

Please be advised that due to the number of reported cases of coronavirus out of China increasing, a CDNA teleconference will be held at **12:00pm** ADST and an AHPPC teleconference will be held at **5:30pm** ADST **today** to discuss Australia's preparedness and response. This will include consideration of determining the novel coronavirus as a Listed Human Disease, and potential border measures.

We will keep you informed as the situation progresses, and encourage you to remain in contact with your CDNA representative and CHO (if that person is not you).

Kind regards

s47E(c), s47F

For the
Human Biosecurity Mailbox

Office of Health Protection | Chief Medical Officer Group
Australian Government Department of Health
E: humanbiosecurity@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

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s47E(c), s47F

From: s47E(c), s47F on behalf of Legislative Instruments
Sent: Monday, 20 January 2020 4:01 PM
To: s47E(c), s47F; Legislative Instruments
Cc: s47E(c), s47F; Humanbiosecurity
Subject: RE: URGENT legislative change - determination under the Biosecurity Act 2015 [SEC=OFFICIAL:Sensitive]

Thank you.

Also please make sure you continue to copy legislative.instruments@health.gov.au and s47E(c), s47F into all correspondence.

Kind regards,

s47E(c), s47F

Lawyer | Legislation Liaison Officer
 02 6289 s47E(c), s47F

From: s47E(c), s47F @health.gov.au>
Sent: Monday, 20 January 2020 3:49 PM
To: Legislative Instruments <Legislative.Instruments@health.gov.au>
Cc: s47E(c), s47F @health.gov.au>; Humanbiosecurity <Humanbiosecurity@health.gov.au>
Subject: RE: URGENT legislative change - determination under the Biosecurity Act 2015 [SEC=OFFICIAL:Sensitive]

Hi s47E(c), s47F please find attached.

Note your document requirements for registration, thank you. We'll get those to you as soon as we can.

Thanks again,

s47E(c), s47F

From: s47E(c), s47F @health.gov.au> On Behalf Of Legislative Instruments
Sent: Monday, 20 January 2020 3:17 PM
To: s47E(c), s47F @health.gov.au>; Legislative Instruments <Legislative.Instruments@health.gov.au>
Cc: s47E(c), s47F @health.gov.au>
Subject: RE: URGENT legislative change - determination under the Biosecurity Act 2015 [SEC=OFFICIAL:Sensitive]

Thanks, s47E(c), s47F

At the point of registration, we need you to provide a word copy of both the determination and ES, as well as the signed, pdf of the determination; and evidence that the ES you send us is the version approved by the rule maker.

We also have an updated spreadsheet which we ask you to prepare for registration, which I have attached for you.

I've flagged this with OPC, but we can confirm with them again tomorrow.

Kind regards,

s47E(c), s47F

Lawyer | Legislation Liaison Officer
 02 6289 s47E(c), s47F

From: s47E(c), s47F @health.gov.au>
Sent: Monday, 20 January 2020 3:10 PM
To: Legislative Instruments <Legislative.Instruments@health.gov.au>
Cc: s47E(c), s47F @health.gov.au>; s47E(c), s47F @health.gov.au>
Subject: RE: URGENT legislative change - determination under the Biosecurity Act 2015 [SEC=OFFICIAL:Sensitive]

Hi s47E(c),
s47F

I expect we will be able to get it to them Tuesday AM for same day registration, pending speedy clearance on our end.

Happy for you to advise them accordingly, and thank you

s47E(c),
s47F

From: s47E(c), s47F @health.gov.au> **On Behalf Of** Legislative Instruments
Sent: Monday, 20 January 2020 3:08 PM
To: s47E(c), s47F @health.gov.au>
Cc: s47E(c), s47F @health.gov.au>; s47E(c), s47F @health.gov.au>
Subject: RE: URGENT legislative change - determination under the Biosecurity Act 2015 [SEC=OFFICIAL:Sensitive]

Hi s47E(c),
s47F

Thanks for letting us know. If you do need anything urgently after hours, please text myself (s47F) or s47E(c), s47F (s47F). We also need to flag with OPC if we are expecting to do a same day registration so please let us know asap.

Kind regards,

s47E(c), s47F

Lawyer | Legislation Liaison Officer
02 6289 s47E(c),
s47F

From: s47E(c), s47F @health.gov.au>
Sent: Monday, 20 January 2020 2:54 PM
To: s47E(c), s47F @health.gov.au>
Cc: Health Law Advice <healthlawadvice@health.gov.au>; Legislative Instruments <Legislative.Instruments@health.gov.au>; Humanbiosecurity <Humanbiosecurity@health.gov.au>; s47E(c), s47F @health.gov.au>; s47E(c), s47F @health.gov.au>; s47E(c), s47F @health.gov.au>
Subject: RE: URGENT legislative change - determination under the Biosecurity Act 2015 [SEC=OFFICIAL]

Hello again s47E(c),
s47F

Please find attached a draft determination and associated explanatory statement for your feedback.

I would greatly appreciate your guidance on the commencement date provision – our standard has been to have the instrument start the day after registration, and I understand that logistically it cannot start the day of registration, but is there another option for having the instrument commence earlier than Wednesday? Could we determine a specific time?

Thank you, and looking forward to your feedback as soon as possible

s47E(c),
s47F

From: s47E(c), s47F
Sent: Monday, 20 January 2020 1:21 PM
To: s47E(c), s47F @health.gov.au>

Cc: Health Law Advice <healthlawadvice@health.gov.au>; Legislative Instruments <Legislative.Instruments@health.gov.au>; Humanbiosecurity <Humanbiosecurity@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); [s47E\(c\), s47F@health.gov.au](mailto:s47E(c), s47F@health.gov.au)

Subject: URGENT legislative change - determination under the Biosecurity Act 2015 [SEC=OFFICIAL]

Importance: High

Hi [s47E\(c\), s47F@health.gov.au](mailto:s47E(c), s47F@health.gov.au)

As discussed, a novel coronavirus has recently been identified in Wuhan, China.

The National Incident Room within the Office of Health Protection has been monitoring that situation closely for a few weeks, and we now believe additional actions are required to protect Australia. To that end, we are adding the novel coronavirus as a Listed Human Disease under the Biosecurity Act 2015.

We expect to have a draft determination and explanatory statement to you in the coming hours. We would be seeking registration of the instrument tomorrow (Tuesday, 21 January 2020), and would appreciate your feedback on those draft documents by COB today to facilitate that. We have also been in touch with the legislative instruments officer regarding registration of the instrument.

At this stage, we do not expect that we will be requesting you and your team to work late to support this amendment.

I also understand that generally we would send a request like this to the healthlawadvice inbox in the first instance, but given the urgency of the situation have cc'd them in on this occasion.

We'll be in touch with a draft determination and explanatory statement as they are available. Please do not hesitate to contact me if you require any additional information, thanks for your help, and apologies for the urgency of the request.

[s47E\(c\), s47F@health.gov.au](mailto:s47E(c), s47F@health.gov.au)

**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)

Location: Scarborough 3.228

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

s47E(c), s47F

From: s47E(c), s47F on behalf of Humanbiosecurity
Sent: Monday, 20 January 2020 4:20 PM
To: s47E(c), s47F
Cc: Humanbiosecurity; s47E(c), s47F
 Humanbiosecurity; s47E(c), s47F
Subject: RE: URGENT: request for data - Wuhan, China [SEC=OFFICIAL]

Hi s47E(c), s47F

Thank you so much for that information, and for responding to us so quickly.

At this point we have no further questions – the information is quite clear.

Thanks again,

s47E(c),
s47F

From: s47E(c), s47F @infrastructure.gov.au>
Sent: Monday, 20 January 2020 4:07 PM
To: s47E(c), s47F @health.gov.au>
Cc: Humanbiosecurity <Humanbiosecurity@health.gov.au>; s47E(c), s47F @health.gov.au>; s47E(c), s47F @health.gov.au>; health@homeaffairs.gov.au; s47E(c), s47F @homeaffairs.gov.au; s47E(c), s47F @infrastructure.gov.au>; s47E(c), s47F @infrastructure.gov.au>; s47E(c), s47F @infrastructure.gov.au>; s47E(c), s47F @infrastructure.gov.au>; s47E(c), s47F @infrastructure.gov.au>; s47E(c), s47F @infrastructure.gov.au>; s47E(c), s47F @infrastructure.gov.au>
Subject: FW: URGENT: request for data - Wuhan, China [SEC=OFFICIAL]
Importance: High

OFFICIAL

Good afternoon s47E(c), s47F

I work in the International Air Transport team at the Department of Infrastructure, Transport, Cities and Regional Development. Your request for information has come through to me.

In the week commencing 19 January 2020, there will be 171 flights from China to Australia corresponding to 46,847 seats. This includes three flights operated by China Eastern from Wuhan to Sydney corresponding to 696 seats. Please note there may be fewer passengers than the number of seats depending on how fully booked any given flight is. Seat capacity tells you the maximum number of passengers that may arrive.

Sydney Airport (82 flights, 24,600 seats), Melbourne Airport (56 flights, 17,363 seats) and Brisbane Airport (19 flights, 5,030 seats) have the greatest number of flights from China; over 90 per cent of flights from China will arrive at these three airports in the week starting 19 January 2020.

You are welcome to double check this data using the attached a spreadsheet, which summarises the Australian and Chinese airlines operating to and from China, their routes, aircraft type operated, aircraft capacity, and the number of flights for any given week in the Northern Winter 2019-20 scheduling season (which runs from 27 October 2019 to 28 March 2020). Please note the number of flights and seats can change depending on the week. There will be fewer flights from China in the week of 15 March 2020, for example.

For your ease of reference, here is a breakdown of the Chinese airport codes in the attached spreadsheet:

CAN - Guangzhou Baiyun International Airport
 CGO - Zhengzhou Xinzheng International Airport
 CKG - Chongqing Airport
 CKG - Chongqing Airport
 CTU - Chengdu Shuangliu International Airport
 FOC - Fuzhou Changle International Airport
 HAK - Haikou Meilan International Airport
 HGH - Hangzhou Xiaoshan International Airport
 KMG - Kunming Changshui International Airport
 KWE - Guiyang Longdongbao International Airport
 NKG - Nanjing Airport
 PEK - Beijing Capital Airport
 PVG - Shanghai Pudong Airport
 SZX - Shenzhen Bao'an International Airport
 TAO - Qingdao Liuting International Airport
 TSN - Tianjin Binhai International Airport
 TYN - Taiyuan Wusu International Airport
 URC - Ürümqi Diwopu International Airport
 WUH - Wuhan Tianhe International Airport
 XIY - Xi'an Xianyang International Airport
 XMN - Xiamen Airport

I hope this is of some assistance. Please get in touch if you need any clarification on the above or any further information.

Kind Regards

s47E(c), s47F

Department of Infrastructure, Transport, Cities and Regional Development
 t +61 2 6274 s47E(c), s47F @infrastructure.gov.au

From: s47E(c), s47F @health.gov.au > On Behalf Of Humanbiosecurity
Sent: Monday, 20 January 2020 12:09 PM
To: Health <health@homeaffairs.gov.au>; s47E(c), s47F @infrastructure.gov.au>;
 s47E(c), s47F @homeaffairs.gov.au
Cc: Humanbiosecurity <Humanbiosecurity@health.gov.au>; s47E(c), s47F @health.gov.au>;
 s47E(c), s47F @health.gov.au>; s47E(c), s47F @infrastructure.gov.au>; s47E(c), s47F
 s47E(c), s47F @infrastructure.gov.au>; s47E(c), s47F @infrastructure.gov.au>; s47E(c), s47F
 s47E(c), s47F @health.gov.au>
Subject: URGENT: request for data - Wuhan, China [SEC=OFFICIAL]
Importance: High

Good morning everyone,

Further to the stakeholder update distributed last week (attached for reference), we are seeking your assistance in obtaining traveller data to inform any future activities taken to reduce or mitigate the risk to Australia from the novel coronavirus identified in Wuhan, China.

Any information you are able to provide on the number and frequency of flights from China (particularly Wuhan) to Australia (noting we are aware there are three direct flights a week from Wuhan to Sydney), the number of passengers coming to Australia from China (particularly Wuhan), and the ports that have the greatest volume of Chinese arrivals would be greatly appreciated. We understand that there are some limitations to the data that can be extracted, any information you are able to obtain would be helpful.

Grateful for your assistance **as soon as possible** to manage the developing situation and increasing public/media attention.

Please do not hesitate to contact me directly on 02 6289 [REDACTED] should you wish to discuss, thanks in advance, and sincere apologies for the urgency of the request

[REDACTED]

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

Office of Health Protection | Chief Medical Officer Group
Australian Government Department of Health
T: 02 6289 [REDACTED] [@health.gov.au](mailto:[REDACTED]@health.gov.au)
Location: Scarborough 3.228
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

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s47E(c), s47F

From: Owen, Rhonda
Sent: Monday, 20 January 2020 9:15 PM
To: MURPHY, Brendan
Cc: s47E(c), s47F Humanbiosecurity; s47E(c), s47F Street, Celia
Subject: FW: New Listed Human Disease: human coronavirus with pandemic potential [SEC=OFFICIAL]

Hi Brendan,

Please find below an email for your clearance and for you to send to the Secretary of Agriculture regarding making a disease a Listed Human Disease.

To make a disease an LHD, the Director of Human Biosecurity must consult with CHOs and the Director of Biosecurity (Secretary of Agriculture). CHOs were covered by AHPPC tonight, this email covers the Director of Biosecurity requirement.

This has been cleared by Celia.

Regards,
 Rhonda

Rhonda Owen
Assistant Secretary
Health Emergency Management Branch

Office of Health Protection | Chief Medical Officer Group
 Australian Government Department of Health
 T: 02 6289 8813 | E: rhonda.owen@health.gov.au
 Location: Scarborough 3.107
 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

To:

- Daryl Quinlivan (Agriculture Secretary) – Daryl.Quinlivan@agriculture.gov.au

Cc:

- Lyn O'Connell (Agriculture Dep Sec) – Lyn.O'Connell@agriculture.gov.au
- Peta Lane (Agriculture FAS) – Peta.Lane@agriculture.gov.au
- Barb Cooper (Agriculture AS) – Barbara.Cooper@agriculture.gov.au
- Rhonda.owen@health.gov.au; celia.street@health.gov.au;
 s47E(c), s47F @health.gov.au; health.ops@health.gov.au; Humanbiosecurity@health.gov.au;

Dear Secretary,

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

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

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

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

Thanks to you and your staff for supporting this response.

Kind regards

Brendan

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

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the Freedom Of Information Act 1982 by
the Department of Health, Disability and Ageing

would want to be notified. In this instance we have not specified a particular strain of coronavirus for future-proofing purposes, however you may still wish to consider whether it is appropriate to amend the NNDL to include the novel coronavirus.

s47E(c), s47F in Border is your contact for the LHD amendment should you wish to discuss the legislative aspects.

Regards,

Rhonda

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

s47E(c), s47F

From: s47E(c), s47F
Sent: Tuesday, 21 January 2020 4:02 PM
To: s47E(c), s47F
Cc: Humanbiosecurity; Health Ops; Owen, Rhonda; s47E(c), s47F
 Cooper, Barbara
Subject: URGENT: v15 TIC for distribution to FPoEs [SEC=OFFICIAL]
Attachments: Editable PDF_nCoV_Wuhan_Traveller with Illness Checklist V15_21Jan 2020.PDF;
 PDF_nCoV_Wuhan_Traveller with Illness Checklist_V15_21 Jan 2020.pdf
Importance: High

Dear s47E(c), s47F,

Please find attached v15 of the Traveller with Illness Checklist (TIC) for roll out to FPoEs as a matter of urgency.

V15 simplifies some of the language throughout, is consistent with our agreed plans for the upcoming eTIC project and importantly contains an additional screening question on the current outbreak of a novel Coronavirus linked to Wuhan, China.

Also confirming that the Director of Human Biosecurity has now made 'Human coronavirus with pandemic potential' a Listed Human Disease under the *Biosecurity Act 2015*.

Thanks, as always, for your support.

s47E(c), s47F

Director – Border Health Section
Health Emergency Management

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

s47E(c), s47F

From: NGComms <apollo@id.ngcomms.net> on behalf of Health.Ops@health.gov.au
Sent: Tuesday, 21 January 2020 4:34 PM
To: Humanbiosecurity
Subject: WHO Announcement: Meeting of the International Health Regulations (IHR) Emergency Committee for pneumonia due to the novel coronavirus 2019_nCoV convened by the WHO Director-General on 22 January 2020 [SEC=OFFICIAL]



Australian Government
 Department of Health
 National Incident Room



World Health
 Organization

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

Meeting of the International Health Regulations (IHR) Emergency Committee for pneumonia due to the novel coronavirus 2019_nCoV convened by the WHO Director-General on 22 January 2020

Issued: 20/01/2020 20:50 (Geneva)

The Director-General is convening an IHR Emergency Committee for pneumonia due to the novel coronavirus 2019_nCoV on 22 January 2020.

The objectives of this meeting include the following:

1. Review the status of pneumonia due to the novel coronavirus 2019_nCoV in the affected countries
2. Provide views to the Director-General on whether the event constitutes a public health emergency of international concern
3. Provide views to the Director-General on the issuance of potential Temporary Recommendations

Dial-in information and background documentation will follow shortly.

Best wishes
 IHR Secretariat

Further Information

Sent By: s47E(c), s47F

Distribution: s47E(c), s47F

Health Ops, Human Biosecurity, s47E(c), s47F

Owen, s47E(c), s47F

, CDESS, s47E(c), s47F

, Rebecca Newton, Rhonda

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

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

s47E(c), s47F

From: NGComms <apollo@id.ngcomms.net> on behalf of Health.Ops@health.gov.au
Sent: Wednesday, 22 January 2020 8:06 AM
To: Humanbiosecurity
Subject: WHO Event: Republic of Korea (the) | Coronavirus infection [SEC=OFFICIAL]



Australian Government
Department of Health
 National Incident Room



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

Republic of Korea (the) | Coronavirus infection

Issued: 21/01/2020 11:51 (Geneva)

Latest Update

Event Update 2020-01-21

Date / Time Published: 2020-01-21 11:51

Summary

On 20 January 2020, National IHR Focal Point (NFP) for Republic of Korea reported the first case of novel coronavirus in the Republic of Korea. The case is a 35-year-old female, Chinese national, residing in Wuhan, Hubei province in China.

The case had developed fever, chill, and muscle pain on 18 January 2020 while in Wuhan. She visited a local hospital in Wuhan and was initially diagnosed with a cold. On 19 January 2020, the case was detected with fever (38.3°C) upon arrival at the Incheon International Airport. The patient was transferred to a national designated isolation hospital for testing and treatment. She was tested positive for pancoronavirus RT-PCR assay, and subsequently was confirmed positive for 2019-nCoV on 20 January 2020 by sequencing at the Korea Centers for Disease Control and Prevention (KCDC). Upon detection, the patient had chills, runny nose, and muscle pain.

The case did not report visiting any markets, including Huanan Seafood Wholesale Market, nor did she have known contact with confirmed 2019-nCoV cases or wild animals in Wuhan city.

The patient is currently under isolation receiving treatment and is in stable condition.

Public Health Response

- Contact tracing and other epidemiological investigation are underway.
- The government of the Republic of Korea has scaled up the national alert level from Blue (Level 1) to Yellow (Level 2 out of 4-level national crisis management system).
- The Republic of Korea health authority has strengthened surveillance for pneumonia cases in health facilities nationwide since 3 January 2020.
- Quarantine and screening measures have been enhanced for travelers from Wuhan at the point of entries (PoE) since 3 January 2020.
- Public risk communication has been enhanced.

WHO Risk Assessment

This is the fourth internationally exported case of 2019-nCoV from Wuhan City, China by travelers. Since the initial report of cases on 31 December 2019, and as of 19 January 2020, 202 laboratory-confirmed cases of 2019-nCoV infection including three deaths were reported to WHO globally from China (198 cases and 3 deaths), Thailand (2), Japan (1) and Republic of Korea (1). In China, 170 cases are hospitalized of which 126 are mild cases, 35 are severe cases, and 9 cases are critically ill. They are all under isolation treatment at designated medical institutions in Wuhan. Among these cases, two have been reported from Beijing city and one from Shenzhen city in Guangdong province.

The source of the outbreak is still under investigation in Wuhan City. 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. Cases continue to be reported from Wuhan City, and from other provinces in China. Additional investigations are needed to determine how the patients were infected, the extent of human-to-human transmission, the clinical spectrum of disease, and the geographic range of infection.

In China, exit screening measures have been enhanced for travelers from Wuhan at the point of entries (PoE) (airports and ground transport stations) since 14 January 2020; this includes temperature checks, combined with provision of information and masks to passengers with fever, as well as directing symptomatic passengers to health facilities for follow up.

WHO Advice

It 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 acute 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. Health authorities should work with travel, transport and tourism sectors to provide travelers 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 Korea 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 KCDC (in Korean): https://www.cdc.go.kr/board/board.es?mid=a20501000000&bid=0015&list_no=365794&act=view#
- Second Press statement by KCDC (in Korean): https://www.cdc.go.kr/board/board.es?mid=a20501000000&bid=0015&list_no=365805&act=view#
- 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/>

- Disease outbreak news, Novel Coronavirus – Japan (ex-China), 17 January 2020:
<https://www.who.int/csr/don/17-january-2020-novel-coronavirus-japan-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 (2019-nCoV) has been associated with an outbreak of pneumonia in Wuhan city, Hubei province in China, including three related deaths. Cases have been reported in provinces outside of Wuhan in China and other countries including Thailand, Japan and Republic of Korea. With incomplete epidemiological information, it is challenging to assess the full public health risk and impact.

Unusual or Unexpected: Yes

On 7 January 2020, a new coronavirus (2019-nCoV) was identified by Chinese authorities as the cause of an outbreak of pneumonia cases in Wuhan city, China. This virus has not been previously identified in humans. Preliminary investigations in China have not yet identified the source of the outbreak.

International Disease Spread: Yes

The Republic of Korea is the third country to report an imported 2019-nCoV case by a Chinese traveler from Wuhan, China. According to the latest information received and WHO analysis, there is evidence of limited human to human transmission of 2019-nCoV among the initial cases reported from Wuhan city.

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-E000022

Date Published: 21/01/2020 11:46

EIS Status: Current

Hazard: Infectious

Syndrome: (none)

Aetiology: Novel coronavirus 2019

Disease: Coronavirus infection

Verification Status: No verification requested

Laboratory Confirmed: No

IHR Assessment: Public Health Risk (PHR)

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

Further Information

Sent By: s47E(c), s47F

Distribution: s47E(c), s47F

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

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s47E(c), s47F

From: NGComms <apollo@id.ngcomms.net> on behalf of Health.Ops@health.gov.au
Sent: Monday, 20 January 2020 1:24 PM
To: AHPPC Secretariat
Subject: Emergency Teleconference: AHPPC (NIR #2238-01) [SEC=OFFICIAL]
Attachments: WHO-2019-nCoV-IPC-v2020.1-eng.pdf; Journal_JTM_2020_rapid_comm_nCoV_potential_international_spread.pdf



NOTICE OF EMERGENCY TELECONFERENCE

Dear AHPPC Secretariat

An emergency teleconference has been convened. Please register your intent to attend by following the link at the bottom of this e-mail, or by reply email.

Details

Committee: AHPPC

Date and Time: 20/01/2020 17:30 Canberra time

Issues

Novel Coronavirus

Agenda

1. Welcome and brief CMO update (Brendan Murphy)
2. Latest epi and WHO information (Rhonda Owen and s47E(c), s47F - NIR)
3. CDNA update (Sonya Bennett)
4. New listed human disease - endorsement
5. Laboratory testing update (Mike Catton)
6. Update from other international fora
 1. Jodie McVernon – WHO modelling/international research priorities
 2. Mike Catton – laboratory/testing capacity
 3. James McCaw - international research
7. Border measures – AHPPC position (see attached Canada paper re airline traffic)
8. Discussion of the US and other country measures
9. Communications
 1. health care stakeholders
 2. Public communication strategy
10. Bushfires – data on hospital presentations (Paul Kelly)
11. Other business
12. Next meeting

Dial-In

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- **Dial-in number:** 1800 047 396
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Further Information

Distribution

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Reference

NIR #2238-01

Further Information

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[ENDS]

Article Type: Rapid Communication

Title: Pneumonia of Unknown Etiology in Wuhan, China: Potential for International Spread Via Commercial Air Travel

Authors: Isaac I. Bogoch,^{1,2,*} Alexander Watts,^{3,4} Andrea Thomas-Bachli,^{3,4} Carmen Huber,^{3,4} Moritz U.G. Kraemer,^{5,6} Kamran Khan^{1,3,4}

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Keywords: SARS; Air Travel; Coronavirus; Pneumonia; Outbreak; Zoonosis

Word count: 659

Tables: 1

Figures: 0

Highlight: There is currently an outbreak of a pneumonia of unknown etiology in Wuhan, China.

While there are still several unanswered questions, we evaluate the potential for international dissemination of this disease via commercial air travel should the outbreak continue.

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

On December 30, 2019, a report of a cluster of pneumonia of unknown etiology was published on ProMED-mail, possibly related to contact with a seafood market in Wuhan, China.¹ Hospitals in the region held an emergency symposium, and support from federal agencies is reportedly helping to determine the source of infection and causative organism. The seafood market has since been closed, but purportedly sold a variety of live animal species. On January 5, 2020, the World Health Organization (WHO) published a document outlining their request for more information from Chinese public health authorities, and detailed 44 patients had “pneumonia of unknown etiology”, with 121 close contacts under surveillance (www.who.int/csr/don/05-january-2020-pneumonia-of-unknown-cause-china/en/). The WHO reported that 11 patients were severely ill, and many affected individuals had contact with the Huanan Seafood market. Some patients were reported to have fever, dyspnea, and pulmonary infiltrates on chest radiography. At the time of publication, limited information has been produced directly by Chinese public health authorities, however media reports documenting interviews with such authorities have stated that the etiology is not yet identified, that there are now 59 affected patients, and that Severe Acute Respiratory Syndrome (SARS), the Middle East Respiratory Syndrome (MERS), avian influenza, and several other common respiratory pathogens have been ruled out (<http://news.hebei.com.cn/system/2020/01/05/100154729.shtml>). On January 8, 2020, news outlets and ProMED-mail reported that genetic sequencing demonstrated a novel coronavirus as the potential causative organism.² Given the recent history of zoonotic transmission of a coronavirus emerging from a live-animal market in China in 2002, and the potential for novel pathogens to rapidly spread globally via commercial air travel,^{3,4} we sought to evaluate international travel patterns from Wuhan, China in order to anticipate patterns of disease dispersion should this outbreak evolve.

We evaluated 2018 travel data generated from the International Air Transport Association (IATA) to quantify passenger volumes originating from the international airport in Wuhan, China, between January through March, inclusive. IATA data accounts for approximately 90% of passenger travel itineraries on commercial flights, excluding transportation via unscheduled charter flights (the remainder is modelled using market intelligence). These data represent direct origin (Wuhan) to destination trips, and indirect trips that originated in Wuhan, but had connecting flights to a final destination. We also report Infectious Disease Vulnerability Index (IDVI) scores for countries receiving significant numbers of travellers from Wuhan.⁵ The IDVI score is a validated tool to estimate a country's capacity to prepare for and manage infectious disease threats. A score is based on metrics from seven domains; demographic, health care, public health, disease dynamics, political (domestic), political (international), and economic. Countries are scored between 0-1, with higher scores representing greater capacity to respond to outbreaks.⁵

Table 1 outlines the top 20 destination cities with passengers arriving from Wuhan; Bangkok, Hong Kong, Tokyo, and Taipei received the largest volumes with 41 080, 23 707, 20 001, and 17 645 arrivals between January and March, respectively. The IDVI for these leading destinations all exceed 0.65. Sydney and Victoria, Australia, and Dubai, UAE are the only three cities in the top 20 destinations that are outside of Asia. Bali, Indonesia has the lowest IDVI score (0.563) in the top 20 destination cities.

At the time of publication, much is still unknown about this etiology of this respiratory syndrome. Enhanced surveillance at airports has been enacted in several Asian cities. There are now reports of respiratory illnesses in travellers from Wuhan under investigation in Singapore, Hong Kong, and Seoul, however to date these illnesses are not confirmed to be related to the Wuhan outbreak. Public health agencies around the world are reminding frontline healthcare providers to be vigilant for potential imported cases, however this may be complicated in the northern hemisphere by high levels of influenza-like illnesses at this time of year. To our knowledge, no advisories against travel to Wuhan have been issued. Fortunately, most countries receiving the largest volumes of passengers from Wuhan, China appear to have high IDVI scores, corresponding to relatively strong public health and healthcare capacity.

Seventeen years after the global SARS epidemic, the current outbreak in Wuhan, China serves as a reminder of how rapidly novel pathogens can appear and spread with potentially serious global consequences. Although it is unclear what the current burden of disease is or the potential for human-to-human transmission, major Asian hubs are the most probable sites of exportation should this epidemic continue, and public health officials are already on alert in those locations.

Author contributions:

IIB, KK, AW conceived the idea

AW, ATB, CH conducted data analysis

IIB, KK, AW, ATB, MK interpreted data and contributed to writing

Conflict of interest/disclosure

KK is the founder of BlueDot, a social enterprise that develops digital technologies for public health. KK, AW, ATB, and CH are employed at BlueDot. IIB has consulted for BlueDot. MK has no conflicts of interest to declare.

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Identifying Future Disease Hot Spots: Infectious Disease Vulnerability Index. *Rand Health Q.* 2017; 6: 5.

Table 1: Top 20 passenger destination cities from Wuhan, China, January to March, 2018, and corresponding Infectious Disease Vulnerability Index (IDVI) of destination countries

DESTINATION CITY	POPULATION* (IN MILLIONS)	DESTINATION PROVINCE	DESTINATION COUNTRY	IDVI	DIRECT VOLUME**	TOTAL VOLUME**
BANGKOK	8.28	Bangkok Metropolis	Thailand	0.711	38,457	41,080
HONG KONG	7.39	Hong Kong Special Administrative Region (SAR)	Hong Kong (SAR)	0.664*	23,608	23,707
TOKYO	9.27	Tokyo	Japan	0.926	18,581	20,001
TAIPEI	2.62	Taipei	Taiwan	0.710	15,086	17,645
PHUKET	0.39	Phuket	Thailand	0.711	14,097	16,656
SEOUL	9.78	Seoul	Korea (South)	0.879	11,771	13,727
SINGAPORE	5.61	Singapore	Singapore	0.878	8,599	13,123
KOTA KINABALU	0.25	Sabah	Malaysia	0.761	12,340	12,661
MACAU	0.62	Macau Special Administrative Region (SAR)	Macao (SAR)	0.664*	10,918	10,932
DENPASAR BALI	0.79	Bali	Indonesia	0.563	7,759	9,065
SYDNEY	5.23	New South Wales	Australia	0.913	5,093	8,431
DUBAI	3.14	Dubai	United Arab Emirates	0.765	6,389	7,389
KUALA LUMPUR	1.81	WP Kuala Lumpur	Malaysia	0.761	2,393	6,822
KAHHSIUNG	2.77	Kaohsiung City	Taiwan	0.710	6,373	6,617
OSAKA	2.69	Osaka	Japan	0.926	3,062	5,745
KRABI	0.46	Krabi	Thailand	0.711	5,012	5,718
MELBOURNE	4.94	Victoria	Australia	0.913	0	5,648
SURAT THANI	0.13	Surat Thani	Thailand	0.711	5,044	5,624
CHIANG MAI	0.13	Chiang Mai	Thailand	0.711	4,354	5,293
PENANG	1.77	Pulau Pinang	Malaysia	0.761	4,436	5,059

*2018 estimates (United Nations)

**IDVI value estimated for China

***IATA data between January through March, 2018, inclusive

Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected

Interim guidance

January 2020



WHO/2019-nCoV/IPC/v2020.1

Introduction

This is the first edition of infection prevention and control (IPC) guidance when a novel coronavirus (nCoV) is suspected. It has been adapted from WHO's IPC recommendations for MERS-CoV (Infection prevention and control during health care for probable or confirmed cases of Middle East respiratory syndrome coronavirus [MERS-CoV] infection, interim guidance October 2019, WHO/MERS/IPC/15.1 Rev 1¹), based on our current knowledge of the situation in Wuhan, China and experiences with SARS-CoV and MERS-CoV².

WHO will update these recommendations as new information becomes available on the situation in Wuhan, China.

This guidance is intended for health-care workers (HCWs), health-care managers, and IPC teams. Full guidelines are available at *Infection prevention and control of epidemic- and pandemic-prone acute respiratory infections in health care*².

Principles of infection prevention and control strategies associated with health care with suspected nCoV

IPC strategies to prevent or limit infection transmission in health-care settings include the following:

1. Early recognition and source control
2. Application of Standard Precautions for all patients
3. Implementation of empiric additional precautions (droplet and contact and whenever applicable airborne precautions) for suspected cases
4. Administrative controls
5. Environmental and engineering controls

1. Early recognition and source control

Clinical triage including early recognition and immediate placement of patients in separate area from other patients (source control) is an essential measure for rapid identification and appropriate isolation and care of patients with suspected nCoV infection. To facilitate early identification of suspect cases, healthcare facilities should:

- Encourage HCWs to have a high level of clinical suspicion
- Institute screening questionnaire and
- Post signage in public areas reminding symptomatic patients to alert HCWs.

Promotion of respiratory hygiene is an important preventative measure.

Suspected nCoV patients should be placed in an area separate from other patients, and additional IPC (droplet and contact) precautions promptly implemented.

2. Application of Standard Precautions for all patients

Standard Precautions include hand and respiratory hygiene; use of Personal protective equipment (PPE) depending on risk; prevention of needle-stick or sharps injury; safe waste management; environmental cleaning and sterilization of patient-care equipment and linen.

Ensure the following respiratory hygiene measures:

- Offer a medical mask for suspected nCoV infection for those who can tolerate it
- Cover nose and mouth during coughing or sneezing with tissue or flexed elbow for others
- Perform hand hygiene after contact with respiratory secretions.

Personal protective equipment (PPE). Rational, correct³, and consistent use of available PPE and appropriate hand hygiene⁴ also helps to reduce the spread of the pathogens. PPE effectiveness depends on adequate and regular supplies, adequate staff training, proper hand hygiene and specifically appropriate human behaviour².

Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly. Thorough cleaning of environmental surfaces with water and detergent and applying commonly used hospital level disinfectants (such as sodium hypochlorite) is an effective and sufficient procedure. Manage laundry, food service utensils and medical waste in accordance with safe routine procedures².

3. Implementation of empiric additional precautions for suspected nCoV infections

3.1 Contact and Droplet precautions for suspected nCoV infection:

- In addition to Standard Precautions, all individuals, including family members, visitors and HCWs should apply Contact and Droplet precautions
- Place patients in adequately ventilated single rooms. For naturally ventilated general ward rooms this is considered to be 160 L/second/patient⁵;
- When single rooms are not available, cohort patients suspected of nCoV infection together;

- Place patient beds at least 1m apart;
- Where possible, cohort HCWs to exclusively care for cases to reduce the risk of spreading transmission due to inadvertent infection control breaches;
- Use a medical mask (for specifications please see ^{2,6});
- Use eye/facial protection (i.e. goggles or a face shield);
- Use a clean, non-sterile, long-sleeved fluid resistant gown;
- Use gloves;
- Use either single use disposable equipment or dedicated equipment (e.g. stethoscopes, blood pressure cuffs and thermometers). If equipment needs to be shared among patients, clean and disinfect between each patient use (e.g. ethyl alcohol 70%);
- Refrain from touching eyes, nose or mouth with potentially contaminated hands;
- Avoid the movement and transport of patients out of the room or area unless medically necessary. Use designated portable X-ray equipment and/or other important diagnostic equipment. If transport is required, use pre-determined transport routes to minimize exposures to staff, other patients and visitors and apply medical mask to patient;
- Ensure that HCWs who are transporting patients wear appropriate PPE as described in this section and perform hand hygiene;
- Notify the receiving area of necessary precautions as soon as possible before the patient's arrival;
- Routinely clean and disinfect patient-contact surfaces;
- Limit the number of HCWs, family members and visitors in contact with a patient with suspected nCoV infection;
- Maintain a record of all persons entering the patient's room including all staff and visitors.

3.2 Airborne precautions for aerosol-generating procedures for suspected nCoV infection:

Some aerosol generating procedures have been associated with increased risk of transmission of coronaviruses (SARS-CoV and MERS-CoV) such as tracheal intubation, non-invasive ventilation, tracheotomy, cardiopulmonary resuscitation, manual ventilation before intubation and bronchoscopy^{7,8}.

Ensure that HCWs performing aerosol-generating procedures:

- Use a particulate respirator at least as protective as a NIOSH-certified N95, EU FFP2 or equivalent ^{2,6}; when putting on a disposable particulate respirator, always perform the seal-check⁶. Note that if the wearer has facial hair (beard) this can prevent a proper respirator fit⁶.
- Eye protection (i.e. goggles or a face shield);
- Clean, non-sterile, long-sleeved gown and gloves;
- If gowns are not fluid resistant, use a waterproof apron for procedures with expected high fluid volumes that might penetrate the gown²;

- Perform procedures in an adequately ventilated room; i.e. at least natural ventilation with at least 160 l/s/patient air flow or negative pressure rooms with at least 12 air changes per hour (ACH) and controlled direction of air flow when using mechanical ventilation
- Limit the number of persons present in the room to the absolute minimum required for the patient's care and support.

4. Administrative controls²

Administrative controls and policies that apply to prevention and control of transmission of nCoV infections include establishment of sustainable IPC infrastructures and activities; HCWs training; patients' care givers education; policies on early recognition of acute respiratory infection potentially due to nCoV, access to prompt laboratory testing for identification of the etiologic agent; prevention of overcrowding especially in the Emergency department; provision of dedicated waiting areas for symptomatic patients and appropriate placement of hospitalized patients promoting an adequate patient-to-staff ratio; provision and use of regular supplies; IPC policies and procedures for all facets of healthcare provisions - with emphasis on surveillance of acute respiratory infection potentially due to nCoV among HCWs and the importance of seeking medical care; and monitoring of HCW compliance, along with mechanisms for improvement as needed.

5. Environmental and engineering controls

These include basic health-care facility infrastructures⁹. These controls address ensuring adequate environmental ventilation⁵ in all areas within a health-care facility, as well as adequate environmental cleaning. Spatial separation of at least 1-meter distance should be maintained between each suspect patient and others. Both controls can help reduce the spread of many pathogens during health care¹⁰.

Duration of contact and droplet precautions for nCoV infection

Standard precautions should always be applied at all times. Additional contact and droplet precautions should continue until the patient is asymptomatic. More comprehensive information on the nCoV infection mode of transmission is required to define duration of additional precautions.

Collection and handling of laboratory specimens from patients with suspected nCoV

All specimens collected for laboratory investigations should be regarded as potentially infectious, and HCWs who collect, or transport clinical specimens should adhere rigorously to Standard Precautions to minimize the possibility of exposure to pathogens^{11,12}.

- Ensure that HCWs who collect specimens use appropriate PPE (eye protection, medical mask,

long-sleeved gown, gloves). If the specimen is collected under aerosol generating procedure, personnel should wear a particulate respirator at least as protective as a NIOSH-certified N95, EU FFP2 or equivalent

- Ensure that all personnel who transport specimens are trained in safe handling practices and spill decontamination procedures.
- Place specimens for transport in leak-proof specimen bags (secondary container) that have a separate sealable pocket for the specimen (i.e. a plastic biohazard specimen bag), with the patient's label on the specimen container (primary container), and a clearly written laboratory request form.
- Ensure that health-care facility laboratories adhere to appropriate biosafety practices and transport requirements according to the type of organism being handled.
- Deliver all specimens by hand whenever possible. DO NOT use pneumatic-tube systems to transport specimens.
- Document patients full name, date of birth of suspected nCoV of potential concern clearly on the accompanying laboratory request form. Notify the laboratory as soon as possible that the specimen is being transported.

Acknowledgements

The original version of the MERS-CoV IPC guidance was developed in consultation with the WHO Global Infection Prevention and Control Network and Emerging Disease Clinical Assessment and Response Network and other international experts. WHO thanks those who were involved in the development and updates of IPC documents for MERS-CoV.

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Australian Health Protection Principal Committee (AHPPC)

Emergency Teleconference

Novel Coronavirus (2019 – nCoV)

Monday 20 January 2020 17:30 – 18:40AEDT

Outcomes

Members attending	
Prof Brendan Murphy	Commonwealth Chief Medical Officer
Prof Paul Kelly	A/g CMO
Dr Andrew Robertson	Chief Health Officer, Western Australia
A/Prof Nicola Spurrier	Chief Health Officer, South Australia
Dr Brett Sutton	Chief Health Officer, Victoria
Dr Angie Bone	A/g Deputy Chief Health Officer, Victoria
Dr Kerry Chant	Chief Health Officer, New South Wales
Dr Jeremy McNulty	Executive Director, Health Protection, New South Wales
Dr Jeannette Young	Chief Health Officer, Queensland
Dr Mark Veitch	Chief Health Officer, Tasmania
Dr Hugh Heggie	Chief Health Officer, Northern Territory
A/Prof Dianne Stephens	Deputy Chief Health Officer, Northern Territory Medical Director, NCCTRC
Dr Kerry Coleman	Chief Health Officer, Australian Capital Territory
A/Prof Dianne Stephens	Deputy Chief Health Officer, Northern Territory Medical Director, NCCTRC
Vicki Krauss	Director, Centre for Disease Control, NT Department of Health
Invited Experts	
Dr Sonya Bennett	Chair, Communicable Disease Network Australia
Dr Ben Howden	Chair, Public Health Laboratories Network
Dr Mike Catton	VIDRL
Prof Jodie McVernon	University of Melbourne
Prof James McCaw	University of Melbourne
Department of Health	
Ms Celia Street	First Assistant Secretary, Office of Health Protection
Ms Rhonda Owen	Assistant Secretary, Health Emergency Management Branch
s47E(c), s47F	Director, Emergency Preparedness and Response
Prof Allison McMillan	FAS, Chief Nurse and Midwifery
s47E(c), s47F	AHPPC Secretariat

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The CMO welcomed members provided an overview of the current situation in relation to the Novel Coronavirus that originated in Wuhan, China

Item 2 – Epidemiology and WHO update.

Ms Newton provided Members with the current data from the Wuhan Municipal Health Commission. At this stage WHO has advised there is limited human-to-human contact but noted there is not enough information available to provide a full profile of the disease.

Item 3 – CDNA Update

Dr Bennett reported on the meeting of CDNA earlier in the day and reiterated the need for more evidence and data to fully understand 2019 – nCoV. She noted that while none of the suspected cases in Australia have proved positive at this stage, they are still important for gathering further information.

Dr Bennett advised Members that CDNA has formed a small working group to work on developing a SoNG for 2019 – nCoV using the MERS SoNG as a basis and then identifying gaps as well as developing consistent public health messaging.

PHLN are also developing guidelines for consistency of testing.

Item 4 – List of Human Diseases.

Ms Owen advised Members that in order to have the 2019 – nCoV to be included on the Travellers with illness checklist (TIC) it needs to be on the list of human diseases (LHD). This will enable enhanced border measures as required. Members also discussed CDNA's recommendation that it be called a LHD with pandemic potential and the need to call a RAT Panel with the virus a Communicable Disease of national significance

Dr Bone advised that Victoria has developed a communique with background and context for the disease, with recommendations of who to test and appropriate public health precautions. These were developed for GPs and Emergency Departments. Victoria is happy to share this communique to be used and adapted by other jurisdictions.

Action: Members endorsed 2019 – nCoV being listed as a Human Coronavirus with pandemic potential.

Action: CDINS???? Supported on recommendation of CDNA

Action: Wording to be circulated to ensure all jurisdictions use consistent language.

Item 5. – International Research

Drs McVernon and McCaw gave Members advice on the thinking behind the modelling WHO currently doing and ongoing international research priorities; the export risks of the virus; and the impacts of Chinese New Year which traditionally involves a lot of travel both within China and internationally. A report on travel patterns from Canada was circulated to Members with meeting papers.

Item 6. – Border measures

Prof Murphy advised that while there were over 160 flights per day from China to Australia there were only three direct flights from Wuhan to Sydney. He gave an overview on current border measures internationally, including the US. He noted that some Asian countries were doing mass screening but Australia is maintaining the view that the current border measures are reasonable and appropriate.

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Commented [SJ1]: s47E(c) – I don't know the correct title/acronym for this one. Can you change? s47E(c)
s47F

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Mr Willis advised that following the endorsement by AHPPC to list the virus as an LHD, the TIC would be updated overnight and circulated by Agriculture tomorrow. He advised that direct flights would be met at the airport by biosecurity officers and passengers would be handed information in Mandarin and English about symptoms and appropriate action required – if they have existing symptoms or if symptoms develop at a later time. Agriculture has advised that it will take a few days to set up arrangements but that these would be in place by the arrival of the next direct flight on Thursday.

Other ports would have electronic signage alerting arriving travellers about the virus.

Dr Chant advised that there would be NSW Health staff at the airport for each direct flight as well with links to Westmead Hospital. They would trial the arrangement and check how it worked and possible assess the need/possibility for testing at the airport.

Prof Murphy asked AHPPC to endorse the message that Australia does not support mass screening at the border as there is no evidence it is effective and there is not enough information about the virus to warrant it at this time.

He also noted that direct flights from Wuhan to Sydney would be targeted to receive information handouts and other ports would have electronic signage.

Action: Endorsed messaging suggested by Prof Murphy.

Item 7. – Meeting with US CDC

Prof Murphy advised that there would a teleconference with US CDC to discuss its border measures. The US is currently doing enhanced border screening at three airport for incoming passengers from China. The teleconference is scheduled for 7am AEDT.

Item 8. - Communications

Prof Murphy advised that he will be holding a media conference tomorrow to provide reassurance and update on the evolving situation. He will speak to the border measures and what people should do who experience symptoms.

Drs Chant and Sutton provided Members with NSW and Victoria's messaging to GPs and Emergency Departments. Members discussed direct messaging to Colleges and the fact that Commonwealth messaging is not always tailored to include local contacts and can be more confusing to busy practices. Dr Bennett said further information may not be available until the new Working Group has a chance to look at the case definition, testing and nuancing content.

Item 10. – Laboratory Testing

Dr Catton provided Members with the current testing capability in Australian public health laboratories at VIDRL, ICPR, NSW Health Pathology Randwick and QHFSS. An initial assay for sequencing was correct as being very like SARS but a specific test for this current virus will be required.

A document is being drafted on laboratory safety and transport safety will reflect current information available from US CDC and the WHO. Standard PC2 testing and standard transport protocols will be implemented.

China has promised to provide the virus but this will take time. VIDRL is able to access a synthetic virus based on SARS which it will circulated to other labs and will be used as an interim measure. A PCRs primer for the Wuhan virus is being developed by the WHO which is expected shortly.

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Item 11. – Other Business

Dr Sutton advised that Victoria would be meeting with APPRISE on Thursday to discuss possible research.

Dr Catton advised that the current project on Ross River Fever will be changed to focus on the Wuhan virus.

Members were advised that the next WHO teleconference would be held tomorrow (Tuesday).

S47E(c), S47F advised that Health would be liaising with DFAT to discuss messaging on Smarttraveller.

Dr Chant also raised the need for returning health care workers who may have been exposed to the virus, especially if they have worked in Wuhan.

Item 9. Bushfire Update

Prof Kelly said while it is relatively quiet at the moment, the fire season is far from over. He advised that applications for grants for research funding into the long term affects of smoke are open.

He also noted the Flu tracking program is currently being used to track health impacts from bushfire smoke with only minor complications being reported.

ACT Health is reporting social media chatter on the short term affects of bushfire smoke.

NSW Health reports a 20% increase in presentations for Asthma and other acute respiratory conditions.

Victoria, ACT, SA will advise the data as soon as collated and available
Tasmania and WA advised that their numbers would be virtually nil as impacts were negligible.

Meeting Closed: 13:00

The next meeting of AHPPC scheduled for **2 April 2020 in Melbourne.**

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s47E(c), s47F

From: Owen, Rhonda
Sent: Monday, 3 February 2020 12:51 PM
To: Barden, Graeme
Cc: s47E(c), s47F; Health Ops
Subject: Overview of Australian Government actions regarding the Coronavirus
[SEC=OFFICIAL]
Attachments: Overview of Australian Government actions regarding the Coronavirus.docx

Would you please check the highlighted parts of this doc. I am not confident that I am across the info that got sorted last night. Needed by 1pm.

Thanks!

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

Overview of Australian Government actions regarding the Coronavirus (2019-nCoV) outbreak

- The Australian Government National Incident ~~Room~~ Centre has been activated in response to this incident and is co-ordinating actions across Commonwealth and jurisdictional counterparts.
- The Australian Health Protection Principle Committee (AHPPC) has been meeting daily to provide expert medical advice to Government which is assisting in ~~coordinating~~ informing Australia's response. *AHPPC membership includes all Federal State and Territory Chief Medical Officers. (a full list of meeting dates is below)*
- The Communicable Diseases Network Australia (CDNA) has been meeting frequently to provide expert advice to Government and AHPPC. *The CDNA provides national public health co-ordination and leadership, and support best practice for the prevention and control of communicable diseases. (a full list of meeting dates is below)*
- On 21 January 2020 'Human coronavirus with pandemic potential' was listed as a Listed Human Disease (LHD) under the Biosecurity Act 2015, enabling the use of enhanced border measures.
- The World Health Organization (WHO) International Health Regulations Emergency Committee met on 30 January 2020 and declared the 2019-nCoV outbreak a "Public Health Emergency of International Concern".
 - In response to this declaration, the Chief Medical Officer advised that Australia was already carrying out the activities recommended by WHO, with border, isolation, surveillance and contact tracing mechanisms already in place for some time.
- The Australian Government is providing assistance for isolated and vulnerable Australian citizens to leave Wuhan and return to Australia.
 - Teams of experts have been deployed on the flight including, the Australian Medical Assistance Team (AUSMAT), DFAT Crisis Response Team and Biosecurity Australia.
- On 1 February, The Prime Minister announced strict new travel restrictions on the advice of the Australian Health Protection Principal Committee:
 - Effective 1 February, foreign nationals (excluding permanent residents) who are in mainland China or who have been in mainland China on or after 1 February, will not be allowed to enter Australia until 14 days after they have left, or transited through, mainland China.
 - Australian citizens, permanent residents and their immediate family will still be able to enter Australia, as well as airline crews who have been using appropriate personal protective equipment. These are temporary measures and will be reviewed in 14 days.
- The Department of Health has updated relevant factsheets to reflect the new arrangements for people arriving in Australia. In the following scenarios a person should self-isolate:
 - If the person has travelled from Hubei Province within the past 14 days, the person must isolate until 14 days have elapsed after leaving Hubei Province.

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- If the person left, or transited through, mainland China on or after 1 February 2020 the person must isolate until 14 days after leaving China.
- If the person has been in close contact with a confirmed case of novel coronavirus, the person must isolate themselves for 14 days after last contact with the confirmed case.
- In the following scenarios a person does not need to self-isolate:
 - ~~People~~ who have travelled from other provinces of mainland China (and have not been in Hubei province) who arrived prior to 1 February 2020.
 - People who have only been to Hong Kong, Macau and Taiwan.
- By way of example,
 - if someone left the city of Wuhan in Hubei Province on 22 January 2020 he/she is required to isolate until 6 February 2020.
 - if someone left Shanghai on 28 January 2020 and comes to Australia via another country on 3 February 2020, he/she would not be required to isolate (as he/she left China before 1 February 2020).
 - If someone left Beijing on 3 February 2020 and arrived in Australia the same day, he/she would be required to isolate for 14 days, until 17 February 2020.
- Other enhanced border measures have been implemented over recent weeks consistent with the expert medical advice:
 - all people arriving from China are being met by biosecurity officials and provided information on the coronavirus, how to self-isolate if they are required to do so and what to do if symptoms do develop.
 - pre-recorded announcements (in English and Chinese) are being played in arrivals areas at international air and sea ports, providing information about signs and symptoms of coronavirus and advising actions to be taken should individuals identify these symptoms.
 - The Government has requested that similar in-flight announcements occur on inbound aircraft.
 - Electronic signage and pull-up banners are displayed at international airports.
 - Similar measures have been implemented for the cruise ship industry, Ports Australia, and port operators to provide information materials.
- The Australian Government has made available over 550,000 surgical masks to GPs and health care workers ~~officers~~ via the Primary Health Networks from the National Medical Stockpile.
- A further 500,000 masks are being made available for airport and port staff and arriving passengers and thermometers at impacted airports.
- The Australian Border Force (ABF) is providing passenger information from relevant flights to the Department of Health and State and Territory Governments to support "contact tracing". This information allows the identification of the seat where a confirmed case sat on a plane and those who were seated close by, and their contact details. Close contacts can then be contacted to advise of their potential exposure and measures they should take.
- The Department of Health has developed and published resources and advice for primary and community health care workers, emergency departments, border workers, people who have to self-isolate, education providers, the aged care sector, tourism

Commented [DS1]: Can we please provide a bit more information on contact tracing?

industry, amongst others. <https://www.health.gov.au/resources/collections/novel-coronavirus-2019-ncov-resources>

- Nationally consistent protocols for laboratory testing for 2019-nCoV and for the public health management of cases have also been implemented.
- A forward view of flights and cruise ships travelling from or through China to Australia has been produced to support planning for the reception of these aircraft and vessels.

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s47E(c), s47F

From: Phan, Jen
Sent: Monday, 3 February 2020 11:44 AM
To: Owen, Rhonda
Cc: Health Ops
Subject: FW: Summary of Govt actions [SEC=OFFICIAL]
Attachments: Overview of Australian Government actions regarding the Coronavirus.docx

Hi Rhonda,

Can you please arrange fact checking of the attached document and go back to Sam by 1pm.

Thanks,
 Jen

From: Develin, Sam
Sent: Monday, 3 February 2020 10:58 AM
To: Wallensky, Louise ; Soper, Lyndall ; Phan, Jen ; Street, Celia
Cc: MURPHY, Brendan ; Kelly, Paul
Subject: Summary of Govt actions [SEC=OFFICIAL]

Hi all

The minister has asked for an updated two page document that summarises all government actions today – key actions.

Ive done a short note, largely from the TP's..

Can you please fact check and amend this and provide back by 1pm today?

Thanks !

Sam

Sam Develin
Senior Adviser

Office of the Hon Greg Hunt MP
 Minister for Health

Minister Assisting the Prime Minister for the Public Service and Cabinet
 Federal Member for Flinders

Ph: 02 6277 ^{s47E(c),}
^{s47F}
^{s47E(c), s47F} @health.gov.au

Suite M1.41, Parliament House, Canberra ACT 2600

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Compose Email

Subject [Apollo] Approved: Emergency Teleconference: AHPPC (NIR #2238-01) [DLM=For-Official-Use-C**Attach Files****Attach Docs**

HTML

Plain text

Options

Test

**NOTICE OF
[EMERGENCY]*
TELECONFERENCE**

Dear [Name]*

An [emergency/extraordinary]* teleconference has been convened. To register your intent to attend, please click the link at the bottom of this e-mail.

Details**Committee:** AHPPC**Date and Time:** 20/01/2020 17:30 (Canberra)**Issues****Novel Coronavirus****Agenda**

1. Welcome and brief CMO update (Brendan Murphy)
2. Latest epi and WHO information (Rhonda Owen and s47E(c), s47F - NIR)
3. CDNA update (Sonya Bennett)
4. New listed human disease - endorsement
5. Laboratory testing update (Mike Catton)
6. Update from other international fora
 1. Jodie McVernon – WHO modelling/international research priorities
 2. Mike Catton – laboratory/testing capacity
 3. James McCaw - international research
7. Border measures – AHPPC position (see attached Canada paper re airline traffic)
8. Discussion of the US and other country measures
9. Communications
 1. health care stakeholders
 2. Public communication strategy
10. Bushfires – data on hospital presentations (Paul Kelly)
11. Other business
12. Next meeting