

**Proactive Disclosure of Briefing Binder for the  
President's Appearance at the Standing Senate  
Committee on Social Affairs, Science and Technology**

**June 26, 2020**

**Study on COVID-19**

## **TABLE OF CONTENTS**

A. Minister of Health's Opening Remarks

B. QP Notes

1. Border Measures
2. Correctional Facilities
3. COVID-19 Immunity Task Force
4. Data Sharing and Collection
5. Early History
6. Family and Gender Based Violence
7. HESA
8. International Issues
9. Mental Health of Black Canadians
10. Modelling
11. NESS
12. PPE Guidance
13. PPE Procurement
14. Race-Based Data Collection
15. Reagent Procurement
16. Reopening Note
17. Spartan Test Kits
18. Temporary Foreign Workers
19. Testing Capacity
20. Vaccine Research and Timelines
21. Vaccine Hesitancy
22. Grading Canada's COVID response

C. Anticipatory Qs & As

D. Parliamentary Analysis

E. Committee Member Biographies

**Opening Remarks for  
the Honourable Patty Hajdu  
Minister of Health**

**Appearance before the Senate Committee on Social Affairs, Science and  
Technology (SOCI)**

**June 26, 2020  
Ottawa, ON**

Allotted speaking time: 5 minutes  
Speech length: 651 words (5 minutes)

*Check against delivery*

**Introduction**

Madam Chair and Honourable Members of the Committee:

I am pleased to be here today to update you on the Government of Canada's response to the COVID-19 pandemic.

I know this is an issue that the Committee has been following carefully, and I am happy to provide further details to you today.

**Evolving response**

Our response to this crisis has always been informed by the best and most recent data available — and we adjust our approach as circumstances change and as more information becomes available.

The good news is that our collective response is working. Across the country, transmission has slowed — and provinces and territories are beginning to gradually ease restrictions.

Thanks to the tremendous leadership of the Public Health Agency of Canada and Health Canada, the close collaboration of the provinces and territories, and the help of Canadians, we've been able to bring the pandemic under control in Canada.

But this does not mean that we are out of the woods. As our Chief Public Health Officer, Dr. Tam, has said, we will likely see continued cases and outbreaks in some areas as public health measures are relaxed.

And we still have work to do in some regions of the country and in congregate settings — such as long-term care homes or on farms with seasonal agricultural workers.

## **Stigma**

As community settings start opening, we can expect to see transmission of the virus continue — and likely even increase.

At this critical time, we need to remind all Canadians that there is no shame in getting sick.

As a country, we need to combat the rise in stigma experienced by COVID positive Canadians.

The reality is that, despite taking every precaution, it is still possible to fall ill.

In fact, many of us will carry this virus without ever being aware of it.

So it is more important than ever that Canadians who need testing or treatment seek it out — without fear or embarrassment.

Identifying and isolating new cases will be key in containing future outbreaks. Testing is essential.

When someone gets tested, they are doing their part to limit the spread of COVID-19. By being tested, they could be saving lives.

So when we are out speaking to Canadians, at every opportunity, we need to emphasize that we are all in this together, and we need to support each other.

This is not just about being kind — it's about protecting the public's health.

## **Data**

In addition, as the epidemic has unfolded across the country, it has also become clear that we need more information on certain groups at higher risk for exposure to, or severe outcomes of, COVID-19.

In partnership with various partners and stakeholders, a number of efforts are underway to improve our knowledge of the impact on COVID-19 on different populations and communities, and critical to this is that it is done in a way that respects privacy laws and individual autonomy.

Activities include working with provincial and territorial partners to improve the collection of data on race/ethnicity, and other key variables, within the national data set for

COVID-19, as well as undertaking specialized surveys and enhanced surveillance activities among key populations of interest.

## **Mental Health**

We know that mental health is just as important as physical health — no less so when we are in the middle of a pandemic.

COVID-19 is creating stress and anxiety for many Canadians, particularly for those who do not have ready access to their regular support networks. This has had an impact on Canadians' overall mental wellness and has increased the risks associated with family violence and substance use.

To support Canadians during this difficult time, we have developed a number of digital tools to help Canadians stay healthy and informed.

For example, the Wellness Together Canada portal was developed to link Canadians to mental health and substance use supports. As of June 19, more than 230,000 Canadians have accessed the portal.

And through the Public Health Agency of Canada, additional supports will be provided to Kids Help Phone for mental health support for young people.

## **Conclusion**

We have already come so far.

As Canadians, we have come together over the past few months and made some hard sacrifices to flatten the curve.

It has not been easy — but that hard work is paying off.

We still have a long road ahead of us, but I have every reason to believe that Canadians will continue doing their part to fight COVID-19 with compassion, empathy and kindness.

It is who we are — and it is how we will keep our communities safe and healthy through the next phase of the pandemic and beyond.

Thank you.

## **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 United States. 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 HOW WE SCREEN TRAVELLERS***

- As travellers enter the country, they receive information on the symptoms of COVID-19. They must acknowledge that they understand the quarantine requirement and provide contact details for follow-up.

- Border Services Officers conduct preliminary screening of all travellers based on criteria and questions developed by the Public Health Agency of Canada. Those who show symptoms of COVID-19, or who indicate that they do not have a suitable plan for quarantine, are directed to an official from the Public Health Agency of Canada for further assessment.

### ***IF PRESSED ON WORK WITH ALBERTA TO DATE***

- The Public Health Agency of Canada is collaborating with provinces, including British Columbia and Alberta, towards a more integrated model at airports, minimizing duplication of effort, and streamlining information collection. The Public Health Agency of Canada is also exploring the possibility of shared quarantine space with some provinces and territories.
- As the COVID19 situation continues to evolve, supplementary health screening measures, such as those implemented by other jurisdictions, may be considered.

### ***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.
- The Government takes a compliance promotion approach to inform Canadians of their obligations. Overall, we have found that Canadians have been responsive.
- We aim to contact all travellers subject to mandatory isolation by phone. If travellers cannot be reached or show indication of non-compliance with their obligations, they are referred to local law enforcement for follow-up.
- We also provide handouts at the border, and contact travellers through e-mail and text message throughout their isolation to remind them of their obligations.
- Penalties include a fine of up to \$1 million or imprisonment for 3 years, or both, for failure to comply with this Order. Fines for non-compliance typically range from \$275 to \$1000. At the Public Health Agency of Canada's recommendation, local law enforcement may choose to issue warnings prior to issuing a ticket.

### ***IF PRESSED ON BORDER PRESENCE***

- We recognize the importance of having sufficient presence of the Public Health Agency of Canada at Canadian points of entry.
- As of May 21, the Public Health Agency of Canada has an initial presence at 17 key points of entry, including the four major international airports designated to receive international flights (Vancouver, Calgary, Toronto, and Montreal).

- By July 1, the Public Health Agency of Canada plans to have an initial presence at 36 points of entry, which cover 90% of all traffic into Canada.
- All of Canada's points of entry will continue to have 24/7 access to quarantine officer support through the remote centralized notification system (CNS).

### ***IF PRESSED ON ADDITIONAL EXEMPTIONS FOR FAMILY REUNIFICATION***

- In response to concerns expressed by Canadians, as of June 8, 2020 23:59 EDT, the Government of Canada is permitting foreign nationals who are immediate family members of Canadian Citizens and Permanent Residents entry to allow them to reunite with their families.
- This applies to immediate family members who do not have COVID-19 or exhibit any signs or symptoms of COVID-19 and who intend to remain in Canada for at least 15 days.
- Family members who are admitted into Canada must quarantine for 14 days.

### ***IF PRESSED ON AMERICAN TRAVELLERS TO ALASKA***

- US Citizens are permitted to transit from the contiguous United States to Alaska and vice-versa for non-discretionary purposes (e.g. going for work, returning home, etc).
- US Citizens are subject to Canada's Mandatory Isolation order while in transit, so persons travelling through must quarantine and respect Canada's measures, such as staying in a hotel room and wearing a non-medical mask. They are not to take the opportunity to vacation.
- Recent media reports have highlighted instances of US citizens misrepresenting their purpose for entry in order to vacation in different parts of the country, notably Alberta. This is a ticketable offence both federally and under various provincial orders. As law enforcement has become aware of these cases, they have taken action to enforce Canadian law, in some instances issuing tickets in excess of \$1000 to each offender.

### **BACKGROUND**

Since February 3, the Governor in Council has made fourteen 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.



The Public Health Agency of 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 United States (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 U.S., 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 July 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.

Canada has 117 land border points of entry, (many of which have low volumes of travellers), 12 international airports, 4 commercial marine ports, and 3 rail stations. PHAC is increasing the presence of designated officers, including quarantine officers, at priority points of entry across Canada. By July 1, PHAC plans to have officers deployed to 36 high volume points of entry, including major land borders that cover 90% of travellers.

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 travellers 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 million 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.

#### Announcement from Alberta Government:

On May 20, 2020, Alberta announced new safety measures for travellers arriving at the Calgary and Edmonton international airports from outside Canada. These travellers will be required to pass through a provincial checkpoint where they will need to complete an Alberta isolation plan. Travellers will undergo a thermal scan, as elevated body temperature is a potential symptom of COVID-19.

#### Federal/Provincial/Territorial Special Advisory Committee:

The Government of Canada continues to work collaboratively with partners at all levels of government to respond to COVID-19 in order to protect the health of Canadians.

The Special Advisory Committee, composed of the Council of Chief Medical Officers of Health and senior public health officials from all jurisdictions, has been activated since January 2020 to focus on coordination of federal, provincial and territorial response efforts across Canada.

The Committee is co-chaired by Canada's Chief Public Health Officer, Dr. Theresa Tam, and by Dr. Saqib Shahab, Chief Medical Health Officer of Saskatchewan.

The Committee focuses on policy and technical public health aspects of the response as per the FPT Public Health Response Plan for Biological Events, informed by lessons learned from past public health responses and approved by all jurisdictions in 2017.

On May 1, 2020, the Special Advisory Committee released recommendations on next steps for Canada in a document entitled *Foundations for Living with COVID-19 in Canada: Lifting of Restrictive Public Health Measures*. One criteria for lifting of restrictive public health measures identified by the Committee is avoiding the risk of importation of cases.

The Special Advisory Committee on COVID-19 reports to the Conference of Deputy Ministers of Health and to Health Ministers from all provinces and territories.

Deputy Ministers and Health Ministers have been working closely bilaterally and through their respective multilateral tables on key aspects of the pandemic response, such as the provision of personnel protective equipment and other supplies, testing and sharing of best practices. Engagement is taking place frequently (several times a week).

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PHAC Approved by: Sally Thornton, VP-HSIB

## **FEDERAL CORRECTIONAL FACILITIES**

### **SYNOPSIS**

The Government of Canada has taken measures to prevent introduction of COVID-19 into federal correctional institutions across Canada; as well as to strengthen their capacity 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 continues to work 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 any outbreaks.
- The National Microbiology Laboratory is working with Correctional Service Canada and provincial public health laboratories to implement a comprehensive and expanded laboratory testing strategy to support rapid identification and management of cases and outbreaks.
- Correctional Service Canada is collaborating closely with local and provincial/territorial public health authorities to ensure that federal inmates have access to appropriate COVID-19 health care, including hospital based care if it is required.

### ***IF PRESSED ON COVID-19 OUTBREAKs AT Federal Correctional Institutions ...***

- To date, there have been COVID-19 outbreaks in five of the 43 CSC institutions across Canada, all of which have resolved or are resolving.

- The Public Health Agency of Canada has mobilized experts in epidemiology, infection prevention and control, environmental and workplace health and safety to institutions that have experienced COVID-19 outbreaks to support Correctional Services Canada and local public health authorities in bringing those outbreaks under control.
- Recognizing that managing outbreaks in a closed environment such as a correctional facility is a significant challenge, we have also focused attention on measures to prevent introduction of COVID-19 into these institutions and to prevent transmission within institutions.
- In addition to site visits and reviews of Correctional Service Canada practices regarding infection prevention and control, environmental health, and workplace health and safety, the Public Health Agency of Canada has developed a suite of supporting materials including an institution self-assessment tool, standardized assessment templates and webinars for Correctional Service Canada personnel.
- Introduction of an expanded laboratory testing strategy will further support rapid identification and control of any future outbreaks.

## **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 infection prevention and control practices;
- Reviewing workplace health and safety practices;
- Implementing recommendations to improve infection prevention and control, environmental health, and workplace health and safety measures;
- Establishing a proactive laboratory testing strategy to test all inmates and staff at outbreak sites; and
- Establishing a proactive sentinel laboratory testing strategy for CSC staff located in communities experiencing increase COVID-19 transmission.

### COVID-19 Outbreaks

CSC has been working in concert with PHAC, as well as with provincial and local public health authorities to identify and implement additional measures required to control outbreaks at facilities in British Columbia and Quebec, and to prevent or contain outbreaks elsewhere.

CSC has 43 federal correctional institutions located in 7 provinces across Canada. As of May 28, there have been outbreaks in 5 facilities. The most recent outbreak, at the

Federal Training Centre Medium Institution in Quebec is resolving and will be declared over on June 16<sup>th</sup> if no new cases are identified. All others have resolved (Joliette QC, Port Cartier QC, Grand Valley Institution ON, Mission BC).

CSC data on testing of inmates is available publicly at: <https://www.csc-scc.gc.ca/001/006/001006-1003-en.shtml>.

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PHAC Approved by: Kim Elmslie (613-954-9663), VP, Infectious Disease Prevention and Control Branch

## **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 and research that will tell us how widely the virus has spread in Canada and provide reliable estimates of potential immunity and vulnerabilities in Canadian populations. The COVID-19 Immunity Task Force is under the guidance of a Secretariat led by Dr. Tim Evans of McGill University, along with a Leadership Group representing provincial and territorial stakeholders and expertise, and co-chaired by Drs. David Naylor and Catherine Hankins. Over the next two years, at least one million blood samples will be collected and tested for the presence of SARS-CoV-2 antibodies. The Task Force will also support a number of targeted research studies to advance our understanding of the immunological response to the disease. Knowledge of the level of immunity in the general population, and in at risk populations such as the elderly and healthcare workers, will guide important public health decisions and immunization strategies once a vaccine becomes available.

### **POTENTIAL QUESTIONS**

- When will the testing for the surveys begin?
- 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?
- How will research projects be chosen for funding under the COVID-19 Immunity Task Force?

### **KEY MESSAGES**

- The COVID-19 Immunity Task Force is studying how widespread COVID-19 infection is in the Canadian population.
- Their studies will contribute to estimates of the potential level of immunity in the population as a whole and in groups that are at higher risk of infection, such as health care workers and older Canadians.
- The COVID-19 Immunity Task Force activities will provide the rigorous data needed to inform and plan future public health interventions, including the

deployment of vaccines to the Canadian population.

- The COVID-19 Immunity Task Force is actively connecting Canada with international work and research, contributing to and benefiting from findings of serological studies conducted in other countries.
- We are allocating up to \$300 million for this work over the next two years.

### ***IF PRESSED ON COVID-19 IMMUNITY TASK FORCE***

- The composition of the COVID-19 Immunity Task Force reflects key agencies of the Government of Canada and includes 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 operates 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.
- The Leadership Group, which includes Canada's Chief Public Health Officer and Canada's Chief Science Advisor, had its first meeting on April 28<sup>th</sup>, 2020, where the initial roles and priority areas of work and processes were established.
- Since then, the COVID-19 Immunity Task Force Leadership Group has identified methodological approaches and key priorities for serological testing and research activities.
- The COVID-19 Immunity Task Force website has a new web portal called "Sero-Tracker", that makes Canada part of a global collaboration that tracks and summarises serological studies and provides their findings from around the world.
- Resourcing of projects is underway, with the *Biobanque Québécoise de la COVID-19* receiving funding on June 15<sup>th</sup> to enhance blood sampling and antibody testing for COVID-19 in Québec and contribute samples, data and analytical outcomes to a larger network of biobanks and researchers across Canada.

### **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. The results of these studies can help to direct proactive preventive efforts with vaccines and disease-modifying or even disease-preventing therapies should they become available, and inform targeted surveillance efforts to contain and stop further outbreaks.

The COVID-19 Immunity Task Force, a pan-Canadian consortium for COVID-19 serology surveillance and targeted research studies, has been 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's Solidarity II Studies, a global initiative that provides standardized protocols pools findings from large-scale antibody studies around the world.

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. The COVID-19 Immunity Task Force website provides details of activities and findings, connects and engages scientists within Canada and globally, and links with CanCOVID Network, a platform mandated by Canada's Chief Science Advisor to expedite communication and collaboration between the scientific, healthcare and policy communities during the COVID-19 crisis.

The COVID-19 Immunity Task Force is actively interacting with various groups to ensure representation and input, including an Indigenous Advisory Circle, Federal, Provincial and Territorial Chief Medical Officers of Health, and the Canadian Institutes of Health Research.

On May 12th, 2020, Health Canada authorised the first of a number of anticipated commercial serological tests for COVID-19, which will allow the COVID-19 Immunity Task Force to focus on processes to initiate testing of samples in the sero survey studies.

## **DATA SHARING AND COLLECTION**

### **SYNOPSIS**

The Public Health Agency of Canada receives data on COVID-19 cases, including deaths, through agreements with the provinces and territories, and is working to collect additional data to improve our understanding of the overall impact of COVID-19 in Canada.

### **POTENTIAL QUESTION**

How does the federal government work with provinces and territories on the collection of data on deaths and active cases and have any improvements been made to date throughout the COVID-19 crisis?

### **KEY MESSAGES**

- The Government of Canada recognizes the critical importance of data to enable our evidence-based response to the COVID-19 pandemic in Canada.
- The Public Health Agency of Canada receives data on COVID-19 cases, including deaths, through agreements with the provinces and territories.
- Federal/Provincial/Territorial data sharing is cooperative, and the Government of Canada as well as the provinces and territories are sharing all available data relevant to the COVID-19 response.
- The Public Health Agency of Canada, together with other federal and provincial and territorial partners, is working to collect additional data to improve our understanding of the overall impact of COVID-19 in Canada.

### ***IF PRESSED ON MLISA***

- The Multi-Lateral Information Sharing Agreement (MLISA) is a Federal/Provincial/Territorial legal agreement that covers information sharing for infectious disease surveillance, response, and case management, as well as information sharing for public health events and public health events of international concern.
- All provinces and territories signed on to this agreement by 2016.
- Federal/Provincial/Territorial COVID-19 Special Advisory Committee and its Technical Advisory Committee determine data collection protocols and oversee data-sharing requirements during this outbreak.



## ***IF PRESSED ON RACE/ETHNICITY DATA***

- PHAC recognizes the importance of information on race or ethnicity to further our collective understanding of COVID-19 among vulnerable populations.
- The Agency is working with provincial and territorial public health authorities and other national partners to determine the feasibility of collecting and sharing an expanded list of information including risk factors, race/ethnicity and other socio-economic factors.
- It will be critical that this work be done in a way that respects privacy laws, ensures individual autonomy (in choosing whether or not to provide this information to the health care system), and follows a process that includes consultation with implicated communities to ensure that it does not further stigmatize people.

## **BACKGROUND**

The Public Health Agency of Canada (PHAC) worked collaboratively with Provincial and Territorial public health authorities to develop and implement surveillance system for COVID-19. Since the beginning of the pandemic, PHAC and its provincial and territorial counterparts meet regularly to discuss data element to be collected. The Technical Advisory Committee (TAC), the Scientific Advisory Committee (SAC) and the Surveillance Expert Working Group all worked collaboratively to develop surveillance objectives, reporting guidance and the case reporting form. Following agreement on surveillance objectives and data elements, the case report form was prepared and each province and territory implemented data collection tools based on these objectives and data elements.

The COVID-19 national case report form includes data elements on cases, including demographics (age, sex, and Indigenous status), diagnosis dates, exposure, and outcomes (such as hospitalization, ICU admission and deaths).

Provinces and Territories share a cumulative list of confirmed and probable case data to PHAC, which includes newly identified cases, on a daily or weekly basis; the timing of these transfers vary depending on the jurisdiction. Currently, provinces and territories are sharing their data in an electronic format, through the Secure File Exchange, which is then uploaded into the national COVID-19 surveillance database. Updates on previously reported cases (i.e., whether a case has recovered or died) are also sent to PHAC and changes are captured in the database.

These data provide the Agency with an ability to assess the overall impact and burden on the health system, as data include information on severity of illness, including mortality and hospitalizations, admissions to intensive care units (ICU) and the number of cases on mechanical ventilation.

The limitations of this data source are the lack of data completion for some data fields, and the lack of race-based and socio-economic data. The Agency is working with various partners and stakeholders to expand the information sources to better understand the impact of COVID-19 on different populations. Despite the challenges to data collection, provinces and territories share data on new cases with the PHAC every day. There is basic information on 99% of the almost 100,000 cases of COVID-19 in Canada.

The federal government and the provinces and territories have a long history of cooperating and sharing information in the face of infectious disease outbreaks and public health events of international concern. The Multi-Lateral Information Sharing Agreement (MLISA) was finalized in 2015. All provinces and territories, as well as the federal Government, are signatories to this agreement. MLISA provides a formal framework for collaboration, for example, ensuring consistency in level of detail of information shared and setting out the allowed uses of the information exchanged.

During the COVID-19 outbreak, the Federal/Provincial/Territorial COVID-19 Special Advisory Committee and its Technical Advisory Committee determine data collection protocols and oversee data-sharing requirements.

F/P/T data sharing is voluntary and is effective. All jurisdictions have been cooperatively sharing relevant and available data related to COVID-19. Any identified data gaps are the result of data availability. All jurisdictions recognize the importance of working together to increase our collective knowledge of COVID-19.

### Race-Based and Sociodemographic Data

PHAC recognizes the importance of information on race or ethnicity. At the beginning of the COVID-19 response, the collaborative process with provinces and territories to develop the case report forms focused on the minimum data elements that would be critical for monitoring the evolution of the epidemic and that would be feasible for collection by front-line health care workers during an epidemic situation. While the national COVID-19 case report form currently does not include any questions on race or ethnicity, occupation, or dwelling type, the form does include a section for identifying and classifying cases as Indigenous (First Nations, Metis, Inuit). This section is completed only when the affected person self-identifies as a member of one of the three Indigenous groups, and data in this section are often incomplete or missing.

The Agency is working with PTs and other national partners to determine the feasibility of collecting and sharing an expanded list of information including risk factors, race/ethnicity and other socio-economic factors. These indicators will help to further PHAC's understanding of COVID-19 among vulnerable populations and to monitor trends going forward. Due to the sensitive nature of race and ethnicity, this work must be done in a way that respect privacy laws, ensures individual autonomy (in choosing whether or not to provide this information to the health care system), and a process that

includes consultation with implicated communities to ensure that it does not further stigmatize people.

PHAC is also in the process of developing tools that will incorporate existing data from a variety of sources on key populations who are more vulnerable to COVID-19 and its impacts, including subgroups by social, economic and demographic factors.

PHAC Contact: Lee Lior

PHAC Approved by: Cindy Evans

## **EARLY HISTORY (WARNINGS AND STEPS TAKEN) IN COVID-19 OUTBREAK**

### **SYNOPSIS**

On December 31, 2019, Canada received its earliest warning when the Public Health Agency of Canada was alerted by the Global Public Health Intelligence Network (GPHIN) of an illness originating in Wuhan, China. 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 that the illness was a novel coronavirus, following which the Government activated its emergency operations centre and implemented screening processes at three international airports. Chief Medical Officers of Health were convened well in advance of the first Canadian 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**

- The Government of Canada was alerted of an illness in Wuhan, China on December 31, 2019. Within two days the Chief Public Health Officer had alerted Medical Officers of Health across the country.
- Between that point and Canada's first presumptive case of COVID-19 in late January, the Government convened all Canadian Ministers of Health and Chief Medical Officers of Health, implemented screening processes at airports, and issued a travel alert.
- Timely intelligence gathering, in collaboration with domestic and international partners, allowed early and coordinated action by the Government of Canada to protect the health and safety of Canadians.

***IF PRESSED...***

- Since learning of COVID-19, we have been working with public health authorities across Canada to ensure our response is timely, effective, and evidence based.
- The Public Health Agency of Canada has taken many steps to get Canadians the information they need quickly. In January, the Agency launched a website and opened a 1-833 number for the public to ask questions on COVID-19.
- The Public Health Agency of Canada has directly addressed the questions and concerns of tens of thousands of Canadians on various aspects of COVID-19 since the beginning of January.
- As the situation evolves, we will continue to provide Canadians with accurate and up-to-date information.

## BACKGROUND

The Public Health Agency of Canada (PHAC) 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 via a GPHIN alert received on December 31, 2019. This information was shared by the Chief Public Health Officer on January 2, 2020 with all provincial and territorial Chief Medical Officers of Health.

The World Health Organization (WHO) posted its first event notification on January 5, 2020, to its secure Event Information Site (EIS) for International Health Regulations (IHR) National Focal Points regarding a cluster of pneumonia of unknown etiology reported in Wuhan City, Hubei Province of China. The WHO found there was limited information to determine overall risk and advised against the application of any travel or trade restrictions against China.

**Precautionary steps were taken** as Canada sought additional information from the WHO. On January 7, 2020, PHAC issued a Travel Health Notice, and on January 9, 2020, PHAC issued 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 announced by the WHO on January 12, 2020. On January 14, 2020, Dr. Tam convened a special teleconference of the Council of Chief Medical Officers of Health (CCMOH) to discuss situational updates and domestic preparedness in relation to the outbreak. PHAC activated its Health Portfolio Operations Centre on January 15, 2020 to Level 2 to actively monitor early warning signs and to prepare for possible containment and mitigation of a possible outbreak. On January 22, 2020, screening processes were implemented in international airports in Toronto, Montreal, and Vancouver for travelers arriving from China.

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

- First meeting of the Federal-Provincial-Territorial Special Advisory Committee on COVID-19 on January 28, 2020;
- First meeting of Federal-Provincial-Territorial Ministers of Health on January 24; and,
- First meeting of the G7 Ministers of Health on February 3, 2020.

In addition, the following travel measures were implemented:

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

**Canada reached its 100<sup>th</sup> confirmed case on March 11, 2020.**

PHAC Contact: HPOC Planning Chief

PHAC Approved by: Cindy Evans, A/Vice-President, Emergency Management

## **FAMILY AND GENDER-BASED VIOLENCE**

### **SYNOPSIS**

Family violence accounts for almost a third of violent crime reported to police. The emotional stress, isolation, and economic impacts of the COVID-19 pandemic create additional risks for the safety and wellbeing of vulnerable children and families.

### **KEY MESSAGES**

- Gender-based violence, including family violence, is a serious public health issue that can have lasting impacts on both physical and mental health of Canadians.
- Our Government has invested nearly \$200 million over the last five years to establish the Strategy to Prevent and Address Gender-Based Violence.
- We are also investing approximately \$6 million annually in community-based projects that support the health of survivors of family violence.
- In response to the COVID-19 pandemic, our Government has announced new initiatives that can help reduce the risk and impacts of family violence; including funding for Kids Help Phone, shelters and sexual assault services, income support initiatives and support for non-profit and charitable organizations.

## **BACKGROUND**

The consequences of family violence and gender-based violence can include short and long-term mental and physical health effects as well as social and economic costs. These can include: behavioural problems in children; drug and alcohol use and attempted suicide in teens; chronic diseases, pain and lack of stable employment in adulthood; and, depression and financial problems in older adults. In addition, spousal violence alone costs Canadian society \$7.4 billion annually.

The COVID-19 pandemic has created increased risks for the health and safety of many vulnerable Canadians, as children and families face increased stress, and may have difficulty leaving abusive relationships or accessing support or prevention programs.

One-third of Canadians reported that they were very or extremely concerned about family stress from confinement, and 8% of Canadians reported that they were very or extremely concerned about the possibility of violence in Canadians homes. Among people over the age of 50, 6% reported increased verbal and physical conflict during the COVID pandemic. Additional data will be gathered to clarify the degree to which Canadians are personally experiencing violence during confinement.

**New Government Initiatives** that will help address pressures on vulnerable families in the context of COVID-19 include:

- \$7.5 million investment to the Kids Help Phone to support mental health and crisis support for children and youth;
- \$50 million investment to support women's shelters and sexual assault centres; and
- multiple economic and financial measures to support vulnerable individuals and families, including the enhancement of the Canada Child Benefit.

### **Ongoing Public Health Agency of Canada Initiatives**

#### **Preventing Gender-Based Violence**

As part of *It's Time: Canada's Strategy to Prevent and Address Gender-Based Violence*, the Public Health Agency of Canada (PHAC) is investing more than \$8 million per year to support programs preventing teen dating violence and child maltreatment, and equipping health professionals to provide appropriate care to survivors

#### **Supporting the Health of Survivors of Family Violence**

In addition to these new investments to prevent gender-based violence, PHAC invests over \$6 million per year to support the health of survivors of family violence, through guidance and training for professionals, and through the delivery and testing of health promotion interventions for survivors. These projects are measuring their impact on health outcomes such as anxiety, depression and Post-Traumatic Stress Disorder.

## **Family Violence Initiative**

PHAC is a member of the federal Family Violence Initiative (FVI), which brings together 12 departments and agencies in a multi-sectoral approach to addressing family violence. On behalf of the FVI, PHAC hosts and coordinates *Stop Family Violence*, a web-based source of current information on family violence for health professionals and the public. *Stop Family Violence* also provides links to supports and services available in each province and territory.

## **Other**

The Health Portfolio also supports maternal-child health programs that strengthen family relationships and reduce risk factors for violence; conducts surveillance on family violence; and supports analysis to understand the nature and impacts of family violence.

PHAC Contact: Karen McKinnon, DG-CHP (613) 316-6521

PHAC Approved by: Anna Romano, VP-HPCDP (613) 852-3191

## **ACCUSATIONS OF PHAC RETALIATION AT HESA**

### **SYNOPSIS**

At HESA on May 20, 2020, a witness raised the issue of retaliation by the Public Health Agency of Canada (and other federal departments) for speaking critically of the pandemic response.

### **POTENTIAL QUESTION**

- Has the Public Health Agency of Canada threatened, punished, intimidated or harassed individuals for criticizing the government's pandemic response?

### **KEY MESSAGES**

- The Public Health Agency of Canada works with research partners to advance the science of COVID-19.
- Diverse perspectives and respectful debate are integral to science and the Public Health Agency of Canada participates in these processes as a regular part of the conduct of science.
- The Government of Canada will continue to work collaboratively with partners and promote scientific dialogue in our COVID-19 response.

### **IF PRESSED ON HARRASSMENT**

- There is no evidence of intimidation in the Public Health Agency of Canada's conduct of our work with partners. Collaboration is a cornerstone of public health.

## **IF PRESSED ON ENGAGEMENT AND KNOWLEDGE**

- Public Health Agency of Canada scientists evaluate their contributions and role on research teams in light of their expertise and in alignment with PHAC priorities.
- The Public Health Agency of Canada respects the role of external principal investigators in assembling their research teams.
- The Chief Public Health Officer and the President of the Public Health Agency of Canada were not aware of and were not involved in any of the discussions related to this grant application.

PHAC Contact: Kim Elmslie – 613-592-3425  
PHAC Approved by: Kim Elmslie, VP-Branch

## **INTERNATIONAL ISSUES**

### **SYNOPSIS**

Since the beginning of the COVID-19 pandemic, Canada has engaged with international partners bilaterally, through 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, to learn from others' experiences and best practices and identify possible joint actions to tackle this outbreak.
- Bilaterally, I have engaged with key international counterparts, including the United States and the United Kingdom, to discuss our respective COVID-19 responses. These discussions are valuable opportunities to learn from each other and strengthen our domestic and international responses.



- On the research front, our Government has been working closely with many international partners, such as the World Health Organization and the Global Research Collaboration for Infectious Disease Preparedness, to support the development and testing of vaccines, therapies, diagnostics and public health responses to COVID-19.
- On May 4th, Canada also joined several countries in co-hosting the launch of the Coronavirus Global Response, an online pledging event to raise \$8 billion US to help researchers and innovators develop solutions to test, treat and protect people and to prevent the further spread of COVID-19.

***IF PRESSED on the U.S. Terminating its Relationship with the WHO***

- Canada is aware of the recent decision from the White House to immediately terminate their relationship with the WHO. Canada remains strongly committed to constructive engagement in multilateral institutions, including the WHO, which are now, more than ever, essential to help us accomplish together more than any one country can do alone. We will continue to work with other Member States to ensure that the WHO is a strong, accountable and well-governed institution.
- 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 \$9 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
- As highlighted in the Resolution recently adopted at the World Health Assembly, a comprehensive post-crisis review of the global response should be undertaken when the time is right – as soon as feasible.

***IF PRESSED on Dr. Bruce Aylward's appearance before HESA***

- Dr. Aylward is an international civil servant employed by the WHO as a Senior Advisor to the Director General; he does not represent the Government of Canada at the WHO and is not a Government of Canada employee.

- We understand that the WHO has received such requests from several different countries, and that WHO makes efforts to answer technical questions from interested parties where possible.

***IF PRESSED on bilateral engagement with the U.S.***

- I have engaged regularly with my U.S. counterpart, Secretary Azar, through the G7 forum. I have also held bilateral calls with him to discuss our respective COVID-19 responses, including testing, guidance for essential workers, supply chains, research and recovery planning.

***If pressed: Interim Report of the Independent Oversight and Advisory Committee (IOAC) for the WHO Health Emergencies Program***

- The recommendations of the IOAC provide a good foundation for further post-crisis discussions as to how global responses to health emergencies can be improved.
- For example, the IOAC recommends an independent assessment of the COVID-19 response, examining both Member States and the WHO Secretariat, should be undertaken “at an appropriate time”, to assess performance during the response and to identify lessons for the future. Canada has made it clear for many weeks now that it would support a comprehensive review of the global response post-crisis.
- There will many lessons that the global community will learn from this pandemic, and the IOAC has an important role to provide independent, evidence-based recommendations in this regard.

**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. For instance, Canada, through the Canadian Institutes of Health Research (CIHR), played a key role in establishing the World Health Organization (WHO) global research and innovation roadmap on COVID-19. CIHR is also supporting the Canadian Treatments for COVID-19 Trial (CATCO), which is contributing to the WHO SOLIDARITY trial seeking to find effective treatments for COVID-19. Further, CIHR’s Scientific Director of the Institute of Infection and Immunity currently co-chairs the Global Research Collaboration for Infectious Diseases (GloPID-R), which continues to be a key hub in facilitating the fast-moving collaboration that is needed across a multiplicity of players domestically and internationally. Since February, Canada has participated in weekly G7 Health Ministerial calls to discuss COVID-19, which has contributed to enhancing bilateral relationships with key countries such as the U.S. 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.

On May 4, Canada joined the European Union, France, Germany, Norway, the United Kingdom, Japan, Saudi Arabia as the current G20 presidency and Italy as the future G20 presidency in co-hosting an international online pledging event, the Coronavirus Global Response. Canada is pledging over \$850 million towards the fundraising target of \$8 billion USD to support the development of rapid coronavirus diagnostics, treatments and vaccines.

As a founding member, Canada has long been a strong supporter of the World Health Organization (WHO), averaging over \$70 million annually for the past 10 years in assessed and voluntary contributions to support the work of the organization. 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 while the U.S. Administration conducts a review of the organization due to misgivings over the WHO's management of the pandemic and a perceived bias towards China. Subsequently on May 29<sup>th</sup> President Trump announced that the U.S. was terminating its relationship with the WHO and would look to divert the funding allocated to the organization elsewhere. However, as of June 5<sup>th</sup>, no formal notice regarding U.S. "terminating" its relationship with the WHO has been served, and U.S. officials have indicated that they are continuing to engage with the WHO to urge the organization to take immediate, specific steps to appease their complaints.

Canada has consistently expressed support for an independent, comprehensive review of the global response post-crisis, which would consider the actions of all actors and partners, including the WHO, to be undertaken at an appropriate time. At the 73<sup>rd</sup> session of the World Health Assembly (WHA), which convened virtually on May 18<sup>th</sup>-19<sup>th</sup>, Canada co-sponsored a resolution on COVID-19, which provides a consensus-based foundation for next steps in the global COVID-19 response and includes a call to initiative, at the earliest appropriate moment, an independent, comprehensive review of the WHO-coordinated international health response to COVID-19.

Canada's view is that 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.

The Independent Oversight and Advisory Committee (IOAC) for the WHO Health Emergencies Programme, which provides oversight and monitoring of the development and performance of the Programme, recently published an ***Interim report on WHO's response to COVID-19: January-April 2020***.

The Interim report is a compilation of observations of how various structures and processes functioned during the early months of the pandemic. It provides an overview of the first months of the pandemic before issuing a series of recommendations on the International Health Regulations (IHR, 2005), the WHO's Health Emergencies Programme and the WHO Incident Management System, leveraging of the WHO Collaborating Centres, access to therapeutics and vaccines, ongoing public health measures support and independent review of the COVID-19 response.

Dr. Theresa Tam is a member of the IOAC. Members serve in their personal capacity and exercise their responsibilities with full regard for the paramount importance of independence.

PHAC Contact: Natalie Schjott (343-552-1860)

PHAC Approved by: Michael Pearson (343-549-2240), Office of International Affairs

## **MENTAL HEALTH AND WELLBEING OF BLACK CANADIANS**

### **SYNOPSIS**

Mental health is an important component of Canadians' overall health. Many Black Canadians face significant social and economic challenges that have negative implications for their mental health. *The Promoting Health Equity: Mental Health of Black Canadians Fund* responds to this issue and supports more culturally-focused mental health promotion programs in Black Canadian communities.

### **KEY MESSAGES**

- Our Government is committed to strengthening multiculturalism and addressing the significant and unique challenges faced by Black Canadians, including anti-Black racism and its significant impacts on mental health.
- The Promoting Health Equity: Mental Health of Black Canadians Initiative is investing \$10 million to support 16 community-based projects across Canada. These investments are expected to improve culturally-focused mental health supports for Black Canadian communities.
- Our Government recognizes the significant and unique challenges faced by Black Canadians and other racialized populations during the COVID-19 pandemic. Our community-based programs will continue to take into account these unique needs throughout the pandemic and its recovery.

### **IF PRESSED ON THE NEED FOR RACE-BASED COVID-19 DATA**

- We are working to better understand the impacts of COVID-19 among culturally diverse groups through research and community-based programs.

## ***IF PRESSED ON THE CURRENT EVENTS RELATED TO ANTI-BLACK RACISM***

- Anti-Black racism is a public health issue. Racism in all of its forms has deep and long lasting impacts on health and well-being.
- The Public Health Agency of Canada's Mental Health of Black Canadians' Initiative aims to improve social conditions that negatively impact mental health, including experiences of discrimination.

## **BACKGROUND**

### ***Promoting Health Equity: Mental Health of Black Canadians Fund***

Budget 2018 earmarked \$42 million to strengthen multiculturalism and address the challenges faced by Black Canadians, including \$19 million (\$10 million over five years for the **Public Health Agency of Canada (PHAC)**, and \$9 million over three years for Canadian Heritage) targeted to enhance local community supports for youth at risk and to develop research in support of more culturally focused mental health programs in the Black Canadian community.

In September 2018, PHAC launched the *Promoting Health Equity: Mental Health of Black Canadians Fund*, to deliver on the \$10 million in Budget 2018 funding. Eight short-term capacity building projects and eight longer-term implementation projects have been approved that will generate knowledge, capacity, and programs that promote mental health and address its determinants for Black Canadians. All funded projects are led by Black Canadian experts or organizations. Funding recipients have demonstrated great resiliency during the COVID-19 pandemic, and are working to adjust planned activities in the pandemic context.

PHAC has established the Mental Health of Black Canadians Working Group, comprised of 11 multi-disciplinary experts in research, practice and policy from diverse Black communities across Canada. The working group played an integral role in the selection of projects for funding and will continue to provide essential guidance on capacity building and strengthening evidence going forward.

### **Other Federal Commitments Supporting Black Canadians**

In January 2018, the Government of Canada officially recognised the United Nations' *International Decade for People of African Descent*, which spans from 2015 to 2024, and offers a framework to better address the unique challenges that Black Canadians face.

In June 2018, Canadian Heritage announced \$51.9 million in funding over three years, including \$21 million in new funding for community-led projects, events, and capacity building initiatives to strengthen diverse communities and support anti-racism initiatives across the country. Canadian Heritage also announced their investment of \$9 million

over three years (as proposed in Budget 2018) to enhance community support for Black Canadian youth.

Budget 2019 committed \$45 million to Canada's Anti-Racism Strategy and an Anti-Racism Secretariat. The Strategy's key purpose is to find ways to counter racism in its various forms, with a strong focus on community-based projects. Budget 2019 also provided \$25 million over five years to Employment and Social Development Canada for projects and capital assistance to celebrate, share knowledge and build capacity in Canada's vibrant Black Canadian communities. This investment will help stakeholders create the first national institute for Black Canadians. The Canadian Institute for Persons of African Descent will work to advance initiatives that impact Black Canadians at a systemic level.

The **Canadian Institutes of Health Research** are supporting researchers across the country to develop and implement measures to rapidly detect, manage, and reduce the transmission of COVID-19. This includes projects that examine social determinants of health, such as social isolation, stigma, racism, and provide evidence-informed interventions to inform social and public health responses.

### **Race-Based Data and COVID-related Health Inequities**

In Canada, race-based health data has not generally been collected due to privacy and confidentiality concerns. Collection of race-based data is largely a provincial matter, implemented by local health units. Some local health units such as Toronto Public Health have announced that they will start to collect race-based data to enhance decision-making. PHAC is discussing opportunities to strengthen the collection and reporting of race-based data with provinces and territories.

Anti-Black racism underlies a broad range of socioeconomic inequities facing Black Canadians that contribute to differences in health outcomes. In the context of COVID-19, for example, Black Canadians and other racialized people are overrepresented in jobs deemed essential, and more likely to rely on public transit to get to these jobs. Experiences of racial discrimination throughout a lifetime can also directly increase risk for chronic disease, which in turn increases the risk of serious complications from COVID-19.

PHAC, Health Canada and Statistics Canada are exploring opportunities to increase understanding of the intersection of health, demographic and socio-economic factors in the context of the pandemic. An interactive dashboard with information on vulnerable populations and COVID-19 to inform pandemic response planning is expected to be available in June 2020. Plans are to include data on social vulnerabilities that are likely to lead to increased exposure to COVID-19 such as race and income, where available.

Contact: Marie DesMeules, Director SDHD-CCDPHE, 613-601-0577

## **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.
- Surveillance data indicate that the measures we are taking to slow the spread of COVID-19 are working, but models and the experience of other countries suggest 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, 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 across Canada, with a declining epidemic in most, but not all, jurisdictions.

## **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.

PHAC Contact: Nicholas Ogden (450-230-8520)

PHAC Approved by: Kim Elmslie (613-954-9663), VP, Infectious Disease Prevention and Control Branch

## **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 /MESSAGES CLES**

- The Government of Canada is working closely with provinces and territories to procure the necessary health supplies to continue responding to the COVID-19 pandemic.
- The National Emergency Strategic Stockpile (NESS) was initially built on the assumption that provincial, territorial and local governments would be prepared for the most common emergencies. Consequently, it was designed to provide health emergency assets when local and provincial and territorial resources were 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. As we move forward, we will adjust, and lessons learned will inform the future of the NESS.

### ***IF PRESSED ON INVENTORY MANAGEMENT***

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

### ***IF PRESSED ON WAREHOUSE FOOTPRINT***

- A decision was made in 2013 to modernize and optimize our warehouse national footprint.
- Currently, the Public Health Agency of Canada has warehouses in six cities.

### ***IF PRESSED ON STOCKPILING OF PPE AND THE CANADIAN PANDEMIC INFLUENZA PLAN***

- The Canadian Pandemic Influenza Plan is a federal, provincial, and territorial guidance document for the healthcare sector. Its purpose is to assist jurisdictions with their emergency planning.

- The most recent guidance from 2011 recommends that availability of PPE supply should be addressed during pandemic planning, and that stockpiling should be considered.
- Provincial and territorial governments are responsible for ensuring the provision of medications, supplies, and equipment required for provision of pandemic health care services.
- The NESS is intended to provide health emergency assets when local and provincial and territorial resources have been exhausted. It has historically carried only relatively small amounts of PPE.

### ***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 Funding

Since 2012-13, the annual base funding for the NESS has remained stable and has been approximately \$3 million a year. This funding is included in the overall funding identified for the Health Security Infrastructure program area reported in Public Accounts.

Additional funding has historically been provided to the NESS through internal reallocation decisions and incremental funding decisions where the Public Health Agency of Canada has received funding linked to specific purchases such as a four-year investment in medical countermeasures against smallpox and anthrax that began in 2015-16.

### 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 Requests for Assistance

We have so far been able to respond within 24 hours to all requests for assistance from provinces and territories. Requests are assessed in consultation with the provinces and territories and delivery dates and quantities are based on the availability of requested supplies and urgency of the request.

### 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.

As of 2019, all NESS holdings were consolidated in eight warehouses in six cities. In Spring 2020, two additional warehouses were leased in Ottawa, given the volume of supplies being donated to and purchased by the NESS as part of the federal government's COVID-19 response.

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.

### 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 passed the limit of five years for their use, as recommended by the manufacturer.

### Canadian Pandemic Influenza Plan PPE Guidance

The **2006 CPIP** stated that *plans are required to allow for a consistent 16-week supply (i.e. two pandemic waves) of both influenza and non-influenza related materials to address sporadic interruptions of supply chains (e.g. resulting from mail and courier disruptions, border closures, supply limitations).*

The **2011 CPIP** indicates that methods to estimate PPE requirements are beyond the scope of the CPIP, and notes that P/T governments are responsible for ensuring the provision of medications, supplies, and equipment required for provision of pandemic health care services.

PHAC Contact: Laurie Hunter, Director General, 613-868-0792

PHAC Approved by: Sally Thornton, VP-HSIB

## **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 businesses 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, as well as home 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, 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 recommended as 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 rapidly evolves. 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 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 is recommended 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 physical distancing, and hand hygiene are based on what is known to work best to protect from infection. 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.

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PHAC Approved by: Kim Elmslie (613-954-9663), VP, Infectious Disease Prevention and Control Branch

## **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 QUESTIONS**

- 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, 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.
- Public Services and Procurement Canada has confirmed contracts for a variety of PPE and other medical supplies including over 120 million N95 respirators and

equivalents (e.g., KN95 respirators), 340 million surgical masks, 126 million protective gowns, and 39 thousand ventilators.

- The Public Health Agency of Canada is receiving staggered delivery of shipments, and to date, has allocated approximately 2.9 million N95 respirators and equivalents (e.g., KN95 respirators; FFP2), 103.8 million surgical masks, 33.6 million pairs of nitrile gloves, 12.8 million face shields, and 3.3 million protective gowns 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 590 thousand N95 and equivalent respirators, 700 thousand surgical masks, 420 thousand pairs of gloves, 60 thousand protective gowns, and 60 thousand face shields.

### ***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 internationally or domestically, are verified to meet the technical specifications for healthcare settings for COVID-19 prior to distribution to provinces and territories. The process is the same for donations.
- 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 test.
- Supplies that do not meet specifications are subsequently assessed for potential use in non-healthcare settings.
- To date, a large majority of the products received by the Government of Canada have met the technical specifications for healthcare settings for COVID-19 response; however, as a result the Public Health Agency of Canada's stringent review process, approximately 10 million KN95 respirators were assessed as not meeting the technical specifications.

### ***IF PRESSED ON ACCEPTING AND DISTRIBUTING PPE LABELLED FOR NON-MEDICAL USE***

- The Government of China has implemented a number of export controls aimed at addressing quality control of exported products.



- All PPE supplies that are distributed by Public Health Agency of Canada to provinces and territories are confirmed to meet the Government of Canada's technical specifications for healthcare settings and are labelled as such.

## **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.

Health Canada also continues to actively engage the medical device industry as well as provinces and territories to monitor for any signals of supply disruptions in Canada. Manufacturers and importers are also now required to notify the Minister of Health of medical device shortages of devices considered critical. Health Canada is closely monitoring the supply of any potential treatments for COVID-19 and working with companies to help ensure continued supply in Canada.

### 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.

### Government of China Export Controls

In response to international criticism concerning the quality of PPE, the Government of China has imposed more stringent certification and export controls for masks and other personal protective equipment (PPE). As a result, the Public Health Agency of Canada (PHAC), as an importer, is now required to sign a joint declaration with the exporter attesting that the products meet the standards and certification requirements of the destination country.

For products that are not certified as medical devices in China, the joint declaration will also stipulate that the item is “not for medical use” even if it meets Canada’s technical specifications for healthcare settings. These products are subsequently labelled in Simplified Chinese as “not for medical use” both on the outer shipping boxes and inside each of the individual product package.

As noted above, all supplies procured internationally continue to undergo quality verification by PHAC prior to distribution to P/Ts. To maintain the integrity of the PPE packaging, PHAC will be labelling the outer shipping boxes, confirming quality and stating that it is suitable for use in healthcare settings. PHAC will not be removing labels inserted inside each of the individual product boxes, as the process of removing these inserts in Simplified Chinese would cause significant delays in the distribution.

### KN95 Respirators

On May 8, CBC reported that of the approximately 11 million KN95 respirators received by the Government of Canada and sourced by a Montreal-based supplier out of China, 8 million did not meet the Government of Canada’s technical specifications for healthcare settings for COVID-19 response, 1 million met specifications, and 1.6 million were pending testing results. The number not meeting specifications has since increased to approximately 10 million. PSPC has suspended shipments from this supplier and is pursuing the appropriate recourse on behalf of the Public Health Agency of Canada.

### Reuse and decontamination

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 (NESS),

including a 2% allocation to Indigenous Services Canada. The purpose of the NESS is to provide surge capacity to P/Ts when their own resources are not sufficient.

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.

On May 4, to facilitate the intake and distribution of large volumes of PPE and medical supplies, a Letter of Interest (LOI) / Request for Information (RFI) notice was posted on the PSPC Buy and Sell website to solicit interest from major logistics service providers. This new expression of interest relates to a multimodal logistics solution in Canada, going beyond distribution and includes warehousing, customs documentation and brokerage, and inventory management. The RFP closed on May 7, and the review of the expressions of interest is now underway.

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## **RACE OR ETHNICITY BASED DATA COLLECTION**

### **SYNOPSIS**

The Public Health Agency of Canada receives data on COVID-19 cases, including deaths, through agreements with the provinces and territories, and is working to collect additional data, including on race or ethnicity, to improve our understanding of the overall impact of COVID-19 in Canada.

### **POTENTIAL QUESTION**

- Does the federal government collect race or ethnicity based data?

### **KEY MESSAGES**

- The health consequences of the pandemic are likely to differ across sub-populations. Those Canadians who before the pandemic were at greater risk of poor health are likely to be at greater risk of suffering its direct and indirect consequences.
- Given this, the Public Health Agency of Canada and partners are undertaking a number of activities to improve Canada's knowledge of the impact of COVID-19 on racialized communities.
- This includes working with provincial and territorial partners to explore adding race/ethnicity as a key variable within the national data set for COVID-19, as well as undertaking specialized surveys and enhanced surveillance activities among key populations of interest.
- It is critical that this work be done in a way that respects privacy laws and

ensures individual autonomy in choosing whether or not to provide this information to the health care system.

***IF PRESSED ON PROVINCIAL/TERRITORIAL DATA:***

- The Public Health Agency of Canada receives data on COVID-19 cases, including deaths, through agreements with the provinces and territories.
- Federal/Provincial/Territorial data sharing is cooperative, and the Government of Canada as well as the provinces and territories are sharing available data relevant to the COVID-19 response.

***IF PRESSED ON NEED FOR GREATER DEPTH OF INFORMATION:***

- As the epidemic has unfolded across the country, it has become clear that we need more information on certain groups at higher risk for exposure to, or severe outcomes of, COVID-19.
- The current National COVID-19 Case Report Form, completed by PTs and submitted to PHAC, does not include any questions on race or ethnicity – but it does include a section for identifying and classifying cases as Indigenous (First Nations, Metis, Inuit).
- The Public Health Agency of Canada continues to work with partners, including provincial and territorial counterparts and Indigenous organizations, to look at ways to improve the collection of data on race and ethnicity, Indigenous identity, occupation, and socio-economic factors.

**BACKGROUND**

The health consequences of the pandemic are likely to differ across sub-populations. Those Canadians who before the pandemic were at greater risk of poor health are likely to be at greater risk of suffering its direct and indirect (or secondary) consequences. Given this, the Public Health Agency of Canada (PHAC) and partners are undertaking a number of activities to improve Canada's knowledge of the impact of COVID-19 on racialized communities.

First, PHAC has completed a review of published literature on race and COVID-19. While there is limited evidence available overall and in Canada, studies to date do show that people reporting Black, Asian or Hispanic race appear to have a higher chance of COVID-19 infection than those who are White. Data is conflicting regarding the role race/ethnicity may play in severity of infection (i.e., hospitalization, ICU admission and death).

In addition, through the Special Advisory Committee (SAC) on COVID-19 governance, federal/provincial/territorial (FPT) governments are exploring the inclusion of race/ethnicity as a key variable within the national data set for COVID-19. This means

that race/ethnicity would be expected to be collected and reported to PHAC for COVID-19 cases. Due to the sensitive nature of race and ethnicity, this work must be done in a way that respect privacy laws, ensures individual autonomy (in choosing whether or not to provide this information to the health care system), and a process that includes consultation with implicated communities to ensure that it does not further stigmatize people.

PHAC is also working with provinces and territories (PTs) and other national partners to determine the feasibility of collecting and sharing an expanded list of information including risk factors and other socio-economic factors. These indicators will help to further PHAC's understanding of COVID-19 among specific, including disadvantaged communities, and to monitor trends going forward.

Further, PHAC is engaging with various partners to undertake specialized surveys and enhanced surveillance activities among key populations of interest. Studies to explore COVID-19 impact and unintended consequences of COVID-19 related public health measures on racialized communities are a key component of this work. In addition, PHAC and CIHR will coordinate efforts to facilitate research activities related to burden and impact of COVID-19 among racialized and marginalized communities, to further enhance and expand the knowledge base.

Finally, PHAC is working with other partners to expand the knowledge base on racialized communities and COVID-19. Statistics Canada for example plans to release new ethno-cultural data from new data collection initiatives, with new data points expected starting in summer of 2020.

### ***Data Collection from Provinces and Territories***

Provinces and territories share data on new COVID-19 cases with the Agency every day. As of June 16, PHAC had received detailed information for nearly 100% of the COVID-19 cases in Canada. The completeness rate for the demographic information received at PHAC from PTs was as follows:

- Case classification (confirmed or probable cases): 100%
- Age (or age group): 99% (range 90% - 100% by PT)
- Sex/gender (male, female or others): 100%
- Date reported (onset date, specimen collection date or reported date): 100%
- Exposure category (travel-related or domestic case): 89% (range 37% - 100% by PT)
- Hospitalization status and deaths: 77% (range 67% - 100% by PT)

PTs share a cumulative list of confirmed and probable case data to PHAC, which includes newly identified cases, on a daily or weekly basis; the timing of these transfers vary depending on the jurisdiction. Currently, provinces and territories share their data in an electronic format, through the Secure File Exchange, which are then uploaded into the national COVID-19 surveillance database. Updates on previously reported cases

(i.e., whether a case has recovered or died) are also sent to PHAC and changes are captured in the database.

These data provide PHAC with an ability to assess the overall impact and burden on Canadians and the health system, as data include severity of illness, including hospitalizations, admissions to intensive care units (ICU), the number of cases that have required mechanical ventilation and death outcomes.

Other demographic information may be collected by the PTs, but are not reported to PHAC at this time.

The limitations of case report forms as a data source include data completeness and the lack of race-based and socio-economic data

Some PTs are moving forward on efforts to collect race-based data:

- Ontario proposed a regulatory change on June 15 to mandate the reporting of data on race, income, language and household size for individuals who have tested positive for COVID-19. The province has already granted some health units permission to begin collecting race-based data voluntarily, including Ottawa, Toronto, Middlesex-London and Sudbury.
- As of May 1, Manitoba has been tracking the ethnicity of COVID-19 patients to determine whether the virus was having a disproportionate impact on specific communities.
- Though Quebec's Public Health Director said in early May the government would begin collecting race-based data for COVID-19, the Health Ministry acknowledged there are no immediate plans to do so.

Routine case data are inherently limited in how much information they can provide. PHAC is therefore working with various partners and stakeholders to leverage other information sources in order to better understand the impact of COVID-19 on different populations.

Personne-ressource à l'ASPC: Lee Lior  
Approuvé à l'ASPC par : Cindy Evans and Rhonda Kropp

## **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 June 23, 2020, 2,444,118 people in Canada were tested for COVID-19. Over the last week, an average more than 38,000 people were tested a day in Canada. 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 extraction 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 June 23, 2020, 2,444,118 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.

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## **RE-OPENING OF ECONOMY DURING COVID-19 OUTBREAK**

### **SYNOPSIS**

#### **POTENTIAL QUESTION**

- What is the Government doing to protect the health and safety of Canadians as the economy re-opens?

#### **KEY MESSAGES**

- Protecting the health and safety of Canadians is our top priority.
- Restarting the economy must happen through a gradual approach that protects the health of Canadians, while at the same time continuing to support a range of economic sectors and Canadian workers.
- The Public Health Agency of Canada is working closely with provinces, territories, and key stakeholders to ensure appropriate guidance, monitoring and information sharing is undertaken to support the safe re-opening of our economy, while mitigating the risk of importation and spread of COVID-19 in Canada.



## ***IF PRESSED...***

- The Federal/Provincial/Territorial Special Advisory Committee on COVID-19 has developed comprehensive guidance on gradual re-opening for use by provinces and territories.
- This guidance balances the risks associated with spread of COVID-19 with the importance of supporting a broad range of economic sectors.

## **BACKGROUND**

Following a period where many businesses and services across the country have been closed to help minimize the spread of COVID-19, provinces and territories are beginning to lift restrictions allowing the economy to re-open. This may increase the risk of transmission of the virus.

In general, the following criteria should be met before beginning to loosen public health measures:

1. Transmission of COVID-19 is controlled
2. Sufficient public health and health systems capacity has been achieved
3. Outbreak risks in vulnerable settings are minimal
4. Preventive measures are in place in workplaces
5. The risk of importing cases from other countries has been managed
6. Canadians are aware of and engaged with public health information

As jurisdictions in Canada are at different points in the COVID-19 epidemic, these criteria will likely be met at different times, therefore the timing for loosening or tightening public health measures may also differ.

The provinces and territories have legislative authority to implement and execute the pandemic response actions that are appropriate for their jurisdiction, including implementing and easing public health restrictions.

On April 28, 2020, a First Ministers' statement on shared public health approach to support restarting the economy was released. On April 30, the F/P/T Special Advisory Committee (SAC) on COVID-19, which provides advice to support a pan-Canadian coordinated approach to support governments' decisions in transition to living with COVID-19 in Canada, published recommendations for the lifting of restrictive public health measures. The SAC recommendations include a set of 7 criteria and 14 indicators that provinces and territories can use to assess their readiness for gradually lifting restrictive public health measures in their jurisdiction. These criteria and indicators provide a data- and evidence-driven basis for decisions to lift or adjust restrictive public health measures, and will also be used to assess the need to re-introduce specific measures, if required.

PHAC has also collaborated with provinces, territories and stakeholders to develop guidance on public health measures and has supported the work of the Canadian Centre for Occupational Health as it generates more detailed guidance for workplaces.

With no targeted treatments or vaccine available at this time, core personal public health measures will need to become the “new normal” in order to maximize our ability as a society to control the spread of the virus over the long term. The Government has a number of recommendations for Canadians to keep in mind to help protect their health while the economy reopens. These recommendations include continuing to practice good hygiene, maintaining physical distancing when outside the home, wearing non-medical masks or cloth face coverings when physical distancing may be a challenge, staying home if they feel ill, and continuing to stay informed as public health advice continues to evolve.

Prolonged close contact is thought to be the source of most COVID-19 infections, suggesting that in the community setting, physical distancing combined with an emphasis on personal practices (hand hygiene, avoid touching face, respiratory etiquette, disinfect frequently touched surfaces) will be the most effective mitigation approaches.

As jurisdictions begin to lift restrictive public health measures, vulnerable populations, such as older adults and people with compromised immune systems and/or underlying medical conditions, should stay at home unless they need urgent medical services.

Remote, isolated and Indigenous communities are often considered to be vulnerable because of circumstances such as geographic location, limited access to health care resources, demographics, living conditions or prevalence of underlying medical conditions. Lifting restrictive public health measures within these communities will be undertaken in consultation and collaboration with the communities and adapted to their specific situations.

Restrictions on domestic travel have been put in place by some provincial and territorial governments, and at the community level. These restrictions will be lifted based on each jurisdiction’s individual risk assessment. Non-essential international travel is currently prohibited and Canada’s borders remain closed to foreign nationals. Any changes to international travel restrictions and advice would be based on national and international evidence-based risk assessments.

PHAC Contact: HPOC Planning Chief

PHAC Approved by: Cindy Evans, A/Vice-President, Emergency Management

## **SPARTAN BIOSCIENCES**

### **SYNOPSIS**

Based on analytical data from laboratory studies provided by Spartan Biosciences, Health Canada authorized the sale of the Spartan diagnostic test device on April 11, 2020. The Public Health Agency of Canada had placed orders from Spartan Biosciences for 700 test devices and test kits to perform 1.92 million tests in order to ensure access to point of care testing in regions where it is needed to support rapid turn-around of test results. Before distributing testing devices for clinical use, the National Microbiology Laboratory conducts clinical validation to ensure satisfactory test performance in the real-world clinical setting. On May 1, the National Microbiology Laboratory shared the findings of their clinical validation of the Spartan device with Health Canada. In light of the poor results of clinical performance of the device, Health Canada is amending the Interim Order authorization of this device to “for research use only”. On May 5, 2020, Spartan Bioscience issued a recall on the Spartan Cube, Spartan Test Kits, and Spartan Swabs.

### **POTENTIAL QUESTION**

- Will the health and safety of Canadians be impacted by the results of the Spartan test kit?

### **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.
- The Government of Canada is working in collaboration with provinces and territories to procure and deploy approved rapid test devices and test kits to support testing in rural and northern communities.
- The Spartan test is a point of care test that offers rapid test results and is expected to be particularly useful in northern and remote communities.
- As soon as problems were identified with the performance of the Spartan test, Health Canada amended its authorization to limit use of the test to research purposes only. All testing devices that had been sold to date were for research use.
- The National Microbiology Laboratory worked with other public health laboratories to validate the Spartan test and has provided data to Spartan to assist the company with test improvements.
- Canada is implementing an aggressive procurement strategy to meet both current and future demand as testing continues to ramp up across the country.

## **BACKGROUND**

Spartan Biosciences, an Ottawa-based company, created a made-in-Canada rapid COVID-19 analyzer, the Spartan Cube, and test reagents. Spartan's research is supported by the National Research Council of Canada's Industrial Research Assistance Program. The company was awarded a Government of Canada contract to accelerate the development of the rapid COVID-19 diagnostic test.

Based on analytical data from laboratory studies provided by Spartan Biosciences, Health Canada completed a scientific review of the Spartan diagnostic test device on April 11, 2020. The Public Health Agency of Canada had placed orders from Spartan Biosciences for 700 test devices and test kits to perform 1.92 million tests in order to ensure access to point of care testing is in regions where it is needed to support rapid turn-around of test results.

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## **TEMPORARY FOREIGN WORKERS**

### **SYNOPSIS**

COVID-19 outbreaks have occurred among temporary foreign workers who are working on Canadian farms.

### **KEY MESSAGES**

- Protecting the health of the temporary foreign workers who are essential to Canada's food supply is a priority for the federal government, as it is for all Canadians.
- The Government of Canada is working with employers, workers, and stakeholders to:
  - ensure they are aware of their obligations to comply with public health requirements, in the context of COVID-19; and
  - promote practices that can help to prevent and reduce spread.
- Temporary foreign workers are screened under the *Quarantine Act* upon arrival in Canada. Their employers are required to have a quarantine plan in place for them for 14 days.
- Employers have access to funding to support mandatory quarantine, and guidance on public health requirements.

- Employers who do not comply with requirements are subject to penalties under the Immigration and Refugee Protection Regulations.
- We have been seeing reports of COVID-19 outbreaks on farms and agricultural work sites both during and after the 14-day quarantine period.
- Outbreaks of COVID-19 are proving difficult for our provincial partners to control in these congregate living and work settings.
- Consistent implementation of infection prevention and control, environmental health, and effective personal practices is essential in these settings – including at the worksite, in accommodations, and during travel.
- The Public Health Agency of Canada is working with Economic and Social Development Canada, and Agriculture and Agrifood Canada – as well as with provincial, territorial, and local public health authorities – to:
  - strengthen inspections;
  - ensure compliance and enforcement of the *Quarantine Act* and the *Immigration and Refugee Protection Regulations*; and
  - strengthen COVID-19 prevention and control measures on agriculture sites.

## **BACKGROUND**

Foreign workers make an essential contribution to the Canadian economy and sectors like the agricultural industry. We are balancing this important aspect of our food supply chain while proactively protecting the health and safety of both the workers and the communities where they will live and work.

In recent weeks, COVID-19 outbreaks on farms have been reported in several parts of Canada, including BC, ON and QC. As of June 24, 2020, there are approximately 372 positive cases among TFWs on horticulture/crop farms in Canada. There are at least 13 operations affected, including 6 in ON, 6 in QC, and 1 in SK.

Factors contributing to COVID-19 outbreaks on agricultural work sites in Canada are multiple and multisectoral. Challenges include:

- Ongoing disease transmission in the countries of origin of temporary foreign workers (TFWs);
- Ensuring employers establish and maintain appropriate conditions for quarantine of TFWs upon arrival in Canada;
- Congregate living and work settings that facilitate transmission of the virus once it is introduced into the workforce;
- Interactions with the community who may introduce the infection to the living

- or work site; and,
- Fear of job or financial losses if workers report symptoms.

## **Temporary Foreign Worker Program**

Canada's TFW Program aims to assist employers with filling their temporary skills and labour requirements when qualified Canadians and permanent residents are not available. The TFW Program is jointly administered by Employment and Social Development Canada (ESDC) and Immigration, Refugees and Citizenship Canada (IRCC).

In 2018, TFWs accounted for about 19% of the primary agriculture workforce and 1% of the food and beverage manufacturing sector. TFWs are common in horticulture and meat and seafood processing in Ontario, British Columbia and New Brunswick. Most TFWs in the sector are hired in low-skilled/low-wage occupations such as general farm workers, industrial butchers and fish plant workers.

## **Travel Ban Exemption**

On March 20, 2020, the Government of Canada announced exemptions to the air travel restrictions which were announced on March 18, 2020, including:

- seasonal agricultural workers, fish/seafood workers, caregivers and all other TFWs
- international students who held a valid study permit, or had been approved for a study permit, when the travel restrictions took effect on March 18, 2020
- permanent resident applicants who had been approved for permanent residence before the travel restrictions were announced on March 18, 2020, but who had not yet travelled to Canada

Allowing foreign workers to enter Canada recognizes their vital importance to the Canadian economy, including food security for Canadians and the success of Canadian food producers. The arrival of farm workers and fish/seafood workers is essential to ensure that planting and harvesting activities can take place.

## **Temporary Foreign Worker Quarantine Requirements and Employer Compliance**

Most TFWs entering Canada are subject to an Emergency Order under the *Quarantine Act*, which requires a 14-day mandatory quarantine upon arrival. Penalties of up to \$750,000 can be levied for violation of this Order. 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 associated regulations could be liable for a fine of up to \$1 million or to imprisonment of up to three years, or to both. In addition, amendments have been made to the Contraventions Regulations to make non-compliance with specific requirements under the *Quarantine Act* contraventions for which tickets can be issued. The fine amounts for these contraventions will range from

\$275 to \$1,000. The fine amount for contraventions committed by young persons is \$100.

Under the Immigration and Refugee Protection Regulations, workers who are found to have failed to adhere to an isolation order could be found inadmissible, issued a removal order and barred from coming back to Canada for one year.

Amendments to the Immigration and Refugee Protection Regulations came into force April 20, 2020 and compel employers of TFWs to meet additional requirements, including:

- Paying workers for the initial quarantine/isolation period upon entry into Canada
- Not preventing a worker from meeting their requirements under orders made under the Quarantine Act and/or the Emergencies Act, as well as provincial/territorial public health laws related to COVID-19, and
- Additional requirements for employers who provide accommodations to workers.

Employers are subject to inspection and those who do not comply with the requirements could be subject to penalties of up to \$1 million and a ban from hiring TFWs, depending on the seriousness of the situation and number of workers affected.

The Public Health Agency of Canada (PHAC) is working with Service Canada to support a series of inspections of agricultural work site and associated accommodations, in collaboration with the ON Ministry of Labour, Training and Skills Development (MLTSD) as well as provincial and local public health authorities. Results of this collaboration will inform measures to strengthen compliance regimes, as well as to identify and implement measures to better support outbreak prevention and control in these settings and involving TFWs.

Inspections began in Windsor Essex County, ON on June 24, 2020, and are ongoing.

### **\$50 Million Mandatory Isolation Support for Temporary Foreign Workers Program**

On April 13, 2020, the Government of Canada announced \$50 million to help farmers, fish harvesters, and all food production and processing employers, put in place the measures necessary to follow the mandatory 14-day isolation period required of all workers arriving from abroad.

Employers are responsible for paying workers for the two weeks during which time they cannot work, and many employers are also responsible for providing workers with transportation and accommodations, as well as access to food and basic supplies needed to meet all of the conditions imposed by public health authorities.

Recognizing the importance of this responsibility, the federal government is providing support of \$1,500 for each TFW, to employers or those working with them to ensure

requirements are fully met. The funding is conditional on employers not being found in violation of the mandatory 14-day isolation quarantine requirements are met.

As of May 7, 2020, employers were able to apply for funding under the Mandatory Isolation Support for Temporary Foreign Workers Program. This federal investment will be available until fully depleted and, as long as the order under the Quarantine Act is in force and the isolation protocol has to be followed.

### **FPT Developments**

Outbreaks on agricultural work sites, and involving TFWs, have occurred in several provinces including BC, QC and ON, and have been the subject of discussion at the FPT Special Advisory Committee on COVID-19.

As per their own regulatory authorities, provincial and local public health authorities have implemented additional public health measures to support outbreak prevention and control involving agricultural work settings and associated accommodations and TFWs.

On June 24, ON announced changes to their public health guidance to encourage broader testing of agricultural workers, and to permit workers who test positive for COVID-19, but who have no symptoms, to continue working in a safe manner that minimizes risk of further transmission of the virus. As part of the announcement, ON also intends to enhance awareness among TFWs of their ability to access Employment Benefits and Supports.

ON identified broader testing of farm workers as an important tool for COVID-19 outbreak prevention and control, as workers may not have symptoms and are not aware that they may be infecting others, or in some situations, may be reluctant to report symptoms because they fear losing their jobs or income due to isolation requirements.

CONTACT: HPOC Planning Chief  
Approved by: Cindy Evans, Event Manager

## **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 June 23, 2020, 2,444,118 people in Canada were tested for COVID-19. Over the last week, an average more than 38,000 people were tested a day in Canada. 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**

- 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.
- 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.
- We are working with industry to put in place made-in-Canada solutions to testing supply and support increased testing capacity.
- We continue to work towards accessing testing reagents and supplies, evaluating rapid point-of-care tests, and accessing authorized test kits to help ensure that provinces and territories are equipped to ramp up testing, according to their requirements.

## ***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 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

time and research.

- The National Microbiology Laboratory, working with Health Canada and other partners, is currently assessing a number of serological tests to evaluate and identify serological tests that will produce accurate and reliable results.

### **IF PRESSED ON FALSE NEGATIVES**

- The Public Health Agency of Canada is aware of the *Annals of Internal Medicine* study findings. A 20% false negative rate is in line with our expected performance of COVID-19 tests.
- Several factors can result in a false negative test result. That is why health care providers always assess risk and symptoms when diagnosing infectious diseases and do not rely only on laboratory tests.

### **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 June 23, 2020, 2,444,118 patients in Canada were tested for COVID-19. Over the last week, an average more than 38,000 people 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.

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PHAC Approved by: Kim Elmslie (613) 954-9663, VP-IDPC

### **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 at least 30 candidate vaccines in early development and it is anticipated that several of these will advance to human clinical trials in the coming months.
- On May 15, 2020, Health Canada authorized CanSino Biologics Inc, a Chinese company with a growing Canadian presence, to conduct a Phase 1/2 clinical trial in healthy adults in Canada. The trial will be conducted in collaboration with the Canadian Immunization Research Network at the Canadian Center for Vaccinology at Dalhousie University.

### ***IF PRESSED...***

- 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 Medicigo 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 June 18, 2020, ten of these candidate vaccines have demonstrated promise and have advanced to Phase 1 clinical trials in China, the U.S., Europe, and Australia, with early results expected as early as July 2020. Additionally, two of these candidate vaccines have also entered Phase 2 clinical trials in China and USA, respectively, and another candidate has recently received approval to launch a Phase 2/3 trial in the UK later this spring.

## ***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. These investments contribute to Canada's commitment to the Coronavirus Global Response, an online global pledging event that aims to raise more than \$8 billion (USD) to help researchers and innovators develop solutions to test, treat, and protect people, and to prevent the further spread of COVID-19.

## ***Vaccine research and development in Canada***

As of June 18, 2020, of the 100+ global candidates noted above, at least 30 organizations in Canada are developing vaccines (some are developing multiple vaccine strategies) using 7 novel and existing vaccine platforms. It is expected that several will advance to Phase 1 clinical trials in the coming months.

To facilitate impactful clinical trial research in Canada, government and experts are convening a series of COVID-19 Vaccine Clinical Trials Discussion Forums. Further, a COVID-19 Vaccine Task Force, to be formally announced shortly, will provide advice to the Government of Canada on investments in vaccine development and bio-manufacturing for COVID-19. It includes expert members from academia and industry and ex-officio members from Innovation, Science and Economic Development, Health Canada, the Public Health Agency of Canada and the Chief Science Advisor.

On May 15, 2020, Health Canada authorized CanSino Biologics Inc. (CanSinoBio) vaccine candidate for a Phase 1/2 clinical trial in healthy adults Canada. Referred to as Ad5-nCoV, the vaccine candidate received Chinese regulatory approval earlier this year, allowing CanSinoBio to move ahead with human clinical trials in China.

On May 12, 2020, the National Research Council of Canada (NRC) announced the collaboration with CanSinoBio to advance bioprocessing and clinical development in Canada of a candidate vaccine against COVID-19. CanSinoBio and the NRC are aiming to pave the way for future clinical trials in Canada, in collaboration with the Canadian Immunization Research Network at the Canadian Center for Vaccinology in Halifax, Nova Scotia. The Government of Canada has already announced \$44 million in funding to support upgrades to the NRC's facilities in Montreal to enable compliance with Good

Manufacturing Practice (GMP) standards, to ensure readiness for Canadian bioprocessing of potential vaccine candidates as they become available.

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, while considering national vaccine expert advice. Early planning is underway with Canada's National Advisory Committee on Immunization (NACI) to prepare for vaccine availability and administration through public immunization programs.

In addition, we are working with provinces and territories to ensure that the health care system is prepared to roll out a national vaccination program when a COVID vaccine becomes available, including ensuring that we have sufficient supplies such as needles and syringes, for vaccination clinics.

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PHAC Approved by: Name (phone number), VP-Branch

## **VACCINE HESITANCY**

### **SYNOPSIS**

Vaccine hesitancy is due to misinformation that erodes public confidence in vaccines and is an ongoing issue in Canada and worldwide.

Vaccination remains one of the most effective public health measures to protect Canadians against vaccine preventable diseases (VPDs), such as measles, mumps and tetanus. Despite this, Canada is not achieving its vaccination coverage goals. VPDs remain a public health concern as they can be transmitted among susceptible people such as children, individuals with a weakened immune system, the elderly, and those who do not have up-to-date vaccinations.

### **KEY MESSAGES**

- Our government recognizes the importance of vaccination against infectious diseases for the health and safety of Canadians.

- Outbreaks of vaccine preventable diseases, like measles, are a reminder that these diseases remain a threat to public health.
- Addressing vaccine hesitancy is a priority for our government. We are working to increase vaccination rates and confidence in Canada by providing trusted information to Canadians and health professionals.
- As we prepare for the possibility of a COVID-19 vaccine, we will provide Canadians with reliable information to mitigate the harm that comes from misinformation about vaccine safety.

### ***IF PRESSED...***

- While vaccination is not mandatory in Canada, the Government of Canada is committed to vaccination as a safe and effective public health measure that prevents disease and disability.
- The Government of Canada will work with the provinces and territories to develop consistent, coherent and mutually reinforcing messaging about the safety and efficacy of a COVID-19 vaccine to encourage vaccine acceptance and uptake.

## **BACKGROUND**

In Canada, vaccination is a shared responsibility among the federal, provincial and territorial (F/P/T) governments. The majority of costs are borne by the provinces and territories (P/Ts), who are responsible for the planning and delivery of vaccination programs. Vaccines are not covered by the *Canada Health Act*, and are therefore provided as supplementary services at the discretion of P/Ts.

### **Federal Role**

The federal government has a role in vaccine regulatory approval, vaccine safety, monitoring, and national surveillance of vaccine preventable diseases (VPDs) and adverse events following immunization. Its role also includes coordinating the bulk purchasing of vaccines for all jurisdictions and national leadership on the development of evidence-based public health recommendations and educational materials on the importance of vaccination. In addition to ongoing funding of approximately \$29 million per year to support vaccination programming by the Public Health Agency of Canada (PHAC), Budget 2016 invested an additional \$25 million over five years (2016-2021) to increase vaccination rates in order to protect Canadians against VPDs.

The Government of Canada promotes vaccination as one of the most important ways to protect the health of Canadians. We are focussed on providing Canadians with accurate information on vaccine safety and effectiveness and on correcting the misinformation that may circulate via social media. For example, PHAC is:

- providing health care professionals with information on the importance of vaccination to assist them in discussions with their patients;
- supporting research on vaccine hesitancy to understand Canadians' concerns about vaccination and how best to address them; and,
- engaging with the public on the Canada.ca website and through popular social media networks, such as Twitter, Facebook, YouTube and LinkedIn.

## **Surveillance and Coverage Surveys**

To help ensure the ongoing health and safety of Canadians, particularly children, immunocompromised (weakened immune system) individuals, and the elderly, high levels of vaccination coverage for VPDs are required. Vaccination coverage goals are 95% for infants and children, 90% for adolescents, and 80-90% for adults depending on the VPD. F/P/T vaccination coverage goals and VPD targets were updated in December 2017, and Canada will monitor its progress against these goals. The Childhood National Immunization Coverage Survey (2017) showed that while vaccination coverage in Canada is good, Canada is not reaching national coverage goals. For example, only 90% of children received the measles vaccine by age 2, below the 95% coverage goal.

## **Vaccine Hesitancy**

The World Health Organization (WHO) has identified vaccine hesitancy as one of 10 threats to global health in 2019, threatening to reverse the progress that has been made in addressing VPDs. Addressing vaccine hesitancy is a priority for PHAC. Work is underway to enhance educational and guidance tools and interventions, close knowledge and research gaps, and improve coverage data.

## **Immunization Research**

PHAC and the Canadian Institutes of Health Research (CIHR) are investing in vaccine-related research through mechanisms such as the Canadian Immunization Research Network and the Improved Immunization Coverage Initiative. Research areas include innovations in vaccine development, clinical trials, and public attitudes and behaviours regarding vaccines. CIRN's Social Science and Humanities Network (SSHN) is a multidisciplinary network that examines the ethical, legal, and social implications of vaccine programs. SSHN projects focus on vaccine acceptance and vaccine hesitancy with the goal of generating evidence and approaches that will enable vaccination programs, healthcare providers, and policy decision-makers to address vaccine hesitancy and achieve greater vaccination acceptance.

## **Immunization Partnership Fund**

Budget 2016 dedicated funding to establish PHAC's Immunization Partnership Fund, a grants and contributions program intended to improve vaccination coverage in three ways: supporting health care providers to vaccinate patients; increasing demand for vaccination among Canadians; and enhancing access to vaccination services.

## **Vaccine Recommendations**

PHAC provides recommendations on the use of vaccines in Canada for public health programs based on advice from its external advisory body, the National Advisory Committee on Immunization. This group of experts provides technical/scientific analysis and recommendations on new and existing vaccines, which now include programmatic considerations: economics, ethics, feasibility and acceptability. P/Ts use these recommendations to assist in planning their vaccination programs.

## **Vaccine Safety**

Health Canada conducts rigorous scientific review and testing of vaccines to assess their quality, safety, and efficacy before they are approved for use in Canada. Once a vaccine is authorized for use in Canada, vaccine safety is monitored to detect and respond to adverse events.

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## **Key Interventions on COVID Lessons Learned “Grading Canada’s Response”**

- As we come down the side of this first wave, it is a good time to take stock of lessons learned and how we’ve done so that we can use this evaluation to inform planning for future COVID-19 resurgence.
- There will be many lessons that the global community will learn from this pandemic, which is why Canada supports a formal review of the global and national response post-crisis in order to help us see how we can build on the work and collaborative efforts currently underway to inform our preparedness and response for future outbreaks.
- More formal exercises are already underway to evaluate Canada’s national response to the pandemic.
- However, at this time it is still possible to offer several preliminary reflections on some key successes and lessons learned.
- Canadians have done an amazing job of practising public health measures; physical distancing, staying at home, learning new hygienic measures. These efforts were key to Canada’s success in flattening the curve and preventing Canada’s acute care system from becoming overwhelmed as was seen in other parts of the world.
- We need to have a sustained path forward so practicing good public health measures become everyday practices.
- All levels of government and many sectors in Canada have worked together in what is truly a national pandemic response. New federal funding and support programs were rolled out in all provinces and territories, and industry contribute resources and expertise to enable successful implementation of recommended public health measures across the country.
- Further, our science and innovation sector continues to support international efforts on vaccine research and development. Federal, provincial and territorial government collaboration and coordination during this response has been unprecedented. These efforts have resulted in national resources, guidance and partnerships on testing, contact tracing, public health measures and infection prevention and control that have been key to Canada’s response.
- In Canada, one of the biggest lessons learned is around who is more severely affected and the need for better protections for vulnerable populations and individuals in vulnerable settings who are disproportionately affected by COVID-19.

- The first wave of the epidemic really impacted seniors and those who live in seniors' residences or LTC facilities.
- Other aspect of where spread has occurred more rapidly was in crowded settings for workers, congregated living spaces for workers and workers who are not paid well enough and had multiple jobs – we need to learn from this so surges don't happen again.
- While Canada's initial response in these areas was lacking, we are learning and evolving. Significant steps have been taken to mitigate further impacts on these populations, including better guidance on infection prevention and control. More work is needed to ensure we avoid similar outbreaks in the future; increasing the uptake of best practices, improving conditions of living, and reevaluating the how we treat our seniors in general in society.
- The increase in opioid-related harms, among other negative unintended consequences such as the impact on mental health, is another area from which we must learn. It is essential that solutions are found to ensure lifesaving supports and essential social services remain intact during a public health emergency.
- To ensure gaps in our initial response are addressed, Canada's pandemic response must continue to evolve as new evidence, best practices and lessons learned are developed. Moving forward we must develop a sustainable approach to integrate good public health measures into everyday practice, understand the behaviours of Canadian's to prevent quarantine fatigues and complacency, and continue to build up our public health capacity and healthcare capacity to test, isolate and trace new cases.

*If pressed on existing reviews:*

- The federal government, including the Public Health Agency of Canada, are conducting internal reviews to determine where there are potential gaps in Canada's response, and where improvements can be made in preparation for the future.
- The Government of Canada Operations Centre is also conducting a "Whole of Government After Action Review", which the Agency will feed into.
- The Office of the Auditor General has also been mandated to look at the COVID-19 response.

Drafted: Strategic Policy Development Directorate

Consulted: Office of Audit and Evaluation, Communications and Public Affairs Branch

Approved:

## Anticipatory Questions: SOCI Appearance June 26, 2020

### Physical Distancing Measures (HPOC)

**1. In light of the large anti-black racism protests happening across the world and in Canada, has PHAC changed its recommendations on physical distancing to allow other large events?**

- No, the Public Health Agency of Canada has not changed its recommendations on physical distancing. The pandemic is still not over, and there continues to be a risk of contracting COVID-19. The Agency is working on developing risk mitigation tools for situations where abiding by public health measures is challenging or not possible.
- The Agency has published a Risk Mitigation Tool Events for Gatherings and Events operating during COVID-19. This tool provides practical advice on ensuring that gatherings and events operate in the safest way possible, thus preventing and limiting COVID-19 spread.
- It is recommended that Canadians wear a non-medical mask when physical distancing is not possible.
- Canadians who have attended a large social gathering are advised to self-monitor for symptoms for 14 days and to contact their provincial or territorial public health authority on when to seek testing.
- If people develop any symptoms, it is important that they immediately isolate, contact their local public health authority and follow their advice.

#### **Other considerations:**

- It is also important to note that for some people wearing a non-medical mask or cloth face covering is NOT recommended, including young children under the age of 2 years or anyone who has trouble breathing, is unconscious, incapacitated or otherwise unable to remove the mask on their own.

**2. While many jurisdictions in the world, including some in Canada, have changed their physical distance guidelines away from a strict 2m distance, why has PHAC not also updated its advice?**

- Current evidence indicates the virus that causes COVID-19 is mainly spread by droplets produced by an infected person through coughing and sneezing. This is why physical distancing is an essential public health control measure.
- Public Health Agency of Canada guidance should be read in conjunction with relevant provincial, territorial, and local legislation, regulations and policies.

- Refer to answer for Q1 for physical distancing measures.

## **PPE and Procurement**

### **3. How does PHAC test PPE once it's arrived in Canada? What does it do with PPE that doesn't meet its standards?**

- PPE and medical supplies received by the Public Health Agency of Canada, whether procured internationally or domestically, are verified to meet the technical specifications for healthcare settings for COVID-19 prior to distribution to provinces and territories. This process is supported by testing capacity within the National Research Council.
- 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 test.
- Supplies that do not meet specifications are subsequently assessed for potential use in non-healthcare settings.
- Test results are also used to inform future procurements. Public Services and Procurement Canada and the Agency work with suppliers to address issues at the source or avoid purchasing from unreliable suppliers in the future once issues are identified.

## **Contract Tracing (HPOC)**

### **4. Is the government planning to use an app for the purposes of contact tracing? Has the Privacy Commissioner been consulted on the development of this app? How will the privacy of Canadians be safeguarded with this app?**

- The Prime Minister announced on June 18<sup>th</sup> that a national exposure notification app, called COVID Alert, is in development, using exposure notification technology designed by Google and Apple.
- The federal government is collaborating with the Province of Ontario and leveraging their expertise to develop a national app, based on the COVID Shield model, which was developed by a group of volunteers from Shopify. Ontario is expected to be the first province to implement use of the app, targeting July 1st, while other provincial and territorial jurisdictions will follow when they are ready.

- Note that this is an exposure notification app, not a contact tracing app. It is another useful tool for Canadians to use to keep themselves, their loved ones, and their communities safer. This app does not replace contact tracing—a critical public health function. Contact tracing will continue to be performed manually when outbreaks are registered with local health authorities.
- The protection of Canadians' privacy is a priority for the Government of Canada. The app will undergo a thorough privacy assessment, and all data provided to the app will be securely stored and protected. The Government is engaging with the Office of the Privacy Commissioner to ensure that the app is in line with federal privacy requirements.
- The exposure notification approach used by Apple and Google is a decentralized, anonymous system—it is designed to work without storing or using any personally identifying information on any of the systems involved. This approach safeguards the privacy of Canadians by keeping all personal information on their own phones.

***If asked about other GoC apps for COVID-19:***

- The Canada COVID-19 app provides general information and resources about COVID-19 to all Canadians.
- The ArriveCAN mobile app is designed to collect mandatory information that will support compliance and enforcement of the mandatory 14-day quarantine or isolation requirements. This is pursuant to Emergency Orders under the *Quarantine Act*, every incoming traveller must provide information to the Government of Canada about their quarantine or isolation plans.
- ArriveCAN is not a contact tracing app, and does not overlap with any existing mobile or digital solution. ArriveCAN is strictly for incoming travellers to submit their mandatory information in support of the Public Health Agency of Canada's compliance and enforcement mandates under the Emergency order of the *Quarantine Act*.

**Vaccine Research (IDPC)**

**5. Why has the government signed a vaccine research and development agreement (CanSino) with the Chinese communist regime?**

- The National Research Council of Canada (NRC) has signed a collaboration agreement with CanSino Biologics (CanSinoBIO), a privately-held company listed on the Hong Kong stock exchange. The NRC and CanSinoBIO have been working together since 2013, and previously collaborated on the development of vaccines against tuberculosis and Ebola.

- CanSinoBio has developed a candidate vaccine that is one of the most advanced potential vaccines against COVID-19 in the world.
- The NRC collaboration will allow the candidate vaccine to be manufactured on-site at the NRC's facilities in Montreal, for the purposes of Canadian clinical trials (i.e. testing in humans for safety and efficacy, under the full oversight and authority of Health Canada).
- On May 15, 2020, Health Canada authorized CanSino Biologics Inc. (CanSinoBio) vaccine candidate for a Phase 1/2 clinical trial in healthy adults Canada.
- If it is proven safe and effective, and approved by Health Canada, this collaboration will also allow the NRC to produce doses of the vaccine for emergency pandemic use in Canada, potentially making Canadians among the first in the world to have access to a safe and effective vaccine against COVID-19.

## The NESS

### **6. Was the NESS adequately funded or maintained enough to respond to a global pandemic such as COVID-19? The NESS provides surge capacity to provinces and territories when their own resources have been exhausted, and fills a niche role in stockpiling certain rare and high-value assets, such as smallpox vaccine.**

- The National Emergency Strategic Stockpile (NESS) was built on the assumption that provincial, territorial, and local governments would be prepared for the most common emergencies. Jurisdictions have traditionally sourced PPE directly from known suppliers, and the NESS has historically only carried relatively small amounts.
- Since 2012-13, the annual base funding for the NESS has remained stable and has been approximately \$3 million a year. This funding is included in the overall funding identified for the Health Security Infrastructure program area reported in Public Accounts.
- Additional funding has historically been provided to the NESS through internal reallocation decisions and incremental funding decisions where the Public Health Agency of Canada has received funding linked to specific purchases, such as for a four-year investment in medical countermeasures against smallpox and anthrax that began in 2015-16.
- The Government of Canada will continue to work closely with the provinces and territories to procure the health supplies necessary to continue responding to the pandemic.

## Modelling (IDPC)

### **7. What is PHAC's response to Dr. Amir Attaran criticisms of the Canadian COVID-19 modelling? Prof Attaran also accused PHAC of censoring data provided to scientists. If true, why does PHAC censor data before disclosing it?**

- The Public Health Agency of Canada's use of modelling aligns with Canadian and international approaches. It is based on methods that are used routinely among infectious disease modellers. The Agency has published the methods, which were developed in collaboration with 4 university-based modellers, used to develop COVID-19 models in the CCDR, a peer reviewed journal, providing full details on how models are generated (including how the case estimates were obtained and the scenarios under which different case numbers would be expected). More information on the Agency's modelling methods will be published shortly.
- Contrary to Dr. Attaran's view that a single model should be applied in our analysis, Public Health Agency of Canada modelling experts use a synopsis of modelling studies to obtain estimates because this approach provides greater certainty compared to outputs from a single model that could have unseen flaws.
- The Agency is committed to making data publicly available, under the appropriate conditions that protect privacy and that are in keeping with data-sharing agreements with third parties.

## Data Collection (HPOC)

### **8. Will PHAC mandate the collection of race based/desegregated data in relation to COVID-19? Why hasn't the government used its powers to make better data collection mandatory?**

- The health consequences of the pandemic are likely to differ across sub-populations. Those Canadians who before the pandemic were at greater risk of poor health are likely to be at greater risk of suffering its direct and indirect (or secondary) consequences. Given this, the Public Health Agency of Canada and its partners are undertaking a number of activities to improve Canada's knowledge of the impact of COVID-19 on racialized communities.
- First, the Agency has completed a review of published literature on race and COVID-19. While there is limited evidence available overall and in Canada, studies to date do show that people reporting Black, Asian or Hispanic race appear to have a higher chance of COVID-19 infection than those who are White. Data is conflicting regarding the role race/ethnicity may play in severity of infection (ie. hospitalization, ICU admission and death).

- Second, through the Special Advisory Committee (SAC) on COVID-19 governance, Federal/Provincial/Territorial governments are exploring the inclusion of race/ethnicity as a key variable within the national data set for COVID-19. This means that race/ethnicity would be expected to be collected and reported to the Public Health Agency of Canada for COVID-19 cases.
- Third, the Agency is engaging with various partners to undertake specialized surveys and enhanced surveillance activities among key populations of interest. Studies to explore COVID-19 impact and unintended consequences of COVID-19 related public health measures on racialized communities are a key component of this work. In addition, the Agency and the Canadian Institutes of Health Research will coordinate efforts to facilitate research activities related to burden and impact of COVID-19 among racialized and marginalized communities, to further enhance and expand the knowledge base.
- Finally, the Public Health Agency of Canada is working with other partners to expand the knowledge base on racialized communities and COVID-19. Statistics Canada, for example, plans to release new ethno-cultural data from new data collection initiatives, with new data points expected starting in summer of 2020.

## **Border Measures**

### **9. By late January countries such as Australia has closed their borders to all travel from China, whereas Canada kept its borders open until March. Why was the government so slow to react with its border closures?**

- Each country makes decisions based on their own risk assessment and unique factors such as geographic proximity to major outbreaks, travel patterns, etc.
- In January, Canada began to monitor COVID19 closely, and issued a targeted travel health notice for Wuhan, China on January 7, 2020. We subsequently issued a progressive number of travel health notices, first for mainland China, and then other countries that experienced outbreaks of COVID-19, including Iran, Italy, and South Korea.
- On March 13<sup>th</sup>, Canada recommended against all non-essential international travel, and published a travel health notice to this effect on March 14, 2020. On March 16<sup>th</sup>, Canada banned the entry of all foreign nationals, except U.S. citizens, entering Canada. This was expanded to include U.S. citizens, in agreement with the United States, on March 18, 2020. These extraordinary measures have helped to reduce the introduction and further spread of COVID-19 in Canada.



**10. Earlier in the pandemic, Dr. Tam stated that taking a person's temperature was an ineffective method of screening for COVID-19. Now, the government has mandated mandatory temperature checks of travellers boarding flights into Canada and temperature checks when they arrive in Canada as well. Why has the government changed its policy stance so late in the pandemic?**

- Airport temperature screening has been endorsed by the International Air Transport Association and the International Civil Aviation Organization. Canadian implementation of this measure will support international alignment and further build confidence and trust in the global aviation system.
- Temperature screening is just one of the measures being taken by the Government of Canada at Canadian ports of entry in response to COVID-19. Other measures include:
  - Enhanced screening, including health assessments;
  - Assessments of public in transit at ports of entry; and
  - Confirming the requirement for travellers to have a suitable place to quarantine for 14 days as per the Government of Canada's Emergency Order under the *Quarantine Act*.
- Temperature screening is one way to identify individuals who may be sick, and it may also act as a deterrent for mildly ill air travellers. That said, temperature checks will not necessarily detect cases of COVID-19, as fever is not usually the first symptom of COVID-19, and in some cases, fever never develops. For example, during the SARS outbreak, 2.3 million travellers were screened using thermal scanners, and no cases of SARS were detected using this method.
- That said, as we reopen society and travelling increases, it is prudent to err on the side of caution and further enhance screening measures when possible. Public health advice will evolve in keeping with the evolution of the pandemic.

**11. How long does the government intend to keep the US-Canada border closed for? When does the government expect to open up all international travel?**

- Current border restrictions remain in place. The Government of Canada will take a cautious approach to reducing measures related to international travel, including travel across the Canada-United States border.
- The decision to ease the current border measures will be made in consultation with provincial, territorial and international governments, and will be based on science and an assessment of domestic and international public health measures.

## LTC Facilities (IDPC)

**12. A witness at a recent SOCI meeting stated that she believes delays in receiving direction and guidelines from PHAC/PT health authorities caused direct harm in LTC facilities. Why did PHAC take so long to give out the necessary guidelines?**

- Protecting long-term care residents and staff is a priority and the Public Health Agency of Canada is working with provinces and territories on all aspects of their response to COVID-19 for this population.
- Developing the Infection Prevention and Control for COVID-19: Interim Guidance for Long Term Care Homes required consultation with jurisdictions and additional experts from across Canada to develop the information needed to protect residents and staff. The science on transmission of COVID-19 continues to evolve rapidly, and this guidance reflects the considered synthesis of the most recent findings on COVID-19 transmission.
- This document reflects the carefully considered and evidence-based development needed to provide the greatest protection to residents and staff of long-term care facilities in Canada.

## Non-Medical Mask Use (IDPC)

**13. Why has PHAC been giving inconsistent advice around the usefulness of non-medical masks? Will it admit that it may have caused harm early on in the pandemic by not issuing the right guidelines?**

- The emergence of evidence that the virus can be unknowingly transmitted by infected people before they develop symptoms (pre-symptomatic transmission) or who may never develop symptoms (asymptomatic transmission), led the Council of Chief Medical Officers of Health to advise that people could wear non-medical masks and face coverings as an additional layer of protection in settings where physical distancing might not be possible.

## International Issues

**14. Given the inconsistent and often faulty advice given by the WHO, does the government continue to trust, without verifying, information from the WHO?**

- The ever-evolving COVID-19 pandemic has created an unprecedented situation where global cooperation on health has never been more important. Working together with our multilateral organizations - such as the World

Health Organization (WHO) - are helping us accomplish together what cannot be done alone.

- Canada continues to appreciate the WHO's critical leadership and coordination in the COVID-19 response, particularly in the areas where the WHO has a clear value-added role – overseeing the International Health Regulations, driving global research collaboration, supporting most vulnerable countries, and leading the UN system's global health response.
- The WHO has also been providing technical guidance and advice to countries based on the best-available evidence in a context which has been rapidly evolving, as all have learned more about COVID-19, as new evidence has emerged, and as our experience with the response has grown.
- We have and continue to engage and collaborate with many types of international partners through various means and at multiple levels. For instance, Canada has engaged bilaterally with the United States and the United Kingdom to discuss our respective COVID-19 responses. These discussions are valuable opportunities to learn from each other and strengthen our domestic responses.
- The entire global community will have lessons to learn following this pandemic. The WHO may not be perfect, but Canada is fully committed to supporting a WHO that is a strong, effective, and accountable institution. Canada has consistently supported the need for an independent, comprehensive post-crisis review of the global response to COVID-19, including the actions of the WHO. We expect this review will include the technical guidance provided by WHO, and consider options to enhance WHO's critical normative role as a science based organization to strengthen the development, issuance, and uptake of WHO technical guidance.

## Others

**15. On January 25, the WHO assessed the risk of a COVID-19 event to be moderate at the global level, while PHAC assessed the risk for Canada as low. On February 2, the WHO changed that threat level to high. Yet after that date, you continued to insist the risk to Canada was low. Why did PHAC insist on recommending the risk to Canadians was low, when clearly it was not? (HPOC)**

- In March 2020, the public health risk assessments evolved based on the risk of COVID-19 to Canadians in Canada at that time. The risk to the public within Canada evolved from being assessed as low (as there was no evidence that COVID-19 was circulating within the Canadian population), to low for the general population and moderate for the elderly and those with

underlying medical conditions, followed by high for the full population because of the appearance of community spread of COVID-19 within the Canadian population.

- The Public Health Agency of Canada used a risk assessment framework to guide decision-making for public health measures and decisions related to COVID-19. The level of risk identified by the Agency took into account both the likelihood and the impact of a COVID-19 outbreak occurring in Canada. The reports considered the most recent scientific literature, as well as the current epidemiology within Canada (such as the number of cases in Canada, the presence of community spread, the number of hospitalizations and deaths due to the virus).

**16. Can you explain why the National Microbiology Lab (NML) transferred samples of Ebola and Henipah viruses to the Wuhan Institute of Virology (WIV) only months after the RCMP started an investigation into Chinese researchers at the NML, including one researcher that was involved in sending the samples?**

- The administrative investigation into two researchers at the NML is not related to the shipment of virus samples to China. The NML routinely shares samples with other laboratories, to help advance the international community's knowledge of certain illnesses.

**17. How are the decisions to award sole-source contracts made? Why were other companies, one of which had received a letter of intent, left out of the running?**

- Normally, Government Contracts Regulations require the solicitation of bids; however, for procurements not subject to trade agreements, the regulations allow for exceptions where the need is a pressing emergency where delay would be injurious to the public interest.
- Given the current pandemic, there was an urgency to ensure sufficient domestic manufacturing capacity of critical inputs required for diagnostic testing. Galenvs Sciences Inc. received a letter of intent on May 19, 2020 indicating intent to support and procure magnetic silica beads. A contract was subsequently awarded on June 12, 2020.
- The key considerations in awarding this sole source contract included:
  - suitability of product ('fit for purpose')
  - availability of required product volume
  - delivery timeframes

- Galenvs has a commercially available product line of RNA extraction kits and has existing manufacturing capability to produce magnetic beads.
- In their letter to the President of the Public Health Agency of Canada, Applied Quantum Materials Inc. (AQM) states that they “could supply all of Canada’s needs within a couple of months” whereas Galenvs was able to supply product in a more expeditious timeframe.
- The National Microbiology Laboratory (NML) continues to seek products to bolster domestic supply of the raw materials needed for laboratory testing, and welcomes further discussion with AQM as they continue product development and augmentation of production capabilities.
- The NML actively seeks to diversify its supply chain to obtain materials from various vendors to support domestic capacity and would certainly consider procuring products from alternate sources, including AQM.

## **Parliamentary Analysis of COVID-related Key Issues: June 17<sup>th</sup>, 2020**

### **Key Issues**

#### **Physical Distancing Measures**

- Members of the CPC have focused some of their questions on whether government recommendations on the limiting of large gatherings has changed in light of multiple anti-black protests occurring across the country. Members have asked specifically why outdoor gatherings for religious celebrations and festivals continue to be advised against.
- Media has asked whether the government is considering relaxing the 2m physical distancing recommendation federally, as has been done Quebec.

#### **PPE and Procurement**

- LPC members have expressed interest in how quickly the announced orders of ventilators and N95 masks can be delivered to front line workers ahead of future waves.
- CPC members continue to raise the issue of 16 tonnes of PPE being shipped to China early on in the outbreak.
- CPC members have also focused questions on why PPE orders have been slow to come in and what's being done to be repaid for faulty masks received.

#### **Contract Tracing**

- Members from most parties are curious if the government intends to roll out a contact-tracing app to be used for COVID-19, and how it would work exactly.
- CPC members have asked if the Privacy Commissioner will be consulted on the creation of an app, and how exactly privacy considerations will be taken into account.

#### **Serology Testing**

- CPC MPs have asked why it is taking so long to approve serology tests, especially compared to the American FDA.
- They've also asked how many tests that the government/Serology Task Force intends to conduct in the near future, how they intend to roll out testing and if they will test members of the RCMP/CAF.

#### **General Testing/Vaccine Research**

- CPC members have question the government on its decision to cooperate on vaccine research with the Chinese government.
- Media has asked whether the government is seriously considering using the drug dexamethasone as a treatment for COVID-19, given the success of trials in the UK.

## **The NESS**

- CPC members have asked why the Minister of Health prevented Dr. Tam from speaking about the NESS at a recent OGGO meeting.
- CPC members have also asked why the government made a decision to reduce the NESS prior to the pandemic.
- NDP members have asked repeatedly how many pieces of PPE we're thrown out when 3 NESS warehouses were shut down and consolidated, and about the consolidation process as a whole.

## **Data Collection**

- Members of the NDP and media have repeatedly called on the government to mandate the collection of race based data with regards to cases of COVID-19.

## **Border Measures**

- CPC members have asked about the government's plans to reunite immediate family members separated at the US-Canada border by travel restrictions.
- NDP members have asked whether the plan to reunite immediate family members will expand beyond the US-Canada border, and if it will apply to immediate family members separated across the world.
- Some CPC members have questioned whether the government will implementing its own temperature checks for travellers arriving in Canada.

## **LTC Facilities**

- Senators recently pressed stakeholders on whether LTC guidelines published by PHAC came too late or if they were inadequate. They also have asked if the federal government should establish national LTC standards.
- Members from most parties have commented on the terrible conditions described by the military's report of LTC facilities in Quebec.

## **Mask Use**

- Members of the CPC have asked stakeholders about the possibility of sterilizing masks for re-use.
- CPC and NDP members have also been highly critical about the changing guidelines given around the necessity and usefulness of non-medical masks, asking specifically what new scientific information became available to justify a change to these guidelines.

## **International Issues**

- Opposition parties have been critical of the WHO's role in responding to COVID-19, and the advice Canada receives from it, asking if the government continues to trust, without verifying, information from the WHO.

- CPC members have asked if the government will support an investigation into the origin of COVID-19

### **Opioid Crisis**

- Members of the NDP and the media have expressed concern about the rise of substance abuse and Opioid-related overdoses during COVID-related lockdowns, and what the government is willing to do to combat this dual health crisis.





## Chantal Petitclerc – Chair Independent Senators Group

**Province:** Quebec

**Senatorial Designation:** Grandville

### Biography

The Honourable Chantal Petitclerc is not only an internationally renowned athlete, but also a compassionate person. When she was 13 years old, she lost the use of her legs in an accident. While Petitclerc was developing her skills as a wheelchair athlete, she pursued her studies, first in social sciences at the CEGEP de Sainte-Foy and then in history at the University of Alberta in Edmonton. She overcame adversity and many obstacles to become a proven leader in the sports world. Her gold medals in the Paralympic Games, Olympic Games and Commonwealth Games, the various awards and accolades she has received, and her appointment as Team Canada's Chef de Mission for the Rio Paralympic Games are all markers of her success.

Her many achievements and her personal journey have also made her an in-demand public speaker, recognized across Canada. She has been the spokesperson for Défi sportif AlterGo for 17 years, and is an ambassador for the international organization Right to Play. A tireless advocate for the contributions people with disabilities have made to our society, she plays a definitive role in building a more inclusive society. Her example inspires people to overcome their obstacles and achieve their full potential.

Through her experiences, Senator Petitclerc has also learned a lot about the particular characteristics of various communities, as well as how decisions are made at the national level. As someone who has functional limitations herself, she has a good understanding of the needs of various minority communities and would like to ensure their voices are heard. The Senator is a Companion of the Order of Canada and a Knight of the Order of Quebec. She received the Lou Marsh Trophy for Canadian Athlete of the Year and was inducted into the Canadian Paralympic Hall of Fame. She has also received four honorary doctorates. In addition, Senator Petitclerc sits on various committees and boards of directors, where she provides her dynamic and unique perspective.

### Issues of Interest

Health of children, healthy and active living

### Social Media

- Based on the clips of SOCI meetings she has shared, she is focused on the mental health affects of COVID-19, as well as why COVID-19 has spread significantly in Quebec
- **June 16/2020:** In response to a globe and mal article on homecare during the COVID-19 Pandemic, she tweeted "Now more than ever we know the crucial importance of homecare. We have no excuses to fix it."
- **June 16/2020:** "Things are better, it's true, but the current situation continues to bring its share of challenges. Let's continue to take care of ourselves, others and not hesitate to go to tools like Wellness Together Canada."

**COVID-19 Emergency Response Bill, No. 2 – Consideration of Subject Matter in Committee of the Whole (April 11, 2020):**

- Asked what the government's plan is to ensure individuals receive sick leave during the pandemic and thereafter.
- Voiced concerned regarding lack of federal support for municipalities and the post-secondary sector.

**COVID-19 Pandemic – Consideration of Government Response in Committee of the Whole (March 25, 2020)**

- Questioned the government's plan for mental health services during the pandemic



## Judith Seidman – Deputy Chair Conservative Party of Canada

**Province:** Quebec

**Senatorial Designation:** De la Durantaye

### Biography

The Honourable Judith Seidman was appointed to the Senate on August 27, 2009. Prior to this appointment, she spent most of her career as a health research professional in the McGill University hospitals in Montreal, Quebec. As a research fellow at the Montreal Neurological Institute and Hospital, and as an Associate Professor of Social Work at the McGill School of Social Work, Judith's research and teaching focused on program and services evaluation, and the psychosocial determinants of health and illness. Judith was a National Health Research Doctoral Fellow (NHRDP) in Epidemiology and Biostatistics while she studied the role that social supports play in chronic disease outcomes. She was also actively engaged in aging-related research as a member of a community health team (CLSC) and as the Project Coordinator for the Canadian Study of Health and Aging.

Born in Montreal, Senator Seidman has always been committed to public service. Her community involvement has focused on the education and health sectors, and she has served on many committees and boards including the Allan Memorial Institute Advancement Fund, McGill Society of Montreal, Education Task Force of the McGill Centre for Studies in Aging, Alumni Committee of the McGill School of Social Work, Working Group on Continuing Studies in Social Work, and the Evaluation Committee for Community Health Research Program of Montreal.

Senator Seidman has worked on studies of considerable import to the health and social services fields, including "Time for Transformative Change: A Review of the 2004 Health Accord". A member of the Standing Senate Committee on Energy, the Environment and Natural Resources, Senator Seidman participated in a 3-year study, which culminated in the release of the report, "Now or Never: Canada Must Act Urgently to Seize its Place in the New Energy World Order". While serving as a member of the Standing Senate Committee on Official Languages, Senator Seidman traveled through her home province of Quebec on a fact-finding study that would inform the report, "The Vitality of Quebec's English-Speaking Communities: From Myth to Reality".

In June 2012, Senator Seidman was appointed to serve as a member of the Jury for the Governor General's Awards in Commemoration of the Persons Case by the Honourable Rona Ambrose, Minister for Status of Women and Minister of Public Works and Government Services.

Was a member of the Special Joint Committee on Physician-Assisted Dying

**Issues of Interest:** Education, health care sector, drug testing, medical procedures, mental health

### Social Media

- **June 22/2020:** Retweeted a thread that included the following comment "It's for this reason I'm urging authorities to ramp up COVID screening, including random testing of asymptomatic individuals. It's also why I support many expert groups around the country that are calling for the mandatory masks in public transit and in stores."

- **June 20/2020:** Tweeted “The focus is that COVID-19 is a primary care disease; the key is minimizing acute care impact; the means is strict isolation of mild to moderate cases and their contacts.”
- **June 19/2020:** Retweeted a Globe and Mail Article about the New Brunswick bill that would have eliminated non-medical exemptions for vaccinations being voted down and the potential concerns that may arise because of it in a COVID-19 landscape.
- **June 18/2020:** Tweeted “Good beginning... time to act!” in response to the PM’s announcement of a voluntary national contact tracing app. She has also shared articles stating the need for a contact tracing app.
- **June 12/2020:** In response to Quebec missing their daily testing target she tweeted “Time for strategic diagnostic testing in high risk regions and workplaces. We absolutely need a quick, easy-to-use reliable test with immediate results. Then contact tracing & care isolation. Need a strategy in place going forward”
- **June 11/2020:** Tweeted “Imperative to ramp up testing & tracing, with all systems ready to go now! But we do need fast, reliable tests that do not have to be administered by health professional, with on-the-spot results. Where are they? And the tracing app?”

#### **COVID-19 Pandemic – Consideration of Government Response in Committee of the Whole (March 25, 2020)**

- Questioned what the government’s plan is for data collection of COVID-19 cases, and how Canada’s data strategies compare to other countries

#### **COVID-19 Related Interventions**

- Questioned committee witnesses on the need for a National Health Data System and suggested this idea could be beneficial for pandemic related statistics and data (June 10, 2020)



**Donna Dasko**

**Independent Senators Group**

**Province:** Ontario

**Senatorial Designation:** Ontario

## **Biography**

The Honourable Donna Dasko was appointed to the Senate of Canada on June 6<sup>th</sup>, 2018 by Prime Minister Justin Trudeau. Formerly a national pollster, media commentator and private sector business leader, Senator Dasko also holds a Ph.D and MA from the University of Toronto as well as a BA (Hons) from the University of Manitoba.

Prior to being appointed as a Senator for Ontario, Senator Dasko was Senior Vice-President of Environics Research Group Ltd, a leading research firm in Canada. She has volunteered in many roles including as Chair of the National CEO Roundtable for the Alzheimer Society, and Advisor to GreenPac (which promotes environmental leadership).

Dr. Dasko's passion for the promotion of women in politics has guided much of her advocacy. She is a Co-Founder and former National Chair of Equal Voice, a non-partisan organization aimed at electing more women in Canada. She currently serves on the Board of Directors of Women's Legal Education and Action Fund (LEAF), which promotes equality rights for women. In 2015, she co-founded the Campaign for an Equal Senate for Canada, an initiative to promote a gender-equal Senate. She works with the National Democratic Institute on issues related to women in politics internationally.

**Issues of Interest:** Alzheimer's research, health promotion, tobacco control, gender equality.

### **COVID-19 Pandemic – Consideration of Government Response in Committee of the Whole (March 25, 2020)**

- Questioned the Minister of Finance on the chances of an economic crisis resulting from the pandemic and if the Department of Finance had an analysis on potential economics impacts

### **COVID-19 Related Interventions**

- Questioned how the Government should perform contact tracing and the use of apps for this issue (May 20, 2020).



## Senator Josée Forest-Niesing

Independent Senators Group

**Province:** Ontario

**Senatorial Designation:** Ontario

### Biography

Appointed to the Senate in October 2018 by Prime Minister Justin Trudeau, Senator Josée Forest-Niesing is passionate about advocating for the rights of minorities, particularly for Francophones. Having obtained a degree in law from the University of Ottawa, she practised law for nearly 20 years providing services in French, and has specialized in family law, estate law, real property law, insurance law, civil law, education law and employment law.

She has also served as a Superior Court of Justice Small Claims Court Judge and has contributed to her community as a member or chair of numerous boards of directors, including the Art Gallery of Sudbury, the Carrefour francophone de Sudbury, and the University of Sudbury. She was also appointed to the Ontario Arts Council in January 2018.

As a student, she was a member of the Association des juristes d'expression française de l'Ontario (AJEFO). She became a member of its board of directors, eventually serving two terms as its president. She subsequently joined the board of directors of the Fédération des associations de juristes d'expression française de common law in order to pursue the same objectives on a national level.

She was also the founding chair of the Centre canadien de français juridique as well as chair of the Ontario Bar Association's Official Languages Committee.

**Issues of Interest:** Minority rights, language rights, arts and culture.

### Social Media

- Has not been recently posting on COVID-19 but various tweets from the beginning of May focus on her concern on the potential effects that COVID-19 is having on child development.

### COVID-19 Related Interventions

- Raised the issue of adequate mental healthcare services for seniors (June 10, 2020).
- Showed interest in how Jordan's Principle services have been affected during the pandemic (June 3, 2020).
- Questioned what mechanisms exist for the sharing of information, and what additional measures are needed to ensure a flow of knowledge to better inform preparedness for future waves of COVID-19 or other pandemics (May 20, 2020).



**Fabian Manning**

**Conservative Party of Canada**

**Province:** Newfoundland-Labrador

**Senatorial Designation:** Newfoundland-Labrador

## **Biography**

Appointed to the Senate in February 2008 by Prime Minister Stephen Harper, Senator Fabian Manning has dedicated his career to serving Newfoundlanders and Labradorians at all three levels of government. A three term councillor in the town of St. Brides, Mr. Manning served as coordinator for the Cape Shore Area Development Association for three years. Mr. Manning would go on to win three elections to the Newfoundland and Labrador House of Assembly as the representative for Placentia – St. Mary's.

Mr. Manning was subsequently elected as Member of Parliament in the federal constituency of Avalon in the 2006 Federal Election campaign. Mr. Manning would go on to chair both the Standing Committee on Fisheries and Oceans as well as the Conservative Government's Atlantic Caucus.

**Issues of Interest:** Fisheries and Oceans.

## **COVID-19 Related Interventions**

- Questioned what effect staff shortages have on the quality of service in long term care homes in Canada (June 10, 2020)



## Robert Black

Canadian Senators Group

**Province:** Ontario

### Biography

Senator Robert Black was appointed to the Senate by Prime Minister Justin Trudeau in 2018 and has worked in the rural, agricultural, and leadership arenas for much of his working career.

He has had close involvement in 4-H and other leadership programs, such as Junior Farmers and the Advanced Agricultural Leadership Program (AALP). He credits his involvement in these programs with allowing him to develop the skills that would lead him to apply to be a senator. He has been involved in 4-H for 45 years in all aspects of the program, at the local, provincial and national levels and is a Past President of the Canadian 4-H Council.

Rob was Ward 5 Representative on Wellington County Council. He has also been Manager of the Ontario Research and Development Challenge Fund, and President of the Ontario Agricultural Hall of Fame Association and the Wellington County Historical Society.

Rob worked with the Ontario Ministry of Agriculture, Food, and Rural Affairs for 15 years. He then spent a short time with the Ontario Soybean Growers before accepting the job of his dreams: Executive Director of The Centre for Rural Leadership, which morphed in to the Rural Ontario Institute (ROI).

In 2012, in recognition of Rob's significant contributions to 4-H across Canada over many years, he received the *Queen Elizabeth II Diamond Jubilee Medal*. In 2013, Rob was awarded the Outstanding Leadership Program Director Award from the International Association of Programs for Agricultural Leadership (IAPAL) and in 2016, Rob was made an Honourary Member of the Canadian 4-H Council.

**Issues of interest:** Agriculture, rural communities, youth development

### Interventions on the Daily Technical Briefing to Parliamentarians:

- **March 31/2020:** Agricultural shortfalls need to be addressed for the agricultural sector to ensure food security. What is being done about this?
- **April 5/2020:** Are individuals who have had to quit their jobs to look after children eligible for CERB?
- **April 6/2020:** There is a manufacturing company in Ontario that has the ability to produce PPE, and they haven't had any luck in getting touch with the government. Who can they get in touch with?
- **April 7/2020:** What is the government going to do to address the financial needs of the agricultural sector, in particular for cattle producers?
- **April 8/2020:** About the 75% wage subsidy, I've received calls from small businesses who are concerned about the phrase "topping up" the remaining part of the wage not subsidized by the government. Most small businesses have continuities for rainy days but not for these types of situation. Will companies be expected to use all their contingency funds as part of the program?





**Diane Griffin**

**Canadian Senators Group**

**Province:** Prince Edward Island

## **Biography**

Senator Diane Griffin was appointed to the Senate by Prime Minister Justin Trudeau in 2016 and serves as the Chair of the Standing Senate Committee on Agriculture and Forestry. She is also a member of the Senate Standing Committee on National Security and Defence and serves as a Senate Vice-Chair on the Canada-US Interparliamentary Group.

Prior to joining the Senate, Senator Griffin worked in land conservation in both her career and volunteer activity. She was the Natural Areas Coordinator in Alberta for eight years before moving back home to work for the Prince Edward Island Nature Trust. She later served as the PEI Deputy Minister for Fisheries and Environment, then as the PEI Program Director for the Nature Conservancy of Canada.

Senator Griffin served on national boards and advisory groups such as Nature Canada, Birds Studies Canada, Wildlife Habitat Canada and the National Round Table on the Environment and Economy as well as the Canadian Environmental Advisory Council.

Senator Griffin was a member of Stratford Town Council for 13 years and sees municipalities as key players in reducing Canada's carbon footprint.

**Issues of Interest:** Conservation, the environment, agriculture/forestry

### **Interventions on the Daily Technical Briefing to Parliamentarians:**

- **March 20/2020:** Will the government permit temporary foreign workers to work this year, and will they be staying in housing that is up to proper health standards to avoid an outbreak?
- **March 22/2020:** In terms of people who are arriving to the Maritimes that might be sick, how is CBSA sharing information on sick travelers to the provinces?
- **March 28/2020:** Why aren't ferries included in today's announcement about banning symptomatic people from planes and rail? It is important that essential workers, namely truckers, do not get exposed.

### **COVID-19 Related Interventions:**

- Has been vocal in the media about the government incentivizing farming industry jobs in order to address the shortage of temporary foreign workers and seasonal agricultural workers in this sector



**Rose-May Poirier**  
Conservative Party of Canada

**Province:** New Brunswick

**Senatorial Designation:** Saint-Louis-de-Kent

### **Biography**

Appointed to the Senate in 2010 under Prime Minister Stephen Harper, Senator Poirier was previously a successful businessperson, working as an insurance representative for Assomption Vie and as an executive VIP manager for Tupperware Canada. During her career, she received numerous distinctions as a sales leader, manager and recruiter, including leading one of the top sales teams in Canada and as one of the best salespeople in North America.

Her political career began at the municipality level where she served two terms on the Saint-Louis de Kent town council. In 1999, Rose-May Poirier made the jump to provincial politics, representing the people of Rogersville-Kouchibouguac for three terms as an MLA of the Progressive - Conservative Party. Upon her re-election on June 9, 2003, she was appointed Minister of the Office of Human Resources and 2 years later, in February 2006, she was named Minister of Local Government and Minister responsible for Aboriginal Affairs.

In her community, Senator Poirier has given a lot of her time to various causes: Child Find, Children's Wish Foundation, Heart and Stroke Foundation, George L. Dumont Tree of Hope campaign and the Friends of the Moncton Hospital as well as economic development for the Kent region.

**Issues of Interest:** The economy, minority rights.

### **COVID-19 Related Interventions**

- Questioned how available PPE and testing kits are in rural communities (May 20, 2020).
- Raised the issue of lack of service availability in rural areas for seniors (June 10, 2020).
- Questioned how the COVID-19 Supply Council can help healthcare professionals receive much-needed PPE (May 20, 2020).
- Questioned why Canada is falling behind on testing, when it should be expanded (May 20, 2020).



## Stan Kutcher

Independent Senators Group

**Province:** Nova Scotia

### Biography

Appointed to the Senate in December of 2018 by Prime Minister Justin Trudeau, Senator Kutcher is a leading psychiatrist and professor who has helped young people successfully manage major mental illnesses. Dr. Kutcher studied history and political science before earning a medical degree from McMaster University. He continued his education in Toronto and in Edinburgh, Scotland before returning to Canada and joining the University of Toronto.

It was there that he made his first of many major contributions to Canadian health care, taking Sunnybrook Hospital's adolescent psychiatry division and transforming it into an innovative clinical and research facility. He also pioneered research into the causes of and treatments for youth with major mental illnesses such as bipolar illness, schizophrenia and depression.

Dr. Kutcher then became Head of the Psychiatry Department at Dalhousie University followed by appointments as Associate Dean for International Health and the Sun Life Financial Chair in Adolescent Mental Health.

In addition to his professional practice, Dr. Kutcher has served on the board of the Art Gallery of Nova Scotia and the board of the Spryfield Boys and Girls Club. He also led the development of a national youth mental health framework for Canada as a member of the Child and Youth Advisory Committee of the Mental Health Commission of Canada.

Dr. Kutcher has also received numerous awards and honours for his work, including the Order of Nova Scotia, the Canadian Academy of Child and Adolescent Psychiatry's Naomi Rae-Grant and Paul D. Steinhauer Advocacy awards, the McMaster University Distinguished Alumni Award and the Association of Faculties of Medicine of Canada's John Ruedy Award for Innovation in Medical Education.

**Issues of Interest:** Mental health, psychiatry, primary care.

### Social Media

- **June 23/2020:** In response to photos of crowded beaches in Ontario, he tweeted "Florida case study results seem to have been missed."
- **June 19/2020:** In response to a poll posted on Twitter that showed 78% of Canadians support increasing funding for the elderly, he replied "good to know."
- **June 19/2020:** Tweeted "This is an issue we have been studying and discussing for years. During a period where the #health of residents in #LongTermCare homes is at an increased risk, it's time for us to take concrete action to protect our #elderly communities and those who work alongside them. #SenCA"
- **June 16/2020:** Tweeted support for a national contact tracing app.

### **Interventions on the Daily Technical Briefing to Parliamentarians:**

- **March 19/2020:** Government wording around certain mental health related terminology is problematic, will the government pay closer attention to the use of these messages going forward?

### **COVID-19 Related Interventions:**

- Has brought attention to patients in psychiatric care being at greater risk of contracting COVID-19
- Has talked about mental health aspects (fear and anxiety) resulting from the pandemic for Canadians
- Has questioned what kind of services the Government has provided to Canadians needing mental health services during the pandemic (June 3, 2020)
- Questioned whether racialized issues affect long term care workers in Canada (June 10, 2020)
- Questioned the efficiency of the “general hospital” model and whether it should be reviewed (May 20, 2020)



**Marie-Françoise Mégie**

**Independent Senators Group**

**Province:** Québec

**Senatorial Designation:** Rougemont

## **Biography**

Senator Marie-Françoise Mégie was appointed to the Senate on November 25, 2016, by the Right Honourable Justin Trudeau. Senator Mégie represents the province of Québec and the Senatorial Division of Rougemont.

Senator Mégie's professional career encompasses over 35 years as a family physician and nearly 30 years as a university professor. Born in Haiti, she arrived in Quebec in 1976, and rose through the ranks of the medical profession while also pursuing university teaching, becoming a clinical associate professor in the Department of Family Medicine at the University of Montréal.

She helped establish the Maison de soins palliatifs de Laval in 2009, where she served as medical director until December 31, 2016.

Her medical practice focused on providing health care services for seniors, persons with severe disabilities and end-of-life patients.

Senator Mégie served as President of the Association of Haitian Physicians Abroad (AMHE) for five years, and has chaired the organization Médecins francophones du Canada since 2014.

She was also the editor-in-chief of the Médecins francophones du Canada's newsletter.

Dr. Mégie has received numerous awards for her professional, volunteer and personal contributions.

**Issues of Interest:** Family medicine, palliative care, language rights.

### **COVID-19 Related Interventions:**

- Interest in drug shortages and how current practices to control the drug supply are working for Canadians during the pandemic (May 20, 2020)
- Questioned how the Government could improve access to PPE (May 20, 2020)
- Questioned why British Columbia has prevented numerous deaths in their long term care facilities (May 20, 2020)



**Jim Munson**

**Liberal Party of Canada**

**Province:** Ontario

**Senatorial Designation:** Ottawa / Rideau Canal

## **Biography**

Senator Jim Munson is best known to Canadians as a trusted journalist and communications advisor. He reported on current affairs for more than thirty years, most notably as a bureau chief and foreign correspondent for CTV News. His reporting touched upon events around the globe – from Belfast to Beijing – including the First Gulf War, the assassination of Indira Gandhi and the Tiananmen Square Massacre. At home, he covered the FLQ crisis in Quebec and later, in Ottawa, every Canadian government and federal election from 1974 onwards. Senator Munson was twice nominated for a Gemini Award in recognition of excellence in journalism.

In 2001, following his career as a reporter, Senator Munson joined the Prime Minister's Office as a communications advisor and was made Director of Communications the following year. He was called to the Senate on December 10, 2003, to represent the province of Ontario and served as Whip of the Senate Liberal Caucus from 2008 to 2016.

Senator Munson was formerly the Chair of the Standing Senate Committee on Human Rights and a vocal advocate for individuals with an autism spectrum disorder. His leadership in Parliament led to the adoption of An Act respecting World Autism Awareness Day and the landmark Senate report Pay Now or Pay Later: Autism Families in Crisis.

**Issues of Interest:** Journalism, autism advocacy.

## **Social Media**

- **June 17/2020:** Tweeted "Today I asked a question to the government leader in the Senate, @SenMarcGold about the COVID-19 emergency response measures for persons with disabilities. We need to do more for those disproportionately affected."
- **June 12/2020:** Tweeted "More than 60 organizations have signed letters asking the federal government for a dedicated financial assistance relief package to support Canadians with disabilities. COVID has disrupted care routines, and the past three months have been difficult."

## **COVID-19 Emergency Response Bill, No.2 – Consideration of Subject Matter in Committee of the Whole (April 11, 2020)**

- Questioned the Minister of Finance on how big banks are profiting from the current crisis with interest charges on mortgage deferrals
- Voiced concerns over companies not paying their employees the suggested 75% wage subsidy and how to do more than "encourage" them to pay employees equitably during this time

## **COVID-19 Related Interventions**

- Expressed that he was against Canadians traveling during the outbreak of COVID-19 (May 20, 2020)
- Asked committee witnesses to comment on Chinese government officials requesting PPE directly to Canadian doctors (May 20, 2020)
- Interest in the accessibility of virtual care across the country (May 20, 2020)
- Questioned if new long term care homes should be built with federal government infrastructure investments (May 20, 2020)



**Ratna Omidvar**

**Independent Senators Group**

**Province:** Ontario

**Senatorial Designation:** Ontario

## **Biography**

In April 2016, Prime Minister Trudeau appointed Ms. Omidvar to the Senate of Canada as an independent Senator representing Ontario. As a member of the Senate's Independent Senators Group she holds a leadership position as the Scroll Manager. Ratna Omidvar is an internationally recognized voice on migration, diversity and inclusion. She came to Canada from Iran in 1981 and her own experiences of displacement, integration and citizen engagement have been the foundation of her work.

Senator Omidvar is the founding Executive Director and currently a Distinguished Visiting Professor at the Global Diversity Exchange (GDX), Ted Rogers School of Management, Ryerson University. GDX is a think-and-do tank on diversity, migration and inclusion that connects local experience and ideas with global networks. It is dedicated to building a community of international leaders who see prosperity in migration. Previously, Senator Omidvar was the President of Maytree, where she played a lead role in local, national and international efforts to promote the integration of immigrants.

Senator Omidvar is the current Co-Chair of the Global Future Council on Migration hosted by the World Economic Forum and serves as a Councillor on the World Refugee Council. She is also a director at the Environics Institute, and Samara Canada and is the Toronto Region Immigrant Employment Council's Chair Emerita and was formerly the Chair of Lifeline Syria.

Senator Omidvar is co-author of *Flight and Freedom: Stories of Escape to Canada* (2015), an Open Book Toronto best book of 2015 and one of the Toronto Star's top five good reads from *Word on the Street*. She is also a contributor to *The Harper Factor* (2016) and co-editor of *Five Good Ideas: Practical Strategies for Non-Profit Success* (2011). Senator Omidvar received an Honorary Degree, Doctor of Laws, York University in 2012.

Senator Omidvar was appointed to the Order of Ontario in 2005 and became a Member of the Order of Canada in 2011, with both honours recognizing her advocacy work on behalf of immigrants and devotion to reducing inequality in Canada. In 2014, she received the Cross of the Order of Merit of the Federal Republic of Germany in recognition of her contribution to the advancement of German-Canadian relations.

Senator Omidvar has also been recognized by Canada's national newspaper, *The Globe and Mail*, by being named as its Nation Builder of the Decade for Citizenship in 2010. She was named to the inaugural Global Diversity List sponsored by *The Economist* magazine in 2015, as one of the Top 10 Diversity Champions worldwide. In 2016, she also received Lifetime Achievement Awards from CivicAction and the Canadian Urban Institute, honouring her strong commitment to civic leadership and city building.

**Issues of Interest:** Migration, immigration, reducing inequality.

## **Social Media**

- Has been very active on twitter concerning COVID-19. Most tweets focus on continuing to support humanitarian causes during the COVID-19 pandemic and how to best support non-profits and refugees.

## **COVID-19 Related Interventions**

- Has commented on the importance of ensuring that asylum seekers who are turned back to the US are not deported during the pandemic and the vulnerability of displaced people during this time
- Has called for international medical graduates to help combat COVID-19
- Showed interest in the experience of indigenous people living in correctional settings during the pandemic (May 20, 2020)
- Asked if the Federal Government should open more pathways for foreign-trained professionals to help Canadians during the pandemic (May 20, 2020)
- Questioned how the Government could use the collection of race-based data in this crisis (May 20, 2020).





## Rosemary Moodie

Independent Senators Group

**Province:** Ontario

### Biography

Appointed to the Senate in December 2018 by Prime Minister Justin Trudeau, Senator Moodie is a Jamaican-born paediatrician and neonatologist. After graduating from the University of the West Indies, she completed postgraduate training in Paediatric and Neonatal/Perinatal Medicine at Hospital for Sick Children in Toronto.

She is senior neonatologist, clinical teacher and associate professor in the Department of Paediatrics at the University of Toronto. She is Fellow of Royal College of Physicians of Canada and Fellow of American Academy of Pediatrics. Her research has focused on the social determinants of breastfeeding practice and she has written extensively on regional health services and physician human resource planning.

Senator Moodie is a well-recognized national and international medical leader. She has supported organizations and stakeholders in policy development and advocacy to improve health equity and expand quality health care access to the most vulnerable, underserved and marginalized population. Her work included Corporate Chief of Paediatrics and Medical Director of the Regional Maternal Child Program Rouge Valley Health System; Maternal, Child, Youth, and Gynaecology Lead for Central East Local Health Integration Network; and regional and provincial committees, such as the Child Health Network and Provincial Council of Children's Health. Her expertise also includes health care planning locally and internationally.

Further, Senator Moodie is an Accreditation Canada hospital surveyor with extensive experience improving the quality of health care delivery across Canada and worldwide.

Senator Moodie has been a strong advocate for woman and girls. Her contributions to reducing social inequities and health disparities among children and communities have been significant. She is on the Board of Directors for the inaugural board of Providence Healthcare, St. Joseph's Health Centre, and St. Michael's Hospital (Unity Health Toronto) and the ScotiaBank Jamaica Foundation.

**Issues of Interest:** Neonatology, pediatrics, health care delivery.

#### Interventions on the Daily Technical Briefing to Parliamentarians:

- **March 18/2020:** What is the government doing to ensure that frontline healthcare workers have access to adequate PPE, including those in non-hospital settings? What is the status of the availability of life saving medical supplies across the country, can the country handle a surge of greater need.

#### COVID-19 Related Interventions

- Particular interest in drug shortages during the pandemic, questioned committee witnesses on the current supply of prescription drugs and over the counter medication and how the Government can help this issue (May 20, 2020).

- Questioned whether data surrounding black women in the area of seniors and long-term care workers exists (June 10, 2020).
- Questioned the consistency of resources (for testing and contact tracing) in the various public health organizations across the country (May 20, 2020).