

s47E(c), s47F

From: Legislation_Register <noreply@legislation.gov.au>
Sent: Tuesday, 21 January 2020 3:41 PM
To: s47E(c), s47F
Subject: Compilation(s) required because of amendment - Biosecurity (Listed Human Diseases) Amendment Determination 2020 [SEC=UNCLASSIFIED]

Dear s47E(c),
s47F

The following instrument has been registered on the Federal Register of Legislation on 21/01/2020:

F2020L00037, Biosecurity (Listed Human Diseases) Amendment Determination 2020 (receipt ID for lodgement: R20200121L002).

As the registered instrument is amending, a compilation of the amended instrument or instruments will also be required. If the amendment commences at different times, separate compilations must be prepared and lodged for each commencement date.

If your agency already has an arrangement for the Office of Parliamentary Counsel (OPC) to prepare compilations, a compilation will be prepared and lodged for registration shortly. Otherwise, please ensure that the compilation is prepared and lodged with the Federal Register of Legislation as soon as practicable after the amendment commences. If you need guidance on how to prepare a compilation, a compilation template has been made available on the lodgement site. Alternatively OPC can prepare and lodge compilations for your agency on a user-pays basis.

If you need additional assistance please contact the registration help desk on (02) 6120 1350 or email ldge@legislation.gov.au.

s47E(c), s47F

From: Humanbiosecurity
Sent: Tuesday, 21 January 2020 1:29 PM
To: Legislative Instruments
Cc: s47E(c), s47F
Subject: FW: Biosecurity (Listed Human Diseases) Amendment Determination 2020 for Registration [SEC=OFFICIAL]
Attachments: FINAL ES - human coronavirus with pandemic potential january 2020.docx

Hi s47E(c), s47F

Please find ES attached with question mark removed.

Kind regards

s47E(c), s47F

Departmental Officer – Border Health Section
Health Emergency Management

Office of Health Protection | Chief Medical Officer Group
 Australian Government Department of Health
 T: 02 6289 s47E(c), s47F [@health.gov.au](mailto:s47E(c), s47F@health.gov.au)
 Location: Scarborough House 3.230
 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: Humanbiosecurity
Sent: Tuesday, 21 January 2020 1:09 PM
To: Legislative Instruments ; Humanbiosecurity
Cc: s47E(c), s47F
Subject: RE: Biosecurity (Listed Human Diseases) Amendment Determination 2020 for Registration [SEC=OFFICIAL]

Hi s47E(c), s47F

Please find the requested documents attached;

Completed Registration Request Spreadsheet

1. WORD version of the signed instrument
2. Scanned (PDF) version of explanatory statement approved by Professor Brendan Murphy (word version attached to email verifying CMO cleared)
3. WORD version of explanatory statement approved by Professor Brendan Murphy

Please let me know if you have any questions.

Kind regards

s47E(c), s47F

Departmental Officer – Border Health Section
Health Emergency Management

Office of Health Protection | Chief Medical Officer Group
 Australian Government Department of Health
 T: 02 6289 s47E(c), s47F [@health.gov.au](mailto:s47E(c), s47F@health.gov.au)

Location: Scarborough House 3.230
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: Legislative Instruments <Legislative.Instruments@health.gov.au>
Sent: Tuesday, 21 January 2020 10:53 AM
To: Humanbiosecurity <Humanbiosecurity@health.gov.au>; Legislative Instruments <Legislative.Instruments@health.gov.au>
Cc: §47E(c), §47F <§47E(c), §47F@health.gov.au>; §47E(c), §47F <§47E(c), §47F@health.gov.au>
Subject: RE: Biosecurity (Listed Human Diseases) Amendment Determination 2020 for Registration [SEC=OFFICIAL]

Thanks §47E(c), §47F

Can you please complete the attached registration spreadsheet and return it along the following documents:

1. WORD version of the signed instrument
2. Scanned (PDF) version of explanatory statement approved by Professor Brendan Murphy
3. WORD version of explanatory statement approved by Professor Brendan Murphy

Kind regards

§47E(c), §47F
 Legislative Instruments and Executive Council Liaison Officer
 FOI and Legislation Support Section

Legal Advice & Legislation Branch
 Legal & Assurance Division
 Australian Government Department of Health
 T: (02) 6289 §47E(c), §47F

From: Humanbiosecurity <Humanbiosecurity@health.gov.au>
Sent: Tuesday, 21 January 2020 10:18 AM
To: Legislative Instruments <Legislative.Instruments@health.gov.au>; Humanbiosecurity <Humanbiosecurity@health.gov.au>
Cc: §47E(c), §47F <§47E(c), §47F@health.gov.au>; §47E(c), §47F <§47E(c), §47F@health.gov.au>
Subject: Biosecurity (Listed Human Diseases) Amendment Determination 2020 for Registration [SEC=OFFICIAL]

Good morning

Please find the **attached** *Biosecurity (Listed Human Diseases) Amendment Determination 2020* executed by the Director of Human Biosecurity, Professor Brendan Murphy, for registration.

Please contact §47E(c), §47F at §47E(c), §47F <[§47E\(c\), §47F@health.gov.au](mailto:§47E(c), §47F@health.gov.au)> with any questions.

Kind regards

§47E(c), §47F
Departmental Officer – Border Health Section
Health Emergency Management

Office of Health Protection | Chief Medical Officer Group
 Australian Government Department of Health
 T: 02 6289 §47E(c), §47F <[§47E\(c\), §47F@health.gov.au](mailto:§47E(c), §47F@health.gov.au)>
 Location: Scarborough House 3.230
 PO Box 9848, Canberra ACT 2601, Australia

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This document has been released under
the Freedom Of Information Act 1982 by
the Department of Health, Disability and Ageing

FYI

s47E(c), s47F

Office of Health Protection | Chief Medical Officer Group
Australian Government Department of Health
T: 02 6289 s47E(c), s47F [REDACTED] [\[REDACTED\]@health.gov.au](mailto:[REDACTED]@health.gov.au)
Location: Scarborough 3.105
PO Box 9848, Canberra ACT 2601, Australia

From: s47E(c), s47F <[@dfat.gov.au](#)>

Sent: Tuesday, 14 January 2020 10:00 AM

To: Health Ops <[Health.Ops@health.gov.au](#)>

Cc: s47E(c), s47F <[@dfat.gov.au](#)>; s47E(c), s47F <[@dfat.gov.au](#)>; s47E(c), s47F
s47E(c), s47F <[@dfat.gov.au](#)>; s47E(c), s47F <[@dfat.gov.au](#)>; s47E(c), s47F
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s47E(c), s47F <[@dfat.gov.au](#)>; s47E(c), s47F <[@dfat.gov.au](#)>;
s47E(c), s47F <[@health.gov.au](#)>

Subject: FW: DFAT/Global Health Security Centre - 2019-nCoV / informal quick update [SEC=UNCLASSIFIED]

FYI. The document attached, shared with WHO by the Thais, does not state much more than news reports -- but the detail may be of interest.

s47E(c), s47F

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+61 2 6261 [REDACTED] s47E(c), s47F

www.indopacifichealthsecurity.dfat.gov.au

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Australian Government



From: [REDACTED] s47F [\[REDACTED\]@who.int](mailto:[REDACTED]@who.int)>

Sent: Monday, 13 January 2020 9:49 PM

To: [REDACTED] s47E(c), s47F [\[REDACTED\]@dfat.gov.au](mailto:[REDACTED]@dfat.gov.au)>

Cc: [REDACTED] s47F [\[REDACTED\]@who.int](mailto:[REDACTED]@who.int)>; [REDACTED] s47F [\[REDACTED\]@who.int](mailto:[REDACTED]@who.int)>; [REDACTED] s47F [\[REDACTED\]@who.int](mailto:[REDACTED]@who.int)>; [REDACTED] s47F [\[REDACTED\]@who.int](mailto:[REDACTED]@who.int)>; [REDACTED] s47F [\[REDACTED\]@who.int](mailto:[REDACTED]@who.int)>; [REDACTED] s47F [\[REDACTED\]@yahoo.com.au](mailto:[REDACTED]@yahoo.com.au)

Subject: DFAT/Global Health Security Centre - 2019-nCoV / informal quick update

[REDACTED] s47E(c), s47F - happy new year to you and your team, and very best wishes for 2020. It already feels old.

As you are aware Chinese health authorities have identified a novel coronavirus in Wuhan China. Today we have reports of the first exported cases in Thailand

Information on China is available on:

<https://www.who.int/csr/don/12-january-2020-novel-coronavirus-china/en/>

and attached is an report from Thailand on the first case there. Please treat as an internal document for close hold. Information is in the public domain, and MoH held press conference today.

Best, [REDACTED] s47E(c), s47F

Novel Coronavirus, China (Risk of Spread to Other Countries)

Date and version of current assessment: 14 January 2020, v2 Led by: CO ☐ RO ☐ HQ ☒
 Date(s) and version(s) of previous assessment(s): 05 January 2020 v1

Overall risk and confidence

Overall risk		
National*	Regional	Global
High	Moderate	Moderate

* China only

Confidence in available information		
National	Regional	Global
Moderate	Moderate	Moderate

Risk statement

On January 7, 2020, the Chinese authorities identified a new type of coronavirus (novel coronavirus, nCoV) from the cluster of pneumonia outbreak in Wuhan city, Hubei province, China. Between 31 December 2019 and 13 January 2020, a total of 41 confirmed cases infected with this novel coronavirus, including 6 cases with severe illness and one fatal case were reported to WHO China. The last case reported from Wuhan is on 2 January 2020. Seven cases are fully recovered and have been discharged and all remaining cases are under isolation receiving treatment. Of the 763 close contacts identified, 76 completed their monitoring. No suspected case has been identified among the contacts. Most cases (details not available) are related to a large seafood wholesale market called Huanan Seafood Market in Wuhan city; however as illustrated by the case exported in Thailand the exact source of the outbreak and its extent still needs to be investigated by MoH China.

WHO considers the overall risk for China to remain high at the national level due to the fact that: 1) epidemiological, laboratory and clinical information is currently available to WHO remains limited; 2) report of a case exported in Thailand raises the possibility that there may be further unidentified cases in the affected area or other in areas where no cases have been yet reported; 3) no detailed information about case definitions (including for potential mild or asymptomatic cases without pneumonia), control measures, results of the investigation of the potential source of outbreak nor enhanced surveillance has been provided to WHO; 4) the mode of transmission and reservoir remain unknown and 5) Wuhan city is a major domestic water and land transport hub, making spread to other parts of China a concern especially with an expected increase in population movement during the Chinese New Year in the last week of January. On the other hand, 6) since the 1st RRA an etiological agent i.e. a novel coronavirus has been identified; 7) there is no report of human-to-human transmission and no reports of infection of health care staff.

On 13 January 2020, Thailand reported the 1st imported laboratory confirmed (nCoV) in a Chinese national residing in Wuhan. Prior to her trip in Thailand, she reported visiting local market in Wuhan most days prior her onset of illness on 5 January 2020, however she did not visit the Huanan Seafood Market. The Ministry of Public Health Thailand has implemented measures for screening travellers from Wuhan city since 3 January 2020 at main airports and activated enhanced surveillance at public and private hospitals.

In regional and global level, the overall risk is assessed as moderate because 1) the mode(s) of transmission and the source of infection the outbreak is unknown still unclear while it seems unlikely that the source of the outbreak is a single point-source outbreak associated to the seafood market, 2) we have confirmed exportation of a case to Thailand, suggesting the possibility of further international spread; 3) Wuhan international airport has connections to South-East Asia, Europe, North America and the Middle East; and 4) Tokyo 2020 Olympic Boxing Qualification event for Asia/Oceania is expected to take place in Wuhan, 3-14 February 2020. To date all 112 cases of pneumonia returning from Wuhan detected in 5 countries and 3 special administrative region (SAR) of China have been ruled out.

The rapid risk assessment will be reviewed based on the availability of new information.

Risk questions

Risk question		Assessment		Risk	Rationale
		Likelihood	Consequences		
Potential risk for human health?	CHINA	Likely	Major	High	A new coronavirus has been identified as the etiological agent for viral pneumonia in 15 hospitalised cases belonging to the pneumonia cluster in Wuhan. As of 13 January, of the 41 cases reported in Wuhan city, one died, and 6 additional cases were reported with severe illness. However, the source of infection and the mode(s) of transmission remain unknown. Most cases (detail not available) were linked to a large seafood wholesale market where wild and live animal were also on sale. The market was closed on the 1 January 2020, active case finding and retrospective investigation has been initiated. Available information remains incomplete to identify the source of the outbreak and one cannot firmly conclude that this outbreak is related to this single wholesale seafood market.
	Regional	Likely	Moderate	Moderate	
	Global	Likely	Moderate	Moderate	

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Risk of event spreading?	CHINA	Likely	Major	High	To date, there is no clear evidence of sustained human to human transmission, nor cases reported among health care workers. Although most cases (but not all, including the case exported in Thailand) were reported to have common exposure to the Huanan Wholesale Seafood Market, the extent of the outbreak in Wuhan remains unclear, and the existence of cases in areas where no cases have been yet reported. Wuhan city is the capital of Hubei province with an estimated population of 19 million and is a major domestic water and land transportation hub, with an international airport. Mass gathering, and population movement might be expected for the coming Chinese New Year in the last week of January and this may increase the risk of possible spread to other areas or provinces. To date This novel coronavirus has not been reported from other parts of China. The exportation by air transportation of a case from Wuhan to Thailand illustrates the risk for further national and international spread at the regional and global levels. Neighbouring areas in China and several neighbouring countries have initiated enhanced surveillance for passengers coming from Wuhan with symptoms of respiratory illness.
	Regional	Likely	Moderate	Moderate	
	Global	Likely	Moderate	Moderate	
Risk of insufficient control capacities with available resources?	CHINA	Unlikely	Moderate	Moderate	In China, public health capacities to respond and manage the outbreak are available and have been activated by Wuhan Municipal Health Commission, working with the Health Commission of Hubei province and a national expert team. Measures to control and manage the outbreak reported by the Chinese authorities are said to include: treatment and isolation of patients, tracing of close contacts, clean-up of the market, risk communication and conducting active and retroactive case finding in the affected area according to national protocols. In Thailand, health authorities are closely collaborating with WHO and China IHR NFP to ensure all necessary public health measures are taken. Technical guidance documents have been updated by WHO and partners to timely aid the member states in prevention and response measures, and the study is being considered for vaccine and therapeutics.
	Regional	Unlikely	Moderate	Moderate	
	Global	Unlikely	Moderate	Moderate	

Major actions recommended by the risk assessment team

	Action	Timeframe
☒	Refer the event for review by IHR Emergency Committee for consideration as a PHEIC by DG (Art 12, IHR)	Immediate
☐	Immediate activation of ERF response mechanism (IMS) as urgent public health response is required	Select.
☒	Recommend setting up of grading call	Immediate
☐	Immediate support to response, but within limit of CFE (no grading recommended in time)	Select.
☒	Rapidly seek further information and repeat RRA (including field risk assessment)	Immediate
☒	Support Member State to undertake preparedness measures	Continuous
☒	Continue to closely monitor	Continuous
☐	No further risk assessment required for this event, return to routine activities	Select.

*If chosen, list actions and identify **persons responsible and due dates** for each action in section 2 (Supporting information)

Communications

Target audience/ channel	Planned	Done	First date	Last update
Inform ExD and Deputy ExD of WHE (HQ)		☒	31 December 2019	09 January 2020
Inform relevant RD and RED (RO)		☒	31 December 2019	09 January 2020
Inform WR (CO)		☒	31 December 2019	09 January 2020
Enter event into EMS (RO)		☒	02 January 2020	Choose date
Inform GOARN (HQ)		☒	31 December 2019	09 January 2020
Share event via Event Information Site (EIS)	☐	☒	05 January 2020	12 January 2020
Share event via Disease Outbreak News (DON)	☐	☒	05 January 2020	12 January 2020
Public SitRep	☐	☐	Choose date	09 January 2020
Media talking points (coordinate with Communications)	☐	☒	02 January 2020	14 January 2020
Other – specify: MoH briefing note	☐	☒	31 December 2019	11 January 2020

Supporting information**Hazard assessment**

A new type of coronavirus has been detected on 7 January 2020 from an outbreak in Wuhan city, Hubei province, China. The entire genome sequence of the virus has been obtained and uploaded to GISAID platform. A total of 15 positive results of the new type of coronavirus have been detected by nucleic acid test (NAT). From one positive patient sample, the virus was isolated and showed typical coronavirus morphology under electron microscope. The Expert Group for Preliminary Evaluation

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of Pathogen Detection Results and Academician of the Chinese Academy of Engineering believes that the pathogen of this viral pneumonia of unknown cause is due to a new type of coronavirus. Human coronaviruses (CoV) cause mild to severe illness such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). This novel coronavirus is a new strain that has not been previously identified in humans.

Coronaviruses are well-established pathogens of humans and animals. While most coronavirus infections cause the mild infection in humans, the emergence of the SARS-associated coronavirus (SARS-CoV), and MERS CoV, demonstrated the potential for severe human illness. Several known coronaviruses are circulating in animals that have not yet infected humans, however coronaviruses are known to have high mutation and recombination rates, which may allow them to cross species barriers and adapt to new hosts. Common signs of infection include respiratory symptoms, fever, cough, shortness of breath and breathing difficulties. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, kidney failure and even death. Standard recommendations to prevent infection spread include regular hand washing with soap, covering mouth and nose when coughing and sneezing, thoroughly cooking meat and milk. Avoid close contact with anyone showing symptoms of respiratory illness such as coughing and sneezing.

Exposure assessment

Since the first report on 31 December 2019 from Wuhan city, Hubei province, China, a total of 42 cases of novel coronavirus infection have been confirmed including 41 cases in Wuhan and one exported case to Thailand as of 13 January 2020.

China

Since the initial report on 31 December 2019 and as of 13 January 2020, Chinese health authorities have reported 41 cases of novel coronavirus infection including 6 severe cases and one death from a patient with other underlying health conditions, all reported in Wuhan city in Hubei Province, China. The date of onset ranges from 8 December 2019 to 2 January 2020. The last case in China was reported on 2 January 2020. Eight cases have been discharged after full recovery, while the rest remains in stable condition under isolation in Wuhan medical institutions. The clinical presentation includes fever, in some cases difficulty breathing, and chest radiographs showing bilateral pneumonic infiltrations in lungs.

Most of the cases, but not all (no breakdown information shared), were reported to have a common epidemiological link with the Wuhan South China Seafood City Market (also called the South China Seafood Wholesale Market and the Huanan Seafood Market) where live animals are also reportedly on sale, despite sale of live animals being illegal in this market. It is possible that wild animals were also on sale in some parts of the market. The market has been closed since 1 January 2020 for cleaning and disinfection. 763 close contacts including 419 health care workers have been identified among which 76 finished completed monitoring and 687 are still under monitoring. No further suspected case has been reported in the identified contacts.

The preliminary investigation revealed that there is no clear evidence of human-to-human transmission, and no infections among health care workers. Due to the insufficient information on the epidemiological, (such as age-sex breakdown and epicurve), the investigation into the environment and animals, and the control activities (in particular surveillance) the key issues remain: 1) the source remains unknown; 2) the presence of asymptomatic cases or cases with mild infection and whether they can transmit the disease is unknown; 3) although there are no reported human to human transmission, the latter cannot be ruled out with certainty.

In the course of an outbreak and especially when the etiological agent was previously unknown agent, it is unusual for all reported cases to be laboratory confirmed. The absence of suspect cases that could not have been laboratory confirmed (e.g. because sample was collected too late for the PCR to be positive) may suggest that not all cases were reported especially among the first retrospective cases. Similarly, the fact that all reported cases presented pneumonia could underestimate the number of cases in excluding milder and or asymptomatic cases.

Chinese authorities report that control measures include: treatment and isolation of patients, tracing of close contacts, clean-up of the market, risk communication to public and conducting active and retroactive case finding in the affected area according to national protocols. Investigations led by the national expert team started on 31 December including the investigation of other markets in the area, but results are pending. No details of these activities have been made available to WHO.

Thailand (ex-China)

On 13 January 2020, The Ministry of Public Health (MoPH) of Thailand reported the first ever imported case of lab-confirmed novel coronavirus from Wuhan, Hubei Province, China.

The case is a 61-year-old female, Chinese national living in Wuhan City, Hubei Province, China. On 5 January 2020, she developed fever with chill, sore throat and headache. While in Wuhan she went to the local health facility and received some medication (details not available). On 8 January 2020, she took a direct flight to Thailand from Wuhan together with her 5

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family members in a tour group of 16 tourists (in total). The case was detected on the same day by a thermal surveillance and interviewed by port health officers at Suvarnabhumi Airport (Bangkok). Her initial temperature measured at the arrival gate was 38.6°C. After initial assessment she was transferred with full IPC precaution to Bamrasnaradura Infectious Disease Institute (BIDI). Clinical presentation at BIDI were sore throat, coryzal symptoms – no dyspnea / diarrhea. Vital signs normal, injected pharynx, normal lung sound and she had an underlying condition of hypertension. The chest X-ray results were compatible with pneumonia. The laboratory results of complete blood count was: Hct 38%, WBC 1900 (neutrophils 48%, lymph 40%, atypical lymph 5%, eosinophil 1%, basophil 1%, platelets 127,000). Currently, the case is in a stable condition and in hospital.

The Coronavirus family was tested positive by conventional nested RT-PCR for upper respiratory tract specimen on 12 January 2020. The genomic sequencing analysis performed by Emerging Infectious Diseases Health Science Center, The Thai Red Cross Society (EID-TRC) and The Thai National Institute of Health (Thai NIH), Department of Medical Sciences revealed 100% identity to one of the genes of the novel coronavirus 2019 (ascertain number MN908947) which was isolated in Wuhan, China. Partial sequencing on a respiratory specimen by two separate laboratories in Thailand (one in WHO CC for Research and Training on Viral Zoonoses, Chulalongkorn University) indicates likely bat coronavirus.

Indication on the viral load, which is a proxy for the level of infectiousness is pending (request for further information is requested to MOPH Thailand (SEARO))

The case had a history of visiting local fresh market in Wuhan most days prior to onset of illness on 5 January 2020 but did not go to the Huanan Seafood Market. A total of 182 individuals including 40 high-risk and 142 low-risk contacts were identified and are being monitored. The contacts were fellow passengers as well as members of the same tour group. Only one high-risk contact developed respiratory symptoms and the PCR test of throat swab yields positive Respiratory Syncytial Virus(RSV). It is unclear to date whether nCoV has been tested for this contact.

Thai health authorities have been thermos-screening travelers from Wuhan city at 3 international airports since 3 January 2020. Upon the detection of the case, Thai health authorities initiated enhanced surveillance, contact tracing, risk communication and bilateral communication with Chinese authorities to ensure preventing further infection.

IHRFPs from both countries have shared information on the Thai case. Investigation is on-going to identify potential sources of transmission to the Thai case. (SEARO)

Alerts from other countries

Since the first report of the cases on 31 December 2019, 112 signals relating to pneumonia-like symptoms from 5 countries and 3 special administrative region (SAR) of China has been detected. Among them, signals originated from Hong Kong, SAR (68), Taiwan (15), Macao, SAR (11), Thailand (12 excluding the confirmed case), Singapore (2), Russia (2), Philippines (1) and Republic of Korea (1). 33 signals have been discarded after investigation and for 58 another diagnosis was established (18 different diagnosis with up to 4 comorbidities per patient).

Context assessment

Wuhan city (population 19 million) is the capital city of Hubei province (population 58 million) and is a major domestic water and land transport hub. Wuhan today is considered as the political, economic, financial, commercial, cultural and educational center of Central China. It is a major transportation hub, with dozens of railways, roads and expressways passing through the city and connecting to other major cities.

Wuhan is an important center for economy, trade, finance, transportation, information technology, and education in China. Wuhan is reported to have attracted investment from over 80 countries. It has an international airport with connections to South-East Asia, Europe, North America and the Middle East.

The concerned market is reportedly the largest seafood wholesale market in Wuhan, with more than 600 stalls, and 1500 workers. It is possible that other animals were also on sale in some parts of the market.

Population movement and subsequent family and relative reunion will increase in the last week of January for the coming Chinese New Year. This may increase the risk of spread to other areas.

Due to the discovery of novel coronavirus, the neighboring areas and countries have increased monitoring of passengers coming from Wuhan with symptoms compatible with respiratory infection or pneumonia. Whenever a new virus emerges, rumors and mis-information can spread quickly which may be harmful to response measures and local communities.

At the global level, there is a moderate risk of novel coronavirus outbreak because 1) the mode of transmission and the source of infection is still unclear while it seems point-source outbreak associated to the seafood market is unlikely, 2) the exportation of case have been already reported in Thailand, suggesting the possibility of international spread; 3) Wuhan

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international airport has connections to South-East Asia, Europe, North America and the Middle East; and 4) and 4) Tokyo 2020 Olympic Boxing Qualification event for Asia/Oceania is expected to take place in Wuhan, 3-14 February 2020.

The main challenge to conduct the risk assessment remains as the limited information on basic epidemiological description, surveillance strategy and the coverage of current strategy outside Wuhan city, the case definition that prevents the detection of potential mild or asymptomatic cases without pneumonia, and the absence of results investigation on the potential source of outbreak, uncertainties regarding the potential scope of the outbreak both geographically and in terms of number of suspected cases

Within the Western Pacific Region, there is substantial variability in capacity to detect and respond to infectious disease threats.

China	
Capacities	Vulnerabilities
- Sequences have been deposited on GISAID (accession MN908947) and are publicly released by China authorities - China has experience with emerging diseases including, avian influenza, SARS-, and MERS and has strong public health capacities and resources to respond and manage respiratory disease outbreaks of unknown etiology. - Health authorities are mobilized, and expert groups have been deployed to Wuhan to guide the local epidemic response. - Investigation are led by the national expert team started on 31 December - Wuhan Municipal Health Commission together with the Health Commission of Hubei, and the National Health Commission China are reported to have implemented public health control measures in response to this event. - Wuhan Institute of Virology, Chinese Academy of Science has a BSL4 laboratory. - WHO Laboratory networks are supporting to identify reference laboratories in different regions. - Multidisciplinary technical committee has been established covering several areas including: virology, epidemiology, clinical management, infection control and public health - Several surveillance systems in place for respiratory diseases (surveillance for pneumonia of unknown etiology, ILI and SARI surveillance, event-based surveillance with specific criteria to report, notifiable disease system)	- The source of the virus (animal reservoir) is still unknown and it is unclear what measures are taken to identify it in the market(s) - Insufficient information on epidemiology, laboratory investigations, control measures and clinical data provided by China to WHO to allow reliably assessing the risk - Uncertainty regarding geographical scope of the outbreak - One case already exported in a foreign country - Potential under detection / reporting of cases - Case definition is based on clinical information, therefore no knowledge on undetected sub-clinical cases. - No samples are being tested from sentinel sites around Wuhan area. - The absence of human-to-human transmission must be confirmed. - Available information need to be reviewed to understand the potential routes of transmission - Wuhan is a transportation hub with connections nationally and internationally. Sick travellers might not be detected through surveillance at POEs. - A high volume of population movement is anticipated around the time of the Chinese New Year - Influenza season may make any differential diagnosis challenging.

Thailand	
Capacities	Vulnerabilities
- Thailand has international-standard diagnosis and medical care - At least 2 laboratories are able to perform PCR and sequencing - Screening of travellers from Wuhan already established in 4 international Thai airports (Bangkok, Don Mueang, Phuket and Chiang Mai) - Thailand has experience with emerging diseases including, avian influenza, SARS, a and has strong public health capacities and resources - Early detection and reporting of the 1st case - Ministry of Public Health Thailand has already implemented response measures including Monitoring of contact, risk communication	- Although the case was detected at the point of entry, although IPC is strong in healthcare facilities, there might have been breaches during transport - Case was apparently symptomatic during the flight to Thailand. In the absence of definite epi knowledge, it is possible that mild infections go unnoticed and transmit H2H in Thailand - Further importation possible (many Chinese tourist coming to Thailand)

OTHER COUNTRIES	
Capacities	Vulnerabilities
- Wuhan is very well connected to foreign countries through its major international airport - As illustrated by the exportation of a case in Thailand, exportation of cases could theatrically affect most region of the world - Therefore, capacities and vulnerabilities would greatly depend on where the case could be exported - To date, signals generated by surveillance systems have only been detect in SAR of China and in South Asian countries with extended contact with China and or good surveillance systems and response capacities (Singapore, Thailand and Korea), however the risk of exportation is not limited to South Asia.	

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- It must be anticipated that many of countries, in Asia and in other potentially affected regions will not have the capacities in terms of detection, confirmation surveillance case, management, etc)

Immediate actions

- WPRO and China CO to closely monitor the event and facilitate timely and transparent sharing of further information including epidemiological investigation results under IHR mechanism.
- SEARO and Thailand CO to continue closely monitoring the event.
- All ROs and COs to facilitate IHR communication in case of further detection of cases.
- All ROs to enhance regional EBS for early detection of unusual clusters of pneumonia cases in the region
- HQ and ROs to continue supporting partner coordination, technical guidance as necessary
- HQ to identify reference lab to support MS labs in SEAR and WPR

Risk assessment team members

S47F

Reference documents used for risk assessment ,

1. WHO Health Topics page on Coronavirus: <https://www.who.int/health-topics/coronavirus>
2. WHO Statement Regarding Cluster of Pneumonia Cases in Wuhan, China: <https://www.who.int/china/news/detail/09-01-2020-who-statement-regarding-cluster-of-pneumonia-cases-in-wuhan-china>
3. Technical guidance for novel coronavirus, WHO: <https://www.who.int/health-topics/coronavirus>
4. WHO Disease Outbreak News on Novel Coronavirus, China, 12 January 2020: <https://www.who.int/csr/don/12-january-2020-novel-coronavirus-china/en/>
5. Wuhan Municipal health commission's briefings on the pneumonia epidemic situation: <http://wjw.wuhan.gov.cn/front/web/list2nd/no/710>
6. Thailand Ministry of Public Health situation update on novel coronavirus (in Thai): <https://ddc.moph.go.th/viralpneumonia/index.html>

Initial genome release of novel coronavirus

Novel 2019 coronavirus



edward_holmes

3 2d

10th January 2020

This posting is communicated by Edward C. Holmes, University of Sydney on behalf of the consortium led by Professor Yong-Zhen Zhang, Fudan University, Shanghai

The Shanghai Public Health Clinical Center & School of Public Health, in collaboration with the Central Hospital of Wuhan, Huazhong University of Science and Technology, the Wuhan Center for Disease Control and Prevention, the National Institute for Communicable Disease Control and Prevention, Chinese Center for Disease Control, and the University of Sydney, Sydney, Australia is releasing a coronavirus genome from a case of a respiratory disease from the Wuhan outbreak. The sequence has also been deposited on GenBank (accession MN908947) and will be released as soon as possible.

The sequence can be downloaded here:

[WH-Human_1.fasta.gz](#) (8.9 KB – this is a fasta file compressed using gzip. Uncompress using `gzip -d WH-Human_1.fasta.gz`)

Disclaimer:

Please feel free to download, share, use, and analyze this data. We ask that you communicate with us if you wish to publish results that use these data in a journal. If you have any other questions –then please also contact us directly.

Professor Yong-Zhen Zhang,
Shanghai Public Health Clinical Center & School of Public Health,
Fudan University,
Shanghai, China.

email: zhangyongzhen@shphc.org.cn



arambaut

12h

Five new genomes have been deposited in the GISAID platform:

<https://gisaid.org/CoV2020>

Newly discovered betacoronavirus, Wuhan 2019-2020

A previously unknown betacoronavirus was detected in patients during an outbreak of respiratory illnesses, including atypical pneumonia, that started mid-December 2019 in the city of Wuhan, the capital of Central China's Hubei Province.

The newly discovered coronavirus is similar to some of the betacoronaviruses detected in bats, but it is distinct from SARS-CoV and MERS-CoV.

The genome of the newly discovered CoV consists of a single, positive-stranded RNA that is approximately 30k nucleotides long. The overall genome organization of the newly discovered CoV is similar to that of other coronaviruses. The newly sequenced virus genome encodes the open reading frames (ORFs) common to all betacoronaviruses, including ORF1ab that encodes many enzymatic proteins, the spike-surface glycoprotein (S), the small envelope protein (E), the matrix protein (M), and the nucleocapsid protein (N), as well as several nonstructural proteins.

Virus name	Accession ID	Passage det	Collection date	Host	Originating lab
BetaCoVWuhan/IVDC-HB-01/2019	EPI_ISL_402119	Virus isolate	2019-12-30	Human	National Institute for Viral Disease Control and Prevention, China CDC
BetaCoVWuhan/IVDC-HB-04/2020	EPI_ISL_402120	Original	2020-01-01	Human	National Institute for Viral Disease Control and Prevention, China CDC
BetaCoVWuhan/IVDC-HB-05/2019	EPI_ISL_402121	Original	2019-12-30	Human	National Institute for Viral Disease Control and Prevention, China CDC
BetaCoVWuhan/IPBCAMS-WH-01/2019	EPI_ISL_402123	Original	2019-12-24	Human	Institute of Pathogen Biology, Chinese Academy of Medical Sciences & Peking University
BetaCoVWuhan/WIV04/2019	EPI_ISL_402124	Original	2019-12-30	Human	Wuhan Jinyintan Hospital

Wuhan development 20/1/20

Actions:

1. Pro-med 31/12/19 – unknown virus, not flu or SARS or MERS
2. Chinese press release 3/1/20
3. 5/1/20 EIS
4. Chinese press release 5/1/20
5. News articles
6. Identified as novel virus
7. WHO EIS Update 5/1/20
8. Case in another country, but clear travel link
9. Genome published
10. WHO Risk assessment
11. Name new LHD
12. Change TIC
13. Testing pancoronavirus, if positive, amplify that section and test it
14. Extraordinary CDNA meeting x 2 – alert message or not? Comms or not?
Sharing surveillance, what is NIR doing?
15. Message on CDNA website
16. CMO message on Health website
17. AHPPC meeting 20/1/20
18. CMO Press conference 21/1/20
19. People begin travelling for lunar new year (400 million people expected to travel domestically and internationally)
Authorities have advised residents in the run-up to the lunar new year, which falls on 25 January, to be on the lookout for symptoms including fever, coughs, breathing difficulties and pneumonia
20. Cases in other countries, with no direct link.
21. WHO emergency meeting in Geneva on Wednesday to discuss whether the new coronavirus constituted an international health emergency
22. 21/1/20 there have been 4 returned travellers from Wuhan tested in Australia. CHO Qld Press conference about person in QLD being tested. Pending results, asked to isolate himself at home.

Disease development:

1. (EIS) 31/12/19 a cluster of pneumonia of unknown etiology was reported in Wuhan City, Hubei Province of China. Some patients were operating dealers or vendors in Huanan Seafood Market.
2. (EIS) 1/1/20 The concerned market in Wuhan was closed for environmental sanitation and disinfection.
3. (EIS) 3/1/20 National authorities reported to WHO that 44 patients with pneumonia of unknown etiology were detected in Wuhan City, Hubei Province of China, of which 11 were severely ill, and the remaining patients were clinically stable.

At present, all cases are isolated in Wuhan medical institutions. The clinical presentation includes fever, with a few patients having difficulty breathing, and chest radiographs showing bilateral pneumonic shadows in lungs. One hundred and twenty-one close contacts have been identified and are under medical observation. The follow-up of close contacts is still in progress.

According to a preliminary epidemiological survey some cases were operating dealers/vendors in Huanan seafood market. The preliminary investigation revealed that no evidence of significant human-to-human transmission, and no infections among health care workers had occurred.

Pathogen identification (including nucleic acid detection and virus isolation and culture) and the tracing of the cause is ongoing by Chinese authorities; influenza, avian influenza, adenovirus infection and other common respiratory diseases have been excluded.

No travel or trade restrictions to China, WHO

Ministry of Health Thailand institutes screening measures for travellers from Wuhan at main airports and activated enhanced surveillance at public and private hospitals.

Chinese press release

4. (CNN) 6/1/20 As of 5 Jan Chinese authorities say it is not SARS, MERS, flu or bird flu, or adenovirus: 59 people, 7 critical, rest stable
HK Hospital Authority says 15 patients in HK being treated after recent visits to Wuhan
HK Health Chief Sophia Chan ordered hospitals and doctors to report anyone with a fever in anyone who had been to Wuhan in that last 14 days.
5. 7/1/20 Chinese officials identify novel coronavirus. Between 31 December 2019 and 13 January 2020, a total of 41 confirmed cases infected with this novel coronavirus, including 6 cases with severe illness and one fatal case were reported to WHO China. The last case reported from Wuhan is on 2 January 2020.
Of the 763 close contacts identified, 76 completed their monitoring. No suspected case has been identified among the contacts. Most cases (details not available) are related to a large seafood wholesale market called Huanan Seafood Market in Wuhan city; however as illustrated by the case exported in Thailand the exact source of the outbreak and its extent still needs to be investigated by MoH China.
The source of infection and the mode(s) of transmission remain unknown. Most cases were linked to a large seafood wholesale market where wild and live animal were also on sale. Active case finding and retrospective investigation has been initiated. To date, there is no clear evidence of sustained human to human transmission, nor cases reported among health care workers.
6. 13/1/20 Thailand reported first lab-confirmed case outside China. Chinese resident from Wuhan. Had visited local market but not suspect wet market (Huanan). Detected at Point of Entry.
7. In Wuhan, temperature checkpoints have been installed at the airport and at train stations and bus terminals since 14 January, about five weeks after the virus was first detected
8. 15/1/20 Japan
9. 16/1/20 Thailand detected at Point of Entry.
10. 17/1/20 Exit screening in Wuhan at airports?

11. 17/1/20 WHO issues Laboratory testing for 2019 novel Coronavirus (2019-nCoV) in suspected human cases (Interim guidance)
<file:///C:/Users/laurej/AppData/Local/Microsoft/Windows/INetCache/IE/0UP0LTSF/20200117-interim-laboratory-guidance-version-final.pdf>
12. (ProMED) 19/1/20 1st diagnostic test for new virus developed by German Centre for Infection Research.
 As of 11 Jan 41 confirmed cases of which 1 has died. One travel related case in Thailand and Japan. Clinical signs are mainly fever, with a few patients having difficulty breathing. Mode of transmission is unclear. Little evidence of human to human transmission.
13. (media) 20/1/20 China confirms human to human transmission. (And medical staff infection??) 139 new cases over weekend. Bringing total to 217.
 China's National Health Commission said it had sent working groups to all provinces to oversee outbreak prevention, describing the situation as "controllable". Hospitals in Shanghai and Beijing and in Zhejiang province have "comprehensively" strengthened examination procedures. In Shenzhen, temperature checks have been put in place in airports, ports and railway stations.
 The World Health Organization has said an animal source was "the most likely primary source" of the outbreak, with "[some limited human-to-human transmission occurring between close contacts](#)". Researchers worry the number of infections [has been severely underestimated](#)
 s47F, an assistant professor at the Yale School of Public Health, said the likelihood of human-to-human transmission had appeared large given how many cases were confirmed. "It's hard to see all these cases coming from animals at the same market," s47F said
 Authorities have still not identified the source of the infection
- 14.

Wuhan The Guardian 21/1/20

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China

China confirms human-to-human transmission of coronavirus

Authorities on alert ahead of lunar new year holiday as 139 new cases of strain detected

Lily Kuo in Beijing
Tue 21 Jan 2020 05:13 AEDT

f t e



▲ Medical staff carry a patient into a hospital in Wuhan where patients infected with the coronavirus are being treated. Photograph: EPA

China's National Health Commission has confirmed human-to-human transmission of a mysterious Sars-like virus that has spread across the country and fuelled anxiety about the prospect of a major outbreak as millions begin travelling for lunar new year celebrations.

Zhong Nanshan, a respiratory expert and head of the health commission team investigating the outbreak, confirmed that two cases of infection in China's Guangdong province had been caused by human-to-human transmission and medical staff had been infected, China's official Xinhua news agency said on Monday.

Authorities earlier reported 139 new cases of the new strain of coronavirus over the weekend, bringing the total number of infected patients to 217 since the virus was first detected last month in the central city of Wuhan.

Cases were confirmed in Beijing, Shanghai, and Guangdong province in the south, heightening fears ahead of the lunar new year holiday, when more than 400 million people are expected to travel domestically and internationally.

State broadcaster CCTV said on Monday evening there were seven suspected cases in other parts of the country, including Shandong in the east, and the south-western provinces of Sichuan, Guangxi and Yunnan. Five people who travelled from Wuhan were also being treated for fevers in Zhejiang province.

"People's lives and health should be given top priority and the spread of the outbreak should be resolutely curbed," said China's president, Xi Jinping, weighing in on the matter for the first time.

The coronavirus was first detected last month in the central Chinese city of Wuhan and has since spread beyond China



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the Department of Health, Disability and Ageing

The strain has caused alarm because of its connection to severe acute respiratory syndrome (Sars), which killed nearly 650 people across mainland [China](#) and Hong Kong in 2002-03. Three people have so far died in the current outbreak, which has spread to Thailand, Japan and South Korea.

China's National Health Commission said it had sent working groups to all provinces to oversee outbreak prevention, describing the situation as "controllable". Hospitals in Shanghai and Beijing and in Zhejiang province have "comprehensively" strengthened examination procedures. In Shenzhen, temperature checks have been put in place in airports, ports and railway stations.

More than 100 patients with symptoms were waiting to be seen at the Xiehe hospital in Wuhan at 6am on Monday. "If you are coming now, you have to wait between three and four hours before you can see the doctors," a hospital worker said by phone.

At a hospital in Chaoyang district in Beijing, patients were being given masks and forms to fill out, detailing any recent travel to Wuhan. A nurse said preventive measures were also being taken to protect doctors

Coronaviruses are transmitted between animals and people, and the outbreak in Wuhan has been linked to a now-closed seafood market where live animals were reportedly sold.

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the Department of Health, Disability and Ageing

The World Health Organization has said an animal source was “the most likely primary source” of the outbreak, with “some limited human-to-human transmission occurring between close contacts”. Researchers worry the number of infections has been severely underestimated.

The WHO said it would convene an emergency meeting in Geneva on Wednesday to discuss whether the new coronavirus constituted an international health emergency.

Xi Chen, an assistant professor at the Yale School of Public Health, said the likelihood of human-to-human transmission had appeared large given how many cases were confirmed. “It’s hard to see all these cases coming from animals at the same market,” Chen said.

For weeks, the only reported cases were in Wuhan and areas outside mainland China, prompting many people to question whether other cities were simply not reporting or testing for the virus. Some internet users joked the virus appeared to be “patriotic” by only spreading beyond China’s borders.

Chen said the high cost of testing for diagnosis may have contributed to underreporting.



▲ The closed Huanan seafood wholesale market in Wuhan, which has been linked to cases of the coronavirus. Photograph: STR/EPA



Authorities have still not identified the source of the infection, which further complicates the government's ability to contain the outbreak. The Huanan seafood market, where thousands of traders sold products, has been closed since 1 January. But some of the detected cases are patients with no history of visiting the market.

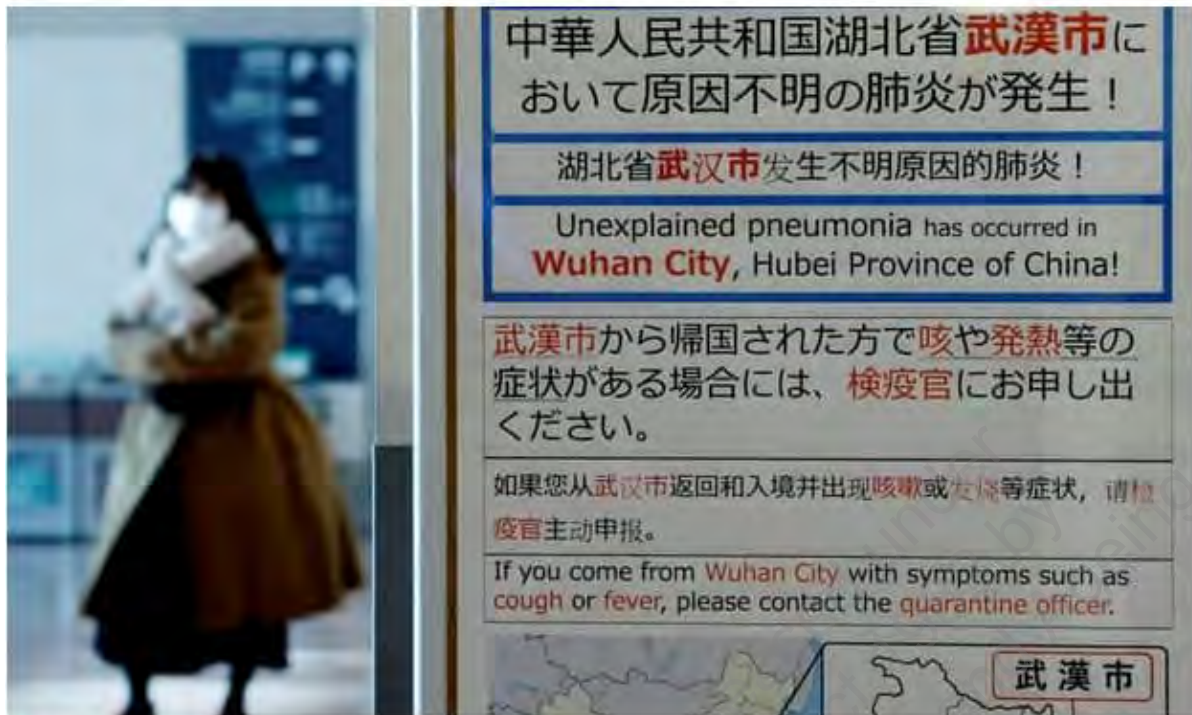
"What concerns me is the source of infection. We have no idea. That's the most important thing. Without knowing that we don't know the harm, how hard it can be," Chen said.

Others fear that authorities have not moved quickly enough to contain the spread of the virus or educate the public. In Wuhan, temperature checkpoints have been installed at the airport and at train stations and bus terminals since 14 January, about five weeks after the virus was first detected.

Observers and residents worry about the possibility of a cover-up worsening the outbreak, as was the case with [Sars](#) in 2003.

Some residents in Wuhan have been told not to speak to media. The official Weibo account of Wuhan police said on 1 January that eight internet users who spread false information online "causing adverse social impacts" had been dealt with "according to the law".

But Chinese health officials have made improvements since the Sars episode. In response to a bird flu outbreak in 2013, authorities quickly worked with the World Health Organization and the US Centers for Disease Control and Prevention. Fresh food markets were shut down but the outbreak was exacerbated by poultry sales into smaller, less-regulated markets.



▲ A quarantine notice about the outbreak of the coronavirus in Wuhan at an arrivals hall at Haneda airport in Tokyo, Japan. Photograph: Kim Kyung-Hoon/Reuters



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The situation is complicated by the fact that farmers are unlikely to be compensated by the government or give up their sick animals.

"It's not about a cover-up. Rather it's about a lack of capacity and about a lack of enforced regulation," said Nicholas Thomas, associate professor focusing on health security at City University of Hong Kong.

"At the moment, it is a bad flu. Yes, it is something to be concerned about and it is probably going to get worse in terms of infections and mortality, but again it's winter," he said. "It is likely to spread but we are still a long way off the levels of Sars or bird flu."

The state-run Global Times said in an editorial on Sunday: "In the early days of Sars, there was a cover-up and delayed reporting. Such things can never be repeated again in China."

Authorities have advised residents in the run-up to the lunar new year, which falls on 25 January, to be on the lookout for symptoms including fever, coughs, breathing difficulties and pneumonia.

Millions of people will crisscross the country during a weeklong public holiday starting on 24 January, in what is known as humanity's largest migration. Some of those travelling will have set off already.

The WHO has not recommended any travel restrictions and Chinese authorities have not yet issued any. Still, not all residents were comforted by government assurances.

"With this huge amount of spring festival travel, why are there not any prevention measures?" one wrote on Weibo. On the Douban forum, another observed that few people at Wuhan train station were wearing masks.

Traders at the now-closed suspected seafood market in Wuhan said they were not overly worried, seeing the virus as little more than the common cold. "We start early, at 2am or 3am. We put our hands in the cold water. If we catch a cold, we don't pay it much attention," said Li, 52, who has operated a stall in Huanan for most of the past decade.

Li said that starting from late December, the property developer that owned the market asked renters to wear masks to work and avoid going to crowded places. "I'm not worried," said Li. "My grandchildren all live in Wuhan and we don't believe it. It's just rumours."

However, Li said some tenants who might have shown symptoms of the virus were unlikely to have reported themselves, fearing the impact on their business and being quarantined. “Most people wouldn’t say if they had it,” he said.

Additional reporting by Lillian Yang

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the Department of Health, Disability and Ageing

s47E(c), s47F

From: Humanbiosecurity
Sent: Wednesday, 15 January 2020 9:27 AM
To: DL OHPD HEM Border Health SN
Subject: FW: WHO Event: Thailand | Coronavirus infection [SEC=OFFICIAL]

Categories: Filed to Outlook

FYI – Wuhan Coronavirus in Thailand WHO update received in Human Bio inbox

s47E(c),
s47F

for the

Human Biosecurity Mailbox

Office of Health Protection | Chief Medical Officer Group
 Australian Government Department of Health
 T: 02 6289 s47E(c), s47F E: human.biosecurity@health.gov.au
 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: NGComms <apollo@id.ngcomms.net> On Behalf Of Health.Ops@health.gov.au
Sent: Wednesday, 15 January 2020 8:58 AM
To: Humanbiosecurity <Humanbiosecurity@health.gov.au>
Subject: WHO Event: Thailand | Coronavirus infection [SEC=OFFICIAL]



Australian Government
 Department of Health
 National Incident Room



World Health Organization

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

Thailand | Coronavirus infection

Issued: 14/01/2020 11:41 (Geneva)

Latest Update

Summary

On 13 January 2020, The Ministry of Public Health of Thailand reported the first imported case of lab-confirmed novel coronavirus (nCoV) from Wuhan, Hubei Province, China.

The case is a 61-year-old Chinese female living in Wuhan City, Hubei Province, China. On 5 January 2020, she developed fever with chill, sore throat and headache; on 8 January 2020, she took a direct flight to Thailand from Wuhan together with her 5 family members in a tour group of 16 tourists (included the imported case). The case was detected on the same day by a thermal surveillance and interviewed by port health officers at Suvarnabhumi Airport (BKK) and hospitalized on the same day. Her initial temperature measured at the arrival gate was 38.6°C. After initial assessment she was transferred to Bamrasnaradura Infectious Disease Institute (BIDI). Clinical presentation at BIDI included sore throat and coryzal symptoms with no dyspnea or diarrhea. Vital signs were normal, and the case had injected pharynx and normal lung sounds. The chest X-ray results were compatible with pneumonia. The patient's full exposure history is under investigation. She reported a history of visiting local fresh market in Wuhan in regular basis

prior to the onset of illness on 5 January 2020 but reported not to visit the Huanan South China Seafood Market. Her samples tested positive for coronaviruses by conventional nested RT-PCR for upper respiratory tract specimen and sputum on 12 January 2020. The genomic sequencing analysis performed by Emerging Infectious Diseases Health Science Center, The Thai Red Cross Society (EID-TRC) and The Thai National Institute of Health (Thai NIH), Department of Medical Sciences confirmed that the patient is infected with the nCoV (ascertain number MN908947) which was isolated in Wuhan, China.

Currently, the case is in a stable condition and in hospital.

Public Health Response

The Thai health authorities have taken the following measures since the identification of the case on 5 January 2020:

- Ministry of Public Health Thailand has implemented measures for screening travelers from Wuhan city since 3 January 2020 at Suvarnabhumi Airport, Don Mueang, Phuket and Chiang Mai airports, and activated enhanced surveillance at public and private hospitals.
- 8 patients with a high fever were detected by a thermo-scan at Suvarnabhumi Airport and treated in an isolation room at the Bamrasnaradura Infectious Diseases Institute (BIDI) since January 4 2020. In total, 12 alerts were detected nationwide, among which 7 have been diagnosed with influenza and one with coronavirus OC43. Laboratory test results for 4 remaining patients are pending.
- A total of 182 individuals including 40 high-risk and 142 low-risk contacts were identified and are being monitored. The contacts were fellow passengers, flight attendants as well as members of the same tour group. Only one high-risk contact developed respiratory symptoms and the PCR test of throat swab yields positive Respiratory Syncytial Virus (RSV).
- The risk communication has been shared with the public and the hotline has been established by the Department of Disease Control for people returning from the epidemic area with related symptoms.
- The ministry has international-standard diagnosis and medical care and is closely coordinating with WHO and all related departments for the potential response measures.
- Metagenomic Sequencing by Next Generation is currently being done.

WHO Risk Assessment

This is the first exported case of novel coronavirus from Wuhan city, China. In Wuhan city, since the initial report of cases in Wuhan city on 31 December 2019, and as of 12 January 2020, 41 cases with nCoV 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, and no additional cases have been identified since 3 January 2020 in China. Additional investigation is needed to ascertain the presence of human-to-human transmission, modes of transmission, common source of exposure and the presence of asymptomatic or mildly symptomatic cases that are undetected. It is critical to review all available information to fully understand the potential transmissibility among humans.

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 travelers. In case of symptoms suggestive of respiratory illness either during or after travel, the travelers are encouraged to seek medical attention and share their travel history with their health care provider. Travel guidance has been updated.

Health authorities should work with travel, transport and tourism sectors to provide travellers with information to reduce the general risk of acute respiratory infections via travel health clinics, travel agencies, conveyance operators and at points of entry.

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

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

For more information on novel coronavirus, please see:

- Technical interim guidance for novel coronavirus, WHO: <https://www.who.int/health-topics/coronavirus>
- WHO travel advice for international travel and trade in relation to the outbreak of pneumonia caused by a new coronavirus in China: https://www.who.int/ith/2020-0901_outbreak_of_Pneumonia_caused_by_a_new_coronavirus_in_C/en/
- Thailand Ministry of Public Health situation update on novel coronavirus (in Thai): <https://ddc.moph.go.th/viralpneumonia/index.html>
- Wuhan Municipal Health Commission's briefing on the pneumonia epidemic situation, (in Chinese): <http://wjw.wuhan.gov.cn/front/web/list2nd/no/710>

IHR Criteria

Serious Public Health Impact: Yes

Human coronaviruses (CoV) causes mild to severe illness such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The newly discovered novel coronavirus (nCoV) has been associated with an outbreak of pneumonia in Wuhan city, Hubei province in China and one related death has already been reported from Wuhan. With incomplete epidemiological information, however, it is challenging to assess the full public health risk.

Unusual or Unexpected: Yes

On January 7, 2020, Chinese authorities identified a new type of coronavirus (novel coronavirus, nCoV) from a cluster of pneumonia outbreak in Wuhan city, China. It is a new strain that has not been previously identified in humans. Full [genome sequences](#) of the virus have been shared with WHO and made publicly available. The confirmed case in Thailand was identified using genomic sequencing analysis performed by laboratories in Thailand.

International Disease Spread: Yes

The imported case from China to Thailand exemplifies the risk of international spread. However, there is no clear evidence of sustained human-to-human transmission and no evidence that nCoV passes easily between people. Preliminary investigations in China have not yet identified the source of the outbreak.

Interference with International Travel or Trade: No

WHO does not recommend any restriction on travel and/or trade based on the current available information.

Event Details

Event ID: 2020-E000010

Date Published: 14/01/2020 11:41

EIS Status: Current

Hazard: Infectious

Syndrome: Acute Respiratory Syndrome

Aetiology: nCoV

Disease: Coronavirus infection

Verification Status: No verification requested

Laboratory Confirmed: Yes

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

, 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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s47E(c), s47F

From: s47E(c), s47F
Sent: Wednesday, 15 January 2020 2:28 PM
To: s47E(c), s47F; Health Ops
Cc: Humanbiosecurity; s47E(c), s47F
Subject: RE: [For file - NIR #2238] Wuhan Coronavirus - family cluster report - FW: Daily News Headlines [SEC=OFFICIAL]

Thanks s47E(c),
s47F

We will get onto data.gov.au and get traveller volumes from China (unfortunately we can't break it down any further than that).

s47E(c), s47F will also do some initial investigation into direct flights, but information might be a bit limited.... Will see how we go.

Thanks
s47E(c), s47F

Director – Border Health Section
Health Emergency Management

Office of Health Protection | Chief Medical Officer Group
 Australian Government Department of Health
 T: 02 6289 s47E(c), s47F [@health.gov.au](mailto:s47E(c), s47F@health.gov.au)
 Location: Scarborough 3.105
 PO Box 9848, Canberra ACT 2601, Australia

From: s47E(c), s47F [@health.gov.au](mailto:s47E(c), s47F@health.gov.au)
Sent: Wednesday, 15 January 2020 1:56 PM
To: Health Ops <Health.Ops@health.gov.au>; s47E(c), s47F [@health.gov.au](mailto:s47E(c), s47F@health.gov.au)
Cc: Humanbiosecurity <Humanbiosecurity@health.gov.au>; s47E(c), s47F [@health.gov.au](mailto:s47E(c), s47F@health.gov.au)
Subject: RE: [For file - NIR #2238] Wuhan Coronavirus - family cluster report - FW: Daily News Headlines [SEC=OFFICIAL]

Assume you are all already on this, but for RAT I expect we will need an idea of flight details from Wuhan to Sydney, I understand there is a direct flight path, and any other locations in Australia (Melbourne?). The WHO guys asked if we knew how many travellers we had from that region, and I note the article re: Thai cases and cluster also raises Sydney and Victoria as being flight destinations from Wuhan outside of Asia itself.

From: Health Ops <Health.Ops@health.gov.au>
Sent: Wednesday, 15 January 2020 1:25 PM
To: s47E(c), s47F [@health.gov.au](mailto:s47E(c), s47F@health.gov.au)
Cc: s47E(c), s47F [@health.gov.au](mailto:s47E(c), s47F@health.gov.au); Humanbiosecurity <Humanbiosecurity@health.gov.au>; s47E(c), s47F [@health.gov.au](mailto:s47E(c), s47F@health.gov.au)
Subject: FW: [For file - NIR #2238] Wuhan Coronavirus - family cluster report - FW: Daily News Headlines [SEC=OFFICIAL]

s47E(c), s47F

Policy Officer – Border Health Section
Health Emergency Management

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Location: Scarborough 3.231
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: Pandemic planning <Pandemic.planning@health.gov.au>

Sent: Wednesday, 15 January 2020 1:21 PM

To: Health Ops <Health.Ops@health.gov.au>

Cc: 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); 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); Flu <Flu@health.gov.au>

Subject: [For file - NIR #2238] Wuhan Coronavirus - family cluster report - FW: Daily News Headlines [SEC=OFFICIAL]

Hi all

Just an FYI, the first article talks about the Thailand patient from the WHO EIS this morning, but also a potential family cluster that has been reported in the last 24 hours. Thought it'd be prudent to have on file for the RAT tomorrow, but apologies if you already have noted this.

Thanks

s47E(c), s47F

Pandemic Planning
Health Emergency Management

Office of Health Protection | Chief Medical Officer Group
Australian Government Department of Health
E: Pandemic.Planning@health.gov.au
MDP 140, 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: CIDRAP <cidrap@umn.edu>

Sent: Wednesday, 15 January 2020 9:42 AM

To: Pandemic planning <Pandemic.planning@health.gov.au>

Subject: Daily News Headlines [SEC=No Protective Marking]



Jan 14, 2020

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the Department of Health, Disability and Ageing

This email was sent to Pandemic.Planning@health.gov.au
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CIDRAP · 420 Delaware Street SE · MMC 263, C315 Mayo · Minneapolis, MN 55455 · USA

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the Department of Health, Disability and Ageing

Detection of WN-Human1 sequence from clinical specimen.

Naganori Nao, Kazuya Shirato, and Shutoku Matsuyama

Laboratory of Acute Viral Respiratory Infections and Cytokines, Department of Virology III, National Institute of Infectious Diseases, 4-7-1 Gakuen, Musashimurayama, 208-0011 Tokyo, Japan

Method & Results

Total RNA was extracted from four nasopharyngeal swabs using QIAamp viral RNA mini kit (Qiagen) following manufacture's instruction. First strand cDNA was synthesized using Super Script IV Reverse Transcriptase (Thermo) with random primer (Thermo) and oligodT primer (Thermo). PCR reactions were performed using Quick Taq HS Dymix (TOYOBO, Japan) and pancoronaviral or specific primers (Table 1). The PCR condition was as follows: 94°C for 1 min; 40 cycles of 94°C for 30 sec, 56°C for 30 sec, and 68°C for 1 min. After PCR, amplicons were visualized by agarose gel electrophoresis staining ethidium bromide. The results is shown in Table 2. Two amplicons were detected in primer set 1 of specimen No.3 and primer set 4 of specimen No.4. The amplicons were gel-purified using Wizard SV Gel and PCR Clean-Up System (Promega) following manufacture's instruction. The sequencing analysis was performed with Bigdye terminator v3.1 cycle sequencing kit and Ampure XP purification. Direct sequencing analysis of the amplicons were failure. Therefore, to increase the amount of template, the amplicons were re-amplified by 2nd PCR with same primer sets with some modification of PCR condition as follows: 94°C for 2 min; 40 cycles of 94°C for 30 sec, 52°C for 30 sec, and 68°C for 45 sec. The sequencing analysis using re-amplified template was performed and the sequence of amplicon of primer set 1 could be decoded. The 376bp of analyzed sequence showed 100% match with the sequence of WH-human1 (MN908947). HCoV229E (VR740) and MERS-CoV (EMC) could be used as positive control for pan coronavirus primer set, but there was no positive control for WN-human1 specific primers. Water only was used as negative control.

Table 1. Primer used for WH1 detection.

Name	direction	sequence (5' to 3')	Expected size (bp)
IN-6	sense	GGTTGGGACTATCCTAAGTGTGA	440
IN-7	antisense	CCATCATCAGATAGAATCATCATA	
IN7hemi	antisense	ATCAGATAGAATCATCATAGAGA	435

No.	Name	direction	sequence (5' to 3')	Expected size (bp)
1	NIID_WH-1_F501	sense	TTCGGATGCTCGAACTGCACC	413
	NIID_WH-1_R913	antisense	CTTTACCAGCACGTGCTAGAAAGG	
2	NIID_WH-1_F2396	sense	TAGGTGAAACATTTGTACGCACTC	347
	NIID_WH-1_R2742	antisense	TGGTGCACCGCCTTTGAGTGTG	
3	NIID_WH-1_F5822	sense	GCATAGACGGTGCTTTACTTACAAAGTC	568
	NIID_WH-1_R6389	antisense	ATTCCCTGCGCGTCCTCTGAC	
4	NIID_WH-1_F9436	sense	ATTGTAGCTATCGTAGTAACATGCC	548
	NIID_WH-1_R9983	antisense	AGATGACAACAAGCAGCTTCTCTG	
5	NIID_WH-1_F11625	sense	AGTTTATTGTTTCTTAGGCTATTTTGTAC	361
	NIID_WH-1_R11985	antisense	AGCTAAGAGAATGTCATTGTGTAA C	
6	NIID_WH-1_F23061	sense	ATATGGTTTCCAACCCACTAATGGTG	685
	NIID_WH-1_R23650	antisense	ATTGACTAGCTACACTACGTGCC	
7	NIID_WH-1_F24855		AGGTGTCTTTGTTTCAAATGGCACACA	485
	NIID_WH-1_R25339		AGCAGGATCCACAAGAACAACAG	
8	NIID_WH-1_F28659		TGGTGCTAACAAAGACGGCA	307
	NIID_WH-1_R28965		GTCAAGCAGCAGCAAAGCAA	
9	NIID_WH-1_F29062		CCTCGGCAAAAACGTACTGC	386
	NIID_WH-1_R29447		TGTCTCTGCGGTAAGGCTTG	

Table 2. 1st PCR results

Primer sets	Specimen number					NC	MERS-CoV	HCoV229E
	1	2	3	4				
IN-6 & IN-7	-	-	-	-	-	-	+	+
IN-7 heminested	-	-	-	-	-	-	+	Not done
1	-	-	+	-	-			
2	-	-	-	-	-			
3	-	-	-	-	-			

4	-	-	-	+	-
5	-	-	-	-	-
6	-	-	-	-	-
7	-	-	-	-	-
8	-	-	-	-	-
9	-	-	-	-	-

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s47E(c), s47F

From: NGComms <apollo@id.ngcomms.net> on behalf of Health.Ops@health.gov.au
Sent: Friday, 17 January 2020 7:50 AM
To: Humanbiosecurity
Subject: WHO Event: Japan | Coronavirus infection [SEC=OFFICIAL]
Attachments: Method_NIID_20200114_s.pdf



Australian Government
Department of Health
 National Incident Room



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

Japan | Coronavirus infection

Issued: 16/01/2020 16:51 (Geneva)

Latest Update

[Event Update 2020-01-16](#)

Date / Time Published: 2020-01-16 16:51

Summary

On 15 January 2020, the Ministry of Health, Labour and Welfare, Japan (MHLW) reported an imported case of laboratory-confirmed 2019 novel coronavirus (2019-nCoV) from Wuhan, Hubei Province, China.

The case is a male is between the age of 30-39 years old and living in Kanagawa Prefecture, Japan.

He traveled to Wuhan, China from 20 December 2019 to 6 January 2020.

While in China, he was staying with his family and did not visit the Huanan Seafood Wholesale Market or any other live animal markets in Wuhan. He went to Wuhan Zoo on 22 December with his parents, his brother, and his children.

He developed fever on 3 January 2020 and took antibiotics. He traveled on 6 January 2020 by a direct flight from Wuhan to Tokyo-Narita.

He visited a local clinic on 6 January and got a prescription (antibiotics and antipyretics) due to the negative result of influenza.

The case went to work on 9 and 10 January with body temperature 39°C, with dry cough and sore throat. On 10 January 2020, as his symptoms continued, including cough, sore throat and fever of 38 °C, he visited a local hospital and was found to have abnormal chest x-ray with an infiltrative shadow in the right lower lung. He was admitted to the hospital on the same day. He has remained febrile until 14 January. On 14 January, his attending doctor notified the patient to a local public health authority as a compatible case with "Unidentified Serious Infectious Illness".

Throat swab samples were sent to the National Institute of Infectious Diseases (NIID) and at NIID, PCR testing and direct sequencing have been done twice, which identified very small amount of nCoV RNA on 15 January 2020. Details of the laboratory testing will be provided in an attachment.

The patient was well on 15 January and discharged from the hospital. Currently, the case is staying at home in a stable condition.

Close contacts

Family

- The patient's father living in Wuhan developed a fever on 28 December 2019 and was hospitalized from 7 to 12 January 2020 with a clinical diagnosis of "Chlamydia pneumonia".
- The patient's wife, who lives in Japan traveled to Wuhan on 27 December 2019. She developed fever on 3 January 2020 while in Wuhan and then became afebrile on the next day.
- The patient's two children who also live in Japan traveled with their father to Wuhan on 20 December 2019 but have reported no symptoms to date.
- The patient's wife and two children traveled from Wuhan to Japan on 6 January.
- The patient's young brother who lives in Wuhan developed fever from 3 to 9 January.
- According to the patient, no family members visited the Huanan Seafood Wholesale Market.

Other close contacts

Contact tracing and other epidemiological investigation is underway by the local health authority.

Laboratory testing

Details of the laboratory testing is described in an attachment.

Public Health Response

- The Japanese Government has scaled up a whole-of government coordination mechanism on 16 January.
- The MHLW has strengthened surveillance for undiagnosed severe acute respiratory illnesses since the report of undiagnosed pneumonia in Wuhan, China.
- From 6 January, MHLW requested local health governments to be aware of the respiratory illnesses in Wuhan by using the existing surveillance system for serious infectious illness with unknown etiology.
- NIID is supporting local authorities epidemiologic investigations including contact tracing.
- Quarantine and screening measures have been enhanced for travelers from Wuhan city at the point of entries since 7 January.
- NIID established an in-house PCR assay for nCoV on 16 January.
- Revision of the risk assessment by NIID is being conducted, including case definition of close contacts.
- The public risk communication has been enhanced.
- The hotline has been established among the different ministries in the government.
- The MHLW is working closely with WHO and other related Member States to foster mutual investigations and information sharing.

WHO Risk Assessment

This is the second exported case of novel coronavirus from Wuhan city, China. Since the initial report of cases in Wuhan city on 31 December 2019, and as of 12 January 2020, 41 laboratory-confirmed cases of nCoV infection, including 1 death in a case with severe underlying medical conditions have been reported to WHO. The first exported case was reported from Thailand and the case is reportedly stable.

The source of the outbreak is still under investigation in Wuhan. Preliminary investigations have identified environmental samples positive for nCoV in Huanan Seafood Wholesale Market in Wuhan City, however some laboratory-confirmed patients did not report visiting this market. To date, there is no reported infection among healthcare workers in China, Thailand or Japan. No additional cases have been reported since 3 January in, China. The case in Thailand had symptom onset on 8 January. Additional investigations are needed to determine the how the patients were infected, whether there human-to-human transmission has been observed, mode(s) of transmission, the clinical spectrum of disease, and the extent of infection, including presence of subclinical cases that are undetected with current surveillance. It is critical to review all available information to fully understand the extent of transmissibility between people and likelihood of zoonotic spillover

WHO Advice

Although the source of the novel coronavirus causing this cluster of pneumonia and the mode(s) 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 travelers. In case of symptoms suggestive of respiratory illness either during or after travel, the travelers are encouraged to seek medical attention and share their travel history with their health care provider. Travel guidance has been updated.

Health authorities should work with travel, transport and tourism sectors to provide travellers with information to reduce the general risk of acute respiratory infections via travel health clinics, travel agencies, conveyance operators and at points of entry.

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

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

For more information on novel coronavirus, please see:

- Technical interim guidance for novel coronavirus, WHO: <https://www.who.int/health-topics/coronavirus>
- WHO travel advice for international travel and trade in relation to the outbreak of pneumonia caused by a new coronavirus in China: https://www.who.int/ith/2020-0901_outbreak_of_Pneumonia_caused_by_a_new_coronavirus_in_C/en/
- Press statement by Ministry of Health, Labour and Welfare, Japan on 16 January 2020 (in Japanese): https://www.mhlw.go.jp/stf/newpage_08906.html
- Press statement by Ministry of Health, Labour and Welfare, Japan on 6 January 2020 (in Japanese): https://www.mhlw.go.jp/stf/newpage_08767.html
- Notice sent out from Health and Food Safety Planning Division, Quarantine Station Operation Management Office (in Japanese): <https://www.mhlw.go.jp/content/10900000/000582967.pdf>
- Wuhan Municipal Health Commission's briefing on the pneumonia epidemic situation, (in Chinese): <http://wjw.wuhan.gov.cn/front/web/list2nd/no/710>
- Disease outbreak news, Novel Coronavirus – Thailand (ex-China), 14 January 2020: <https://www.who.int/csr/don/14-january-2020-novel-coronavirus-thailand-ex-china/en/>

IHR Criteria

Serious Public Health Impact: Yes

Human coronaviruses (CoV) causes mild to severe illness such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The newly discovered novel coronavirus (nCoV) has been associated with an outbreak of pneumonia in Wuhan city, Hubei province in China, one related death has been reported from Wuhan city, and two exported cases from Wuhan city one to Thailand and the other to Japan. With incomplete epidemiological information, it is challenging to assess the full public health risk.

Unusual or Unexpected: Yes

On 7 January 2020, Chinese authorities identified a new type of coronavirus (novel coronavirus, nCoV) from a cluster of pneumonia cases in Wuhan city, China. It is a new strain that has not been previously identified in humans. The

confirmed case in Japan was identified using genomic sequencing analysis performed by the National Institute of Infectious Diseases (NIID) in Japan.

International Disease Spread: Yes

The imported case from China to Japan amplifies the risk of international spread. However, there is no clear evidence of sustained human-to-human transmission and no evidence that nCoV passes easily between people. Preliminary investigations in China have not yet identified the source of the outbreak.

Interference with International Travel or Trade: No

WHO does not recommend any restriction on travel and/or trade based on the current available information.

Event Details

Event ID: 2020-E000016

Date Published: 16/01/2020 16:51

EIS Status: Current

Hazard: Infectious

Syndrome: (none)

Aetiology: Novel coronavirus 2019

Disease: Coronavirus infection

Verification Status: No verification requested

Laboratory Confirmed: Yes

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

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.

s47E(c), s47F

From: s47E(c), s47F
Sent: Monday, 20 January 2020 1:32 PM
To: AHPPC Secretariat
Cc: s47E(c), s47F; Humanbiosecurity; s47E(c), s47F
Subject: AHPPC briefing input - border [SEC=OFFICIAL]

Hey s47E(c),
s47F

As discussed, below are some points to support the SES in the border measures / listed human disease discussion at AHPPC this afternoon

- The Traveller with Illness Checklist (TIC) is our primary screening tool at the border, and is currently sensitive for SARS, MERS and avian influenza.
- The TIC will need to be amended to capture travellers who may have or have been exposed to the novel coronavirus. The TIC can only be used for Listed Human Diseases (LHD) under the Biosecurity Act, therefore the novel coronavirus will need to become an LHD.
- Pre-arrival reporting and Health pratique powers also rely on LHD status.
- CDNA representatives have endorsed adding the coronavirus as an LHD, and recommend broader addition of 'Coronavirus with pandemic potential' – future proofing against other emerging coronaviruses.
- The LHD decision criteria are:
 - An LHD must be a communicable disease
 - LHDs are generally diseases that have the potential to overwhelm a state/territory and may require national coordination
 - or diseases that can be identified through border measures.
- The Wuhan coronavirus meets the above criteria, noting still unknown aspects of this particular virus.
- If endorsed by AHPPC, 'coronavirus with pandemic potential' can be added as an LHD as soon as tomorrow, Tuesday 21 January. This enables implementation of border measures, including a more sensitive TIC, as soon as possible.

Thanks,
s47E(c), s47F

Assistant Director – Border Health Section
Health Emergency Management

Office of Health Protection | Chief Medical Officer Group
 Australian Government Department of Health
 T: 02 6289 s47E(c), s47F [@health.gov.au](mailto:s47E(c), s47F@health.gov.au)
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s47E(c), s47F

From: s47E(c), s47F
Sent: Monday, 20 January 2020 1:36 PM
To: Owen, Rhonda
Cc: Street, Celia; DL OHPD HEM Border Health SN
Subject: NCoV Wuhan - Border Measure Options [SEC=OFFICIAL]

Importance: High

Categories: Filed to Outlook

Hi Rhonda,

As discussed, below is a high level summary for the CMO (and potentially for the AHPPC briefing) of border options following teleconferences with Agriculture and CDNA this morning.

Happy to discuss

s47E(c),
s47F

OPTION ONE

Update and disseminate a revised Traveller with Illness Checklist (TIC)

Background:

The TIC is Australia's primary human health screening tool at the border. The current respiratory illness section of the TIC focuses on MERS and Avian Flu. In order to ensure a referral to a HBO, the traveller must answer positively to questions around contact with camels, travel to the middle east or contact with birds. This may not capture NCoV.

Next Steps:

Today CDNA have recommended making 'Coronaviruses with pandemic potential' an LHD. This is required to implement border powers such as screening through the TIC or pre-arrival reporting by airlines. CHO's must be consulted on new LHDs (item for AHPPC this afternoon) as well as an email from the Director of Human Biosecurity (ie the CMO) to the Director of Biosecurity (Secretary - Dept of Agriculture). Work with MSAU on wording for new screening questions in the TIC. Agriculture have agreed to roll out a new TIC to all FPoEs as soon as they are provided it by Health.

OPTION TWO

Display NCoV electronic banners above primary lines and baggage arrival halls.

Background:

Health has existing processes with border agencies to roll out electronic signage at FPoEs. Health currently has signage up at FPoEs for global Measles outbreaks.

Next Steps:

Work with comms to produce electronic banners for display. Liaise with Agriculture and Home Affairs to roll them out to Australia's FPoEs.

OPTION 3:

Work with Agriculture / Sydney Airport to meet 3 direct flights from Wuhan on arrival and handout information to passengers.

Background:

Agriculture have advised that asking airlines to make additional announcements or hand out information during a flight is very difficult, causes a wide range of logistical issues and historically has very poor compliance. Agriculture strongly advised against this approach.

A alternative option is to have an Agriculture Biosecurity Officer (or another border worker) meet the three direct flights on arrival and provide the crew with handouts to give to the passengers as they disembark.

Under legislation, Agriculture can only compel airlines to make the main in flight announcement around biosecurity (which already includes information about identifying yourself if you have fever, sweats or chills). Due to airlines using difference systems (videos, automated audio, verbal scripts etc) any update to this main announcement takes months to roll out. For example, Agriculture requested a change in response to African Swine Fever in December, currently they understand that only 30% of airlines are currently compliant with the new messaging.

Next Steps:

Work with comms to produce an information sheet for passengers (in English and Chinese). Agriculture have flagged resourcing constraints, so further work is required with Agriculture and Sydney Airport regarding logistics of meeting these 3 flights on arrival.

s47E(c), s47F

Director – Border Health Section
Health Emergency Management

Office of Health Protection | Chief Medical Officer Group

Australian Government Department of Health

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Location: Scarborough 3.105

PO Box 9848, Canberra ACT 2601, Australia

s47E(c), s47F

From: s47E(c), s47F on behalf of Humanbiosecurity
Sent: Monday, 20 January 2020 3:56 PM
To: AHPPC Secretariat
Subject: FW: Extraordinary CDNA and AHPPC Teleconferences for Wuhan Coronavirus Outbreak [SEC=OFFICIAL]

From: s47F <s47F@act.gov.au> **On Behalf Of** ACT Health Office of the Chief Health Officer
Sent: Monday, 20 January 2020 12:45 PM
To: Humanbiosecurity <Humanbiosecurity@health.gov.au>
Cc: s47F <s47F@act.gov.au>
Subject: RE: Extraordinary CDNA and AHPPC Teleconferences for Wuhan Coronavirus Outbreak [SEC=OFFICIAL]

UNCLASSIFIED

Hi s47E(c), s47F

ACT will unfortunately be an apology for AHPPC this afternoon due to unexpected illness. We have had someone attend CDNA.

Kind regards

s47F

Executive Officer

Ph: (02) 5124 s47F <s47F@act.gov.au>

Office of the Chief Health Officer | Public Health, Protection and Regulation | **ACT Health Directorate**
 25 Mulley Street, Holder ACT 2611
health.act.gov.au



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From: Humanbiosecurity <Humanbiosecurity@health.gov.au>
Sent: Monday, 20 January 2020 11:32 AM
To: s47F <s47F@health.wa.gov.au>; s47F <s47F@dhhs.vic.gov.au>;
 s47F <s47F@act.gov.au>; s47F <s47F@sa.gov.au>;
 s47F <s47F@health.tas.gov.au>; s47F <s47F@g@health.wa.gov.au>;
 s47F <s47F@health.nsw.gov.au>; s47F <s47F@health.qld.gov.au>; s47F <s47F@nt.gov.au>
Cc: Humanbiosecurity <Humanbiosecurity@health.gov.au>
Subject: Extraordinary CDNA and AHPPC Teleconferences for Wuhan Coronavirus Outbreak [SEC=OFFICIAL]

Good morning CHBOs