

s47E(c), s47F

From: s47E(c), s47F
Sent: Tuesday, 21 January 2020 1:57 PM
To: s47E(c), s47F
Cc: s47E(c), s47F; Health Ops; Humanbiosecurity; s47E(c), s47F
Subject: FW: FOR CLEARANCE: response to PMC query re border measures and Wuhan coronavirus [SEC=OFFICIAL]

s47E(c), s47F for your clearance. s47E(c), s47F – thanks for drafting.

s47E(c), s47F

Recommend that the response goes back to PMC out of HealthOps to emphasise single point of contact approach.

1. The Department's media release (<https://www.health.gov.au/news/novel-coronavirus>) states there are well established mechanisms to respond to ill travellers at points of entry. Can you please provide a description of these mechanisms?

Under the *Biosecurity Act 2015* (the Act), incoming aircraft and vessels are required to report ill travellers via a process known as pre-arrival reporting. This process is in place at all times. Following receipt of a report of an ill traveller, an administrative form (the Traveller with Illness Checklist, or TIC) is used by an Agriculture Biosecurity Officer to determine whether the individual has a disease of concern, or any other more common illness (gastro, a cold etc). If the TIC triggers further intervention, the Biosecurity Officer will contact an 24/7 on-call service within the state or territory and receive advice from a state health department employee (an authorised Human Biosecurity Officer) on what to do next.

More information on these mechanisms is available on our [website](#) and in the press conference conducted by the Chief Medical Officer this morning.

2. Can you please explain why we are currently not screening passengers at airports? From the media release, it would seem this is because the World Health Organisation is not currently recommending it, but do we know why the USA is screening passengers?
3. The media release states we have processes to enhance border measures if required. Can you please explain what these processes are and how these enhanced measures are activated?

Australia's business as usual arrangements screen for ill travellers at all times.

In response to the novel coronavirus outbreak, Australia has included 'human coronavirus with pandemic potential' as a disease of concern, enabling application of powers under the *Biosecurity Act 2015*, and amended our TIC process to specifically screen for this disease.

In addition, targeted and more general communications materials identifying signs and symptoms of the disease are in development and will be rolled out at international airports within the coming days.

The WHO recommends that all travel measures be proportionate to the public health risk. While the WHO makes recommendations under the IHR that Member States are obliged to comply with, Member States may also choose to implement whatever measures they see fit.

The CMO chairs a forum with authorised senior communicable disease officers within the state and territory health departments (Chief Human Biosecurity Officers). This forum provides expert advice to the department and also informs discussions at the Australian Health Protection Principal Committee. The

department also has strong relationships with other Commonwealth agencies, including Home Affairs, DFAT and Agriculture, which assist in providing context to assessment of the risk to Australia.

After consulting other Government agencies and the states and territories, we are now undertaking proportionate additional border measures, particularly in relation to the three direct flights a week from Wuhan to Sydney.

All passengers on these direct flights will receive information on the virus on arrival requesting that they identify themselves to biosecurity officers at the airport if they are unwell, and if they have symptoms of an infectious disease will be assessment by NSW Health.

From: s47E(c), s47F @health.gov.au>
Sent: Monday, 20 January 2020 2:09 PM
To: Health Ops <Health.Ops@health.gov.au>; s47E(c), s47F @health.gov.au>
Subject: RE: Talking points for novel coronavirus [SEC=OFFICIAL]

Please make sure Rhonda has cleared words prior to sending to PM&C

Thanks

Regards

s47E(c), s47F

Director – Health Emergency Planning, Security and Laboratories Section
Health Emergency Management Branch

Office of Health Protection | Chief Medical Officer Group
 Australian Government Department of Health
 T: 02 6289 s47E(c), s47F @health.gov.au
 Location: Scarborough House 3.101
 PO Box 9848, Canberra ACT 2601, Australia

The Department of Health acknowledges the traditional owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to elders both past and present

From: Health Ops <Health.Ops@health.gov.au>
Sent: Monday, 20 January 2020 2:05 PM
To: s47E(c), s47F @health.gov.au>
Cc: Health Ops <Health.Ops@health.gov.au>; s47E(c), s47F @health.gov.au>
Subject: FW: Talking points for novel coronavirus [SEC=OFFICIAL]

Hi s47E(c), s47F

We've received the below questions from PM&C. I've responded to them needing a general statement but they have another 3 questions around border measures if you guys have something broad we can give them until some decisions are made?

Thank you and sorry!

s47E(c), s47F

From: Health Ops <Health.Ops@health.gov.au>
Sent: Monday, 20 January 2020 2:02 PM

To: s47E(c), s47F [redacted] <[@pmc.gov.au](mailto:[redacted]@pmc.gov.au)>
Cc: s47E(c), s47F [redacted] <[@pmc.gov.au](mailto:[redacted]@pmc.gov.au)>; s47E(c), s47F [redacted] <[@pmc.gov.au](mailto:[redacted]@pmc.gov.au)>; Health Ops <Health.Ops@health.gov.au>; Owen, Rhonda <Rhonda.Owen@health.gov.au>; Street, Celia <Celia.Street@health.gov.au>; s47E(c), s47F [redacted] <[@health.gov.au](mailto:[redacted]@health.gov.au)>
Subject: RE: Talking points for novel coronavirus [SEC=OFFICIAL]

Hi s47E(c), s47F [redacted]

Thank you for your inquiry.

Please find below the Department of Health's holding statement on coronavirus. I will follow up shortly with responses to the below questions.

Kind Regards,

s47E(c), s47F [redacted]

The Australian Government Department of Health is continuing to monitor developments in the cases of novel coronavirus (2019-nCoV) from the region of Wuhan in China.

The situation warrants close attention and an evidence-based response and there is still no cause for alarm—Australia has well established mechanisms to respond to ill travellers, and processes in place to add to these if risk increases.

Australia has three direct flights from Wuhan each week. The Chief Medical Officer has called a meeting of the Australian Health Protection Principal Committee today to discuss recent developments.

The Department is also actively discussing the matter with the Department of Agriculture, which manages Australia's biosecurity at the border, including human health, and the Department of Foreign Affairs and Trade, which manages travel advice through Smarttraveller.

The Chief Medical Officer will also speak to the United States' Centers for Disease Control and Prevention and other counterparts tomorrow morning to discuss its response

The Chief Medical Officer will issue a statement tomorrow to provide an update on developments after these key meetings and discussions.

From: s47E(c), s47F [redacted] <[@pmc.gov.au](mailto:[redacted]@pmc.gov.au)>
Sent: Monday, 20 January 2020 12:11 PM
To: Health Ops <Health.Ops@health.gov.au>
Cc: s47E(c), s47F [redacted] <[@pmc.gov.au](mailto:[redacted]@pmc.gov.au)>; s47E(c), s47F [redacted] <[@pmc.gov.au](mailto:[redacted]@pmc.gov.au)>
Subject: RE: Talking points for novel coronavirus [SEC=OFFICIAL]

OFFICIAL

Hello colleagues

Just a quick update on this. We have now been asked to provide these points **by 2pm today**.

Grateful for anything you can share by then.

s47E(c), s47F [redacted]

From: s47E(c), s47F [redacted]
Sent: Monday, 20 January 2020 11:55 AM

To: 'Health Ops' <Health.Ops@health.gov.au>
 Cc: s47E(c), s47F @pmc.gov.au; s47E(c), s47F @pmc.gov.au>
 Subject: Talking points for novel coronavirus [SEC=OFFICIAL]

OFFICIAL

Good morning s47E(c), s47F

Thanks for your call earlier.

As discussed, this morning the Prime Minister was asked about Australia's border measures in response to the Wuhan virus on 3AW, relevant extract below.

MITCHELL: Ok. One other thing. Just quickly, the China illness surfacing in China. Are we looking at screening at airports? They are in the United States.

PRIME MINISTER: This is this is a pretty new report and we are looking at these things closely and we've got some established procedures for how we make those judgments and you can be assured that we're doing everything that we should be doing to protect people's health and safety.

MITCHELL: I really appreciate your time. Thank you very much.

We are urgently preparing talking points for the Prime Minister in case this issue is raised again. We would appreciate if you could share any talking points/briefing you are developing for Minister Hunt to ensure messaging is aligned.

In addition, we would appreciate responses to the questions below.

1. The Department's media release (<https://www.health.gov.au/news/novel-coronavirus>) states there are well established mechanisms to respond to ill travellers at points of entry. Can you please provide a description of these mechanisms?
2. Can you please explain why we are currently not screening passengers at airports? From the media release, it would seem this is because the World Health Organisation is not currently recommending it, but do we know why the USA is screening passengers?
3. The media release states we have processes to enhance border measures if required. Can you please explain what these processes are and how these enhanced measures are activated?

Thanks in advance

s47E(c), s47F | Adviser

Mental Health, Suicide Prevention and Medicines Policy Section | Health Branch

Social Policy Division | Department of the Prime Minister and Cabinet

p. 02 6271 s47E(c), s47F



The Department acknowledges the Traditional Custodians of Country throughout Australia and their continuing connection to land, waters and community. We pay our respect to their Cultures, Country and Elders both past and present.

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s47E(c), s47F

From: s47E(c), s47F
Sent: Thursday, 16 January 2020 4:23 PM
To: DL OHPD HEM Border Health SN
Subject: FW: Novel Coronavirus Wuhan, China: Risk to Australia [SEC=OFFICIAL]
Categories: Filed to Outlook

FYI

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From: s47E(c), s47F
Sent: Thursday, 16 January 2020 4:17 PM
To: Health Ops ; s47E(c), s47F
Subject: FW: Novel Coronavirus Wuhan, China: Risk to Australia [SEC=OFFICIAL]

FYI

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Sent: Thursday, 16 January 2020 4:11 PM
To: s47E(c), s47F [@health.gov.au](mailto:s47E(c), s47F@health.gov.au)>; s47E(c), s47F [@agriculture.gov.au](mailto:s47E(c), s47F@agriculture.gov.au)>
Cc: s47E(c), s47F [@agriculture.gov.au](mailto:s47E(c), s47F@agriculture.gov.au)>; s47E(c), s47F [@agriculture.gov.au](mailto:s47E(c), s47F@agriculture.gov.au)>;
 s47E(c), s47F [@agriculture.gov.au](mailto:s47E(c), s47F@agriculture.gov.au)
Subject: RE: Novel Coronavirus Wuhan, China: Risk to Australia [SEC=UNCLASSIFIED]

Dear s47E(c),
 s47F

Thanks for passing this information on.

I'm sure you will have seen the preliminary phylogenetic analysis suggesting that the coronavirus was related to coronaviruses from bats, but not MERS or SARS. <https://www.ecohealthalliance.org/2020/01/phylogenetic-analysis-shows-novel-wuhan-coronavirus-clusters-with-sars>

We are not aware of any surveillance of animals in the market so it is possible that other host species were involved in the spill over to humans.

s47E(c), s47F

Director | Epidemiology and One Health
 P: +61 (0)2 6272 s47E(c), s47F @agriculture.gov.au
 Australian Government Department of Agriculture
 GPO Box 858 Canberra ACT 2601 Australia

From: s47E(c), s47F @health.gov.au]
Sent: Thursday, 16 January 2020 3:23 PM
To: s47E(c), s47F @agriculture.gov.au>; s47E(c), s47F @agriculture.gov.au>
Subject: FW: Novel Coronavirus Wuhan, China: Risk to Australia [SEC=OFFICIAL]

s47E(c), s47F and s47E(c), s47F in s47E(c), s47F absence.

Thanks

s47E(c), s47F

Director | Emergency Preparedness and Response

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From: s47E(c), s47F
Sent: Thursday, 16 January 2020 2:40 PM
To: s47E(c), s47F @agriculture.gov.au' s47E(c), s47F @agriculture.gov.au>; s47E(c), s47F @agriculture.gov.au'
 s47E(c), s47F @agriculture.gov.au>
Cc: Health Ops <Health.Ops@health.gov.au>; s47E(c), s47F @health.gov.au>; s47E(c), s47F @health.gov.au>; s47E(c), s47F @health.gov.au>
Subject: Novel Coronavirus Wuhan, China: Risk to Australia [SEC=OFFICIAL]

Good afternoon s47E(c), s47F and s47E(c), s47F

I am reaching out to you to seek your expertise in relation to your animal health responsibilities.

As you are aware, a novel coronavirus was detected in Wuhan, China on 7 January 2020. The Department of Health's National Incident Room, is closely monitoring the situation and will conduct a Rapid Assessment Team (RAT) meeting tomorrow morning to further assess the risk to Australia presented by this incident.

We will distribute a stakeholder update, including risk assessment information, shortly thereafter to our usual contacts at the Department of Agriculture, including border personnel. Please note this information is to alert, but not unnecessarily alarm our key stakeholders. We have already been in regular contact with colleagues in Agriculture's Compliance Division in relation to human biosecurity considerations.

To assist with our further risk assessment, we would welcome any information you may consider relevant for our consideration. In particular we are interested to know if a vector has been identified, or potential sources have come to your attention, perhaps through the OIE network?

Thank you in advance for your assistance. My apologies for the lateness of this request ahead of our RAT meeting at 0900 tomorrow.

Best regards

s47E(c), s47F

Director | Emergency Preparedness and Response

National Incident Room

Health Emergency Management Branch | Office of Health Protection

Australian Government Department of Health

T: 02 6289 s47E(c), s47F

[@health.gov.au](mailto:health.gov.au)

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s47E(c), s47F

From: s47E(c), s47F
Sent: Tuesday, 21 January 2020 9:18 AM
To: s47E(c), s47F
Subject: FW: New Listed Human Disease: human coronavirus with pandemic potential [SEC=OFFICIAL]

s47E(c), s47F

**Director – Border Health Section
 Health Emergency Management**

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 Australian Government Department of Health
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 PO Box 9848, Canberra ACT 2601, Australia

From: Quinlivan, Daryl
Sent: Tuesday, 21 January 2020 9:16 AM
To: MURPHY, Brendan
Cc: Cooper, Barbara ; Owen, Rhonda ; Street, Celia ; s47E(c), s47F ; Health Ops ; Humanbiosecurity
Subject: RE: New Listed Human Disease: human coronavirus with pandemic potential [SEC=UNCLASSIFIED]

Thanks Brendan, fine by me. daryl

From: MURPHY, Brendan [<mailto:Brendan.Murphy@health.gov.au>]
Sent: Monday, 20 January 2020 9:53 PM
To: Quinlivan, Daryl <Daryl.Quinlivan@agriculture.gov.au>
Cc: Cooper, Barbara <Barbara.Cooper@agriculture.gov.au>; Owen, Rhonda <Rhonda.Owen@health.gov.au>; Street, Celia <Celia.Street@health.gov.au>; s47E(c), s47F @health.gov.au; Health Ops <Health.Ops@health.gov.au>; Humanbiosecurity <Humanbiosecurity@health.gov.au>
Subject: New Listed Human Disease: human coronavirus with pandemic potential [SEC=OFFICIAL]

Dear Daryl,

In response to the novel coronavirus identified in Wuhan city, China, our respective teams have been working together on possible options at the border to mitigate the risk to Australia.

To enable the greatest range of options for responding to this human biosecurity threat, including the screening of ill travellers, I am proposing to add 'human coronavirus with pandemic potential' as a Listed Human Disease under section 42 of the *Biosecurity Act 2015*. This section requires that I consult with you before doing so, in your capacity as Director of Biosecurity.

The Communicable Disease Network Australia and the Australian Health Protection Principal Committee (whose memberships include many of our designated Chief Human Biosecurity Officers and all state and territory chief health officers) are supportive of this addition.

Following this addition, the Department of Health will continue to work with Agriculture on the implementation of additional border measures as required.

Thanks to you and your staff for supporting this response.

Kind regards

Brendan

Professor Brendan Murphy
Australian Government Chief Medical Officer
Director of Human Biosecurity

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s47E(c), s47F

From: s47E(c), s47F
Sent: Monday, 20 January 2020 9:28 PM
To: DL OHPD HEM Border Health SN
Subject: FW: Wuhan Press Conference - Key Points [SEC=OFFICIAL]

Categories: Filed to Outlook

FYI only

s47E(c), s47F

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From: MURPHY, Brendan
Sent: Monday, 20 January 2020 8:46 PM
To: s47E(c), s47F
Cc: s47E(c), s47F Owen, Rhonda ; Street, Celia ; s47E(c), s47F ; Health Ops ; Newton, Rebecca ; s47E(c), s47F
Subject: RE: Wuhan Press Conference - Key Points [SEC=OFFICIAL]

Excellent s47E(c), s47F
 Thanks

Brendan Murphy
 Australian Government Chief Medical Officer

From: s47E(c), s47F [@health.gov.au](mailto:s47E(c), s47F@health.gov.au)
Date: Monday, 20 Jan 2020, 20:43
To: MURPHY, Brendan <Brendan.Murphy@health.gov.au>
Cc: s47E(c), s47F [@health.gov.au](mailto:s47E(c), s47F@health.gov.au), Owen, Rhonda <Rhonda.Owen@health.gov.au>, Street, Celia <Celia.Street@health.gov.au>, s47E(c), s47F [@health.gov.au](mailto:s47E(c), s47F@health.gov.au), s47E(c), s47F [@health.gov.au](mailto:s47E(c), s47F@health.gov.au), Health Ops <Health.Ops@health.gov.au>, Newton, Rebecca <Rebecca.Newton@health.gov.au>, s47E(c), s47F [@health.gov.au](mailto:s47E(c), s47F@health.gov.au)
Subject: Wuhan Press Conference - Key Points [SEC=OFFICIAL]

Hi Brendan,

Please find below some key points for your press conference tomorrow.

s47E(c), s47F

Epidemiological Summary

- As of 20 January, 204 confirmed cases of a novel coronavirus (2019-nCoV) have been detected in the Wuhan region of China, including 198 cases in the Wuhan region of China, and three deaths.

- Six cases have been detected in individuals in Shenzhen and Beijing (China), Japan, South Korea and Thailand. Some of these individuals have reported a history of travel to Wuhan.
- Since 17 January 2020, approximately 136 new cases have been identified in patients in Wuhan with previously unexplained pneumonia.
 - Of these, all cases are adults aged between 25 and 89 years of age, with roughly equal distribution between males and females.
- The recent significant increase in the number of cases has been partially due to increased surveillance and testing of cases.
- The WHO has reported dates of onset and contact histories from mid-December to early January, which could indicate significant under-detection and under-reporting of cases in Wuhan.
- A number of clinical symptoms have been reported, predominantly from cases identified outside of China. In all these cases fever was the single consistent symptom.
 - Symptoms include fever, difficulty breathing and non-specific upper respiratory tract infection symptoms such as cough and sore throat.
 - A number of severe cases have occurred, with significant clinical deterioration particularly where co-morbidities occur. However, there is not yet enough data to assess clinical severity.
 - Due to the broad presentation of clinical symptoms, it is likely cases with mild symptoms or those who are asymptomatic remain undetected.
- WHO is reporting evidence of limited human-to-human transmission, given some cases have reported no exposure to the Huanan seafood wholesale market
- At this time, there is no clear evidence of sustained transmission.
- No cases have been reported in healthcare settings.
- There is as yet not enough information to determine the incubation period.

Border Measures

- Australia has well established processes in place for detecting and responding to ill travellers arriving at our international air and sea ports.
- No international travellers suspected of having coronavirus have been identified at Australian borders.
- The Department is not currently recommending mass screening of passengers at airports due to the limited evidence for its effectiveness, particularly in the absence of human-to-human transmission and where clinical symptoms are similar to a number of other common viruses.
- The Department will be undertaking the process to add this virus as a listed human disease, which will allow for additional screening and assessment for the presence of this disease at our border.
- The Department of Health, in consultation with key advisory committees and the Department of Agriculture, will enhance the existing ill traveller screening process to ensure it targets any potential risk from this new virus.
 - [Update and disseminate a revised Traveller with Illness Checklist (TIC)]
 - [Display NCoV electronic banners above primary lines and baggage arrival halls.]
 - [Work with Agriculture / Sydney Airport to meet 3 direct flights from Wuhan on arrival and handout information to passengers.]
- Current border measures do not include mass temperature screening of passengers. Previous experience in Australia, using thermal body scanners, did not demonstrate that this was an effective way of identifying people with an infectious disease and also does not capture travellers who may be in the incubation period for an infectious disease and not yet showing symptoms.

Advice for travellers

- The Department, with endorsement from AHPPC, will advise DFAT to publish a 'Reconsider non-essential travel' for Australians travelling to Wuhan.
- Travellers to China should practise hygiene and self-protection measures for acute respiratory infections, such as washing hands and covering your mouth while coughing or sneezing, and avoiding contact with wild or farm animals.
- If travellers entering Australia who have visited Wuhan, China are or become unwell they should seek medical attention, and advise the treating clinician of their recent travel.

Advice for health professionals

- The Department is currently drafting advice on the virus for states and territories to provide to general practitioners.
- We are also drafting and will shortly publish a Departmental web page on the virus, providing advice to clinicians and the public.

Laboratory Testing

- Through the Victorian Infectious Diseases Reference Laboratory, Queensland Health Forensic and Scientific Services and the Institute for Clinical Pathology and Medical Research (NSW) there is good capability to test for the novel coronavirus in Australia.

International Research

- Current epidemiological evidence indicates that there is similar clinical severity to other coronaviruses, however, while incubation periods and form of transmission remain unknown, it is difficult to determine what the risk is from this virus.
- The upcoming Chinese New Year celebrations will see a substantial increase in the numbers of people travelling to and from China and within China, so there is the possibility that more exported cases will be found in the coming weeks and there is an increased risk of export.
- The Department will be working with researchers on disease modelling as more information becomes available, in order to better understand the virus and the risk it presents to Australia.

s47E(c), s47F

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The Department of Health acknowledges the Traditional Custodians of Australia and their continued connection to land, sea and community. We pay our respects to all Elders past and present.

s47E(c), s47F

From: Humanbiosecurity
Sent: Tuesday, 21 January 2020 4:28 PM
To: s47F @dhhs.vic.gov.au; s47F @health.wa.gov.au; Brett Sutton - VIC; Kerryn Coleman - ACT; Louise Flood - SA; Mark Veitch - TAS; s47F @health.wa.gov.au; Sean Tobin - NSW; s47F @health.qld.gov.au; Vicki Krause - NT
Cc: s47E(c), s47F ; Owen, Rhonda; Street, Celia; s47E(c), s47F ; Humanbiosecurity; Health Ops; s47E(c), s47F
Subject: Novel Coronavirus - revised TIC and LHD [SEC=OFFICIAL]
Attachments: PDF_nCoV_Wuhan_Traveller with Illness Checklist_V15_21 Jan 2020.pdf

Dear CHBOs,

Thank you for the quick turnaround on the proposed amendments to the Traveller with Illness Checklist (TIC).

V15 has now been finalised and has been provided to the Department of Agriculture this afternoon for urgent distribution to all First Points of Entry for use by Agriculture Biosecurity Officers.

As previously cleared with CHBOs through the digital TIC project, v15 simplifies some of the language throughout and is consistent with our agreed questions hierarchy.

Importantly it now also contains the additional screening question on the current outbreak of novel coronavirus linked to Wuhan, China.

I can also confirm that the Director of Human Biosecurity (CMO) has now made 'Human coronavirus with pandemic potential' a Listed Human Disease under the *Biosecurity Act 2015*.

Thanks, as always, for your support.

s47E(c), s47F

**Director – Border Health Section
 Health Emergency Management**

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Traveller with Illness Checklist

Air and Sea Travellers

Step 1: Determine if the person has had a fever, chills or sweats

Ask the ill traveller...

At any time in the last 24 hours have you had a fever, chills or sweats?	☐ Yes
--	------------------------------

If **NO** or **DO NOT KNOW** advise the traveller to seek their own medical advice.

If **YES**, continue to **STEP 2**

UPDATE January 2020: Additional screening questions have been added (Question 1 - Step 3.0 and Questions 20 & 21 – Step 4.0). Please ensure they are completed prior to contacting a Human Biosecurity Officer.

When assessing an ill traveller on an aircraft, the following aircraft door policy applies

DAWR Policy update as of 23 August 2018:

'During the biosecurity assessment of an ill traveller on board an aircraft, the aircraft door must be in the closed (but not latched/locked) position'.

During the assessment of the ill traveller on board the aircraft, under Section 48 of the Biosecurity Act, the aircraft has not yet been granted pratique and it is a legislative requirement that the **operator of the aircraft ensures** that individuals **do not** disembark unless permission to do so is given by the attending biosecurity officer or human biosecurity officer.

Failure to do so may result in non-compliance action against the operator of the airline, *which may include a civil penalty of 120 penalty units.*

This policy update is to provide consistency to:

- operational staff
- airline operators, and
- prevent individuals from disembarking the aircraft prior to pratique being granted.

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Step 2: Collect information

Assessment details		
Name of airport/seaport:		
Date of assessment:		
Was the assessment conducted:	☐ Face to face ☐ Over the phone (vessels only)	
Name Biosecurity officer(s):		
Department of Agriculture was notified of an ill traveller by:	☐ the Airline/Vessel Master prior to disembarkation from the vessel Name of Airline/ Vessel Master: _____ ☐ Australian Border Force ☐ Other If other, please specify: _____ Was non-compliance action against airline/vessel recorded? NB: a Non-Compliance Report Notification Form should be completed, where applicable ☐ Yes ☐ No	
What symptoms or information were provided with notification?		
Was a HBO/CHBO contacted?	☐ Yes Provide details at Step 4, page 7.	☐ No No details required.

III Traveller's personal particulars:	
Name (first name and surname)	
Gender	☐ Male ☐ Female ☐ Indeterminate/intersex/unspecified
Date of Birth (dd/mm/yy)	
Nationality	
Flight Number / Vessel Name	
Origin of flight/voyage	
Contact address in Australia	
Contact number in Australia	
Final destination in Australia	
Email address	

Date published	Current versions Number	Document Owner	Page Number
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Step 3.0: Additional screening questions

Ask the ill traveller...	Tick as appropriate	
1) Have you been to Wuhan, Hubei Province China in the past 2 weeks? (including transit)*	☐ Yes ➤ Action Required: See Below	☐ No ➤ Go to STEP 3.1

*If the traveller has arrived on a direct flight from Wuhan, immediately tick yes.

If YES to Question 1:

- Immediately proceed to **Question 20, STEP 4; AND**
- Contact a Human Biosecurity Officer.

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Step 3.1: Establish if there are other symptoms

Please complete the entire checklist in full. All questions (as indicated) must be asked of the ill traveller and recorded.

Step 3.1: Cough

Ask the ill traveller...	Tick as appropriate		
2) Do you have a new coughing illness, which developed in the last 2 weeks?	☐ Yes ➤ Ask Questions 3 to 8	☐ No ➤ Go to STEP 3.2	
3) Have you been in contact with any birds or bird products within the last two weeks (e.g. handling, slaughtering or eating raw poultry products)?	☐ Yes	☐ No	☐ Do not know
4) Have you recently been in contact with any unwell people who were suspected or confirmed to have Avian Influenza?	☐ Yes	☐ No	☐ Do not know
5) Have you recently handled samples (animal or human) suspected of containing Avian Influenza virus in a laboratory or other setting?	☐ Yes	☐ No	☐ Do not know
6) Have you recently been in contact with any unwell people who were suspected or confirmed to have MERS?	☐ Yes	☐ No	☐ Do not know
7) Have you recently been in a healthcare facility while in a country in the Middle East?	☐ Yes	☐ No	☐ Do not know
8) Have you recently been in contact with camels or drunk raw camel milk or eaten camel meat in a country in the Middle East?	☐ Yes	☐ No	☐ Do not know

If YES to Questions 3, 4, 5, 6, 7 or 8 immediately proceed to **Question 20, STEP 4 AND** contact a Human Biosecurity Officer;

OR

If NO or DO NOT KNOW to all of the above continue to **STEP 3.2.**

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Step 3.2: Bleeding and bruising

Ask the ill traveller....	Tick as appropriate	
9) Have you been in any country within Africa* in the last 3 weeks?	☐ Yes Ask Questions 10 to 12	☐ No ➤ Go to STEP 3.3

* Not including Egypt

Ask the ill traveller....	Tick as appropriate	
10) Do you have any unusual bleeding, such as bleeding from the eyes or ears or nose?	☐ Yes	☐ No
11) Do you have any severe bruising?	☐ Yes	☐ No
12) Do you have any of the following symptoms: muscle aches, vomiting, diarrhoea or severe headache?	☐ Yes	☐ No

If YES to any of Question 10 or 11 or 12, immediately proceed to **Question 20, STEP 4 AND** contact a Human Biosecurity Officer;

OR

If NO to Question 10 and 11 and 12 continue to **STEP 3.3.**

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Step 3.3: Rash

Ask the ill traveller...	Tick as appropriate	
13) Do you have a new rash which developed in the last 2 weeks?	☐ Yes ➤ Go to Question 14	☐ No ➤ Go to STEP 3.4
14) Is the rash itchy?	☐ Yes ➤ Go to STEP 3.4	☐ No ➤ Action Required: See Below

If **NO** to Question 14:

- Immediately proceed to **Question 20, STEP 4; AND**
- Contact a Human Biosecurity Officer.

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the Department of Health, Disability and Ageing

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Step 3.4: Yellow eyes and/or skin

Ask the ill traveller...	Tick as appropriate	
15) Have you, or anyone around you, noticed the whites of your eyes and/or skin has yellowed?	☐ Yes ➤ Go to Question 16	☐ No ➤ Advise person to seek own medical advice
16) Were you in Africa, South/Central America or the Caribbean within the last 6 days (including transit)?	☐ Yes ➤ Go to Question 17	☐ No ➤ Advise person to seek own medical advice

17) Which country(s) did you visit?

South or Central America/Caribbean	Africa	
☐ Argentina (Misiones province and Corrientes province only)	☐ Angola	☐ Guinea
☐ Bolivia	☐ Benin	☐ Guinea-Bissau
☐ Brazil	☐ Burkina Faso	☐ Kenya
☐ Colombia	☐ Burundi	☐ Liberia
☐ Ecuador (excluding the Galapagos Islands)	☐ Cameroon	☐ Mali
☐ French Guiana	☐ Central African Republic	☐ Mauritania
☐ Guyana	☐ Chad	☐ Niger
☐ Panama	☐ Congo, Democratic Republic of the	☐ Nigeria
☐ Paraguay	☐ Congo, Republic of the	☐ Rwanda
☐ Peru	☐ Cote d'Ivoire (Ivory Coast)	☐ Senegal
☐ Suriname	☐ Equatorial Guinea	☐ Sierra Leone
☐ Trinidad	☐ Ethiopia	☐ South Sudan
☐ Venezuela	☐ Gabon	☐ Sudan
	☐ Gambia	☐ Togo
	☐ Ghana	☐ Uganda
☐ None of the countries listed above	☐ None of the countries listed above	

If **NONE of the countries listed above**, advise the person to seek their own medical advice. Otherwise if a country(s) is selected from the above, **proceed to Question 18**.

	Tick as appropriate		
18) Do you have a Yellow Fever vaccination certificate?	☐ Yes ➤ Go to Question 19	☐ No	☐ Do not know

If **NO** or **DO NOT KNOW** to Question 18 immediately proceed to **Question 20, STEP 4** and contact a Human Biosecurity Officer.

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<u>Through observation...</u>	Tick as appropriate	
19) Yellow Fever vaccination certificate sighted?	☐ Yes Advise ill traveller to seek own medical advice	☐ No

If **NO** to Question 19, complete **Question 20**, STEP 4 and immediately contact a Human Biosecurity Officer.

Step 4: HBO/ CHBO Contact Summary

To be completed in circumstances where a Human Biosecurity Officer (including the Chief Human Biosecurity Officer) is to be contacted regarding the ill traveller.

Ask the ill traveller...	Tick as appropriate
20) When did your symptoms start?	☐ less than one week ago ☐ one to two weeks ago ☐ more than two weeks ago Go to Question 21.
21) What countries have you visited in the last month?	☐ ☐ ☐ ☐ ☐ ☐ Proceed to contacting a Human Biosecurity Officer and complete Section 1 - 3 below.

SECTION 1

(C)HBO Name:			
State / Territory:			
Time contacted:		Time advice received:	
Advice provided:			
☐ Traveller to seek own medical advice. No Further information required ☐ Other (please specify) _____ ☐ Further assessment required. ➤ Complete Section 2 & 3			

SECTION 2

Please complete the record of communications made during the administration of the Checklist.

CONTACT LOG		
Person contacted	Date and time	Purpose

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SECTION 3

☐ (C)HBO detailed in Section 1 advised that: <i>"Duty of care for this traveller has been transferred to you as the relevant Human Biosecurity Officer"</i>		
☐ Traveller transferred by ambulance to _____ (name of hospital)		
☐ Traveller subject to a Human Biosecurity Control Order (HBCO) HBCO reference:		
Traveller referred to (please tick appropriate): ☐ Hospital ☐ GP ☐ Other		
☐ Traveller provided with a Yellow Fever Action Card		
☐ Other - please specify _____		

Once the TIC is completed, scan all pages and e-mail to humanbiosecurity@health.gov.au.

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s47E(c), s47F

From: MURPHY, Brendan
Sent: Tuesday, 21 January 2020 9:20 AM
To: Quinlivan, Daryl
Cc: Cooper, Barbara; Owen, Rhonda; Street, Celia; s47E(c), s47F; Health Ops;
 Humanbiosecurity
Subject: RE: New Listed Human Disease: human coronavirus with pandemic potential
 [SEC=OFFICIAL]

Thanks
 We will progress the process ASAP today
 Regards

Professor Brendan Murphy
 MBBS, FRACP, PhD, FAICD, FACHSM (Hon), FAHMS
 Australian Government Chief Medical Officer
 Department of Health
 Phone: +61 2 6289 8408

From: Quinlivan, Daryl
Sent: Tuesday, 21 January 2020 9:16 AM
To: MURPHY, Brendan
Cc: Cooper, Barbara ; Owen, Rhonda ; Street, Celia ; s47E(c), s47F ; Health Ops ; Humanbiosecurity
Subject: RE: New Listed Human Disease: human coronavirus with pandemic potential [SEC=UNCLASSIFIED]

Thanks Brendan, fine by me. daryl

From: MURPHY, Brendan [<mailto:Brendan.Murphy@health.gov.au>]
Sent: Monday, 20 January 2020 9:53 PM
To: Quinlivan, Daryl <Daryl.Quinlivan@agriculture.gov.au>
Cc: Cooper, Barbara <Barbara.Cooper@agriculture.gov.au>; Owen, Rhonda <Rhonda.Owen@health.gov.au>; Street, Celia <Celia.Street@health.gov.au>; s47E(c), s47F <[s47E\(c\), s47F@health.gov.au](mailto:s47E(c), s47F@health.gov.au)>; Health Ops <Health.Ops@health.gov.au>; Humanbiosecurity <Humanbiosecurity@health.gov.au>
Subject: New Listed Human Disease: human coronavirus with pandemic potential [SEC=OFFICIAL]

Dear Daryl,

In response to the novel coronavirus identified in Wuhan city, China, our respective teams have been working together on possible options at the border to mitigate the risk to Australia.

To enable the greatest range of options for responding to this human biosecurity threat, including the screening of ill travellers, I am proposing to add 'human coronavirus with pandemic potential' as a Listed Human Disease under section 42 of the *Biosecurity Act 2015*. This section requires that I consult with you before doing so, in your capacity as Director of Biosecurity.

The Communicable Disease Network Australia and the Australian Health Protection Principal Committee (whose memberships include many of our designated Chief Human Biosecurity Officers and all state and territory chief health officers) are supportive of this addition.

Following this addition, the Department of Health will continue to work with Agriculture on the implementation of additional border measures as required.

Thanks to you and your staff for supporting this response.

Kind regards

Brendan

Professor Brendan Murphy
Australian Government Chief Medical Officer
Director of Human Biosecurity

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s47E(c), s47F

From: NGComms <apollo@id.ngcomms.net> on behalf of Health.Ops@health.gov.au
Sent: Monday, 13 January 2020 9:52 AM
To: Humanbiosecurity
Subject: WHO Announcement: China - Coronavirus infection [SEC=OFFICIAL]



Australian Government
 Department of Health
 National Incident Room



The WHO Event Information Site (EIS) has been updated.

China - Coronavirus infection

Issued: 12/01/2020 15:11 (Geneva)

On 31 December 2019, a cluster of viral pneumonia of unknown etiology was reported in Wuhan City, Hubei Province of China. Some cases are reported to have worked in or been visitors to the Huanan Seafood Wholesale Market. The concerned market in Wuhan was closed on 1 January 2020 for environmental sanitation and disinfection. The source of infection is under further investigation. On January 7, 2020, a novel coronavirus was detected in some cases and isolated from one patient sample, and as of 11 January nucleic acid test of the novel coronavirus was tested positive among 41 pneumonia cases in Wuhan City.

Details of the cases:

As of 24:00 11 January 2020, 41 cases with pneumonia with positive nucleic acid tests for a novel coronavirus were detected in Wuhan City, Hubei Province of China, including 7 cases in severe condition and one death. The fatal case was a 61-year-old male with severe underlying medical conditions, with frequent contact with the Huanan Market, who was admitted to the hospital with respiratory failure. The remaining cases are in stable condition. The dates of onset range between 8 December 2019 and 2 January 2020. At present, six cases have been discharged and other cases are receiving treatment and are isolated in Wuhan medical institutions. The clinical presentation includes fever, in some cases difficulty breathing, and chest radiographs show bilateral pneumonic infiltrations. So far, 763 close contacts have been followed up and placed under medical observation. Among them, 46 have been discharged from medical observation, 717 are under current medical observation and no secondary cases have been found among all the close contacts. The preliminary investigation revealed that there is no infection among health care workers and no clear evidence of human-to-human transmission. Some clustered cases are still under investigation.

A new type of coronavirus (novel coronavirus, nCoV) was detected on 7 January 2020, and the genetic sequence of this virus had been shared with WHO by China on 12 January. A total of 41 positive results of nCoV have been detected by nucleic acid test. Other respiratory pathogens such as influenza, avian influenza, adenovirus, Severe Acute Respiratory Syndrome coronavirus (SARS-CoV), Middle East Respiratory Syndrome coronavirus (MERS-CoV) have been excluded.

The source of the outbreak is under further investigation. According to preliminary epidemiological investigations, most patients either visited or worked in the Huanan Seafood Wholesale market, Wuhan City. Live wild and farmed animals were also sold at the market and authorities in China are investigating whether any animals were infected with nCoV.

Public Health Response

The Chinese authorities have taken the following measures since the identification of the outbreak on 31 December 2019:

Convened an expert group and conducted active and retroactive case finding in medical institutions throughout the city. Developed diagnosis and treatment protocols for early diagnosis, early isolation and early treatment, and mobilised experts for case management. Conducted epidemiological and aetiological investigations and provided public health education to improve public awareness and adoption of self-protection measures. The Huanan Seafood Wholesale Market has been temporarily closed on 1 January 2020 for environmental sanitation and disinfection. Public education on disease prevention and environmental hygiene was further strengthened in public places across the city, farmers' markets in particular.

WHO Risk Assessment

Since the initial report of 31 December 2019, extensive case finding and retrospective investigations were conducted, and based on the clinical presentation, epidemiological information, laboratory findings of the patients who were admitted to the hospitals for medical observation and treatment, 41 cases with novel coronavirus infection have been preliminarily diagnosed, including 1 death in a case with severe underlying medical conditions. The source of infection is still under investigation. To date, there is no infection among healthcare workers and no clear evidence of human-to-human transmission. Some clustered cases are being investigated. No additional cases have been detected since 3 January 2020. Additional investigation is needed to ascertain the presence or not of human to human transmission, and it is critical to review all available information to fully understand the transmissions potential among humans. Wuhan city is a major domestic and international transport hub. So far, there are no reports of confirmed nCoV cases outside of Wuhan City.

WHO Advice

Although the source of the novel coronavirus causing this cluster of pneumonia and the mode of transmission are unknown, it would be prudent to remind populations and health workers of the basic principles to reduce the general risk of transmission of acute respiratory infections:

- Avoiding close contact with people suffering from acute respiratory infections
- Frequent hand-washing, especially after direct contact with ill people or their environment
- Avoiding unprotected contact with farm or wild animals
- People with symptoms of acute respiratory infection should practice cough etiquette (maintain distance, cover coughs and sneezes with disposable tissues or clothing, and wash hands)
- Within healthcare facilities, enhance standard infection prevention and control practices in hospitals, especially in emergency departments

WHO does not recommend any specific health measures for travellers. In case of symptoms suggestive of respiratory illness either during or after travel, the travellers are encouraged to seek medical attention and share their travel history with their health care provider. Travel guidance has been updated.

WHO has provided interim guidance for novel coronaviruses (see below).

WHO advises against the application of any travel or trade restrictions on China based on the information currently available on this event.

Further Information

Sent By: s47E(c), s47F

Distribution: s47E(c), s47F

, CDESS s47E(c), s47F Health Ops, Human Biosecurity, s47E(c), s47F, Pandemic Planning, Rebecca Newton, Rhonda Owen, s47E(c), s47F

The National Incident Room (NIR) may be contacted 24/7 at (02) 6289 3030 and health.ops@health.gov.au.

NIR supports the activities of the Australian National Focal Point (NFP) under the International Health Regulations 2005 (IHR). EIS is the primary mechanism for the WHO to communicate public health risks notified under the IHR to IHR NFPs. More information on this announcement or the WHO EIS distribution list can be obtained by contacting NIR.

s47E(c), s47F

From: NGComms <apollo@id.ngcomms.net> on behalf of Health.Ops@health.gov.au
Sent: Monday, 13 January 2020 10:31 AM
To: Humanbiosecurity
Subject: WHO Event: China | Pneumonia, viral other [SEC=OFFICIAL]



Australian Government
 Department of Health
 National Incident Room



The WHO Event Information Site (EIS) has been updated.

China | Pneumonia, viral other

Issued: 12/01/2020 15:11 (Geneva)

Latest Update

Summary

On 31 December 2019, a cluster of viral pneumonia of unknown etiology was reported in Wuhan City, Hubei Province of China. Some cases are reported to have worked in or been visitors to the Huanan Seafood Wholesale Market. The concerned market in Wuhan was closed on 1 January 2020 for environmental sanitation and disinfection. The source of infection is under further investigation. On January 7, 2020, a novel coronavirus was detected in some cases and isolated from one patient sample, and as of 11 January nucleic acid test of the novel coronavirus was tested positive among 41 pneumonia cases in Wuhan City.

Details of the cases:

As of 24:00 11 January 2020, 41 cases with pneumonia with positive nucleic acid tests for a novel coronavirus were detected in Wuhan City, Hubei Province of China, including 7 cases in severe condition and one death. The fatal case was a 61-year-old male with severe underlying medical conditions, with frequent contact with the Huanan Market, who was admitted to the hospital with respiratory failure. The remaining cases are in stable condition. The dates of onset range between 8 December 2019 and 2 January 2020. At present, six cases have been discharged and other cases are receiving treatment and are isolated in Wuhan medical institutions. The clinical presentation includes fever, in some cases difficulty breathing, and chest radiographs show bilateral pneumonic infiltrations. So far, 763 close contacts have been followed up and placed under medical observation. Among them, 46 have been discharged from medical observation, 717 are under current medical observation and no secondary cases have been found among all the close contacts. The preliminary investigation revealed that there is no infection among health care workers and no clear evidence of human-to-human transmission. Some clustered cases are still under investigation.

A new type of coronavirus (novel coronavirus, nCoV) was detected on 7 January 2020, and the genetic sequence of this virus had been shared with WHO by China on 12 January. A total of 41 positive results of nCoV have been detected by nucleic acid test. Other respiratory pathogens such as influenza, avian influenza, adenovirus, Severe Acute Respiratory Syndrome coronavirus (SARS-CoV), Middle East Respiratory Syndrome coronavirus (MERS-CoV) have been excluded.

The source of the outbreak is under further investigation. According to preliminary epidemiological investigations, most patients either visited or worked in the Huanan Seafood Wholesale market, Wuhan City. Live wild and farmed animals were also sold at the market and authorities in China are investigating whether any animals were infected with nCoV.

Public Health Response

The Chinese authorities have taken the following measures since the identification of the outbreak on 31 December 2019:

Convened an expert group and conducted active and retroactive case finding in medical institutions throughout the city. Developed diagnosis and treatment protocols for early diagnosis, early isolation and early treatment, and mobilised experts for case management. Conducted epidemiological and aetiological investigations and provided public health education to improve public awareness and adoption of self-protection measures. The Huanan Seafood Wholesale Market has been temporarily closed on 1 January 2020 for environmental sanitation and disinfection. Public education on disease prevention and environmental hygiene was further strengthened in public places across the city, farmers' markets in particular.

WHO Risk Assessment

Since the initial report of 31 December 2019, extensive case finding and retrospective investigations were conducted, and based on the clinical presentation, epidemiological information, laboratory findings of the patients who were admitted to the hospitals for medical observation and treatment, 41 cases with novel coronavirus infection have been preliminarily diagnosed, including 1 death in a case with severe underlying medical conditions. The source of infection is still under investigation. To date, there is no infection among healthcare workers and no clear evidence of human-to-human transmission. Some clustered cases are being investigated. No additional cases have been detected since 3 January 2020. Additional investigation is needed to ascertain the presence or not of human to human transmission, and it is critical to review all available information to fully understand the transmissions potential among humans. Wuhan city is a major domestic and international transport hub. So far, there are no reports of confirmed nCoV cases outside of Wuhan City.

IHR Criteria

Serious Public Health Impact: Yes

(none)

Unusual or Unexpected: Yes

(none)

International Disease Spread: No

(none)

Interference with International Travel or Trade: No

(none)

Event Details

Event ID: 2020-E000001

Date Published: 05/01/2020 11:41

EIS Status: Current

Hazard: Undetermined

Syndrome: (none)

Aetiology: Unknown aetiology

Disease: Pneumonia, viral other

Verification Status: WHO-NFP risk assessment ongoing

Laboratory Confirmed: No

IHR Assessment: Public Health Risk (PHR)

Note: "(none)" indicates a field is not specified.

Further Information

Sent By: s47E(c), s47F

Distribution: s47E(c), s47F

s47E(c), s47F CDESS, s47E(c), s47F Health Ops, Human Biosecurity, s47E(c), s47F, Pandemic Planning, Rebecca Newton, Rhonda Owen, s47E(c), s47F

The National Incident Room (NIR) may be contacted 24/7 at (02) 6289 3030 and health.ops@health.gov.au.

NIR supports the Australian National Focal Point (NFP) under the *International Health Regulations 2005* (IHR). EIS is the primary mechanism for the WHO to communicate public health risks notified under the IHR to IHR NFPs. More information on this announcement or the EIS distribution list can be obtained by contacting NIR.

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Biosecurity (Listed Human Diseases) Amendment Determination 2020

I, Professor Brendan Murphy, Director of Human Biosecurity, make the following legislative instrument.

Dated

Professor Brendan Murphy
Director of Human Biosecurity

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<i>Biosecurity (Listed Human Diseases) Determination 2016</i>	2

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1 Name

This instrument is the *Biosecurity (Listed Human Diseases) Amendment Determination 2020*.

2 Commencement

This instrument commences on the day it is registered.

3 Authority

This instrument is made under subsection 42(1) of the *Biosecurity Act 2015*.

4 Schedules

Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.

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Schedule 1—Amendments

Biosecurity (Listed Human Diseases) Determination 2016

1 Section 4

After “(g) yellow fever”, add
“; (h) human coronavirus with pandemic potential”.

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EXPLANATORY STATEMENT

Biosecurity Act 2015

Biosecurity (Listed Human Diseases) Amendment Determination 2020

Authority

The *Biosecurity Act 2015* (the Act) provides the primary legislative means and a regulatory framework for the Australian Government to manage the risk of pests and diseases from entering Australian territory and causing harm to animal, plant and human health, the environment and the economy. The Act manages biosecurity risks – including the risk of listed human diseases – entering Australian territory, or emerging, establishing or spreading in Australian territory.

Subsection 42(1) of the Act provides that the Director of Human Biosecurity may determine, in writing, a human disease to be a listed human disease if the disease may be communicable and may cause significant harm to human health.

Purpose

The purpose of *Biosecurity (Listed Human Diseases) Amendment Determination 2020 (the instrument)* is to add human coronavirus with pandemic potential to the list of human diseases in this instrument. The disease is required to be listed in the instrument to allow human biosecurity measures under Chapter 2 of the Act to be imposed, thereby allowing Australia to manage and respond to biosecurity risks to human health caused by that virus.

Background

On 5 January 2020, the World Health Organization (WHO) notified Member States under the *International Health Regulations (2005)* (IHR) of an outbreak of pneumonia of unknown cause in Wuhan city, China. The cause of the outbreak has since been determined as a novel coronavirus.

Under the IHR, the WHO has recommended that health authorities work with travel, transport and tourism sectors to provide travellers with information to reduce the general risk of acute respiratory infections, including at points of entry and through conveyance operators.

All powers under Chapter Two of the Act require that the disease be a listed human disease for the power to apply. These powers include the ability to screen incoming passengers for signs and symptoms of a listed human disease, the ability to impose Human Biosecurity Control Orders on those who are suspected or confirmed as having a listed human disease and implementing further risk mitigation measures.

To enable compliance with the WHO's recommendations, and to implement additional border measures under the Act, it is necessary for human coronavirus with pandemic potential to be determined as a listed human disease. The inclusion of human coronavirus with pandemic potential enables application of border measures under the Act in order to manage this or other emerging coronaviruses and their potential for human to human transmission.

Consultation

Subsection 42(2) of the Act requires that before making a determination under section 42, the Director of Human Biosecurity must consult with the chief health officer (however described) for each State and Territory and the Director of Biosecurity.

The Director of Human Biosecurity consulted the States and Territories and the Director of Biosecurity. The Australian Health Protection Principal Committee and the Communicable Diseases Network Australia, comprising Chief Health Officers and communicable disease experts across state and territory governments, met via teleconference on 20 January 2020, and endorsed the addition of

human coronavirus with pandemic potential as a listed human disease.

The Director of Biosecurity, Mr Daryl Quinlivan, was also consulted in regards to the determination and on 21 January 2020 confirmed his support of the amendment.

The instrument commences on the day it is registered.

The instrument is a legislative instrument for the purposes of the *Legislation Act 2003*.

A provision by provision description of the instrument is contained in Attachment 1.

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ATTACHMENT 1**Provision by provision description of the *Biosecurity (Listed Human Diseases) Amendment Determination 2020*****1. Name**

Section 1 provides that the name of the instrument is *Biosecurity (Listed Human Diseases) Amendment Determination 2020*.

2. Commencement

Section 2 provides that this legislative instrument commences on the day it is registered.

3. Authority

Section 3 specifies that this instrument is made under subsection 42(1) of the *Biosecurity Act 2015*.

4. Schedules

Section 4 provides that instruments included in the schedule to this instrument are amended or repealed as set out in the applicable items in the schedule.

Schedule 1 – Amendments

Item 1 of Schedule 1 provides that section 4 of the *Biosecurity (Listed Human Diseases) Determination 2016*, which is the list of Listed Human Diseases, is amended to include 'human coronavirus with pandemic potential' in that list.

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