiple companies to facilitate access to additional supplies of drugs such as muscle relaxants (e.g. cisatracurium), inhalers (e.g. salbutamol) and sedatives (e.g. propofol) to help support COVID-19 patients. The issuance of medical device establishment licences related to the importation and manufacturing of PPE such as masks and gowns has also been expedited.

Engagement with Provinces and Territories

Drug shortage management requires a multi-stakeholder effort. Over the last number of years, capacity has been built up across governments leading to a more coordinated and effective approach to dealing with shortages.

Health Canada has strengthened existing mechanisms in place to manage drug shortages, including an FPT committee infrastructure to identify, report, and assess shortages in cooperation with industry and patient groups.

Health Canada has leveraged this FPT infrastructure and increased cooperation with provincial and territorial partners to identify shortage signals earlier, especially for critical drugs required for COVID-19.

Additional Collaboration

Canada has increased cooperation with international regulatory partners (US, EU, UK, Australia). This has resulted in earlier risk identification and response planning for new shortages. In addition, the government is working with key federal partners –like Global Affairs Canada, Innovation, Science and Economic Development and Public Services and Procurement Canada – to explore ways to increase access to critical drugs. For example, Health Canada is working with Public Services and Procurement Canada to develop Requests for Information for critical drugs that are in high demand or are in shortage. The goal is to access additional supplies of critical drugs above and beyond current needs, to stabilize and build Canada’s supply of these drugs for future needs as the pandemic continues to evolve.

Early History (Warnings and Steps Taken) in COVID-19 Outbreak

SYNOPSIS

- Warning of a respiratory illness in Wuhan, China was received on December, 31, 2019. The Government of Canada quickly alerted provincial Chief Medical Officers of Health followed by enhanced border measures. The World Health Organization confirmed on January 12, 2020 the novel coronavirus following which the Government activated its emergency operations centre and posted signage at airports. Chief Medical Officers of Health were convened well in advance of the first presumptive case identified on January 25, 2020.

POTENTIAL QUESTION

- What warnings did the Government of Canada receive regarding COVID-19, and what steps were taken in response?

KEY MESSAGES

- Timely intelligence gathering, in collaboration with both domestic and international partners, allowed early and coordinated action by the Government of Canada.
- Canada took a number of concrete steps in advance of its first presumptive case of COVID-19 in late January, including posting signage at airports, issuing a travel alert, and convening Chief Medical Officers of Health from across the country.

- Subsequent, rapid actions were taken to mobilize Canada's national and provincial public health emergency response infrastructure as new information became available, and the risk to the health and safety of Canadians became clearer.

IF PRESSED

- The Chief Public Health Officer of Canada informed all provincial Chief Medical Officers of Health on January 2nd 2020 well before Canada's first presumptive case was identified on January 25th, 2020.
- Confirmation that the cause of the respiratory illness in Wuhan, China was from a novel coronavirus was received by the World Health Organization on January 12th, 2020.

BACKGROUND

The Public Health Agency of Canada operates the Global Public Health Intelligence Network (GPHIN), which is an early-warning and situational awareness system for potential public health threats worldwide—including outbreaks of infectious disease.

Canada first became aware of a respiratory illness originating in Wuhan, China through an alert through GPHIN received on December 31 2019. This information was shared by the Chief Public Health Officer of Canada on January 2nd 2020 with all provincial Chief Medical Officers of Health of Canada.

Precautionary steps were taken as Canada sought additional information from the World Health Organization, such as issuing a travel notice on January 7, 2020, issuing a Public Health Alert on the Canadian Network for Public Health Intelligence, an extranet for communication with public health partners.

Confirmation of a novel coronavirus in Wuhan, China was received on January 12, 2020, by the World Health Organization (WHO). The Public Health Agency of Canada escalated its Emergency Operations Centre on January 15, 2020, to actively monitor early warning signs and to prepare for possible containment and mitigation of a possible COVID-19 outbreak. In addition, on January 17, 2020, the Canada Border Services Agency (CBSA) implemented signage at major airports to raise awareness for passengers arriving from China, and on January 17, 2020, Dr. Tam convened the first COVID-19 meeting of the Council of Chief Medical Officers of Health (CCMOH).

Progressive escalation followed Canada's first presumptive case. Canada's first case was identified on January 25, 2020. Following this, critical public health emergency management infrastructure was mobilized for the COVID-19 response, including:

- Federal-Provincial-Territorial Council of Chief Medical Officers of Health special teleconference on COVID-19 (co-chaired by Dr. Tam) (January 14, 2020);
- First meeting of the Federal-Provincial-Territorial Special Advisory Committee on COVID-19 (January 28, 2020);
- Federal-Provincial-Territorial Ministers of Health (Weekly, starting January 30, 2020)
- G7 Ministers of Health (Weekly, starting February 03, 2020)

In addition, the following travel measures were implemented:

- Travel advisory against non-essential travel to China (January 29, 2020)
- Enhanced screening measures at major international airports including all travellers from the Province of Hubei, China (February 9, 2020)

Canada reached its first 100th confirmed case on March 11, 2020.

Health Products Making False or Misleading Claims

SYNOPSIS

- Health Canada has identified health products making false or misleading claims to prevent, treat or cure COVID-19 through proactive monitoring of online sites and complaints received. This activity is illegal and Health Canada has been taking actions to stop this.

POTENTIAL QUESTION

- What is Health Canada doing about health products on the market claiming to treat, prevent or cure COVID-19?

KEY MESSAGES

- The health and safety of all Canadians is Health Canada's top priority and we are taking measures to protect consumers from illegal, false or misleading advertising of products claiming to mitigate, prevent, treat, diagnose, or cure COVID-19.

- To date, Health Canada has not authorized any product to

prevent, treat or cure COVID-19. Selling health products that make false or misleading claims to prevent, treat or cure COVID-19 is illegal in Canada.

- As a result of proactive monitoring of online sites and complaints received, Health Canada has identified a wide range of health products making false or misleading claims related to COVID-19. Health Canada takes this matter very seriously and is taking action to stop this illegal activity.
- Health Canada has issued compliance letters to multiple companies directing them to immediately stop selling such products and remove references to these products from their websites. Health Canada has also been working with major online retailers to stop the posting of these products on their sites.
- On March 27, 2020, Health Canada issued a public advisory warning Canadians about the risks of buying health products that make false or misleading claims to prevent, treat or cure COVID-19.
- To keep Canadians informed, Health Canada has posted a table which lists products and corresponding companies or advertising media found to engage in non-compliant marketing, which are currently under review or have been resolved. Health Canada took compliance and enforcement action against these organizations, as required.
- The Department is also coordinating with other government agencies, such as the Competition Bureau and the Royal Canadian Mounted Police, to address the issue of false and misleading claims related to COVID-19.

IF PRESSED

- Health Canada has followed up on hundreds of cases regarding health products making false or misleading claims related to COVID-19 identified through proactive monitoring activities or complaints received.
- Various compliance and enforcement options are available to manage the risk posed to public health and safety by false or misleading claims related to COVID-19, including on site inspections, regulatory letters, recalls, public communications or product seizures.
- In certain circumstances, when the regulatory enforcement responses are not appropriate to achieve compliance, Health Canada may refer its findings to the Public Prosecution Service of Canada for potential prosecution.

BACKGROUND

Status of Products to Treat or Cure COVID-19

Health Canada has not approved any product to treat or cure COVID-19. Selling or advertising health products making false or misleading claims is illegal in Canada under Sections 9 (1) and 20 (1) of the [*Food and Drugs Act*](#). Health products that have been authorized for sale by Health Canada will have an eight-digit Drug Identification Number (DIN), Natural Product Number (NPN) or Homeopathic Drug Number (DIN-HM).

Health Canada's Actions in Addressing Products Making False or Misleading Claims

Health Canada has followed up and taken action on numerous cases regarding health products making false or misleading claims related to COVID-19 identified through proactive monitoring of online sites or complaints received.

Companies have been sent compliance letters and directed to immediately stop selling such products and to remove references to these products from their websites. Health Canada has been actively monitoring websites and working with major online retailers to ensure products making false or misleading claims related to COVID-19 are removed from their sites.

On March 27, 2020, Health Canada issued a public advisory to warn Canadians about the risks associated with products making false and misleading claims related to COVID-19. Canadians were encouraged to report any information on potential false and misleading advertising or the sale of products that have not been approved by Health Canada. To keep Canadians informed, Health Canada has [posted a table](#) which lists products and corresponding companies or advertising media found to engage in non-compliant marketing, which are currently under review or have been resolved. Health Canada took compliance and enforcement actions against these organizations, as required. This list is updated bi-weekly.

When Health Canada identifies or is notified of potential non-compliance with the Food and Drugs Act or its associated regulations, it takes steps to confirm whether non-compliance has occurred and takes action based on the risk to the health of Canadians. A number of compliance and enforcement options are available to manage the risk posed to public health and safety by false or misleading claims related COVID-19 including on site inspections, regulatory letters, recalls, public communications or product seizures. Recently, Health Canada inspectors, in collaboration with the RCMP, seized over 1500 unapproved kits from a resident in British Columbia, who had acquired and sold some of them online without authorization. Health Canada determined that these kits were not authorized for sale in Canada, meaning that the Department has not evaluated their safety and effectiveness. In certain circumstances, when the regulatory enforcement responses are not appropriate to achieve compliance Health Canada may also refer its findings to the Public Prosecution Service of Canada for potential prosecution.

The Department will continue to monitor and take action as needed to ensure that health products making false and misleading claims to diagnose, prevent, treat, or cure COVID-19 are removed from the market.

Health Human Resource Capacity during COVID-19 (New QP)

SYNOPSIS

- Since early March, PTs have worked to maximize their supply of health human resources through emergency and conditional licensing mechanisms that allow experienced health care professionals who are not currently practicing to be deployed in the COVID-19 response. While health human resource (HHR) capacity to respond to acute care needs appears to be sufficient for now, the disproportionate impact of COVID-19 on long-term care facilities has created a significant HHR challenge for some jurisdictions in a vulnerable population group.

POTENTIAL QUESTION

- What is the Government of Canada doing to address shortages of healthcare providers, particularly in long-term care homes?

KEY MESSAGES

- The Government of Canada has taken several approaches to identify resources to help meet identified needs for care providers in long-term care.
- Through a virtual recruitment process, it created an inventory for the mobilization of skilled Canadians to provide surge capacity in key areas.
- At the closing of the poster on April 24, there were 53,769 volunteers registered in the inventory. More than 20,000 referrals from the inventory have been shared with provinces and territories to support surge capacity requirements, primarily for contact tracing and support for long-term care facilities.
- When requested by provinces and territories, the Government of Canada has also sent members of the Canadian armed forces as surge support to long-term care facilities.
- The Government of Canada is committed to working with provinces and territories and taking the necessary actions to protect the health and safety of Canadians during this pandemic.

BACKGROUND

Health is a shared responsibility between federal, provincial, and territorial governments. Provinces and territories (PTs) are responsible for the administration and delivery of health care and the management of their health workforces.

Provincial and Territorial Efforts to Increase HHR Supply

Since early March, PTs have worked to maximize their supply of health human resources through emergency and conditional licensing mechanisms that allow experienced health care professionals who are not currently practicing to be deployed in the COVID-19 response. This included physician and nurse retirees, students and some internationally educated health professionals.

Government of Canada National Recruitment Campaign

On April 2, as part of a comprehensive response to COVID-19, the Government of Canada created a virtual inventory for the mobilization of skilled Canadians to provide surge capacity in key areas. As needs evolve, supports will be identified for other areas requiring assistance.

Impacts of COVID-19 on Long-term Care (LTC) HHR

LTC facilities are facing pre-existing HHR challenges. For example, personal support workers (PSWs) who provide the majority of hands-on care are an unregulated workforce and characterized by low pay, poor benefits, and part-time work. These challenges plus increased pressures due to the pandemic have led to difficulty in maintaining staff to resident ratios. Workers with part-time positions may also work at multiple sites; therefore, being a source of cross-infection infection.

HESA Motion Requesting Coronavirus Documents

SYNOPSIS

- On February 26, 2020, HESA adopted a Motion ordering all documents prepared for five specified Ministers regarding the outbreak of the Coronavirus. The Motion requested that any redactions to the documents be done by the Law Clerk of the House of Commons. On March 15, 2020, the Government provided the documents to the HESA Clerk with redactions already made by the Government.

POTENTIAL QUESTION

- Why has the Government not followed the wording of the HESA Motion on coronavirus documents, and provided the unredacted documents to the Law Clerk of the House of Commons?

KEY MESSAGES

- Our Government's primary objective in responding to the

Motion was to disclose as much information as possible. Over 1200 pages were provided to the Committee.

- Redactions were made as per the Motion's instructions to exclude matters of Cabinet confidence and national security.
- Redactions were also made to respect the provisions of the Privacy Act. The Government has a statutory duty to Canadians under the Privacy Act to keep their personal information confidential. It is especially important that the Government respect this duty and maintain the trust of Canadians during the current COVID-19 outbreak.

IF PRESSED ON THE REDACTIONS

- Again, our Government made every effort to disclose as much information as possible.
- I do not believe that the redactions interfere, in any way, with HESA's ability to understand the early evolution of the COVID outbreak through these documents.
- The redactions made to protect personal information are few in number, and include records related to consular assistance and personal medical conditions. These are the personal medical details of Canadians. Releasing this information is a disclosure under the Privacy Act, and is immaterial to understanding the early evolution of the COVID-19 outbreak.
- Redactions have also been made to avoid injury to international relations as well as relations with the provinces and territories; and to protect information considered advice to a Minister.

BACKGROUND

The wording of the Motion is as follows:

That, pursuant to Standing Order 108(1)(a), the committee order all documents, including briefing notes, memos and emails from senior officials, prepared for the Minister of Health, Minister of Transport, Minister of Public Safety, Minister of Foreign Affairs, and Minister of National Defence regarding the outbreak of the coronavirus, no later than March 15, 2020; that matters of Cabinet Confidence and National Security be excluded from the request; and that any redactions to protect the privacy of Canadian citizens and permanent residents whose names and personal information may be included in the documents, as well as public servants who have been providing assistance on this matter, be made by the Office of the Law Clerk and Parliamentary Counsel of the House of Commons.

In response to the Motion, the Government delivered over 1200 pages of documents to the HESA Clerk on March 15, 2020. The documents were redacted by the Government before being sent to the HESA clerk and the Law Clerk of the House of Commons.

Redactions were made to protect small amounts of information.

- In accordance with the Privacy Act, redactions were made to protect personal information. These were few in number, and included records related to consular assistance and personal medical conditions. The Government has a statutory duty to Canadians under the Privacy Act to keep their personal information confidential. It is especially important that the Government respect this duty and maintain the trust of Canadians during the current COVID-19 outbreak.
- Redactions were also made to avoid injury to international relations as well as relations with the provinces and territories; to protect information considered advice to a Minister; and, to protect solicitor-client privilege.

International Issues

SYNOPSIS

- Since the beginning of the COVID-19 pandemic, Canada has engaged with international partners such as the G7, the G20 and the World Health Organization, to help inform our domestic response and to contribute to global efforts on fighting COVID-19.

POTENTIAL QUESTION

- How is the Government of Canada working with international partners on COVID-19?

KEY MESSAGES

- With the outbreak evolving rapidly around the world, we are working closely with our international partners, including the World Health Organization, to protect the health and safety of Canadians and the global community.
- We remain committed to advancing a whole-of-government and multi-sectoral response to COVID-19. The Prime Minister and my cabinet colleagues are also engaged with their international counterparts.
- Since early February, I have been engaging my G7 counterparts on a weekly basis to share information on public health measures and identify possible joint actions to tackle this outbreak.
- Canada's regular exchange with its G7 allies has allowed us to learn from others' experiences and best practices, which continue to help inform our domestic response.
- Last week, I also participated in the G20 Health Ministers Meeting to discuss the COVID-19 pandemic and share national best practices, among other health priorities. We also exchanged views on the importance of multilateral collaboration, including the WHO.

IF PRESSED on G20 Health Ministers' Meeting concluding without a Declaration

- Canada is disappointed a consensus could not be achieved. However, we will continue to work collaboratively with G20 partners and others around the world to combat the pandemic.

IF PRESSED on Suspension of U.S. Contributions to the WHO

- Canada has no plans to cut funding to the WHO. Canada has and will continue to be a strong supporter of the WHO. Since February 11, our government has provided \$15.5 million to WHO, and a further \$1.5 million to Pan American Health Organization (PAHO), the regional WHO office for the Americas, to prepare and respond to COVID-19 events.

IF PRESSED on Conducting a review of the WHO's role in the global response

- Our continued commitment to the WHO includes our interest in making it a strong, accountable, and well-governed institution.
- This includes after-action reviews, which will be important at all levels following this crisis and can provide critical insights to support necessary change
- However, now is not the appropriate time to draw resources and focus away from where they are needed most: the health and safety of Canadians and people around the world.

BACKGROUND

Canada has engaged with international partners to learn from the experience of others and best practices, to help inform our domestic response and to contribute to global efforts to fight against COVID-19. Since February, Canada has participated in weekly G7 Health Ministerial calls to discuss COVID-19. On April 19, 2020, Canada participated in the G20 Health Ministers Meeting. Although the meeting concluded without a declaration, G20 members shared national best practices and exchanged views on the importance of multilateral collaboration. Given the magnitude of this pandemic's impact across sectors, the Prime Minister and other Ministers are engaging regularly with their international counterparts, including Finance, Foreign Affairs, Agriculture and Employment.

As a founding member, Canada has long been a strong supporter of the World Health Organization (WHO), averaging approximately \$75 million annually in assessed and voluntary contributions to support the work of the organization from 2008-2018. The WHO has played a valued leadership and coordination role on many aspects of the COVID-19 response and is supporting the most vulnerable countries in their preparedness and response efforts. Canada has also valued WHO's timely and evidence-based guidance during this rapidly evolving pandemic.

On April 14, U.S. President Donald Trump announced that the U.S. will temporarily suspend funding to WHO for 60-90 days while the Administration conducts a review of the organization due to misgivings over the WHO's management of the pandemic and a perceived bias towards China. The U.S. Administration has long been skeptical towards the United Nations system and multilateralism more broadly.

Canada supports a review of the global response post-crisis, which would consider the role of all actors and partners, including the WHO. However, Canada's view is that undermining the credibility of the WHO at this point in time is not helpful. The focus should continue to be on the global pandemic response and the health of people in vulnerable situations around the world, with an emphasis on facts and evidence based approaches.

Long-Term Care Homes

SYNOPSIS

- All Canadians have a role to play in helping to protect seniors and medically vulnerable people, who are at greatest risk of severe health complications from COVID-19. Many long-term care homes in Canada have been experiencing outbreaks of COVID-19 resulting in numerous deaths. The Public Health Agency of Canada has provided evidence-informed guidelines to help residents, seniors and healthcare workers in long-term care homes remain safe and healthy. These recommendations complement provincial and territorial public health efforts to prevent and control healthcare associated infections.

POTENTIAL QUESTION

- Given the severe impacts of COVID-19 on Long-Term Care facilities across Canada, what actions has the federal government taken to support provinces and territories control spread of the infection in these facilities?

KEY MESSAGES

- The Government of Canada is committed to taking the necessary action to continue to protect the health and safety of all Canadians during this pandemic.
- Residents of long-term care homes are at risk of COVID-19 infection due to shared living spaces, underlying chronic conditions and age.
- The Public Health Agency of Canada has provided infection prevention and control guidance to help prevent COVID-19 infections among residents in long-term care [and assisted-living] facilities.
- Following this guidance reduces the possibility of introducing COVID-19 into these facilities and helps protect workers and residents.
- To support the care of residents, the Government of Canada's Volunteer Recruitment Campaign provides an inventory that can be drawn upon to support staffing needs in facilities.
- The military continues to work closely with all levels of government in the fight against COVID-19, including the governments of Quebec and Ontario.

IF PRESSED ON LONG-TERM CARE GUIDANCE

- The Public Health Agency of Canada's guidance on infection prevention and control in long-term care facilities is designed to limit the possibility of introducing COVID-19 into these facilities by recommending that only those who are essential to the care of residents can enter the facility.

- Staff in long-term care facilities are encouraged to take their own steps to protect the residents by monitoring their health twice a day, following routine infection control practices and wearing a mask for the duration of their shifts.
- This guidance also recommends that staff restrict their work to only one facility in order to prevent transmitting COVID-19 between facilities.

IF PRESSED ON NATIONAL VOLUNTEER RECRUITMENT CAMPAIGN

- The Government of Canada is supporting provinces and territories by facilitating an inventory for recruitment and mobilization of skilled Canadians to provide surge capacity in the following key areas:
 - Case tracking and contact tracing;
 - Health system surge capacity; and
 - Case data collection and reporting.
- As of April 24, there were 53,769 volunteers registered in the inventory from which provincial and territorial governments can draw upon as needed.

BACKGROUND

All Canadians have a role to play in helping to protect seniors and medically vulnerable people, who are at greatest risk of severe health complications from COVID-19. Many long-term care homes in Canada have been experiencing outbreaks of COVID-19 resulting in numerous deaths. The Public Health Agency of Canada has provided evidence-informed guidelines to help residents, seniors and health care workers in long-term care homes remain safe and healthy. These recommendations complement provincial and territorial public health efforts to prevent and control healthcare associated infections.

The Government of Canada is working to ensure healthcare workers have the personal protective equipment (PPE) and medical supplies they need. We are doing this through collaborative bulk procurement with the provinces and territories, building domestic

production capacity, and identifying potential alternatives and ways to extend product life.

For seniors living in long-term care homes or assisted-living facilities, there is an even greater risk of infection and transmission of the virus owing to proximity. The movement of workers from one facility to another increases the risk of spread of infection, which ultimately puts seniors more at risk of contracting the virus. Therefore, the guidelines recommend identifying staff who work in more than one location and ensuring efforts are made to prevent this where possible.

Volunteer Recruitment

As part of the comprehensive federal, provincial and territorial response to COVID-19, the Government of Canada is supporting provinces and territories by facilitating an inventory for recruitment and mobilization of skilled Canadians to provide surge capacity in key areas.

To assist provinces and territories, the Government of Canada is working with them to identify their needs. They have identified contact tracing and case recording as areas where they require assistance. Therefore, the skills required include case management, data collection and management, public outreach and telephone interview skills. Referrals from the inventory have also been shared with a number of jurisdictions for help in long-term care facilities. Other call-outs may be issued as jurisdictions identify new areas requiring assistance. As needs evolve, support in other areas requiring assistance will be provided.

The Government of Canada is reaching out in stages. The first stage was to enlist qualified federal public servants who are currently not in roles essential to ongoing federal work to assist in those jurisdictions feeling the most pressure. The second stage includes leveraging the inventory established as part of a COVID-19 Volunteer Recruitment campaign, and reaching out to faculties of health, public health and science across the country to disseminate a call for interested individuals to register in the inventory. A third stage will involve reaching out to all health professional and health science associations for retirees or individuals currently not engaged in the COVID-19 response.

As of April 19, there were more than 38,400 volunteers registered in the inventory. To date, referrals from the inventory have been shared with a number of jurisdictions, mostly to support long term care needs:

- 919 volunteers referred to Nova Scotia
- 1,118 volunteers referred to Quebec
- 24 volunteers referred to Northwest Territories
- Saskatchewan and Ontario are also in the process of seeking referrals

COVID-19 Medical Device Authorizations

SYNOPSIS

- As an emergency public health measure, the Interim Order for Medical Devices has allowed expedited access to COVID-19-related medical devices in Canada since March 18, 2020. Health Canada has also expedited the process for issuing Medical Devices Establishment Licences in the fight against COVID-19.

POTENTIAL QUESTION

- What is Health Canada doing to ensure Canada has access to the devices needed during the COVID-19 pandemic?

KEY MESSAGES

- Health Canada will continue to leverage all regulatory tools to ensure Canadians have access to safe and effective health products to fight COVID-19.
- To date, we have authorized 99 COVID-19 medical devices including:
 - 15 diagnostic testing devices; and
 - 84 devices including personal protective equipment, decontamination devices for N95 respirators, ventilators, reagents, and swabs.
- A medical device is authorized after Health Canada completes a scientific assessment, ensuring that it meets requirements for safety and effectiveness.
- Health Canada also continues to expedite applications for medical device establishment licences for products such as masks, gowns, respirators and ventilators.

IF PRESSED on mobilizing manufacturing capacity

- Health Canada is working closely with stakeholders who are scaling up or re-tooling their manufacturing capacity to provide much needed tests or medical supplies.

- Across the federal government, we are mobilizing industry and providing support for research, market approval, manufacturing and supply.
- We are working closely with provinces and territories to ensure that they have the medical devices that they need.

IF PRESSED on N95 respirators decontamination

- Extending the use of personal protective equipment through decontamination is one way of helping Canada meet supply needs.
- Health Canada is looking at ways to safely and effectively decontaminate single use N95 respirators.
- Health Canada has authorized devices to decontaminate N95 respirators under the Interim Order for Medical Devices.

IF PRESSED on investigational testing and special access

- As of April 23, Health Canada has authorized:
 - two investigational testing authorizations, and two applications are under review; and
 - 38 Special Access Program applications for COVID-19 test kits, ultrasonic systems, endotracheal tubes and ventilators.

IF PRESSED on exceptional import and sale of COVID-19 devices

- The Interim Order Respecting Drugs, Medical Devices and Foods for a Special Dietary Purposes helps prevent or alleviate the effects of shortages related to COVID-19.
- Under this IO, as of April 24, Health Canada has added 22 medical devices to the List of Medical Devices for Exceptional Import and Sale.

Importers with medical device establishment licences can import these medical devices after notifying Health Canada five days in advance.

BACKGROUND

Streamlined regulatory processes

The *Interim Order* for medical devices signed on March 18, 2020, allows expedited access to COVID-19-related medical devices, including diagnostic test kits. Health Canada can also consider approvals granted by foreign regulatory authorities in deciding whether to approve an application for the importation or sale of COVID-19-related medical devices. Use of existing devices, where the approved, intended use was not originally COVID-19-related, can also be expanded under this Interim Order.

The *Interim Order Respecting Drugs, Medical Devices and Foods for a Special Dietary Purpose in relation to COVID-19* helps prevent or alleviate the effects of shortages directly or indirectly related to COVID-19. Under the Interim Order, the Minister can permit the exceptional importation and sale of products that do not fully comply with Canadian requirements, but are manufactured according to comparable standards.

In recent weeks we have:

- addressed shortages by permitting the importation and sale of medical devices that are not approved in Canada, subject to certain requirements;
- facilitated access to products that may not fully meet current regulatory requirements, such as bilingual labelling, including personal protective equipment (such as masks and gowns), swabs, hand sanitizers, and hard-surface disinfectants.
- amended the *Food and Drugs Act* and the *Patent Act* to support efforts to help prevent and alleviate shortages.

Health Canada continues to monitor and assess the safety, quality, and efficacy of all products allowed for import and sale under these special measures.

Decontamination of N95 respirators

Health Canada has authorized several decontamination systems: Stryker's Sterizone VP4 Sterilize,; ASP's Sterrad sterilization systems, Cleanworks's Clean Flow Healthcare Mini sterilizer; and Ecolab's Bioquell. The Department continues to evaluate new decontamination method applications submitted under the Interim Order for medical devices. A series of webinars was held with provincial and territorial healthcare

partners, industry and healthcare professionals to provide information and guidance on the decontamination and re-use of N95 respirators.

COVID-19 Modelling

SYNOPSIS

- The Government of Canada models COVID-19 to look at the national picture. Modelling is used for planning purposes and is not a prediction of the future. The Government uses data and modelling to guide Canada's response to COVID-19, and to help inform public health and policy decisions to control Canada's COVID-19 epidemic. Some provincial and territorial public health authorities are also conducting their own modelling to determine the projected numbers of COVID-19 related cases and deaths to aid in their health system capacity planning.

POTENTIAL QUESTION

- Why are there differences in the COVID-19 models produced by the federal and provincial governments?

KEY MESSAGES

- Modelling is one of the tools that support planning our response to the COVID-19 epidemic. The Public Health Agency of Canada is conducting modelling studies that tell us the number of COVID-19 cases that could occur nationally depending on how effective we are in controlling the epidemic.
- Models are indicating that the measures we are taking to slow the spread of COVID-19 are working and that we need to continue to be vigilant.
- The Public Health Agency of Canada works with the provinces and territories to share their data to inform the national COVID-19 model.

- We know that the COVID-19 epidemic varies across provinces and territories. There is alignment with the national level modelling results, but provincial models provide more specific projections for planning within each of the provinces.

IF PRESSED

- Many factors contribute to regional differences in the epidemiology of COVID-19 in Canada.
- These include differences in the timing and patterns of community spread (e.g. timing of March break), changes in laboratory testing practices, and differing timelines for introduction of a range of public health measures.
- Notwithstanding these variables, we are observing slowed epidemic growth of COVID-19 and a levelling off of epidemic trajectories across Canada.

BACKGROUND

The COVID-19 epidemic in Canada comprises a number of different epidemics in the different provinces and territories. The Public Health Agency of Canada regularly uses data to update models for guiding public health and policy decisions.

While models are imperfect, they do allow experts to forecast infection and illness rates in the short-term, and to explore the effectiveness of different combinations and timing of public health measures to control the epidemic.

Nationally, Canada is using two modelling approaches: forecasting and dynamic models. Forecasting models use actual data on the cases being reported over time in Canada to estimate forward on how many new cases might be expected in the coming week. Dynamic models do not use actual real-life case data, yet are useful in that they permit a longer-term view based on our knowledge of how the virus behaves – this helps us to visualize potential epidemic growth scenarios and impacts of control measures that mitigate growth over time.

National Emergency Strategic Stockpile (NESS) Management

SYNOPSIS

- A recent media story highlighted the disposal of approximately 2 million expired masks and 440,000 expired gloves during the closure of the NESS warehouse in Regina in 2019. The masks and gloves had been purchased in 2009 and had passed the limit of five years for their use, as recommended by the manufacturer.

POTENTIAL QUESTIONS

- How can we be sure that the Government of Canada has the right system in place to have the necessary stockpile of health supplies to support Canada in pandemics and other emergencies? Why did the Public Health Agency of Canada dispose of N95 masks and gloves in 2019? Why did the Public Health Agency of Canada close federal stockpile locations?

KEY MESSAGES

- The Government of Canada is working closely with provinces and territories to procure the necessary health supplies to deal with the COVID-19 pandemic.
- The NESS structure was built on the assumption that provincial, territorial and local governments are prepared for the most common emergencies. It was designed to provide health emergency assets when local and provincial and territorial resources have been exhausted.
- Jurisdictions have traditionally sourced Personal Protective Equipment (PPE) directly from known suppliers, and the NESS has historically only carried relatively small amounts.
- With the unprecedented nature of the current pandemic, the NESS quickly stepped into a much more active role in procurement and will continue with this expanded role as long as required. As we move forward, we will adjust, and lessons learned will inform the future of the NESS.

IF PRESSED ON INVENTORY MANAGEMENT

- NESS reviews its stock regularly. Expired, obsolete, or unusable items are disposed of as per Treasury Board policy.
- PHAC continues to explore ways to optimize product life cycle management and minimize the disposal of expired stock.

IF PRESSED ON WAREHOUSE CLOSURES

- A decision was made in 2013 to modernize and optimize our warehouse presence.
- In 2012, NESS supplies were held in 11 warehouses in 9 locations. In 2019, holdings were consolidated into 8 warehouses in 6 locations.
- When a warehouse is closed, usable supplies are moved to a new location, while obsolete and expired supplies are disposed of as per Treasury Board policy.

IF PRESSED ON FUNDING LEVEL

- Since 2012-13, the operating budget of the NESS, including salaries and operating has consistently been around \$3 million annually.
- On top of the NESS core operational budget, there have been investments made for particular initiatives, stocks of supplies and medical countermeasures. Over the last 10 years, these investments have varied year over year, and have amounted to over \$79 million.

BACKGROUND

Canada's National Emergency Strategic Stockpile (NESS) contains supplies that provinces and territories can request in emergencies, such as infectious disease outbreaks, natural disasters and other public health events, when their own resources are not enough. These supplies include a variety of items such as: medical equipment and supplies; pharmaceuticals; and social service supplies, such as beds and blankets.

NESS Mandate

The fundamental assumption underpinning emergency management is that provincial, territorial and local governments are prepared to a reasonable extent for the most common emergencies.

As such, the federal government's role in stockpiling emergency health assets is twofold:

- It provides surge capacity to provinces and territories at their request when their own resources are not sufficient; and
- It is the sole provider of certain assets required for rare public health emergencies, for example, costly and rarely used vaccines or antidotes.

NESS Deployments

Over the past decade, the NESS has deployed assets to assist with a range of events and emergencies, including the 2010 Olympics, 2013 Alberta Floods, Operation Syrian Refugees, the Fort McMurray wildfires, and the 2018 G7 Summit in Quebec. The NESS has also made international donations in support of the West African Ebola Outbreak, Hurricane Harvey, and to China during the current COVID-19 outbreak.

NESS Footprint

NESS facilities consist of a central depot in the National Capital Region and warehouses strategically located across Canada. In recent years, the NESS moved from nine warehouse locations across Canada to six. An independent assessment indicated that the six strategic locations would maintain the NESS' role as timely surge support. With COVID-19, an additional warehouse was leased in Ottawa in March 2020, given the volume of supplies being donated to and purchased by the NESS.

Regina Closure

In 2019, approximately 2 million expired masks and 440,000 expired gloves were disposed of during the closure of the NESS warehouse in Regina. The masks and gloves had been purchased in 2009 and had surpassed the limit of five years for their use, as recommended by the manufacturer.

Intersection of COVID-19 and Substance Use

SYNOPSIS

- The COVID-19 pandemic, like any public health crisis, presents increased risks for vulnerable populations, such as people who use drugs. The current

intersection of the COVID-19 crisis and the opioid crisis, as well as the challenges in housing vulnerable people, means that the unique needs of people who use substances must be considered in COVID-19 response actions.

POTENTIAL QUESTION

- What is the Government of Canada doing to support people who use drugs during the CoVID-19 pandemic?

KEY MESSAGES

- During the pandemic, we must not forget that many regions of the country continue to struggle with historic rates of drug overdose and harms.
- Tragically, in many communities, the pandemic is compounding a deadly and ongoing public health crisis of opioid overdose and death
- The Government is very concerned that people who use drugs are at increased risk of CoVID-19. This is due to risks that come with multiple close contacts and unique difficulties of social distancing; increased likelihood of underlying health conditions; and increased risks of overdose when using drugs alone.
- In response, the Government has taken important measures to enable the health system to better meet the needs of people with substance use disorder as a part of its response to the pandemic. We have made it easier for them to access the medications they need, such as those necessary for opioid agonist treatment, like Suboxone and methadone.
- Ministerial exemptions issued under the Controlled Drugs and Substances Act enable PTs to permit prescribers to use verbal prescriptions to order narcotics, and pharmacists to extend and transfer prescriptions to support ongoing treatment, as well as have these medications delivered to patients.
- Health Canada is also supporting community-based projects funded under the Substance Use and Addictions Program in order to allow for funds to be re-directed to support immediate CoVID-19 needs in their communities.
- In addition, my department is working to identify additional areas where federal exemptions, national guidelines or funding opportunities could help mitigate the impacts of the dual public health crises of CoVID-19 and opioid-related overdose and death.

- By providing for these new measures, vulnerable people will be better able to get the supports they need, while respecting public health directives for physical distancing and self-isolation.

IF PRESSED ON HEALTH CANADA'S ACTIONS TO ADDRESS COVID-19 IN COMMUNITIES WHERE THERE IS CHRONIC OVERCROWDING, INCLUDING A SHORTAGE OF HOUSING

- We understand the unique challenges associated with containing the spread and protecting homeless Canadians from CoVID-19.
- On April 6, we proactively took steps to make it easier for overdose prevention sites to be rapidly established in temporary community shelters for individuals exposed to CoVID-19, and to allow existing supervised consumption site operators to adjust their services to support physical distancing and respect public health directives.
- These measures will not only make it easier for people who are staying at shelters to respect public health directives to distance and isolate, they will also protect them from the risks and harms of overdose.
- These efforts will help ensure vulnerable Canadians have access to the health services they need during the serious health threat posed by COVID-19.

IF PRESSED ON FEDERAL INVESTMENT TO ADDRESS ISSUES AT INTERSECTION OF SUBSTANCE USE AND COVID-19

- Budget 2019 committed to address persistent gaps in harm reduction and support communities in their response to problematic substance use.
- Recent investments made through Health Canada's Substance Use and Addictions Program are helping to relieve some of the extraordinary stresses placed on people, communities and health organizations struggling to deal with the dual demands of overdose crisis harm reduction and pandemic response.
- In February of this year, our Government announced funding of over \$32 million over five years to support 26 projects across the country that will address a range of harm reduction and treatment needs, including:

- \$10 million to support 13 projects relating to Harm Reduction, Community-led and Front Line Initiatives;
- \$16 million in support of 5 projects aimed at Increasing Access to Pharmaceutical-Grade Medications (also referred to as “safe supply”); and,
- \$6 million to support 8 projects aimed at finding Approaches to Problematic Methamphetamine Use.

BACKGROUND

In March 2020, jointly with the provinces and territories, the Government of Canada released updated data indicating that 14,700 Canadians lost their lives between January 2016 and September 2019 to apparent opioid-related overdoses.

In many regions of the country, the COVID – 19 pandemic is compounding ongoing public health crises related to high rates of opioid overdose and deaths as well as acute substance use harms. These crises are exacerbated in communities where there is chronic overcrowding, including a shortage of housing or other shelters. At the intersection of these public health crises, people who use drugs (PWUD) are experiencing a number of increased risks:

- **Mortality** due to COVID-19 given higher prevalence of underlying health conditions (respiratory illnesses, immune compromised, etc)
- **Spread** of COVID-19 due to multiple close contacts, including in the community to support drug-seeking behaviours and/or within primary care system for harm reduction/treatment
- **Other severe health risks** such as drug withdrawal for those who must self-isolate or quarantine
- **Overdose** and other harms related to an increasingly toxic illicit supply

Substance use, mental health, and pain are inter-connected and it is often challenging to manage one without attending to the others. Many people who live with pain are coping with underlying health conditions or receiving pain treatments (ongoing use of opioids and other medications, steroid injections used in pain interventions), which are immune suppressing, placing people living with pain at higher risk of contracting and experiencing severe illness due to COVID-19. Public health measures required to respond to the pandemic have also increased the risk of social isolation, mental illness, and suicidality, which are already prevalent among people with chronic pain. Health and social services that help maintain function and keep disability at bay, such as psychological supports, physical therapies, and self-management options are more difficult to access. Canadians living with pain are therefore reporting decreased functional capacity and quality of life, fear and anxiety, cancellations of needed in-person care, surgeries and diagnostics, and drug shortages of certain pain medications (i.e., opioids, hydroxychloroquine).

Federal actions to date on this issues have been:

Increasing the reach of health system, including enabling Opioid Agonist Treatment (OAT)
 Issued on March 19th, exemptions that, if permitted within the applicable provincial/territorial scopes of practice: permit pharmacists to extend and/or transfer prescriptions; permit prescribers to issue verbal orders to extend or refill a prescription; and permit pharmacy

employees to deliver prescriptions of controlled substances to patient's location. These measures facilitate self-isolation or quarantine to prevent the spread of COVID-19.

- Fully implemented in BC, AB, SK, ON, QC, NB, NS; Partially implemented (no verbal prescriptions) in PEI, NL; Being considered in MB, YU, NU; No information NWT

Flexible access to harm reduction services

Issued on April 6th, class exemptions for all provinces and territories, for a duration of 6 months, allowing them to modify the operations of existing SCS and establish new temporary spaces for the safe consumption of drugs, without having to apply to Health Canada. This saves valuable time for local officials who want to establish temporary overdose prevention services within shelters or other temporary sites to house homeless or housing unstable people.

- No formal notice of implementation in any provinces to date, however BC has expressed strong interest

Disseminating information and guidance

Developing and will disseminate new "tool kit", by end of April, to support service providers and PWUD to socially distance and self-isolate:

- Providing an an easy-to-understand summary of the various exemptions now in place for HCP and allied HCP which facilitate flexible models of care during the pandemic;
- Consolidating prescribing and practice guidelines for HCP to foster an increase in prescribing of medications to address symptoms of withdrawal experienced by PWUD, including Suboxone, methadone and medications considered "safer supply" (hydrophone, prescription grade heroin);
- Assisting PWUD, harm reduction advocacy groups and families who support PWUD to understand how to effectively navigate the changing healthcare environment to secure medications and treatment supports as well as educate on harm reduction measures.

Increasing access to mental health supports, including those for problematic substance use, and provide advice for overall well-being during the pandemic to reduce risk of overdose death and prevent spread of COVID-19

Leveraging the existing mental health as well as crisis lines and services, including the Federal COVID-19 – Mental Health and Substance Use Portal, to provide support for substance use and people experiencing chronic pain, including referrals to community services.

Guidance on the Use of Personal Protective Equipment

SYNOPSIS

- The Public Health Agency of Canada continues to work closely with Provinces and Territories to provide infection prevention and control guidance for a variety of health care settings, including long-term care facilities. The Agency has also provided advice to workplaces and business on how to reduce the risk of COVID-19 infections in the workplace, which may include the use of Personal Protective Equipment (PPE).

POTENTIAL QUESTION

- Why isn't the Government recommending PPE, including N-95 masks, for all front-line workers?

KEY MESSAGES

- The appropriate use of personal protective equipment or PPE is one component of infection prevention and control.
- Working closely with Provinces and Territories, the Public Health Agency of Canada has developed evidence-based guidance on infection prevention and control for acute care and long-term care settings, including the appropriate use of PPE.
- The Agency has also provided advice to workplaces and businesses outside the health sector on how to reduce the risk of COVID-19 infections in the workplace, which may include the use of PPE in some workplaces.
- The Government of Canada continues to emphasize that staying at home, physical distancing, hand hygiene and coughing or sneezing into your arm or sleeve are the most effective ways to prevent transmission of the COVID-19 virus.
- Wearing a non-medical mask or face covering when you cannot maintain a 2-metre physical distance from others, is an additional measure you can take to prevent further transmission of the virus to others.
- Non-medical masks for face coverings are not PPE, but they are a way to prevent spread of the COVID-19 virus to others.

IF PRESSED ON USE ON NON-MEDICAL MASKS FOR HEALTHCARE WORKERS:

- Healthcare workers need medical masks, including surgical, medical procedure masks and respirators such as N95 masks.

IF PRESSED ON WHY POSITION ON MASK USE BY THE GENERAL PUBLIC HAS CHANGED:

- Canadian public health guidance related to COVID-19 has been changing as the evidence base and our understanding of COVID-19 is rapidly evolving. We are continually looking at the evidence as it is being produced and working with our partners across the country and around the world to learn more.
- Wearing a non-medical mask is an additional measure we can take to protect others, particularly when physical distancing is not possible in public settings (e.g., grocery shopping, in close settings such as public transit).

BACKGROUND

Canadian public health guidance related to COVID-19 has been adjusted as the evidence base and our understanding of COVID-19 evolves.

Healthcare workers need medical masks, including surgical, medical procedure masks and respirators such as N95 respirators. It is extremely important that we have enough supply of medical masks for healthcare workers where it is urgently needed for medical procedures and to care for individuals who have COVID-19.

Personal Protective Equipment (PPE) in healthcare settings

The Public Health Agency of Canada's (PHAC) interim guidance on infection prevention and control in acute healthcare settings was updated in line with our approach to keep guidance current and to ensure we provide comprehensive recommendations based on the best available evidence. The guidance emphasizes the need for environmental and administrative controls in facilities to protect healthcare workers and patients, as well as the fundamental importance of training in the use of PPE. It indicates that droplet and contact precautions are appropriate for most patient care. Aerosol-generating medical procedures require N95 respirators along with other PPE. The guidance remains interim as it is subject to revision based on new scientific evidence.

In new technical guidance, PHAC recommends that all healthcare workers in acute care hospitals wear medical masks and eye protection/face shields for the full duration of a shift in acute healthcare settings. Wearing a medical mask throughout the duration of a shift is an important measure to help reduce the risk of transmission from a healthcare worker to a patient. This recommendation applies to healthcare workers who are in direct contact with patients, as well as environmental services staff working in patient care areas. In addition, any healthcare workers who have COVID-19-related symptoms should immediately go home and only return to work following the advice of their local public health units.

Healthcare workers should refer to their province or territory's guidance, as well as facility policies on the use of masks, eye protection, and other PPE, including any PPE conservation strategies that are in place.

Public use of non-medical face coverings

Wearing a non-medical mask or face covering in the community has not been proven to protect the person wearing it. However, with the emerging information regarding pre-symptomatic and asymptomatic transmission, and the goal to stop the spread of COVID-19, wearing a non-medical mask can be an additional measure that can be taken to protect others when physical distancing is not possible in public settings (e.g., grocery shopping, in close settings such as public transit).

Wearing a non-medical mask in the community does not mean you should stop practicing the public health measures that are known to work, such as physical distancing. All of the recommendations regarding staying home, physical distancing, and hand hygiene are based on what is known to work best to protect from infection. It is important that Canadians understand what wearing a mask will achieve, and that if they choose to wear non-medical masks, they need to use them safely. Non-medical masks will not prevent COVID-19 spread without consistent and strict adherence to good hygiene and public health measures, including frequent handwashing and physical distancing.

PPE may be an important component of infection prevention efforts in non-healthcare workplaces. However, the choice and use of PPE is based on occupational health and safety advice specific to the job and workplace. PHAC provides information to help employers and employees determine what infection prevention and control measures, which might include PPE, are necessary in their workplaces.

Procurement of Personal Protective Equipment

SYNOPSIS

- The global COVID-19 pandemic has resulted in an unprecedented shortage in personal protective equipment (PPE) and other medical supplies. To support the

needs of Canada's frontline healthcare response, the Government of Canada, in coordination with the provinces and territories, launched a significant bulk procurement, engaging a diverse number of new suppliers and manufacturers both internationally and through the Government of Canada's domestic "Call to Action" to increase domestic production.

POTENTIAL QUESTION

- What is the Government of Canada doing to address shortages of PPE and other medical supplies? How is the Public Health Agency of Canada equipping frontline healthcare workers with the PPE required to protect their health and mitigate the spread of COVID-19?

KEY MESSAGES

- The Government of Canada is continuously working to secure critical personal protective equipment (PPE) supplies and medical equipment, and to expedite delivery of supplies to our frontline healthcare workers.
- Canada is receiving PPE shipments, and is working rapidly to allocate the supplies to the provinces and territories as per an approach agreed upon by federal-provincial-territorial Ministers of Health.
- The Public Health Agency of Canada is also deploying PPE and ventilators from its National Emergency Strategic Stockpile in response to urgent requests for assistance from provinces and territories.
- In addition, the Government of Canada is also receiving offers of donations from international and domestic organizations via the donations portal on the Government of Canada COVID-19 website.

IF PRESSED ON HOW THE GOVERNMENT OF CANADA IS ADDRESSING THE GLOBAL SHORTAGE OF PPE SUPPLIES

- The Government of Canada, through the leadership of Public Services and Procurement Canada (PSPC), and Innovation Science and Economic Development Canada, has galvanized Canadian industry to increase domestic manufacturing capacity, including re-tooling facilities to produce PPE and medical equipment and supplies, including ventilators and rapid testing kits.
- PSPC has confirmed contracts for a variety of PPE and other medical supplies including over 155 million N95 respirators and equivalents (e.g., KN95 respirators), 333 million surgical masks, 118 million protective gowns, and 32 thousand ventilators.
- The Public Health Agency of Canada is receiving staggered delivery of shipments, and to date, has allocated approximately 1.8 million N95 respirators and equivalents (e.g., KN95 respirators), 16.5 million surgical masks, and 11 million nitrile gloves to provinces and territories, and more is expected to arrive and be distributed in the coming days.
- Additionally, the Public Health Agency of Canada has also distributed to provinces and territories donations of over 350 thousand N95 and equivalent respirators, 450 thousand surgical masks, and 600 thousand gloves.

IF PRESSED ON HOW THE GOVERNMENT OF CANADA IS ENSURING THE QUALITY OF PPE SUPPLIES

- Due to intense global competition for PPE and other medical supplies, countries have needed to engage with a diverse number of new suppliers and manufacturers.

- As a result, PPE and medical supplies received by the Public Health Agency of Canada, whether procured or donated, are verified to meet the safety specifications for COVID-19 prior to distribution to provinces and territories.
- For example, a KN95 respirator undergoes visual inspection to verify for defects in design and construction, and is tested to confirm performance expectations. Surgical masks undergo a fluid resistance and a breathing resistance test.
- Supplies that do not meet specifications are subsequently assessed, including determining their potential for use in non-healthcare settings.
- Through this process, approximately 1.9 million KN95 respirators were assessed as not passing technical requirements for use in healthcare settings.

IF PRESSED ON REUSE AND STERILIZATION OF N95 RESPIRATORS

- Health Canada has already authorized certain machines to decontaminate N95 respirators under the Interim Order for Medical Devices.
- The Public Health Agency of Canada has procured 82 sterilization devices with Stryker Canada. Of these, 81 units have been allocated to provinces and territories based on their needs, and one unit allocated to the National Research Council.
- These units will provide a total additional national capacity to reprocess approximately 275 thousand N95 respirators a week.

IF PRESSED ON HOW THE GOVERNMENT OF CANADA IS ADDRESSING THE EXPEDITED DELIVERIES OF PPE SUPPLIES TO PROVINCES AND TERRITORIES

- The Government of Canada awarded a contract to Amazon to manage the logistics of distributing PPE and supplies to support the COVID-19 response.
- Amazon is working directly with the Canadian Armed Forces and Canada Post to manage warehousing, and Purolator, to deliver the products to provincial and territorial health authorities, across the country, for the frontline healthcare response.

BACKGROUND

To address the procurement and distribution needs in support of frontline health care response to COVID-19, the Government of Canada deployed a multi-pronged approach of interdepartmental coordination that includes the Public Health Agency of Canada (PHAC), Health Canada, National Research Council (NRC), Global Affairs Canada, the Department of National Defense, Public Services and Procurement Canada (PSPC), and Innovation, Science and Economic Development Canada (ISED).

Federal/Provincial/Territorial (F/P/T) Bulk Procurement

ISED and PSPC continue to galvanize Canadian industries to increase domestic manufacturing capacity, including re-tooling facilities to produce equipment and supplies including portable ventilators, surgical masks, and rapid testing kits.

Throughout this process, PHAC, Health Canada and the NRC are playing a critical role, conducting technical reviews to verify that the products meet the Government of Canada technical specifications for COVID-19 as available on the PSPC's buy and sell website.

Urgent need is further facilitated by Health Canada, expediting regulatory approvals of product reviews and licenses through the Interim Order for Medical Devices signed by the Minister of Health on March 18, 2020. As the regulatory authority, Health Canada also continues to monitor the safety, quality, and efficacy of all medical devices for use in the diagnosis, treatment, mitigation and prevention of COVID-19.

PPE Testing and Quality Assessments

Sourcing PPE from new suppliers (both domestically and abroad) is challenging. Once products are delivered to PHAC they must undergo quality verification before distribution to provinces and territories (P/Ts). This process is supported by testing capacity within the NRC.

Test results are also used to inform future procurements. PSPC and PHAC work with suppliers to address issues at the source or avoid purchasing from unreliable suppliers in the future once issues are identified.

Reuse and sterilization

Due to increased demand of N95 respirators, PHAC has also been working closely with Health Canada, the NRC, and ISED on identifying companies with experience manufacturing the equipment used in reprocessing in order to authorize these technologies to safely and effectively reprocess N95 respirators.

Health Canada issued its first authorization under the Interim Order for Medical Devices to Stryker for its Sterizone VP4 on April 5, 2020, and has since authorized additional devices including Sterrad and Steris sterilizers that are widely available and distributed across Canadian hospitals.

F/P/T Allocation and Distribution

As agreed to by F/P/T Ministers of Health, PHAC is allocating procured PPE using an 80/20 formula—80% is distributed to P/Ts on a per capita basis and the remaining 20% replenishes the inventory of the National Emergency Strategic Stockpile, including a 2% allocation to Indigenous Services Canada.

To support distribution, PSPC awarded a contract with Amazon valued at up to \$5 million. This contract is primarily for use of the Amazon interface to push out the allocation of supplies to P/Ts. Amazon is working with the Canadian Armed Forces, Canada Post and Purolator.

COVID-19 Testing Reagent Procurement

SYNOPSIS

- The Public Health Agency of Canada works closely with provincial and territorial laboratories to conduct laboratory testing for the virus that causes COVID-19. As of April 24, 2020, 643,398 people in Canada were tested for COVID-19. We are testing between 20K and 21K individuals a day. Global shortages of testing reagents have resulted in the Government of Canada implementing an aggressive procurement strategy to supply reagent to meet current and future demand.

POTENTIAL QUESTION

- Has the Government of Canada procured a sufficient supply of reagents to meet current and future demand for COVID-19 testing?

KEY MESSAGES

- The Government of Canada is taking action on all fronts to mitigate the impact of the global shortage of testing reagent on Canada's testing capacity.
- We are procuring testing supplies both domestically and abroad. We are investing to build sustainable capacity in Canada.
- Public-private collaborations are helping us meet reagent needs. For example, a testing reagent developed by the National Microbiology Laboratory is being produced by Luminultra, a New Brunswick-based company that will supply reagent for 500,000 tests a week for the next year.
- These efforts will help ensure Canadians have access to the laboratory testing they need in response to the serious health threat posed by COVID-19.

IF PRESSED ON CAPACITY TO TEST MORE CANADIANS

- Canada has and will continue to test symptomatic individuals, as part of our evidence-based approach, while considering the evolving science on other testing scenarios. As the science evolves, our approach will keep pace, and policies and protocols will be updated accordingly.
- As new products or platforms become available and approved for use in Canada, the Public Health Agency of Canada will work with provincial public health laboratories to acquire new products and platforms to augment existing testing capacity.

IF PRESSED ON WHAT OTHER STEPS CANADA HAS TAKEN TO ENSURE THERE IS SUFFICIENT REAGENTS FOR TESTING

- The Public Health Agency of Canada has also worked closely with provincial public health laboratories to provide access to different test platforms. This enables provincial public health laboratories to leverage other platforms to mitigate reagent shortages.
- The Government of Canada is investigating other in-Canada options for the production of reagents for testing purposes.

BACKGROUND

The Public Health Agency of Canada's (PHAC) National Microbiology Laboratory (NML) is working in close collaboration with provincial and territorial public health laboratories to perform diagnostic testing for the virus that causes COVID-19.

As of April 24, 2020, 643,398 patients in Canada were tested for COVID-19. Testing in Canada is focused on people who present with symptoms consistent with COVID-19. Canada's testing strategies continue to evolve as the outbreak of COVID-19 spreads. PHAC works with provincial and territorial partners on a national testing strategy that will help us maximize the impact of our testing resources and delay the spread of COVID-19 in high-risk settings, such as hospitals and long-term care facilities.

Reagents are chemicals that are used to extract, amplify, and/or detect the virus. Internationally, there has been a shortage of reagents to support laboratory testing.

COVID-19 Immunity Task Force

SYNOPSIS

- The Government of Canada has established a COVID-19 Immunity Task Force to oversee the coordination of a series of country-wide blood test surveys that will tell us how widely the virus has spread in Canada and provide reliable estimates of potential immunity and vulnerabilities in Canadian populations. Over the next two years, at least one million blood samples will be collected and tested for the presence of SARS-CoV-2 antibodies. Knowledge of the level of immunity in the general population, and in vulnerable populations such as the elderly and

healthcare workers, will guide important public health decisions and immunization strategies once a vaccine becomes available.

POTENTIAL QUESTIONS

- Who will be part of the COVID-19 Immunity Task Force Leadership Group?
- How will privacy and confidentiality concerns regarding the results of these blood tests be addressed?

KEY MESSAGES

- The COVID-19 Immunity Task Force will mobilize Canada's top public health professionals and scientists to undertake coordinated studies on the extent of COVID-19 infection in the population.
- Understanding the potential immunity to COVID-19 in specific high-risk groups like the elderly or health-care workers will give us information on the best strategies to re-open the economy while guarding against a second wave of infection.
- This Canada-wide approach will give us data rapidly. It will contribute to global data collection on immunity to COVID-19 to accelerate efforts to understand this virus and how to fight it.

IF PRESSED [only to be used when absolutely necessary]

- The composition of the COVID-19 Immunity Task Force will reflect key agencies of the Government of Canada and include representation from several provincial Ministries of Health as well as experts from across Canada in matters related to serologic surveillance, immunology, virology, infectious diseases, public health, and clinical medicine.
- The COVID-19 Immunity Task Force will operate under the direction of a Leadership Group composed of experts who

are recognized for their scientific leadership, international public health experience in knowledge translation and networks, and experience leading complex initiatives.

- Canada's Chief Public Health Officer and Canada's Chief Science Advisor will participate on the Leadership Group.
- The COVID-19 Immunity Task Force will put in place the necessary mechanisms to ensure that privacy, confidentiality and ethical considerations are guiding the direction and implementation of this initiative.

BACKGROUND

As the first wave of COVID-19 begins to peak in Canada, it is important not only to marshal all available resources to manage the immediate surge of patients needing care, but also to anticipate what lies beyond the peak. In Canada, we do not know the degree of immunity to COVID-19 in the population.

Serology testing (collecting and testing blood samples for antibodies to SARS-CoV-2) of large numbers of people will provide the data needed to understand the scale of infection in the Canadian population. This approach will help us capture not only symptomatic individuals, but also asymptomatic or mildly symptomatic people who we are not aware of as they did not seek healthcare. The importance of coordinated, rapid and representative national surveys cannot be understated. They provide critical information on the current spread of COVID-19, and help us prepare for possible future waves of infection, both in the general population or vulnerable groups.

Targeted sero-surveys on the levels and trends in immune status amongst specific groups such as public-facing workers or among children and youth can inform the best timing of decisions for safe return to work and to school. They can help to direct proactive preventive efforts with vaccines and disease-modifying or even disease-preventing therapies should they become available. And they inform targeted surveillance efforts to contain and stop further outbreaks before they become epidemics.

The COVID-19 Immunity Task Force, a pan-Canadian consortium for COVID-19 serology surveillance, is being established to catalyze, support, and harmonize the design and rapid implementation of population-based studies that will generate reliable first estimates of SARS-CoV-2 immunity, overall and in vulnerable populations across Canada. This work will also contribute to what is happening globally. For example, as part of the World Health Organization global initiatives that provide standardized

protocols: Solidarity II (pool findings from large-scale antibody studies around the world); and Unity Studies (population based sero-prevalence, household transmission).

Support for Indigenous and Northern Communities

SYNOPSIS

- While the pandemic has profoundly affected the lives of all Canadians, health, economic and social challenges will play a role in how it affects the lives of Indigenous peoples and Northerners.
- As part of the response to COVID-19, the Government of Canada is supporting First Nations, Inuit, Métis and northern communities in preparing for, monitoring and responding to the pandemic.
- On March 18, 2020, the Government of Canada announced \$305 million for a new distinctions-based Indigenous Community Support Fund, to address immediate needs in First Nations, Inuit, and Métis communities.
- The Government of Canada has also been working with partners to address the unique and critical needs of Northerners and ensure that northern residents have the supports they need to prepare for and respond to the COVID-19 pandemic.

POTENTIAL QUESTION

- What is the Government doing to support Indigenous and Northern communities in addressing COVID-19?

KEY MESSAGES

- As part of our response to COVID-19, the Government of Canada is supporting Indigenous communities in preparing for, monitoring and responding to the virus.
- On March 18, 2020, the Government of Canada announced that it would provide \$305 million for a new distinctions-based Indigenous Community Support Fund, to address immediate needs in First Nations, Inuit, and Métis communities. These funds will flow from Indigenous Services Canada directly to Indigenous communities and groups across the country in order to provide the flexibility needed to prepare and react to the spread of COVID-19.

- ISC's COVID-19 response efforts to date have focused on working with communities and partners to respond to immediate needs, while supporting pandemic preparedness efforts across all areas.
- Strong engagement continues between ISC Regions and First Nations and Inuit regional partners and communities to identify and address risk factors and receive, track, and respond to requests from communities and partners.

IF PRESSED ON TESTING NEEDS OF INDIGENOUS COMMUNITIES

- Our Government is working with provincial and territorial public health laboratories to meet the demand for testing, including the testing needs of Indigenous communities. The Government of Canada is also exploring a range of rapid test kits, including the recently approved Spartan Bioscience's rapid testing kit, to improve testing capabilities across Canada, including rural and remote communities.

IF PRESSED ON PERSONAL PROTECTIVE EQUIPMENT FOR INDIGENOUS COMMUNITIES

- In the context of COVID-19 response, provinces and territories provide personal protective equipment to their respective Indigenous communities according to the allocation and guidelines in place in their jurisdiction.
- Additionally, Indigenous Services Canada is allocated a portion of personal protective equipment from the F/P/T bulk procurement to meet the needs of First Nations on reserves.

IF PRESSED ON EMERGENCY RESPONSE

- Through Public Safety's Government Operations Centre and Indigenous Services Canada, the Government of Canada is

working with partners to coordinate a response to COVID-19 in northern and isolated communities, as well as prepare for the upcoming flood and fire season.

- The Government of Canada is monitoring the status of communities across the country so that any needs for assistance can be identified and offered proactively.

BACKGROUND

Coronavirus and Indigenous Communities

There are significant economic, social, and health challenges that play a role in how COVID-19 affects the lives of Indigenous peoples in Canada. Some of these challenges include inadequate housing, higher levels of pre-existing health conditions and difficulties accessing medical care or health advice in remote areas. In addition to these factors, and the pandemic, some regions and communities are at higher risk for supply and transportation interruptions due to flood, fire and other weather events.

Health officials and community leaders have said the new coronavirus adversely affects remote communities without quick, local access to medical care. Indigenous communities are further adversely affected by long-term, ongoing systemic and structural racism and discrimination.

Indigenous communities across the country have implemented various levels of community lockdowns including blocking access to non-residents, limiting outgoing trips to essential travel and requiring returning community members to self-isolate for 14 days upon their return. These measures have helped keep infection rates low. As of late April, the First Nations infection rate is at 0.01 per cent of the on-reserve population, while the rate is 0.09 per cent for the rest of the country.

Federal Support for Indigenous and Northern Communities

While the provision of health services to Indigenous peoples is an area of shared jurisdiction, federal health programs and services for First Nations and Inuit are intended to supplement those provided by provinces and territories. Indigenous Services Canada's health responsibilities are focussed primarily on public health and health promotion activities, and the provision of Non-Insured Health Benefits for eligible beneficiaries. In 79 remote and isolated communities south of 60, where no existing provincial services are readily available, ISC also provides primary health care services, delivered by registered nurses or nurse practitioners.

ISC's COVID-19 response efforts have focused on working with communities and Indigenous partners to respond to immediate needs, and support pandemic preparedness efforts. There has been an emphasis on sharing information and guidance with Indigenous partners and communities.

On March 18, 2020, the Government of Canada announced that it would provide \$305 million for a new distinctions-based Indigenous Community Support Fund, to address immediate needs in First Nations, Inuit, and Métis communities. These funds will flow directly to Indigenous

communities and groups across the country in order to provide the flexibility needed to prepare and react to the spread of COVID-19.

As agreed to by federal-provincial-territorial Ministers of Health, PHAC is allocating procured PPE from the F/P/T bulk procurement using an 80/20 formula—80% is distributed to P/Ts on a per capita basis and the remaining 20% is allocated to the National Emergency Strategic Stockpile (NESS). The purpose of the NESS allocation is to provide surge capacity to address critical needs and includes a 2% allocation to Indigenous Services Canada.

The Government of Canada has also been working with partners to ensure that Northerners have the supports they need to prepare for and respond to the COVID-19 pandemic. From access to health services, to the continuation of the supply chain through air supports, and greater subsidies on essential items, Canada is taking action. These measures include \$72.6 million to the governments of Yukon, Northwest Territories, and Nunavut to support their COVID-19 health and social services preparations and response. This funding will help territories address the critical priorities they identified to minimize the spread of the virus.

Testing Capacity

SYNOPSIS

- The Public Health Agency of Canada works closely with provincial and territorial laboratories to conduct laboratory testing for the virus that causes COVID-19. As of April 24, 2020, 643,398 people in Canada were tested for COVID-19. We are testing between 20K and 21K individuals a day. Shortages of testing supplies will present a barrier to the significant ramp up of testing anticipated in provinces and territories as we enter the recovery phase of the epidemic and begin to open up the economy.

POTENTIAL QUESTION

- Will the health and safety of Canadians be impacted by a lack of testing capacity in Canada?

KEY MESSAGES

- The Government of Canada is taking all action necessary to protect the health and safety of Canadians during the COVID-19 pandemic.
- Testing is an essential component of Canada's COVID-19 response. We are supporting provinces and territories as they deploy testing to detect and control the spread of COVID-19.

- Shortages of COVID-19 testing supplies are a global problem. Canada is implementing an aggressive procurement strategy to meet both current and future demand as testing continues to ramp up across the country.
- On March 18, 2020, the Government of Canada approved an interim order to expedite the review of medical devices, including test kits. An interim order is one of the fastest mechanisms available to address large-scale public health emergencies.

IF PRESSED ON HOW CANADA IS INCREASING TESTING CAPACITY

- My health portfolio continues to work with colleagues in Public Services Procurement Canada and Innovation, Science and Economic Development Canada to identify new products and platforms.
- As new test products or platforms become available and approved for use in Canada, the Public Health Agency of Canada will work with provincial public health laboratories to acquire them to augment existing testing capacity.
- These efforts will help ensure Canadians have access to the testing they need during the serious health threat posed by COVID-19.

IF PRESSED ON RAPID TEST KITS

- The Public Health Agency of Canada has placed orders from Spartan Biosciences for 700 test instruments and enough test kits to perform 1.92 million tests and is working closely with provinces and territories to determine the needs of rural,

remote, and Indigenous communities.

- The Public Health Agency of Canada is also seeking other instruments and platforms that could be used to support testing in rural, remote, and Indigenous communities.

IF PRESSED ON SEROLOGY TESTING

- The National Microbiology Laboratory is working on developing a number of in-house serological tests in addition to evaluating a variety of commercial tests for COVID-19.
- Developing and applying a serological test for COVID-19 poses challenges as this is an emerging virus and the performance of new tests require additional research.
- The National Microbiology Laboratory, working with Health Canada and other partners, is assessing a number of serological tests and is collecting blood samples to evaluate and identify serological tests that will produce accurate and reliable results.

BACKGROUND

The Public Health Agency of Canada works closely with provincial and territorial laboratories to conduct laboratory testing for the virus that causes COVID-19. As of April 24, 2020, 643,398 patients in Canada were tested for COVID-19. Over the last week, an average of 20,637 individuals were tested a day in Canada

Testing in Canada is focused on people who present with symptoms consistent with COVID-19. Canada's testing strategies continue to evolve as the outbreak spreads. PHAC continues to work with provincial and territorial partners on a national testing strategy that will help maximize the impact of testing resources and delay the spread of COVID-19 in high-risk settings, such as hospitals and long-term care facilities.

Health Canada has been working with manufacturers to enable market access for commercial diagnostic devices in order to increase Canada's COVID-19 diagnostic capacity.

COVID-19 Test Kits

SYNOPSIS

- On March 18, 2020, the Minister of Health approved an Interim Order (IO) to expedite the review of medical devices, including test kits.

POTENTIAL QUESTION

- What is Health Canada doing to ensure Canada has access to the testing devices needed during the COVID-19 pandemic?

KEY MESSAGES

- Early diagnosis is critical to slowing and reducing the spread of COVID-19 in Canada.
- The Government of Canada is ensuring quicker and more flexible approval to import and sell medical devices that are necessary for Canada's response to COVID-19. This includes test kits.
- A medical device is authorized only after a scientific assessment by Health Canada reviewers to ensure that it meets standards for safety and effectiveness.
- Health Canada has authorized 15 test kits through an expedited regulatory review process under the Interim Order for medical devices issued on March 18, 2020.
- Only diagnostic tests authorized by Health Canada can be imported or sold in Canada. Unauthorized tests may not produce accurate results, leading to potential misdiagnosis.

IF PRESSED on authorization for serological tests:

- Health Canada has received submissions for:

- nucleic acid-based tests
- serological-based tests

- These technologies have different levels of reliability and are used for different purposes.

- Nucleic acid based testing diagnoses COVID-19 infection and detects the virus itself. Public health laboratories across Canada and worldwide use it to detect active infections of COVID-19.

- Health Canada has authorized 15 nucleic acid-based tests as of April 23.

- Serologic tests are not used to diagnose COVID-19. They detect antibodies developed against the virus and could be useful in assessing the extent of COVID-19 spread in the population.

- My department is working with leading regulators and world-renowned national laboratories to identify serological tests that will produce accurate and reliable results.

- To date, Health Canada has not authorized any serological test.

IF PRESSED on the accuracy of the test kits:

- Health Canada has maintained a science-informed approach to managing the pandemic.

- A medical device is authorized only after a scientific assessment by Health Canada to ensure that it meets standards for safety and effectiveness.

- As with all medical devices, Health Canada will assess and monitor the safety and effectiveness of the devices once they are on the market.

IF PRESSED on fraudulent test kits:

- Health Canada has identified companies engaging in non-compliant advertising activities associated with COVID-19 and unauthorized products including test kits.
- In these cases, Health Canada works to verify compliance and will take action should any non-compliance be identified.

BACKGROUND

Early diagnosis and isolation of patients infected with COVID-19 are essential to slowing the spread of the novel coronavirus across Canada. Diagnostic testing is important for clinical care and public health management.

Under the IO, manufacturers must submit an abbreviated application to support the safety, effectiveness and quality of their medical device. Fees associated with an application through the IO pathway are waived.

Health Canada has received submissions for two types of testing devices:

1. nucleic acid-based tests (detection of the virus)

Public health laboratories across Canada and around the world use nucleic acid-based testing to reliably diagnose COVID-19 infection by detecting the virus itself. The review of diagnostic tests using nucleic acid technology has been prioritized to increase the number of tests available in Canada to detect active infections of COVID-19.

2. serological-based tests (detection of antibodies)

Serologic tests detect the antibodies developed against the virus. Health Canada is not aware of a serological-based test that can diagnose COVID-19. Serological tests are not appropriate for early diagnosis of COVID-19, given the time required after infection to develop antibodies.

Health Canada has not authorized any serological tests for sale in Canada. The Department continues to consider applications for serological devices and could authorize them for specific purposes other than diagnosis in the near future. Health Canada's position regarding serological assays is in line with the World Health Organization's (WHO) view that serological assays will play an important role in research and surveillance but are not currently recommended for case detection. Serological tests will play an important role in an overall testing strategy for Canada as they will provide evidence in assessing the true extent of COVID-19 in the general population.

Health Canada collaborates with the National Microbiology Laboratory and provincial public health laboratory partners and will leverage the studies of immune responses and serological technologies underway in Canada and internationally. The uses for which serological technologies are authorized will depend on the type of evidence that Health Canada receives from the manufacturer and from these studies.

Access to Drugs and Vaccines for COVID-19

SYNOPSIS

- The COVID-19 pandemic has created unprecedented challenges to Canada's medical system, and there is a need for drugs and vaccines to support the response.

POTENTIAL QUESTION

- What is Health Canada doing to help Canadians get access to drugs and vaccines for COVID-19?

KEY MESSAGES

- The COVID-19 pandemic is unlike anything we have seen in recent history. Health Canada is proactively doing all it can to respond to the pandemic in its role as health product regulator.
- At this time, there are no drugs or vaccines that have been proven safe and effective for the treatment or prevention of COVID-19. Several existing drugs are being assessed for this potential, and others are in development.

- As of April 27, 2020, Health Canada has authorized 19 clinical trials for treatments targeting COVID-19. An up-to-date list of all these trials is available on Health Canada's website.
- Health Canada will expedite the review and approval of drugs and vaccines to address COVID-19 when available while continuing to ensure that these products are safe, effective and of high quality for Canadians.

IF PRESSED ON VACCINE AVAILABILITY

- Health Canada is closely monitoring global vaccine development and is in active discussions with several vaccine manufacturers and researchers to provide regulatory and scientific advice for vaccine trials that may launch in Canada.
- While recognizing the urgent need for a vaccine, Health Canada will require all products to demonstrate a high level of safety, efficacy and quality before coming to the Canadian market.

IF PRESSED ON CLINICAL TRIALS

- Since no drugs have yet been proven safe and efficacious for COVID-19, Health Canada recommends that any potential treatments for this disease be investigated through clinical trials. The Department is working hard to facilitate and expedite as many of these trials in Canada as possible.
- Clinical trials are conducted to determine whether new drugs are safe and effective in humans. Clinical trials ensure the quality of the study product, protection of the patient, and the proper collection and retention of outcomes. It is the best

mechanism to provide trial volunteers access to new drugs before they are approved.

IF PRESSED ON POTENTIAL DRUG TREATMENTS

- At present, there is insufficient evidence to recommend any specific anti-COVID-19 treatment for patients outside of clinical trials.
- Results from large, well-designed studies are needed to make any conclusions on the safety and efficacy of any products.

IF PRESSED ON INTERNATIONAL COLLABORATION

- Health Canada is leveraging its strong international partnerships with the US Food and Drug Administration, the European Medicines Agency, and the World Health Organization, amongst others, to share information and to raise our collective level of awareness of evidence-based approaches for vaccines and treatments. The objective is to work towards alignment on regulatory requirements and to stay informed of any potential treatments.

IF PRESSED ON STAKEHOLDER ENGAGEMENT

- Health Canada is actively engaging with stakeholders in the health product industry to proactively identify, track and provide support to sponsors of clinical trials, treatments and vaccines related to COVID-19.
- Health Canada recognizes that many stakeholders, health professionals and Canadians are looking for more information about health products for COVID-19. We have consolidated the Department's information into a new

website for the health product industry, so they know how to apply for regulatory approval and who to contact for questions. We are also making sure information relevant to health professionals and Canadians is provided on the website.

IF PRESSED ON UNAPPROVED PRODUCTS

- The most appropriate way to determine what treatments may be effective for COVID-19 is through properly designed and conducted clinical trials. Health Canada is expediting the review of clinical trials so that products can be studied and made available to Canadians as quickly as possible.

BACKGROUND

New Legislative Authorities

In order to be able to take rapid action, on March 25, amendments to the *Food and Drugs Act* and the *Patent Act* were passed that will streamline processes and provide the Government with additional powers.

The amendments will:

- help prevent and mitigate shortages of drugs and medical devices;
- seek additional information from companies to confirm that products are safe for Canadians; and
- allow making, using, or selling a patented invention, such as a medication, that is needed to respond to this pandemic.

Interim measures are also improving access to products that are approved or registered in other jurisdictions with similar regulatory frameworks and quality assurances, but may not fully meet some of the regulatory requirements under the *Food and Drugs Act* — such as packaging requirements.

Mobilizing manufacturing capacity

Health Canada is working closely with stakeholders in other sectors of our economy, many of which are scaling up or re-tooling their manufacturing capacity to provide much needed tests or medical supplies. We are taking a whole-of-government approach to mobilize industry, providing them with information and support for research, market approval, manufacturing and supply.

Stakeholder Engagement

Information about health products for COVID-19 has been consolidated into a [new website for the health product industry](#), so they know how to apply for regulatory approval and who to contact for questions. Information relevant to health professionals and Canadians is provided on the [COVID-19 website](#).

Health Canada is actively engaging with stakeholders in the health product industry to proactively identify, track and provide support to sponsors of clinical trials, potential diagnostic tests, treatments and vaccines related to COVID-19.

Clinical Trials

Health Canada is facilitating clinical trials related to COVID-19 in Canada. Clinical trials are conducted to determine whether new drugs, diagnostics or treatments are both safe and effective in human beings. Several existing drugs have been repurposed to assess their potential in treating or preventing COVID-19, while other new drugs are under development. Since no drug treatments have been proven safe and efficacious for COVID-19, Health Canada recommends that any treatments be investigated in clinical trials.

Clinical trial applications will be reviewed and approved by Health Canada in under 15 days. As of April 24, Health Canada has authorized 19 clinical trials for treatments targeting COVID-19, most of which are repurposing existing drugs.

Until a vaccine or drug is available on the Canadian market, another option for access is Health Canada's Special Access Program. This Program is available to practitioners requiring access to unapproved drugs that could be used in the treatment of the infection. Our goal is to ensure that Canada is prepared for whatever challenges come our way.

Vaccine Research and Timelines

SYNOPSIS

- The Government of Canada is committed to supporting the timely development of a COVID-19 vaccine. On April 23, 2020, the Prime Minister announced more than \$1 billion in support of a national medical research strategy to fight COVID-19 that includes vaccine development, the production of treatments, and tracking of the virus.

KEY MESSAGES

- The Government of Canada is committed to protecting the health and safety of Canadians and has invested more than \$1 billion in support of a national medical research strategy to fight COVID-19.

- Through this investment, the Government of Canada is supporting multiple organizations who are working at unprecedented speed to develop candidate vaccines.
- In Canada, there are currently 10 candidate vaccines in early development and it is anticipated that several of these will advance to human clinical trials in the coming months.

IF PRESSED [only to be used when absolutely necessary]

- New funding announced on April 23 builds on the previous Government of Canada investment of \$275 million to support COVID-19 vaccine and therapeutics research and development.
- For example, vaccine development investments to date have been announced for Quebec-based Medicago and Saskatchewan-based VIDO-Intervac.
- We are working closely with academia and the private sector to advance research and development of candidate vaccines by partnering on pre-clinical research, bio-manufacturing requirements to support large-scale production, enhancing capacity and access for clinical trials, and seeking solutions for domestic capacity.

BACKGROUND

Vaccine development is a highly complex and long process that typically takes over 10 years due to the extensive research required to ensure a safe and effective product for human use. Global efforts are underway to develop a COVID-19 vaccine and work is progressing at an unprecedented pace. At present, there are over 100 COVID-19 candidate vaccines at different stages of development by academia and industry. As of April 27, 2020, eight of these candidate vaccines have demonstrated promise and have advanced to Phase 1 clinical trials in China, the U.S., and the U.K., with early results

expected as early as July 2020. Additionally, one of these candidate vaccines has also entered Phase 2 clinical trials in China.

Government of Canada investments

On March 11, 2020, the Government of Canada announced a \$1 billion package to help Canadians cope with the COVID-19 outbreak, which included \$275 million for coronavirus research and medical countermeasures. Major investments to date include supporting vaccine development efforts by Quebec-based Medicago and Saskatchewan-based VIDO-Intervac. On April 23, 2020, the Prime Minister announced more than \$1 billion in support of a national medical research strategy to fight COVID-19 that includes vaccine development, the production of treatments, and tracking of the virus. Investments were announced for the National Research Council of Canada to enhance its bio-manufacturing capacity to prepare for production of a COVID-19 vaccine, while investments through the Strategic Innovation Fund continue to support COVID-19 vaccine and therapy research and development led by the private sector. Funding will also support academia and research networks to conduct vaccine-related research and clinical trials, and to enhance Canada's capacity to monitor vaccine safety and effectiveness.

Vaccine research and development in Canada

As of April 27, 2020, of the 100+ global candidates noted above, there are currently 10 candidate vaccines in early development in Canada. It is expected that several will advance to Phase 1 clinical trials in the coming months.

While every effort in Canada is being made to expedite vaccine development - safety, efficacy and quality must not be compromised. However, the Government of Canada is reviewing its regulatory pathways to help expedite access to safe and effective vaccine for Canadians.

We are also working with international regulators and partners to help fast-track clinical trials and applications for vaccines, treatments and diagnostic tests and share information on any signals of global supply disruptions.

Preparing provinces and territories for COVID-19 vaccine deployment

Provincial and territorial governments deliver vaccination programs and determine public health requirements in their jurisdictions. Early planning is underway to prepare for vaccine availability and administration through public immunization programs.

Ventilators

SYNOPSIS

- Questions may be asked on the supply of ventilators and whether there is an adequate supply of ventilators to reflect the demand predicted by epidemiological models.

POTENTIAL QUESTION

- Looking at the modelling, is there a sufficient supply of ventilators for patients during the peak waves of COVID-19?

KEY MESSAGES

- Our Government, in collaboration with our partners, is supporting Canadian manufacturers in their efforts to supply ventilators to the Canadian healthcare system.
- On March 30th, I signed an Interim Order to help prevent and alleviate drug and medical device shortages. An interim order is one of the fastest mechanisms available to address large-scale public health emergencies.
- My Department has expedited the approval of over 700 medical device establishment licence applications related to devices being manufactured, imported and distributed to help combat COVID-19.
- These actions are showing results, with almost 113 new medical devices authorized to help in the fight, including a new model of ventilator, the Newport HT-50, that is already being distributed by the Public Health Agency of Canada.

IF PRESSED ON FURTHER MEASURES

- In addition to the streamlined application and review process for medical devices, we are making sure, by way of our website, that important COVID-19 related information is available for Canadians, health care providers, and manufacturers. We also maintain an up to date list of authorized COVID-19 devices in Canada. This is key to ensure the healthcare system is aware of the medical devices that have been authorized and ready for access.

IF PRESSED ON THE MARCH 30th INTERIM ORDER...

- The Interim Order permits the exceptional importation and sale of drugs and medical devices such as ventilators that may not fully meet Canadian requirements related to licensing and labelling, but are manufactured according to comparable standards.
- There are currently 22 medical devices permitted for exceptional importation and sale under the Interim Order, including one ventilator that is being distributed by the Public Health Agency of Canada. Other products permitted to be imported and sold under this measure include masks and gowns and more products will continue to be added to help increase supplies in Canada.
- The Interim Order also requires that any shortages of critical medical devices such as ventilators be reported to Health Canada and publicly communicated. Public reporting of shortages help manufacturers and the health care system plan and react to supply disruptions, in order to mitigate the impact on patients.

BACKGROUND

Ventilators are an important piece of medical equipment in the fight against COVID-19, the disease caused by the novel coronavirus. Health care professionals use ventilators to give respiratory help to patients who need it.

Canada is speeding up the importation and sale of medical devices used to diagnose, treat or prevent COVID-19. On March 18, 2020, you approved an interim order (IO) to speed up the review of these medical devices, including ventilators. An IO is one of the fastest ways to respond to large-scale public health emergencies.