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Subject: Novel coronavirus documents for interviews [SEC=OFFICIAL]
Date: Tuesday, 21 January 2020 7:03:15 PM
Attachments: [2020-01-21 NIR SitRep v2 - 2019-nCoV China.pdf](#)
[image001.png](#)
[CMO - Media Release - Novel coronavirus update as at 6pm 21 January 2020.pdf](#)
[CMO - Transcript - Novel coronavirus update.pdf](#)

Dear Minister,

As discussed with Brendan, please find attached:

1. National Incident Room SitRep
2. Media release which will shortly be published
3. Transcript from Brendan's press conference this morning

Kind regards,

s 22

Executive Officer to Professor Brendan Murphy
Chief Medical Officer

Australian Government Department of Health

 s 22

✉ MDP 84, GPO Box 9848, Canberra ACT 2601

EA to Professor Murphy: s 22



Professor Brendan Murphy
Australian Government Chief Medical Officer

TRANSCRIPT

Press conference: update on novel coronavirus

21 January 2020

Brendan Murphy: At the outset I should say that this is a rapidly evolving situation. There have been significant developments over the last three or four days and we are updating our advice and analysis on a daily basis in partnership with the World Health Organization and very importantly in the Commonwealth in partnership with our state and territory health officials who have the primary health response in the public health arena.

So while our concern has been heightened in the last three or four days, I would like to start by assuring the Australian public that there is no need for alarm, and the risk to the Australian public from this novel virus remains relatively low, although we do need to keep a precautionary and active surveillance of the situation.

Coronaviruses are ubiquitous. They're present in- there are a number of them present in humans and in lots of animals. In fact, some of the common cold are caused by coronaviruses. But we do know that coronaviruses from animal species can sometimes mutate and cross into human and causing new infections and two coronaviruses that did that in recent memory were the MERS and the SARS virus, which obviously means that we are always concerned about the emergence of a new coronavirus infecting humans. And that's why we and all the international community take this development seriously.

This novel virus was first detected in the city of Wuhan in China, over a month ago. There are now more than 220 confirmed cases. The vast majority have been in that city of Wuhan, in a relatively small area of that city. There have been three deaths confirmed so far in those cases. Six cases have been detected in other parts of the world, in other parts of China, in Shenzhen, Beijing, also in Japan and South Korea and Thailand. The great majority of those people have reported a travel history from Wuhan. So we still believe that Wuhan remains the major source of this infection.

Since last week, we've had more than 130 new cases confirmed by the Chinese authorities. Generally, in people with previously unexplained pneumonia and it's important to note that most of- many of those cases were cases from some time ago and it's just updating the surveillance data, particularly for people who had unexplained pneumonia. All of the cases so far have been in adults. There haven't been any children infected.

What we do know is that whilst we have over 220 confirmed cases, that's likely to be a significant underestimation because there are a significant number of mild cases and mild cases often in these outbreaks often go undetected and the modelling suggests that there could be many more than those 220 cases when we finally get a true picture of their epidemiology.

A number of clinical symptoms have been reported. The most consistent is high fever. Nearly every patient who's been confirmed with this disease has had a high fever, but other respiratory symptoms - such cough, breathlessness and sore throat - have also been reported in some cases.

As I've said, there have been three deaths, and there have been a number of - a smaller number of clinically severe cases, often in people with associated comorbidities or other medical conditions. However, we don't yet know enough about whether this disease is as serious as some other diseases in the past. We simply haven't got the data to assess the clinical severity of this disease and that will emerge as we get more data over the coming days and weeks.

The World Health Organization is now reporting limited human-to-human transmission and this is a development over the last three or four days, whereas as of late last week, there was no confirmed reports of human-to-human transmission. But now, there are cases who do have the disease that haven't had contact with the seafood market in Wuhan that was thought to be the primary source and overnight we have heard reports from China that there have been cases of infection of health care workers, which would be pretty conclusive evidence that there is some human-to-human transmission. But yet again, we don't know what is the risk of human transmission, how easily this virus is transmitted from human-to-human versus from animal to humans and again that data will evolve over the next few days and weeks.

In response to this significant development over the weekend, and because Australia has significant numbers of international travellers from Wuhan and from China, we are putting in place some additional proportionate border measures. In particular, these measures relate to the three direct flights a week from Wuhan to Sydney. Each of these flights will now be met by our border security and biosecurity staff and New South Wales Health. They will be providing to all the passengers an information pamphlet in English and Mandarin, outlining the symptoms this disease might deliver and asking them to identify themselves at the border if anyone has a fever or any of the symptoms that suspect that they might have this disease. And then if they are suspected of having this condition, New South Wales Health will follow up as per our normal border security and biosecurity protocols.

We will also be putting information in place at all other ports of entry, warning people about this disease and alerting them that if they do develop symptoms on arrival or after arrival, that they should seek medical attention. And obviously, we'll be doing some specific communications in the Chinese media to target the Chinese-speaking population, who are clearly of significant interest to us.

No international travellers have yet been confirmed as having this coronavirus in Australia and we already have well-established existing biosecurity measures at the border, where airlines are required - and have been for many years - to declare any ill passengers on board and we have protocols for assessing those passengers at the border.

A number of potential passengers have been assessed by state health authorities but there have been no confirmed cases of this disease. We have the diagnostic capability in our laboratories to diagnose this condition and we are well prepared in our public health system and all of our state and territory health services have the facilities to diagnose, treat and isolate any patients who might have this suspected disease. So as I said at the outset, this is a rapidly emerging situation, there is not a cause for alarm but we are watching it very closely and we will obviously be providing regular updates to the media. And I'm happy to take any questions.

QUESTION: Has there been consideration at this point to expand [indistinct]... they've being screened as they come in? [Indistinct]...

BRENDAN MURPHY: We will be looking, as I said we'll be providing information to all flights at the border but that will be general information. In terms of meeting specific flights it's obviously very easy for the direct flights, we're doing some careful modelling to see if there are any other flights from China that have a high proportion of Wuhan origin passengers and we may consider expanding that too. But we have to do the analysis to find out where they come from because there are apparently 160 flights from China a week and obviously flights from China could come via other ports as well. So it's a very complicated process.

I think the important thing to remember is this border screening; you cannot absolutely prevent entry into the country of a disease like this. The incubation period is probably about a week, many people who are incubating will be completely A-symptomatic and without any symptoms or fever. So the purpose of borders, border measures is to identify those people that we can where there's a high risk and to ensure that people with a high risk know about it and get attention. But there is no perfect way of preventing entry into the country if this disease becomes much bigger, we need to respond to it as we always do.

QUESTION: Is the analysis being done quickly so that [indistinct]...

BRENDAN MURPHY: Yes, that analysis is being done quickly, yeah. But at the moment the intention is to put in place these additional border measures at Sydney Airport from tomorrow when the next flight is due in.

QUESTION: Is there any advice-

BRENDAN MURPHY: [Interrupts] From Thursday, sorry.

QUESTION: Is there any advice for Australians not to travel to [indistinct]...

BRENDAN MURPHY: At the moment we are working with the Department of Foreign Affairs and Trade on consideration of updating the travel advice. The World Health Organization is still not recommending any travel advisory. We think as the evolving situation requires there should be some specific advice, certainly about what you do in Wuhan and we are discussing with the Department of Foreign Affairs whether we should change the advice more generally.

QUESTION: It', I know you sort of mentioned Australia will be ready for this and we have sort of seen this out of China pictures that we have to start wearing contamination suits and some sort of breathing apparatus. So, is Australia prepared for that if this does land on our doorstep?

BRENDAN MURPHY: Absolutely. Every, every one of our state and territory health departments has a designated containment facility with negative pressure ventilation, all of those protective equipment and they have well established protocols to transport a suspected person from the airport to that facility and look after them. We are rated extremely highly internationally on our capacity to deal with that, we're well prepared.

QUESTION: Do any specific measures happen now with a few possible...[indistinct] across the country about their protocols? Did, there were issues that happened.

BRENDAN MURPHY: Sure. So we are, we have provided broad information to all health professionals and hospitals a week ago and we're now updating that and we'll be rapidly communicating the new information over the next couple of days to every health professional in the country. GP's often will be the people who might see people first, but obviously to all of the health departments so they're aware of this condition.

QUESTION: Is this a degree, it's just advice about the condition and protocols meant to happen [indistinct...] gaps in certain hospitals like how they deal with [indistinct]-

BRENDAN MURPHY: Yeah. I think every hospital- we've had lots of experience with this in the past. We've had the flu pandemic, we've had Ebola - we were prepared for Ebola. So most of our hospitals, our emergency departments, our state public health departments are well prepared with protocols. But obviously we need to make sure that they're up to date and revised and that everyone is aware of this. So, we're a very well prepared country to deal with a new, emerging infectious disease.

QUESTION: Are the screening measures [indistinct] rise, are people self-reporting?

BRENDAN MURPHY: Yes. Self-reporting symptoms, fevers, cough and the like. You might be leading to questions of whether we should go back to scanning for temperatures and things at the border. The evidence suggests that - certainly our evidence in the flu pandemic - suggests that that was ineffective. It missed a large number of cases, as I said cases that may be incubating or afebrile and it often leads to a false sense of security. It's not an effective mechanism and all of the public health advice that we've had, we had a meeting of all of our senior public health experts yesterday and we don't believe that is an appropriate measure and that it is helpful.

QUESTION: You mentioned a number of significant developments and one of them you touched on before - the human to human transfer. Any others that [indistinct] know?

BRENDAN MURPHY: Well I think that the detection of cases in other parts of China, in Beijing and other- another city, that is, again, we're still not entirely sure whether they have all been derived from Wuhan or whether there are- there has been transmission in any place other than Wuhan. That's obviously a really important issue to be resolved over the next few days.

QUESTION: United States took up screening measures quite quickly and we're- ours is starting on Thursday. Is there any reason- was there- is there a delay, was there any reason for that delay?

BRENDAN MURPHY: We believe that the time- we met, had an urgent meeting yesterday on the basis of the new development over the last weekend. We believe that the measures we've taken place- we have undertaken are proportionate to the evolving data at the time we took them. The United States have taken a much more precautionary approach but again, they're only screening three of their 400 airports.

QUESTION: You mentioned before there was significant media interest in this. Do you reckon there's a risk that this kind of gets a bit overplayed by the media?

BRENDAN MURPHY: There's always a risk with a new and emerging infection. People get frightened and there is often media hype. And that's why I think it's really important to reassure the public that we are well prepared in this country to respond to these issues. And as I said, we still don't quite know what the severity of this disease is. We do know that there are number of quite mild cases, many people have recovered fully and many people have been treated just like a bad cold. So we don't quite know what- how serious the disease is, how it's going to spread or what the developments will be. We just have to keep a watching brief, but at the moment, please be reassured and we'll be doing everything we can to detect any cases that come in and to respond.

QUESTION: Is there anything people can do to protect themselves while travelling in particular?

BRENDAN MURPHY: Well I think anyone who was going to Wuhan should definitely avoid any live- any markets, particularly where there are live animals because we- there's no definite proof of the animal source of this virus at the moment but it seems extremely likely that it's come from an animal source. And the great majority of the initial cases were associated with people who'd visited or worked at a seafood market that also had a lot of live animals. It's unlikely that the virus came from seafood, it's more likely that it came from animals. So- and obviously if they thought they'd come in contact with anyone with unexplained pneumonia or fever, to be aware and to seek medical attention.

QUESTION: Just on another issue - have you seen a spike in deaths attributable to smoke inhalation in Australia because of the bushfire season?

BRENDAN MURPHY: We haven't seen a spike in deaths. We have- some states have reported higher increase of presentation at the Emergency Department with exacerbation of asthma and respiratory disease but that data is fairly patchy. There's no- certainly no evidence related to increased mortality at this time.

QUESTION: On that, does this call- does the bushfire smoke that's been hanging over a lot of the major cities, does that call for a bit of a reform of national guidelines around smoke in workplaces and things like that?

BRENDAN MURPHY: Well I think we- as my colleague Professor Kelly who's here with us today who's been responding to the bushfire issue has said, there's a lot we don't know about bushfire smoke. I think- and that the reporting of the fine particulate matter by states and territories, we're trying to get national consistency on that, we're trying to- the government's recently announced some research funding to do more research into the long term impacts of exposure to bushfire smoke. We don't know whether there are any long term impacts. We know that in situations where there's prolonged air pollution there are adverse effects of long exposure to small particulate matter pollution. But there really isn't a lot of data on bushfires and it's an evolving area.

QUESTION: We heard reports of hospitals, including birthing suites, being filled with smoke. Given that [indistinct] hospitals can be quite vulnerable, is there- does these buildings need to be redesigned to make sure that people are not going to be effected by [indistinct]...?

BRENDAN MURPHY: Yeah. I mean, that's- most modern hospitals would have pretty good air control systems that should prevent that. And I think newly designed hospitals would have air handling systems that would prevent that happening. But there may be some older hospitals that still have air intakes that can do that [indistinct].

Any other- no other questions? Well thank you again very much for your attention today and we will certainly be providing regular updates.

Media contact: Health Media, [s 22](#)



Professor Brendan Murphy
Australian Government Chief Medical Officer

MEDIA RELEASE

As at 6pm 21 January 2020

Novel coronavirus update

The Australian Government Department of Health is working across agencies to implement additional measures to manage the risk of novel coronavirus (2019-nCoV) from the region of Wuhan in China.

I want to reassure Australians that to date there have been no confirmed cases in Australia and the risk of transmission in Australia from this novel coronavirus remains low.

We have well established mechanisms to detect and respond to ill travellers, and processes in place to implement further measures if the risk increases.

This is a rapidly evolving matter with developments in recent days and we remain alert but not alarmed.

Recent developments include significant increases in reported cases, and evidence of limited human-to-human transmission.

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

- All passengers on these direct flights will receive information about the virus on arrival requesting that they identify themselves to biosecurity officers at the airport if they are unwell. If they have symptoms of an infectious disease they will be assessed by NSW Health.
- Additional information will be displayed at all major international ports around Australia, with instructions on what to do if travellers have symptoms or if symptoms develop.
- We are currently working with the Department of Foreign Affairs and Trade to update the travel advisory to Wuhan.

- We are also preparing updated advice for doctors and other health professionals in Australia and will be providing advice on the Department of Health's website.

There have been no confirmed cases of the virus in Australia.

Australia's public health systems have identified a number of individuals who have presented with relevant symptoms and travel history to Wuhan.

So far, all but one have been cleared of the novel coronavirus. Laboratory testing results are pending on one remaining case in Queensland.

Key details of the evolving situation and suspected cases in Australia are shared across jurisdictions through key expert bodies such as the Australian Health Protection Principal Committee and its standing committee, the Communicable Diseases Network Australia.

Australia has world-class public health systems in place to manage any cases, including isolation facilities in each state and territory.

There is currently no vaccine available for this new virus; supportive care is the best available treatment if a case is confirmed.

Background

Coronaviruses are ubiquitous—there are many known viruses in humans and animals including some viruses that cause the common cold.

This novel virus was first detected in the City of Wuhan in China around 30 December 2019.

As of 21 January 2020, 198 confirmed cases of this virus have been detected in the Wuhan region of China, with three deaths.

Twenty-three additional cases have been detected in individuals in Beijing and Guangdong Province (China), Japan, South Korea and Thailand. Some of these individuals have reported a history of travel to Wuhan.

Since 17 January 2020, 136 new cases have been identified in patients in Wuhan with previously unexplained pneumonia.

All reported cases are adults.

The recent increase in the number of cases has been partially due to increased surveillance and testing of cases.

There is likely to be under-reporting and detection, particularly of mild cases, and true numbers are likely to be significantly greater.

A number of clinical symptoms have been reported, fever was the single consistent symptom. Other symptoms include breathing difficulty, coughing and a sore throat.

Among the reported cases, a proportion have experienced severe symptoms, including three deaths in China, with one individual known to have underlying disease.

There is not enough data to assess clinical severity yet, however, on current evidence, the virus is not thought to be as clinically severe as SARS or MERS and investigations are ongoing.

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THE FREEDOM OF INFORMATION ACT 1989 (CTH)
BY THE DEPARTMENT OF HEALTH

New coronavirus (2019-nCoV) 2019 - China

Situation Report

Report Details

Date of Issue	2020-01-21 1800 AEDT	Version	2
Reference	NIR #2238	Next Report	2020-01-22 1730 hrs AEDT
Prepared By	NIR Intelligence Manager	Authorised By	Celia Street, FAS OHP
Context	<p>This report focuses on the health portfolio. States and territories have constitutional authority for health responses. The NIR supports national coordination of health sector emergencies under the Australian Health Protection Principal Committee but may also coordinate internal Department of Health activities during complex incidents.</p> <p><i>Changes are shown in red italics.</i></p>		
Distribution	PMO, Minister Hunt, AHPPC, NHEMS, PM&C, DFAT, DA, DHA, Health Exec, CMO, OHPD, IHD		

Health Response Overview

Communications	<ul style="list-style-type: none"> All states and territories continue to engage in preparedness activities and provide updates and advice to relevant internal and external stakeholders. The Chief Medical Officer held a press conference today to provide an update on the evolving situation.
Border measures	<ul style="list-style-type: none"> No international travellers suspected of having coronavirus have been identified at Australian borders. 'Human coronavirus with pandemic potential' was added as a Listed Human Disease (LHD) under the Biosecurity Act 2015 on 21 January 2020, enabling the use of enhanced border measures. These measures include an amendment to the Traveller with Illness Checklist to specifically screen unwell travellers for the novel coronavirus, and the development of targeted communications to be rolled out at international airports. Electronic signage and banners on this new coronavirus are in development and will be issued to first points of entry in the coming days.
Public Health/CDNA	<ul style="list-style-type: none"> CDNA has established a working group to develop an interim case definition and to review and update existing coronavirus related guidelines for the public health management of cases.

Laboratories/ PHLN	<ul style="list-style-type: none"> Four laboratories in Australia are able to effectively test for 2019-nCoV.
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1. Situation

Epidemiological Summary	<ul style="list-style-type: none"> <i>In Australia, Queensland Health is testing a man for novel coronavirus (2019-nCoV) who returned from travel to Wuhan, China with respiratory illness. The man sought medical attention post travel and will remain in isolation at home until his symptoms have resolved.</i> <i>As of 21 January 2020, 221 confirmed cases of 2019-nCoV have been detected, and four deaths reported. Of the 221 cases:</i> <ul style="list-style-type: none"> <i>198 have been reported from Wuhan, China.</i> <i>19 cases have been reported in other regions of China (5 in Beijing and 14 in Guangdong Province).</i> <i>4 exported cases have been reported in Thailand (n=2), Japan (n=1) and South Korea (n=1), all with reported travel to Wuhan.</i> <i>Of the 198 confirmed cases in Wuhan, 29 have recovered or been discharged, 125 have mild illness, 35 are listed as severe and 9 are in a critical condition.</i> <i>Based on initial analysis of 136 confirmed cases in Wuhan, all cases are adults aged between 25 and 89 years of age, with roughly equal distribution between males and females.</i> The recent significant increase in the number of cases has been partially due to increased surveillance and testing of cases. The WHO has reported dates of onset and contact histories from mid-December to early January, which could indicate significant under-detection and under-reporting of cases in Wuhan. <i>There have been no reports of cases in children. However, there is insufficient information to assess whether children are being tested, are asymptomatic or do not have disease.</i> <p>Clinical presentation</p> <ul style="list-style-type: none"> A number of clinical symptoms have been reported, predominantly from observation of cases identified outside of China. In all these cases fever was the single consistent symptom. These include fever, difficulty breathing, non-specific upper respiratory tract infection symptoms such as cough and sore throat and chest radiographs showing bilateral pneumonic infiltrations. A number of severe cases have occurred, with significant clinical deterioration particularly where co-morbidities occur. However, there is not yet enough data to assess clinical severity. Due to the broad presentation of clinical symptoms, it is likely cases with mild symptoms or those who are asymptomatic are remaining undetected. <p>Transmission</p> <ul style="list-style-type: none"> WHO is reporting evidence of limited human-to-human transmission, given some cases have reported no exposure to the Huanan seafood wholesale market. At this time, there is no clear evidence of sustained transmission. <i>There are media reports that Chinese officials have confirmed limited human-to-human transmission, including in 14 healthcare workers. However, these reports are yet to be confirmed.</i>
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	<p>Incubation period</p> <ul style="list-style-type: none"> There is as yet not sufficient information to determine the incubation period.
International response measures	<p>WHO</p> <ul style="list-style-type: none"> WHO issued travel advice on 10 January, recommending the usual hygiene and self-protection measures for acute respiratory infections, as well as food hygiene practices, and avoidance of contact with wild or farm animals. The WHO does not currently recommend any travel or trade restrictions. <i>As a result of the 2019-nCoV outbreak, the WHO Director-General is convening an IHR Emergency Committee for pneumonia on 22 January 2020. The objectives of the meeting include:</i> <ul style="list-style-type: none"> <i>Review the status of pneumonia due to the novel coronavirus 2019-nCoV in the affected countries.</i> <i>Provide views to the Director-General on whether the event constitutes a public health emergency of international concern.</i> <i>Provide views to the Director-General on the issuance of potential Temporary Recommendations.</i> <p>Other countries</p> <ul style="list-style-type: none"> Entry screening is currently being conducted in 11 countries, including those bordering China as well as Canada and the US. This includes temperature screening, recording of passenger information and health checks of symptomatic passengers. Travel advisories have been issued by ten countries including Canada, the UK and the US. Several Australian experts are involved in international committees considering 2019-nCoV. <i>China has commenced exit screening, which includes temperature screening and temporary isolation of febrile passengers.</i>

2. Health Response by the Australian Government

<p>National Incident Room</p> <p><i>(update)</i></p>	<ul style="list-style-type: none"> The National Incident Room (NIR) has been activated in response to this outbreak. <i>The Chief Medical Officer spoke to the United States' Centers for Disease Control and Prevention, as well as health counterparts from the United Kingdom this morning to discuss response strategies.</i> <p>Communications</p> <ul style="list-style-type: none"> <i>In response to significant media interest, the CMO held a press conference today to provide an update on the evolving situation. A Media Statement will be issued shortly.</i> The NIR will continue to issue regular Situation Reports and updates to stakeholders as more information becomes available. The NIR <i>is in the process of developing</i> a communications plan in conjunction with CDNA. The NIR <i>is working in consultation with CDNA to</i> produce information for General Practitioners on 2019-nCoV for circulation by state and territory health departments <i>and to peak bodies.</i> <i>Health has been working with DFAT to update the Smartraveller travel advisory for Wuhan to level 2 – exercise a high degree of caution.</i>
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	<ul style="list-style-type: none"> • <i>A script for the Public Health Information Line has been finalised and will be issued tomorrow.</i> • <i>The NIR is finalising development of a web page for the 2019-nCoV outbreak.</i> • <i>Social media content is being developed and stakeholders will be encouraged to use the Department's information, for example, for re-sharing and re-tweeting.</i> • <i>The NIR is working in collaboration with states and territories to develop national guidelines for public health management of 2019-nCoV.</i> <p>Border measures</p> <ul style="list-style-type: none"> • The Department of Health, in consultation with the Department of Agriculture, will enhance the existing ill traveller screening process to ensure it targets any potential risk from this new virus. <ul style="list-style-type: none"> ○ The Traveller with Illness Checklist <i>has been</i> updated in consultation with Chief Human Biosecurity Officers. ○ A factsheet on 2019-nCoV is currently being drafted for Biosecurity Officers to hand out to passengers arriving into Sydney on direct flights from Wuhan. ○ Digital banners <i>are being developed for</i> display in international airports to alert travellers of the symptoms of 2019-nCoV and actions to take if they are showing symptoms or become ill. • The Department does not currently recommend mass screening of passengers at airports, <i>including thermal scanning</i>, due to the limited evidence of effectiveness.
Communicable Disease Network Australia (CDNA)	<ul style="list-style-type: none"> • CDNA met on Monday 20 January 2020 to discuss the outbreak. Members have requested a coordinated national health response to the 2019-nCoV outbreak. • Members recommended that this incident be treated as a Communicable Disease Incident of National Significance (CDINS). • Members agreed that 2019-nCoV should be made a Listed Human Disease to ensure appropriate border measures are possible to implement. • <i>CDNA established a working group to develop an interim surveillance case definition and to review and update existing coronavirus related guidelines for the public health management of cases.</i>
AHPPC	<ul style="list-style-type: none"> • The Chief Medical Officer convened a meeting of the Australian Health Protection Principal Committee Monday 20 January to discuss recent developments. • The AHPPC endorsed the proposed enhanced border measures. • AHPPC agreed with the Department's position of not currently recommending mass screening of passengers at airports. • AHPPC supported making 2019-nCoV a Listed Human Disease. • AHPPC supported considering the 2019-CoV outbreak to be a CDINS.
Laboratories/ PHLN (update)	<ul style="list-style-type: none"> • <i>Four</i> laboratories in Australia are able to effectively test for 2019-nCoV. <ul style="list-style-type: none"> ○ <i>NSW Health Pathology Randwick</i> ○ <i>Institute of Clinical Pathology and Medical Research (ICPMR, NSW)</i> ○ <i>Victorian Infectious Diseases Reference Laboratory (VIDRL)</i> ○ <i>Queensland Health Forensic and Scientific Services (QHFSS)</i> • <i>Laboratories are working up the WHO method for laboratory testing, and discussions are ongoing as to how the NSW PHLN labs will conduct this work.</i> • <i>A draft 2019-nCoV public health guidance (Series of National Guidelines (SoNG)) laboratory section is currently with PHLN for endorsement.</i> • <i>The Royal College of Pathologists of Australasia Quality Assurance Programs (RCPAQAP) Biosecurity program are developing a QAP based around constructs</i>

	<p>and SARS targets. The proposal is to have the QAP available for distribution within the first half of 2020.</p> <ul style="list-style-type: none"> Other testing, such as whole genome sequencing (WGS) identification is currently under discussion. Laboratories may look at how well the WHO primers work in developing a next-generation sequencing (NGS) or WGS-based assay.
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3. Health Responses by States and Territories

ACT Health (update)	<ul style="list-style-type: none"> The ACT Chief Health Officer provided a 2019-nCoV advisory to all ACT clinicians, General Practitioners (GPs) and laboratories on 13 January 2020. The ACT Health Directorate is currently reviewing Territory preparedness in relation to the ACT Epidemic Infectious Disease (EID) Plan, and related arrangements, which guides whole-of-health sector response to novel EID threats.
NSW Health (update)	<ul style="list-style-type: none"> An alert on 2019-nCoV was released by NSW Health on 10 January 2020, with information for General Practitioners and Emergency Department clinicians and public health units. Incident control structure is being set up in the Communicable Diseases Branch. Plans are underway to provide a NSW Health team to be present at the airport to meet all direct flights from Wuhan (x3 per week) to assess any unwell patients. Further clinician information will be distributed today, 21 January 2020. Clinical pathways for testing, isolation and management of suspected cases are under development in conjunction with Westmead Hospital infectious disease physicians and pathology laboratory. The NSW Department of Health will be holding a teleconference with Public Health Units today, 21 January 2020. Legislation is being amended to add human coronavirus with pandemic potential as a notifiable medical condition in NSW. Messages to the Chinese community will be going out via Chinese social media. GP messages will be specifically sent to Chinese medical practitioners.
NT Health (update)	<ul style="list-style-type: none"> An alert was sent to all NT clinicians and other appropriate organisations and units on 10 January 2020. The CDC Darwin Public Health Unit is hosting a meeting today with Royal Darwin Hospital Staff Exec, ED, ID, Infection control, Laboratory and Media with Alice Springs hook up. The meeting will address specific NT responses around prevention, clinical management, laboratory capacity, communications, response and border measures (NT - China flights).
QLD Health (update)	<ul style="list-style-type: none"> CHO to declare a Public Health Event of State Significance and the Communicable Diseases Branch has stood up an IMT for statewide co-ordination and reporting. Meeting with all stakeholders (ED, IDP, Resp Physicians, media, labs, PHUs, Incident controllers, Infection Control) to communicate and discuss situation context, planning, preparedness and response is scheduled for Friday. Queensland Health is testing a man who returned from Central China with a respiratory illness. Because the man travelled to Wuhan, coronavirus is one of the conditions he is being tested for. The man will remain in isolation until his symptoms have resolved.

SA Health (update)	<ul style="list-style-type: none"> Public health information was sent to doctors on 10 January 2020. Updated information to be sent out to doctors within the next few days. Teleconferences with local health networks are planned for later this week.
TAS Health (update)	<ul style="list-style-type: none"> Communications with ED and GP clinicians, as well as laboratory and microbiology contacts, across the state occurred between 10 January 2020 and 14 January 2020. Ongoing internal briefing within the Department of Health regarding the situation, and with local Biosecurity representatives. Planning further communications today/tomorrow with GPs, other clinicians, Ambulance Tasmania, micro and labs outlining situation update and recommendations for clinical vigilance, testing, infection control precautions and the need to notify on clinical suspicion.
VIC Health (update)	<ul style="list-style-type: none"> Stood up an incident management team. Will be updating the Chief Health Officer Alert today (potentially updated suspected case definition for testing protocol). Will be developing guidance for health care services (primary and acute) over the next few days in consultation with ID and Infection Prevention colleagues. An incident page will be going up on the health.vic page, and likely a Better Health Channel page shortly as well.
WA Health (update)	<ul style="list-style-type: none"> Distributed a clinician alert to all GPS, ID physicians, microbiologists, Emergency Departments and GPs on 10 January 2020. Distributed Commonwealth Stakeholders Updates to all Public Health Units on 10 January 2020 and 17 January 2020. Discussion with laboratory regarding pathology testing, leading to draft of laboratory testing protocol development.

4. Planned Activities

National Incident Room (update)	<ul style="list-style-type: none"> Publish Department of Health web page for the 2019-nCoV outbreak, including information on the current situation, clinical symptoms, advice to travellers and personal protective measures. Work with CDNA on a communications strategy for 2019-nCoV. Finalise enhanced border measures ahead of Thursday's direct flight to Sydney. Complete GP and ED advice. <p>Ongoing</p> <ul style="list-style-type: none"> Disseminate WHO Briefings and any other pertinent intelligence to Health stakeholders. Produce national health sector Situation Reports as required. Brief the Australian Government Health Executive and Health Ministers on national health sector activities. Remain on standby to support a nationally coordinated health sector response if requested by any state or territory.
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5. Supporting Information

This report is issued under the function of the Australian National Focal Point (NFP). The Australian NFP is in the Office of Health Protection at the Australian Government Department of Health and its activities are supported 24/7 by the National Incident Room (NIR). The Australian NFP is established under the *National Health Security Act 2007*.

For more information on the event(s) in this report, contact the NFP by email at health.ops@health.gov.au or by phone (24 hours) at +61 (0) 2 6289 3030.

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