



EVERGREEN KEY MESSAGES

Novel coronavirus discovered in 2019 in Wuhan, China (COVID-19)

Issue statement

On December 31, 2019, the Wuhan Municipal Health Commission in Hubei province, Central China, issued a public statement that they had identified an outbreak of pneumonia of unknown cause. China has made a determination that a novel coronavirus (referred to as COVID-19) is responsible for cases of pneumonia in the Wuhan outbreak.

For the latest and most up-to-date information about COVID-19, including the latest number of confirmed cases, visit Canada.ca/coronavirus.

These media lines have been prepared for use by media relations and senior officials to respond to requests for information.

Key messages

- Our top priority is the health and safety of Canadians.
- The Public Health Agency of Canada is actively monitoring the situation regarding the novel coronavirus (COVID-19).
- The risk of the virus' spread in Canada is low for the time being. However, we must plan for all possible scenarios based on evidence, as the science of the novel coronavirus continues to emerge.
- Canada has multiple systems in place to prepare for, detect and limit the spread of infectious disease, including COVID-19, in Canada.
- This is a serious public health issue and there is the possibility that the virus is present in countries that may not have the capacity to detect or contain the virus.
- The Government of Canada is working collaboratively with partners at all levels of government to respond to COVID-19 and to plan and prepare should the situation escalate.
- There are, however, a number of things that we can all do to stay healthy and prevent the spread of respiratory infections. Wash your hands, cover your cough and stay home when you are sick.
- For the latest and most up-to-date information, visit Canada.ca/coronavirus or call the new toll-free phone line (1-833-784-4397) to get answers to questions about the 2019 novel coronavirus.



Global spread and preparedness

- COVID-19 is a global issue and there is the possibility that the virus could be present in countries that may not have the capacity to detect or contain the virus.
- Our response must be based on evidence as our understanding of the science of COVID-19 continues to grow.
- In Canada, public health authorities at all levels of government are working together to adapt measures to the rapidly evolving situation.
- While most cases have been found in mainland China, in Hubei province, the virus has since been detected in other countries. We should be prepared for the possibility of a broader spread of the virus.
- The Public Health Agency of Canada and the Chief Public Health Officer are in close contact with the World Health Organization (WHO) and other international partners, as well as with their provincial and territorial counterparts.
- A Special Advisory Committee of Canada's Chief Medical Officers of Health is in place to respond to COVID-19. This Committee will focus its attention on coordination of federal, provincial and territorial preparedness and response across Canada's health sector.
- It is a critical time with global efforts focused on containment of the outbreak and the prevention of further spread.
- This is an evolving situation, and we will provide Canadians with new information as it becomes available.

Testing incidents under investigation

- Our top priority is the health and safety of Canadians.
- The Public Health Agency of Canada's National Microbiology Lab (NML) in Winnipeg is performing diagnostic testing for the virus that causes COVID-19.
- The NML is working in closely with provincial and territorial public health laboratories to ensure that persons under investigation for the novel coronavirus are confirmed or ruled out through laboratory testing.
- Multiple provincial public health laboratories can now test for the novel coronavirus with a very high degree of accuracy.
- Since February 25, British Columbia and Ontario have been able to confirm the results of laboratory tests for the virus that causes COVID-19. For all other provinces, their results undergo additional testing at NML because this is a previously unknown virus,



and it is good practice to use additional tests to provide further confirmation of initial laboratory findings.

- Presumptive positive cases that are identified through provincial/territorial testing are handled from a public health and infection control perspective in the same manner as confirmed cases.
- The Public Health Agency of Canada is in close contact with provincial and territorial counterparts.
- We will keep Canadians informed as the situation evolves.

Coronavirus test kits

- The NML works closely with provincial and territorial public health laboratories to ensure that persons under investigation for COVID-19 are confirmed or ruled out through laboratory testing.
- Provinces and territories are using the testing approach developed and validated by the Public Health Agency of Canada's National Microbiology Lab (NML).
- In addition, provincial lab results undergo quality assurance testing at the NML.

Testing individuals

- Testing for the novel coronavirus in symptomatic individuals has clear clinical and public health value, but the same is not true for testing asymptomatic persons.
- Canada is testing and will continue to test all symptomatic individuals as part of our evidence-based approach, while considering the evolving science on other testing scenarios. As the science evolves, our approach will keep pace, and policies and protocols will be updated accordingly.
- The value of testing asymptomatic individuals is unclear. Canada will continue to take a measured, evidence-based approach to all of these critical decision points concerning some of the key unknowns of COVID-19.
- One thing is certain about our approach: we test all symptomatic individuals, and our threshold is very low. All individuals presenting with COVID-19 symptoms are tested.
- It is important to understand that this is not a simple or straightforward issue, and the science is not clear.
- Testing asymptomatic individuals offers a false sense of reassurance because it does not mean that an individual will not become symptomatic and develop the disease over the incubation period. The timing of testing is important. This is why we took the



precaution to quarantine individuals again in Canada. Monitoring over the 14-day incubation period provides real assurance and is a greater help in preventing spread than a potentially false negative test result.

- In addition, the significance and impact of a positive test result in an asymptomatic individual is not clear. This could mean that the presence of virus genetic material was detected but does not mean that the individual is necessarily infectious to others.

Border measures

- The protection of Canadians' health and safety is our top priority. The measures taken at the borders are one component of our multi-pronged response.
- In Canada, certain standard measures are taken at the border to minimize the risk of infectious diseases being introduced and spread in the country. We have also implemented a certain number of additional measures at the borders in reaction to the current coronavirus outbreak.
- To date, our measures have been effective and made it possible to limit the spread in Canada. We are re-evaluating the situation on an ongoing basis in light of new data and are preparing for the possibility that the virus could become more widespread.
- In response to the COVID-19 outbreak, the PHAC has worked closely with the Canada Border Services Agency (CBSA) to implement testing measures in all international airports to facilitate the identification of travellers returning to Canada who may be sick and to inform travellers on what to do should they become sick.
- Messages in English, French and simplified Chinese are posted on screens and signage in the arrival areas of ten international airports to notify travellers arriving from China that they must inform a border services officer if they have any symptoms such as fever, a cough or respiratory problems. Additional messages also inform travellers of where they can obtain further information on the novel coronavirus from the Government of Canada.
- Signage and information booths staffed by Public Health Agency of Canada personnel have also been set up in three international airports: Vancouver, Toronto – Pearson, and Montreal.

An additional screening question, in 15 languages, has been added to the Primary Inspection Kiosks for passengers arriving in Canada to find out if they have been to Hubei province in China. If so, they will be directed toward other officers to answer additional health screening questions.

- Upon entry to Canada, travellers who self-identify as coming from Hubei province in China:
 - must contact their provincial or territorial public health authority within 24 hours of their arrival;



- are advised to limit their contact with third parties and to isolate for 14 days from the day they left Hubei;
- receive a surgical mask and instructions on how and when to use it.
- Brochures are available to all asymptomatic travellers coming from China. These brochures provide information on how travellers can monitor for symptoms and contact their provincial or territorial public health authority if they present with symptoms after their return.
- Individuals who are sick or who present with COVID-19 symptoms and whose travel history indicate that they may have been exposed, will be directed to a hospital for tests. Travellers must also get information prior to leaving on a trip and take the appropriate measures upon their return to Canada.
- Canadians are always advised to monitor their state of health when returning from foreign travel. In the event of sickness, they should inform their health care provider regarding their travel history.
- Public Health Agency of Canada has increased the number of public health officers in the main airports to work with border services officers, also designated as screening officers, in accordance with the *Quarantine Act*. These officers will assist the Canada Border Services officers and the quarantine officers who screen sick passengers and provide information to well travellers.
- Ports of entry screenings alone are not enough to guarantee that this new virus is not imported but are an important public health protection tool during uncertain times and are part of a multi-level government response strategy.
- We also know that China has taken extraordinary measures: Travellers are subject to exit screening and China has eliminated all flights and transportation coming from Wuhan and certain other affected cities.

Repatriation of Canadians in China

[Content in a separate kit will be added to this document at a later date.]

Japanese Quarantine – Cruise Ship

Because this is an evolving situation, please consult before using these key messages.

- The Government of Canada takes the health and safety of Canadians very seriously, both at home and abroad.
- We are aware that some Canadians aboard the *Diamond Princess* have refused to take the flight chartered by the government to return to Canada from Japan. In addition,



Canadians who exhibited symptoms of COVID-19 or who tested positive for the coronavirus were refused access to the charter flight.

- As a precautionary measure, upon their return, these individuals and all foreigners who were aboard the *Diamond Princess* and are seeking to enter Canada or to transit here will be placed in quarantine for a maximum 14-day period in a designated quarantine location near the arrival point.
- The length of the quarantine will depend in part on the time elapsed between departure from the ship and arrival in Canada.
- The power of quarantine arises from an emergency order under the *Quarantine Act*.

Additional Messages

- A number of air carriers and countries have implemented travel restrictions due to the spread of the coronavirus. Canadians and other travellers who have chosen not to evacuate may be subject to restrictions.
- Canadians and foreign nationals seeking to come to Canada on commercial transportation will be subject to the *Quarantine Act* upon their arrival.
- This measure also applies to all foreign nationals who were in quarantine aboard the *Diamond Princess* cruise ship who enter Canada in transit to their final destination.
- We have taken this measure in support of the health of individuals returning to Canada from a region affected by an outbreak of the coronavirus disease COVID-19 and who are therefore at greater risk of having been exposed to the virus and being sick. This was also done to minimize the risk of exposure among the general population.
- At the present time, the risk to Canadians in the country remains low. We have been able to detect all cases in Canada, provide appropriate care, rapidly share information with other authorities in Canada and limit the spread of the coronavirus disease COVID-19 through isolation.
- Because this is an evolving situation, we are continuing to closely monitor it and adapt, as necessary, the measures taken to protect the health and safety of Canadians across the country.
 - We will continue to provide Canadians with new information as it becomes available.



Preparedness and Response in Canada

- Canada has multiple systems activated and in place to prepare for, prevent, detect, and respond to the spread of novel coronavirus. These include the following:
 - The Public Health Agency of Canada (PHAC) activated the Health Portfolio Operations Centre (HPOC) to ensure effective planning and coordination of the Agency's response efforts in collaboration with international, federal, provincial and territorial partners.
 - Public Safety Canada has activated the Government of Canada Operations Centre to coordinate activities across federal departments and agencies.
 - The PHAC, through Canada's Chief Public Health Officer, is in close contact with provincial and territorial chief medical officers of health to share information, coordinate response efforts, and support informed vigilance as the situation evolves.
 - A Special Advisory Committee of Canada's Chief Medical Officers of Health and senior public health officials is in place and focused on the coordination of federal, provincial and territorial preparedness and response across Canada's health systems.
 - Routine traveller screening procedures are in place at all of Canada's ports of entry, and additional border screening measures have been implemented in all international airports to help identify travellers returning to Canada who may be ill, and to raise awareness among travellers about what they should do if they become sick.
- Moreover, the Government of Canada maintains continual preparedness for public health emergencies, taking precautions to mitigate risk of introduction and spread of infectious diseases. These precautions include but are not limited to:
 - a comprehensive surveillance infrastructure to rapidly identify emerging events and infectious diseases, including respiratory illnesses;
 - routine infection prevention and screening precautions in all Canadian hospitals;
 - public health laboratory capacity that is well equipped to rapidly detect serious infectious diseases.

Declaration of a Public Health Emergency of International Concern by the WHO and what it means for Canada

- The director-general of the WHO has accepted a number of the recommendations made by the Emergency Committee and urges all countries to act together and demonstrate solidarity to help countries with more fragile health systems and to speed up the research that will lead to the development of medications and vaccines.
- The need was also recognized for all countries to work together to combat disinformation: facts must take precedence over fear, science must prevail over rumours, and solidarity over stigmatization.
- The Government of Canada is in agreement with the WHO recommendations for bringing the outbreak under control.



- Officials, front-line health professionals and the general population of all regions affected in China have taken extraordinary measures to get control of the spread of the novel coronavirus.
- Although the outbreak is now deemed a public health emergency of international concern, the risk of spread in Canada remains low.
- Canada is already in a good position. We began to prepare, together with the provinces and territories, as soon as we heard about the first cases in China.
- Even before the WHO declared the emergency, Canada had a number of prevention and disease screening systems available for detecting, containing and preventing the spread of this new virus.
- The detection and control taken by Canada of the novel coronavirus cases in Ontario and British Columbia show that the disease prevention and screening systems in place throughout the country function as they should.
- Protecting Canadians' health and safety is our top priority. The Public Health Agency of Canada is continuing to monitor the situation as it evolves.

[To find out if Canada will declare a state of emergency as the United States has done, see the questions and answers section.]

Advice to Travellers

- The Government of Canada recommends all Canadians to avoid:
 - all non-essential travel to China;
 - all travel to Hubei province.
- The Public Health Agency of Canada publishes travel health notices to inform Canadians that there could be a greater or unexpected health risk in a country or region outside of Canada. The travel health notices also provide information on precautions to be taken to reduce the risks of disease or injury.
- The Public Health Agency of Canada travel health notice: Coronavirus disease (COVID-19) https://travel.gc.ca/travelling/health-safety/travel-health-notices/221?_ga=2.38676323.1702622116.1610464959-130920123.1610464959 recommends that travellers plan to avoid all non-essential travel to China.
- In the Travel Health Notices, the Agency recommends that travellers:
 - take precautions against respiratory and other illnesses;
 - consult a physician if symptoms appear;
 - avoid crowds and crowded places;
 - avoid all contact with sick individuals, especially if they have a fever, cough or respiratory difficulties;
 - avoid all contact with animals (living or dead), live animal markets and products of animal origin like raw or undercooked meat;



- be aware of the situation in the destination country and follow local public health advice; it could be difficult to access care in certain regions.
- Travellers are reminded to take the usual health precautions, such as frequent handwashing with soap under warm running water for 20 seconds or use an alcohol-based hand-sanitizer, but only if soap and water are not available, and to observe hygiene etiquette for coughs and sneezes. Canadians should always tell their health professionals where they have travelled if they become ill after their return.
- If, prior to reaching your destination, you develop a fever, cough or have difficulty breathing, wash your hands and put on the mask you were given at the airport. If you are in flight, immediately notify a flight attendant of your symptoms. If you are on the ground, immediately notify the provincial or territorial public health authority where you are.

Should Canadians avoid cruise ships?

- This is a constantly evolving situation. The Public Health Agency of Canada is actively monitoring the novel coronavirus situation. We will provide Canadians with up-to-date evidence-based information as it becomes available.
- For the time being, we are not advising against travel on cruise ships.
- There are precautions that travellers can take to prevent respiratory and other illnesses during their trip. They are:
 - wash your hands frequently with soap and water for at least 20 seconds;
 - do not use alcohol-based hand sanitizer unless soap and water are not available; it's a good ideal to always have some with you when you travel;
 - to safely eat and drink while abroad, avoid raw or undercooked foods and meats;
 - avoid high-risk places like farms and live animal markets, including places where animals are slaughtered;
 - avoid close contacts with individual who may be sick, especially if they have trouble breathing or have a fever or cough.
- Regardless of where Canadians plan to travel, the Public Health Agency of Canada recommends referring to the site travel.gc.ca, the Government of Canada's official source of travel information. There travellers will find important advice to help them make informed decisions and travel abroad safety.
- Canadians are also encouraged to review cruise ship policies and protocols to make an informed decision based on their situation.
- In addition, on February 7, 2020, the Cruise Lines International Association (CLIA), the world's large cruise industry trade association, and its members adopted enhanced



protocols for guests and crew who recently travelled to or from China, or transited through China.

- CLIA members must refuse boarding to all persons who:
 - have travelled to China, from China or transited through airports in China, including Hong Kong and Macau in the 14 days prior to boarding;
 - have had close contacts with an individual suspected of having COVID-19 or who has tested positive, or who have helped care for them, during the 14 days prior to boarding;
 - are currently under public health surveillance for possible exposure to the novel coronavirus.

For the most recent and up-to-date information on the coronavirus (COVID-19), visit Canada.ca/coronavirus. You can also follow the Chief Public Health Officer of Canada, Dr. Teresa Tam, on Twitter @CPHO_Canada. A new toll-free number (1-833-784-4397) has been set up to answer Canadians' questions about COVID-19. This service is offered from 7:00 A.M. to midnight (EST).

Self-isolation

- The health and safety of all Canadians, both those travelling from affected areas in China and those in Canada, is our top priority.
- Identifying and containing the virus is one component of our multi-faceted public health response.
- The research and data gathering on COVID-19 continues to grow and evolve. We are continuing to adapt our travel health notices based on the latest scientific information available.
- Travellers coming from mainland China or other affected regions continue to be at increased risk for COVID-19.
- **If you have travelled to Hubei province over the last 14 days, limit your contact with others for 14 days after leaving Hubei. This means isolation; stay at home. In addition, contact your provincial or territorial public health authority within 24 hours of arriving in Canada.**
- **It is further advised that all travellers from mainland China self-monitor for symptoms and contact their provincial or territorial public health authority if they feel sick.**
- We are aware of early evidence that the novel coronavirus can cause a range of mild to severe symptoms. It is possible that individuals will not recognize when they first develop symptoms, because they can be similar to a cold or flu
- You can help limit any potential spread by limiting your contact with others for 14 days after the day you left mainland China.



- To limit your contacts with others:
 - stay home;
 - avoid individuals with chronic conditions, compromised immune systems and older adults;
 - avoid individuals with chronic conditions, compromised immune systems and older adults;
 - avoid situations such as social gatherings, work, school, daycare, health care facilities and seniors residences;
 - avoid taking public transit;
 - wash your hands frequently with warm water and soap for at least 20 seconds; and
 - cover your mouth and nose with your arm to reduce the spread of germs.

- If you or someone you know develops a fever, cough or respiratory problems in the within 14 days after leaving China, it is important to contact the appropriate public health authority and tell them about your symptoms and travel history.

MS Westerdam – Cruise Ship

- The health and safety of all Canadians—both those abroad and in Canada—is our top priority.

- Canadian officials are in contact with Canadian citizens who were aboard the *MS Westerdam* and have offered them consular assistance.

- Out of an abundance of caution because of a reported laboratory-confirmed COVID-19 case, Canadian passengers identified as having been on the *MS Westerdam* initially underwent enhanced screening upon arrival at a point of entry into Canada.

- They were also asked to self-isolate for 14 days and to report to their local public health authority to be monitored for symptoms of COVID-19.

- Based on recent evidence, and what we know about the health of the passengers from the *Westerdam* cruise ship, there is no indication that individuals on the ship were exposed to the coronavirus that causes COVID-19.

- As a result, Canada’s border measures specific to passengers who were on the *MS Westerdam* have been changed to reflect the reduced risk to public health.

- These individuals will now be asked to monitor their health and contact a local public health authority if they develop symptoms.

- We have multiple systems in place to prepare for, detect and limit the spread of infectious disease, including COVID-19, in Canada.



- Travellers are also reminded to follow usual health precautions such as washing their hands often, avoiding contact with persons who are sick, and practising proper cough and sneeze etiquette.
- Canadians should always tell their health care providers about their travel history if they become ill after returning to Canada.

Virus epidemiology

- In Canada, and around the world, researchers are actively investigating all aspects of the novel coronavirus outbreak to further understand this disease and how the outbreak may progress.
- Canada is following the guidance of the World Health Organization (WHO), which recommends a quarantine period of two weeks (14 days).
- The WHO noted on February 10, 2020 that it is not considering changing its recommended quarantine time.
- The World Health Organization (WHO) has cautioned that a 24-day incubation period could be an outlier or an unrecognized second exposure. An unrecognized second exposure is a situation where an individual already recognized as having been exposed to the virus is exposed to the virus again but this second exposure is not recognized. If they develop illness due to the second exposure, it may mistakenly appear like the incubation period is longer than 14 days because the “clock” was not “reset” at the time of the second exposure.
- To date, there has been no verified data to suggest the incubation period extends beyond 14 days. The report from China requires careful review to establish whether the finding is valid.
- The Public Health Agency of Canada (PHAC) is an active participant in a number of expert groups that are examining how the disease is transmitted, developing models to predict how it may spread, and developing guidance for infection prevention and control based on the most recent information.
- The Public Health Agency of Canada (PHAC) continues to liaise with international partners, including the WHO, to better understand the epidemiology of this disease.



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 <u>PUBLIC HEALTH EMERGENCY AND PREPAREDNESS</u>		
Q1.	Will Canada declare a public health emergency related to the novel coronavirus outbreak like the United States has?	



No. Based on the scientific and other data available at this time, Canada will not declare a public health emergency for this virus. We cannot make any assumptions on the decision-making process in the United States that led to new restrictions for travellers.

Although the Director-General of the World Health Organization (WHO) has stated that this outbreak is a public health emergency of international concern (PHEIC), the risk of spread in Canada remains low. The Government of Canada has followed the WHO temporary recommendations under the *International Health Regulations*. We are continuing to work with the international community, the provinces and territories to harmonize our practices on PHEIC recommendations.

Most cases of the novel coronavirus are occurred in the affected regions of China. Moreover, travel from China has decreased due to the screening measures at the borders imposed by the Chinese government in its efforts to contain the outbreak. Thus, and in the absence of active spread of the novel coronavirus to Canada, the risk remains low.

While some jurisdictions have legislation that allows them to declare a public health emergency to access additional powers and authorities, such as new funding, travel restrictions and simplified decision-making, Canada does not require federal legislation for additional powers of this kind.

Canada has multiple systems in place to prepare for, detect, respond to and prevent the spread of infectious diseases, including COVID-19. These include the following.

- The Public Health Agency of Canada (PHAC) activated the Health Portfolio Operations Centre (HPOC) to ensure effective planning and coordination of the Agency's response efforts, in collaboration with international, federal, provincial and territorial partners. Public Safety Canada has initiated the Government of Canada Operations Centre to coordinate activities across federal departments and agencies.
- PHAC, through the Chief Public Health Officer of Canada, is in close contact with the provincial and territorial Chief Medical Officers of Health to share information, coordinate response efforts, and support informed vigilance as the situation evolves.
- A Special Advisory Committee made up of Canada's Chief Medical Officers of Health and senior public health officials is in place and is focusing its attention on coordination of federal, provincial and territorial preparedness and response across Canada's health sector.
- Routine traveller screening procedures are in place at all Canadian ports of entry, and additional border screening measures have been expanded to all international airports to help identify any travellers returning to Canada who may be ill, and to raise awareness among travellers about what they should do if they do become sick.

In addition, the Government of Canada is in a constant state of preparedness for public health emergencies, taking precautions to mitigate the risk of the introduction and spread of communicable diseases within Canada. These measures include:



- a comprehensive surveillance infrastructure to rapidly identify emerging events and infectious diseases, including respiratory illnesses;
- routine infection prevention and control precautions in all Canadian hospitals;
- public health laboratory capacity that is well equipped to rapidly detect serious infectious diseases.

Q2. Is Canada collaborating with the United States?

We have been in contact with our counterparts at the U.S. Centers for Disease Control and Prevention (CDC) and are continuously assessing the evolving situation.

Both our public health and health care systems have been alerted to identify and manage possible cases. We are prepared to address any possible viral infection cases in Canada.

Q3. When and how will Canada move from the current global lockdown strategy to a pandemic preparedness and response approach?

Our top priority is the health and safety of Canadians. The Public Health Agency of Canada is actively monitoring the novel coronavirus (COVID-19) situation and is continuously assessing the risks in order to adapt Canadian response strategies.

We are working with the international community, under the auspices of the World Health Organization (WHO), and are in constant communication with our provincial and territorial counterparts.

Within every level of government, Canadian health authorities are working together to adapt our response to this rapidly evolving situation. We review existing resources and systems so that we are ready for a variety of scenarios. We are also accelerating our research efforts, which includes contributing to international efforts to develop vaccines and treatments.

Even though most of the cases have been observed in mainland China, the virus has now been detected in other countries around the world, specifically in the form of community transmission. We consider it prudent to prepare for the possibility that the virus could spread further. Consequently, we need to plan for all possible scenarios and base our response on the available evidence as the science regarding the novel coronavirus continues to emerge.

If the situation changes and there are signs of efficient and sustained transmission of the novel coronavirus outside of mainland China, including an increase in the number of severe cases in countries outside the epicentre, the global response strategy will move from the current measures to contain the outbreak to a pandemic preparedness and response approach.

Therefore, if the novel coronavirus spreads efficiently to countries around the world, Canada, as a whole, will have to refocus its efforts and abandon what would be a non-viable, case-by-case public health response in favour of a broader, population-based pandemic response. These measures would aim to reduce the overall spread of the novel coronavirus across the country.

In addition, Canada continuously adapts its disease preparedness response based on the latest findings on effective prevention and control measures.

The main goal of moving to a population-based pandemic response is to reduce global health and social impacts on Canadians.



Current federal, provincial and territorial pandemic preparedness and emergency response plans provide a solid foundation that will enable Canada to respond to a pandemic situation.

Pandemic preparedness and response measures include:

- monitoring the illness throughout the country instead of the current method of monitoring each imported case to track and control the spread in case of widespread transmission of the novel coronavirus;
- putting in place broad clinical and public health measures to delay outbreaks and mitigate the overall impact on the health of Canadians (reduce morbidity and mortality in Canada);
- conducting special studies and monitoring the severity of the illness to control serious cases and their impact in high-risk populations;
- speeding up research and development, especially for vaccines and treatment.

We continue to work closely with the WHO, the provinces and territories, and the international community to monitor the situation, assess risks, and keep Canadians informed.

DRUG SHORTAGES DUE TO CORONAVIRUS

Q4. Is Health Canada aware of any drug shortages or supply chain disruptions in China that are due to the coronavirus?

Health Canada is aware that the U.S. Food and Drug Administration (FDA) was notified by a manufacturer of a shortage related to a facility affected by the coronavirus. According to an FDA statement, the shortage is due to a problem related to the manufacture of an active pharmaceutical ingredient used in the drug. Health Canada is verifying with the FDA to determine if the Canadian market is affected.

Q5. What measures has Health Canada taken to deal with potential drug supply disruptions?

Health Canada is aware that the U.S. FDA was notified by a manufacturer of a shortage related to a facility affected by the coronavirus. According to an FDA statement, the shortage is due to a problem related to the manufacture of an active pharmaceutical ingredient used in the drug. Health Canada is verifying with the FDA to determine if the Canadian market is affected.

Health Canada is working with pharmaceutical industry stakeholders to determine if there were any early signs to indicate impacts on the drug supply chain, and none have been reported to date. Health Canada has also contacted all Drug Establishment Licence holders in Canada to remind them of the requirement to report any anticipated or actual drug shortages on <https://www.drugshortagescanada.ca/> within specified timeframes. Timely public communication of drug shortages and discontinuances by drug companies is an essential part of preventing and managing shortages. It helps the drug supply chain and the health care system to respond appropriately, in order to minimize the impact on patients.

The Department will continue to monitor the situation closely and take action if needed, in collaboration with companies, the provinces and territories, and other stakeholders, to mitigate any impacts on patients. Health Canada is also engaged with international regulators to monitor any impacts on global supply.



Q6. What role do the provinces and territories play in being alert to potential shortages in their jurisdictions?

Addressing the complex issue of drug shortages is a multi-stakeholder responsibility requiring collaborative action from provinces and territories, manufacturers, distributors, health care professionals, and the federal government. Health Canada works closely with the provinces and territories, who notify the Department of shortages of concern.

When a critical national shortage occurs, Health Canada works with stakeholders across the drug supply chain to coordinate information sharing and identify mitigation strategies. Factors such as whether the shortage is national in scope, whether alternative supplies are available, and whether the product is considered medically necessary are considered in determining the potential impact and any necessary actions by Health Canada. More information on roles and responsibilities in addressing drug shortages can be found at our [Web site](#).

Q7. What percentage of active pharmaceutical ingredients imported into Canada is manufactured in China?

Canadian importer Drug Establishment Licences (DEL) identify approved foreign establishments from which drugs can be imported, including Active Pharmaceutical Ingredients (API) and finished dosage forms (FDF). Based on data from 2019, approximately 14% of API establishments and 2% of FDF establishments stated on licenses were in China. It should, however, be noted that some of these establishments could be secondary suppliers (i.e., supply risk management third parties) that might not be directly involved in manufacturing products for the Canadian market.

TESTING AND CONFIRMING CASES

Q8. Should Canadians be concerned about the accuracy of the laboratory tests performed in Canada to detect the novel coronavirus?

Canadians can have confidence in the National Microbiology Laboratory's methods and capabilities.

The NML is known around the world for its scientific excellence.

Multiple provincial public health laboratories can now test for the novel coronavirus with a very high degree of accuracy.

Since February 25, British Columbia and Ontario have been able to confirm laboratory diagnostics for the virus that causes COVID-19. Results from other provinces undergo additional testing at NML because this is a previously unknown virus, and it is good practice to perform further testing to confirm the initial laboratory findings.

Q9. Why does the National Microbiology Laboratory (NML) perform enhanced analysis and how long does it take to confirm test results?



The NML works closely with provincial and territorial public health laboratories and ensures that anyone suspected of being infected with COVID-19 has their case confirmed or ruled out through laboratory diagnostics.

Since February 25, British Columbia and Ontario have been able to confirm laboratory diagnostics for the virus that causes COVID-19.

Other provincial and territorial laboratories are able to conduct highly accurate trials, but their results need further analysis because this is a previously unknown virus and it is good practice to perform further testing to confirm the initial laboratory findings. Analysis of confirmation testing of COVID-19 cases is conducted at the Winnipeg NML.

The Winnipeg laboratory uses a variety of methods to confirm cases.

NML findings should be available within 24 hours of receipt of the samples.

Q10. Which provinces or territories can perform their own testing for the virus that causes COVID-19?

Since February 25, British Columbia and Ontario have been able to confirm laboratory diagnostics for the virus that causes COVID-19. Multiple other provincial public health laboratories can test for the novel coronavirus, in collaboration with the National Microbiology Laboratory (NML). The laboratories work together to ensure that there is testing capacity for the novel coronavirus across Canada.

The NML provides all of the provinces and territories with laboratory reference services. These screening services provide various forms of support to provincial and territorial laboratories across Canada, including case confirmation tests, quality assurance tests and in-depth analysis of hard-to-diagnose samples.

The National Microbiology Laboratory (NML) works in close collaboration with provincial and territorial public health laboratories to confirm or rule out COVID-19 cases under surveillance using laboratory analysis methods. As a result of this collaboration, many provincial and territorial public health laboratories now have access to a highly accurate screening test for the novel coronavirus. To date, only Ontario and British Columbia have detected confirmed cases, demonstrating their ability to detect the novel coronavirus through testing. Results from other provinces require further testing at the NML in order to confirm the initial laboratory findings.

The NML conducts further analysis because this is a previously unknown virus, and it is good practice to perform additional testing to confirm the initial laboratory findings. When provincial and territorial NML laboratory results are available, the results are interpreted together to either confirm or rule out novel coronavirus cases.

Q11. Will Canada change its screening and testing requirements?



The WHO continues to recommend that regions in China outside of Hubei province and other parts of the world require cases to be laboratory-confirmed.

The Public Health Agency of Canada is confident regarding the effectiveness of its current approach in detecting novel coronavirus cases.

In Canada to date, a confirmed case is one that has been confirmed through a laboratory test. The test is requested when a person presents known symptoms (i.e., fever, cough, difficulty breathing) and if, within 14 days prior to illness, the person has:

- travelled in an affected area;
- been in close contact with a case;
- been in close contact with a person with acute respiratory illness who visited the affected area within 14 days prior to the illness.

Health professionals may also, at their discretion, request a test if they suspect a COVID-19 case, even if the criteria have not been met.

Q12. Are there cases of novel coronavirus that have not been reported in Canada?

The increase in the number of cases in China does not affect Canada's public health response, because all of the necessary measures and protocols are already in place.

We already have multiple systems in place to prepare for, detect, respond to and prevent the spread of the novel coronavirus. We are confident in our ability to rapidly detect and prevent the spread of COVID-19 in Canada.

NML'S RESPONSE TO OUTBREAK

Q13. What is the Public Health Agency of Canada (PHAC) National Microbiology Laboratory's (NML) response to the current coronavirus (COVID-19) outbreak? Were additional resources required to manage the extra workload?

The Public Health Agency of Canada (PHAC) National Microbiology Laboratory's (NML) response to the current COVID-19 (novel coronavirus) outbreak is a whole-of-community effort, with more than 75 staff directly contributing at this time. Almost all NML staff have training in emergency response, and all have something to contribute from their various areas of expertise.

The Influenza and Respiratory Viruses section is leading the laboratory diagnostic efforts, including the design and implementation of testing approaches. The team is directly supported by Science Technology Cores and Services (leading on genetic sequencing) and the Canadian Public Health Laboratory Network Secretariat (leading on collaboration with the provinces and territories). NML scientists with broad scientific expertise in virology and response to emerging pathogens intervention are now developing research plans to characterize the virus, to develop animal models, and to pursue collaborative studies on vaccine research and development. Scientists are also contributing expertise in knowledge synthesis and disease modelling.



The NML's Emergency Operations Centre (EOC) has also been activated, drawing upon experts across all disciplines and from all areas of the NML, including administration, logistics, communications, informatics, emergency response, and our business office.

Scientists from the NML are also onsite at Canadian Forces Base Trenton to test any symptomatic individuals from the charter plane from Wuhan, China.

The NML is exceptionally proud of its contribution in response to this outbreak.

GPHIN'S ROLE IN SURVEILLANCE

Q14. During virus outbreaks, what data does the Global Public Health Intelligence Network (GPHIN) collect and use for alerts and in what languages is the data disseminated?

The Public Health Agency of Canada's GPHIN is an early warning and situational awareness system for potential chemical, biological, radiological and nuclear public health threats worldwide—including outbreaks of infectious disease.

GPHIN users include non-governmental agencies and organizations, as well as government authorities around the world who conduct public health surveillance. GPHIN is a significant contributor to the World Health Organization's open-source information about outbreaks (Epidemic Intelligence from Open Sources).

Every given day, about 7,000 articles are captured in the GPHIN system. The web-based application in the GPHIN system continuously scans and acquires new sources of information worldwide in nine languages (Arab, Persian, English, French, Portuguese, Russian, Spanish, and simplified and traditional Chinese).

GPHIN's main data provider is Factiva, a global news database and research platform that contains nearly 33,000 sources, including newswires, newspapers, and trade publications. GPHIN also mines specific RSS feeds from relevant publications and twitter accounts.

In addition, GPHIN analysts have programmed specific Google Alerts and monitor other news aggregator applications, such as ProMED and HealthMap, to further increase the variety of what is included in GPHIN.

GPHIN analysts have extensive lists of websites and social media accounts from official governmental sources, medical expert forums, and other relevant sources that they monitor on a daily basis. Once the data are in the GPHIN system, they are processed, validated and assessed.

Q15. When was data first collected on the coronavirus outbreak and from what source?



On December 31, 2019, at 5:16 a.m. (EST), an article called “China probes mystery pneumonia outbreak amid SARS fears” was published by Agence France-Presse and uploaded in the GPHIN system at 5:42 a.m. (EST).

Q16. When did GPHIN first send out an alert about the coronavirus outbreak and to whom?

GPHIN analysts conducting their daily review recognized the potential importance of this issue and highlighted it in the Daily GPHIN report, which was distributed at 7:50 a.m. (EST) that day to Canadian public health practitioners at the federal, provincial and territorial levels. The report included the following summary:

International Events of Interest

China—China probes mystery pneumonia outbreak amid SARS fears (Media)

Authorities are investigating an outbreak of viral pneumonia in central China amid online speculation that it might be linked to SARS, the flu-like virus that killed hundreds of people a decade ago. There 27 cases of “viral pneumonia of unknown origin” reported in Wuhan, in central Hubei province, the city’s health commission said in a statement. Seven patients were in critical condition.

Q17. How does GPHIN’s selection of data, or analysis of data, differ from approaches taken by ProMED, HealthMap and commercial providers such as BlueDot?

GPHIN consists of two critical components:

- A professional multidisciplinary team of life science analysts, reviewing information in nine languages and conducting rapid risk assessments to detect public health threats; and
- An Information Management Tool that uses machine learning and natural language processing to facilitate the work of analysts.

GPHIN requires a free subscription from eligible users, which include non-governmental agencies and organizations, as well as government authorities who conduct public health surveillance.

ProMED uses information coming from volunteer “rapporteurs,” as well as information from subscribers and staff-conducted searches of the Internet, media, and various official and unofficial websites. Moderators assess these reports for plausibility, edit them as necessary, and often add comments or context before posting. ProMED is one of the many data sources of GPHIN.

HealthMap’s content is aggregated from freely available information (including ProMED) and automatically processed by machine-learning algorithms. Unlike GPHIN, there is no human assessment of the information published, which could influence the system performance.



BlueDot is a private company for which you need to pay a subscription to access the data. It gathers information from official and mass media sources, including the WHO and ProMED-mail.

Much of this work is complementary, and organizations rely on a broad range of inputs to help identify potential threats and provide early warning.

VIRUS TRANSMISSION

Q18. Can the 2019 novel coronavirus (COVID-19) be transmitted when a person is not showing symptoms?

Studies are being conducted to answer this question.

While experts agree that spread from a person who is asymptomatic (not showing any symptoms) is possible, we also believe it is rare.

What we are sure of is that the virus is most often spread through close contact with a person who is showing symptoms (symptomatic cases).

Based on the latest available data, the main driver of the COVID-19 outbreak is symptomatic cases.

That means the primary focus for containing the novel coronavirus outbreak is to prevent exposure through direct and close contact.

The most effective way to control this type of spread is through good hygiene measures in community settings (handwashing, respiratory etiquette and staying home if sick) and strict infection prevention and control measures in health settings, especially in hospitals.

You can stay healthy and prevent the spread of infection by:

- washing your hands often with soap and warm running water for at least 20 seconds;
- avoiding touching your eyes, nose or mouth with unwashed hands;
- avoiding close contact with people who are sick;
- coughing or sneezing into your sleeve and not your hands;
- staying home if you are sick to avoid spreading illness to others.

Q19. Are Canadians at risk for contracting the novel coronavirus if they touch a surface that could potentially be contaminated?

It is not yet known how long the virus causing COVID-19 lives on surfaces; however, early evidence suggests it can live on objects and surfaces from a few hours to days. Researchers are actively investigating in order to learn more about how the virus is transmitted.



In the meantime, the best way to prevent respiratory illnesses and other illnesses is to:

- avoid touching the eyes, nose and mouth;
- consistently use good hand hygiene measures, which include frequent handwashing with soap under warm running water for at least 20 seconds, or using an alcohol-based hand sanitizer if soap and water are not available;
- maintain good respiratory etiquette, such as covering your mouth and nose with your arm or sleeve when coughing and sneezing, disposing of any used tissues as soon as possible, and following with handwashing or use of hand alcohol-based hand sanitizers if soap and water are not available;
- regularly clean and disinfect surfaces that people touch frequently, such as toilets, bedside tables, doorknobs, phones and television remotes with household cleaning product or diluted household bleach (one part bleach for nine parts water).

Q20. Can I contract the novel coronavirus by touching airport surfaces, such as Canada Border Services Agency touchscreen kiosks, that may have been touched by people who are sick or are carriers of coronavirus?

Generally, coronaviruses have a low survival rate on surfaces and are usually spread through respiratory droplets when a person coughs or sneezes.

The best way to prevent illness after touching a common surface that could be contaminated with a virus is to avoid touching your eyes, mouth or nose until you are able to wash your hands with soap under warm running water for at least 20 seconds, or use an alcohol-based hand sanitizer if soap and water are not available.

Q21. Are touch-screen kiosks and other communal area surfaces at airports being cleaned and sanitized on a regular basis?

Cleaning of touchscreen kiosks and other communal areas happens regularly throughout the day. The best way to prevent illness after touching a common surface that could be contaminated with a virus is to avoid touching your eyes, mouth and nose until you can wash your hands with soap and water for at least 20 seconds, or by using an alcohol-based hand sanitizer if soap and water are not available. The responsibility of maintaining and cleaning communal areas and kiosks falls under the individual airport authority.

For traveller screening areas such as the Canada Border Services Agency (CBSA) hall and Public Health Agency of Canada assessment rooms, the CBSA has been using a specialized cleaning solution to sanitize these areas multiple times daily.

Q22. Are Canadians at risk for contracting the novel coronavirus from packages or products shipped from China?

There is no known risk of coronaviruses entering Canada on parcels or packages from affected areas in China.

Despite many unknowns about the 2019 novel coronavirus (COVID-19) and how it is spread, we can use information that we have regarding two other coronaviruses (SARS and MERS) to guide us.



Due to the poor survivability of these coronaviruses on surfaces, the risk of spread from products or packages shipped over a period of days or weeks at room temperature is very low.

SARS coronavirus studies suggest that the virus cannot survive on dry surfaces like paper. Coronaviruses are generally thought to be spread through respiratory droplets.

At present, there is no evidence to suggest that COVID-19 spreads through imported goods.

No cases of COVID-19 associated with goods imported from China have been reported in Canada.

Q23. Should Canadians be concerned that the coronavirus may spread through food products imported from China into Canada?

All food sold in Canada, whether Canadian or imported, must comply with federal laws.

Only certain meat products are accepted for import into Canada from China, i.e., cooked meat products from establishments that have been verified and approved by the Canadian Food Inspection Agency (CFIA).

As a general rule, consumers should follow safe food handling guidelines and avoid eating raw or undercooked animal products. Meat, milk and raw organ meat should be carefully handled to prevent cross-contamination with uncooked foods.

If the CFIA is notified about a potential food safety risk that could affect Canadians, it will take the necessary steps to ensure the security of Canada's food supply.

Q24. What is the latest information about the possibility of transmission of the coronavirus (2019-nCoV) through food or water?

At present, there is no evidence to suggest that the 2019 novel coronavirus spreads through food or water.

Current evidence suggests that the 2019 novel coronavirus is most commonly spread from an infected person through:

- a. respiratory droplets generated when they cough or sneeze.
- b. close personal contact, such as touching or shaking hands; or
- c. touching something with the virus on it, then touching your mouth, nose or eyes before washing your hands.

Coronaviruses are a large family of viruses, some that cause illness in people and others that circulate among animals, including camels, cats and bats.

The 2019 novel coronavirus has not been identified as a foodborne pathogenic.



ANIMALS

Q25. Can I get this virus from animals while travelling abroad?

Although the current epidemical spread of the coronavirus (COVID-19) is mostly linked to person-to-person transmission, experts agree that the virus probably originated in bats and passed through an intermediate animal host (currently unknown) in China before being transmitted to humans.

Because the coronavirus that causes COVID-19 and other coronaviruses (e.g., SARS-CoV, MERS-CoV) comes from animals, PHAC recommends that travellers, especially those going to affected countries or regions, avoid all contact with animals and products of animal origin (including avoiding contact with wild game meat and going to traditional wet markets).

If you plan to travel, please see the latest [Travel health notices](#) for the most up-to-date information before you leave.

Q26. Can I get this virus from animals in Canada?

No. There is currently no evidence to suggest that COVID-19 is circulating in animals in Canada (wild, livestock or pets). Therefore, there is no risk of animal-to-human transmission in Canada.

Q27. Can my pet or other animals get infected with this virus?

Although a recent study suggests that the virus that causes COVID-19 may potentially infect some animals, as is the case for the SARS-CoV virus, there is currently no evidence that pets and other animals can be a source of infection to humans. More studies are needed as we continue to learn about the novel coronavirus.

Until we know more, similar to the recommendations for reducing the risk of infection to other people, if you have been diagnosed with COVID-19 and have a pet or other animals:

- Avoid close contact with your pets and other animals, i.e., do not snuggle or kiss them, or let them lick you, sit on your lap, or sleep in your bed.
- Practise good respiratory hygiene rules, i.e., avoid coughing and sneezing on pets or other animals.
- Wash your hands before touching or feeding pets or other animals.
- Limit your animal's contact with other people and animals.

These recommendations will be updated as more information becomes available.

Q28. What are some general guidelines for preventing infectious diseases from spreading between animals and people?

Good hygiene and basic prevention measures apply as they do for other situations. Take these precautions to prevent infectious diseases from spreading between animals and people:



- Always wash your hands with soap and water for at least 20 seconds after touching animals, their food or supplies, or after cleaning up their feces or litter.
- Do not kiss animals, share food, or let them lick your face.
- If you have pets or care for other animals (e.g., on a farm or in another environment), be sure to regularly clean and disinfect the areas where animals live.

In addition, before travelling abroad to areas where the risk of animal-to-human illness transmission is higher, visit the Public Health Agency of Canada's [Travel health and safety](#) page for specific advice about travel locations.

NOTICE TO PASSENGERS AND CONTACT TRACING

Q29. Will passengers on the same flight as the patients who have been confirmed to have the coronavirus (COVID-19) be notified?

The Public Health Agency of Canada is supporting local public health authorities to follow up with travellers who may have been exposed on a flight.

At this time, we consider passengers who were seated within a two-metre radius of the case, and the flight crew who served the individual, to have potentially been exposed.

As part of the follow-up, information about self-monitoring for symptoms, and what passengers should do if they start to experience any symptoms, would be provided to these individuals.

This information is also available on the [Canada.ca/coronavirus](https://www.canada.ca/coronavirus) site. A new toll-free number (1-833-784-4397) has been established to answer questions from Canadians about the 2019 novel coronavirus. Service is available from 7 a.m. to midnight.

We urge travellers who have been in affected areas in China and have travelled to Canada since the reported COVID-19 outbreak to contact health care professionals immediately if they experience any symptoms related to the virus.

Please ensure that you alert health care professionals to any recent travel before coming into contact with them so that the appropriate precautionary protocols can be followed.

Q30. Should each passenger on the flights in question see a doctor or other health care practitioner to get tested for the virus in case they have been infected?

No. If a person is not experiencing any symptoms, there is no need to see a health care provider. Instead, passengers on the flight should monitor themselves for symptoms, which include fever, cough and difficulty breathing. If they develop symptoms, they should avoid contact with others and follow up with their health care professional.

In addition, accessing health care services when there are no signs of being sick can impact the availability of services for those who are sick and need treatment.



More information about symptoms and treatment can be found at Canada.ca/coronavirus.

ADDITIONAL SCREENING AND BORDER MEASURES

Q31. Have additional screening measures been implemented in all airports?

On January 22, 2020, enhanced screening measures were put in place at the Vancouver, Toronto and Montréal international airports. Then, as of February 1, 2020, they were put in place at the following airports:

- Calgary International Airport;
- Edmonton International Airport;
- Winnipeg Richardson International Airport;
- Billy Bishop Toronto City Airport;
- Ottawa International Airport;
- Québec City Jean Lesage International Airport;
- Halifax Stanfield International Airport.

As of February 9, 2020, enhanced screening measures were put in place in all Canadian international airports. This procedure was established to ensure that anyone arriving recently from Hubei province or another international destination via connecting flights has been screened.

PHAC and CBSA have worked together to put in place enhanced screening measures at these airports to identify travellers who may have symptoms upon arrival, but more importantly to provide specific reference materials to travellers who may become ill after their return.

Q32. Will Canada close its borders or start banning flights from China?

No. The Government of Canada, the provinces and the territories have multiple systems in place to prepare for, detect, prevent and respond to the spread of serious infectious diseases in Canada.

We also know that China has taken exceptional measures, which include screening measures at exits, and has cancelled all flights and transportation from Wuhan and other affected cities.

The World Health Organization (WHO) has been engaged and is actively monitoring the situation. With the information currently available for the novel coronavirus, WHO advises that measures to limit the risk of exportation or importation of the disease should be implemented, without unnecessary restrictions of international traffic.

Q33. What can travellers arriving at airports where additional screening measures are in place expect?

New measures are in effect at all international airports in Canada to help identify any travellers returning to Canada who may be ill, and to raise awareness among travellers about what they should do if they become sick.

Travellers going through these airports will see additional signage in French, English and Chinese asking them to alert a border services officer if they have a fever, a cough or difficulty breathing. Additional information advises travellers about what they should do if they develop these symptoms before or after they reach their destination or arrive home.

All international travellers at these airports will need to respond to a screening question that has been added to the electronic kiosks. This question is available in 15 different languages.

In general, when a traveller shows signs and symptoms of an infectious disease upon arrival in Canada, the border services officers or airport and airline staff contact a Public Health Agency of Canada (PHAC) Quarantine Officer following a preliminary screening of the traveller based on criteria developed by PHAC (e.g., fever or signs of fever, coughing, difficulty breathing, rash and other symptoms). Travellers displaying symptoms are then moved to a designated area in each airport or to an isolation room.

The PHAC Quarantine Officer then performs a more detailed assessment. If deemed necessary, the Quarantine Officer can then take the additional measures to address the potential public health risk, such as ordering the traveller to be transported to hospital to undergo a medical examination and/or to report to the local public health authority.

Travellers from Hubei province or other affected areas who do not show signs or symptoms of illness will receive a handout advising them to contact their public health authority within 24 hours of arriving in Canada. They will also be advised on how to isolate themselves from others for a period of 14 days after the day they left the affected area and what symptoms to watch for in that period of isolation. They will be given a mask and instructions on how and when to use it if they develop symptoms before getting to their place of isolation.

Travellers from China will have access to handouts advising them on what symptoms to watch for and what do to if they start to feel those symptoms.

These measures complement routine traveller screening procedures already in place to prepare for, detect and respond to prevent the spread of serious infectious diseases in Canada.

If pressed on thermal scanners

It is important to note that, in the Severe Acute Respiratory Syndrome (SARS) outbreak in 2003, more than 6.5 million screening transactions occurred at Canadian airports on inbound and outbound travellers. Of these, 2.3 million travellers were screened using thermal scanners. Despite this intensive screening effort, no cases of SARS were detected using these methods.



Q34. How many quarantine officers are stationed at the Vancouver, Toronto and Montreal international airports?

To prevent the introduction and spread in Canada of communicable diseases that are of significant harm to public health, the Public Health Agency of Canada (PHAC) collaborates with its border partners, such as the Canada Border Services Agency (CBSA), to administer the *Quarantine Act* at all points of entry into Canada, 24 hours per day, 7 days per week. Travellers arriving in Canada who answer YES to the screening question enquiring whether they have been to Hubei Province, China in the past 14 days are referred to a CBSA Officer, who asks the traveller if they feel sick or unwell and, if yes, ask additional questions about their symptoms (e.g., are you experiencing fever, cough or difficulty breathing?). If the traveller shows signs and symptoms, CBSA Officers or airport and airline staff contact a PHAC Quarantine Officer who is available 24 hours a day, 7 days a week.

The PHAC Quarantine Officer then performs a more detailed assessment by asking additional questions regarding the traveller's symptoms and confirming information about the travel history and any high-risk exposure to a communicable disease, such as contact with animals or close contact with a sick person. If deemed necessary, the Quarantine Officer can then take the appropriate measures to address the potential public health risk (e.g., order the traveller to be transported to hospital to undergo a medical examination or to report to the local public health authority).

PHAC has increased its public health officer presence at key airports to partner with border services officers, who are also designated as screening officers under the *Quarantine Act*, and has trained quarantine officers that are experienced in the screening and assessment of ill travellers, and also available during business hours or when flights from China arrive. The number of personnel at each airport is adjusted to address any increase in the number of traveller assessments required. PHAC personnel also act as a resource for CBSA officers as well as airline and airport authority staff, facilitate communication and coordinate response activities with partners.

Q35. Why does the Canadian Public Health Advisory say to avoid all non-essential travel to China (and no longer just to Hubei province), while WHO is not recommending travel or trade restrictions?

The World Health Organization (WHO) advises taking measures to limit the risk of exporting or importing the disease, without imposing unnecessary restrictions on international travellers, such as closing borders, refusing visa applications and ordering healthy travellers to quarantine. Canada has therefore not adopted restrictive measures of this sort.

Moreover, the Chinese government has implemented exceptional measures, including restricted movements in and between affected cities, to contain the outbreak in China. Health services in affected regions are in very high demand, and access to timely and appropriate health care for Canadian travellers who fall ill during their stay in China could be limited. In addition, the elderly, immunocompromised individuals and individuals with an underlying health condition are considered to be at greater risk of serious illness.

Avoiding any non-essential travel to China during the outbreak is a means of preventing the novel coronavirus from being brought into Canada and of protecting Canadians' health abroad.



Q36. What about people arriving in Canada through connections from other airports? What about land border crossings?

Canada has a number of standard border measures in place at all border crossings to mitigate the potential risk of introduction and spread of communicable diseases into Canada.

These measures include access to a PHAC quarantine officer 24/7 from any point of entry into Canada. If a CBSA officer believes that a traveller has symptoms of concern (e.g., fever and cough or difficulty breathing), the officer can contact a quarantine officer, who will then conduct an assessment of the ill traveller. The quarantine officer can issue an order to the traveller to undergo a medical examination if deemed necessary.

MS WESTERDAM – CRUISE SHIP

Q37. PHAC first recommended self-isolation. Why are you changing the instructions for MS Westerdam passengers, who must now self-monitor?

According to recent evidence and the information we have on the health of the passengers on the *MS Westerdam* cruise ship, there is no indication that the individuals on board were exposed to the coronavirus that causes COVID-19. The Government of Canada has therefore asked passengers to watch for COVID-19 symptoms (fever, cough and difficulty breathing) and to contact their local health authority if they develop symptoms.

Q38. What about the Canadians who were aboard the cruise ship and have yet to leave Cambodia? Will the individuals who have not yet boarded a plane for Canada be authorized to travel?

All Canadian passengers still in Cambodia are currently being assessed by local public health authorities. This is a continually evolving situation. The Government of Canada is in contact with Cambodian authorities and is actively watching the situation. We will be providing all new information as soon as it is available.

Canada does not prohibit travellers from re-entering the country. *Westerdam* passengers should contact their airline to determine whether it has implemented travel restrictions.

Q39. Why were passengers aboard the Westerdam authorized to disembark and continue their travel?

There was no indication of COVID-19 infection among passengers or crew throughout the cruise. The passengers who disembarked the *Westerdam* were screened for symptoms, and their temperatures were checked before they left the vessel. Passports were also checked to make certain that no passengers had travelled to mainland China in the previous 14 days.



DISINFORMATION AND RUMOUR MANAGEMENT

Q40. What is being done to counter disinformation circulating on social networks?

We are determined to keep Canadians informed and to provide them with up-to-date evidence-based information as soon as it is available.

Due to the dissemination of information and rumours online and on social media, it is important to know the source of this information before sharing it. Disinformation, the stigmatization of others or the use of racist rhetoric will only harm the collective efforts we are making to fight against this outbreak, in Canada and around the world, as a united community.

Canadians can avoid fuelling fear and spreading false information by making sure that the news they consume come from reliable sources, such as:

- the [Canada.ca/coronavirus](https://www.canada.ca/coronavirus) website, which is updated regularly;
- the new toll-free phone number (1-888-784-4397) created to answer questions about the 2019 novel coronavirus. This service is available from 7 a.m. to midnight; and
- the Government of Canada Twitter, Facebook and LinkedIn accounts.

Canada's Chief Public Health Officer holds regular technical information sessions for the media (including the ethnocultural press) to provide up-to-date factual information and to continue stakeholder engagement and information sharing.

Measures are also in place to identify misleading information that is circulating in traditional media and on social networks and to correct it.

To raise awareness among travellers returning from affected regions, new messages are displayed on screens at the Toronto, Montreal and Vancouver international airports, advising travellers to inform a CBSA officer if they are experiencing flu-like symptoms. Travellers returning to the country are provided with information documents (in English, French and Chinese).

Q41. Where can Canadians find the most up-to-date information about this coronavirus?

For the latest and most up-to-date information, visit [Canada.ca/coronavirus](https://www.canada.ca/coronavirus). You can also follow Canada's Chief Public Health Officer, Dr. Theresa Tam, on Twitter at [@CPHO_Canada](https://twitter.com/CPHO_Canada).

A new toll-free phone number (1-833-784-4397) has been created to answer questions from Canadians about the 2019 novel coronavirus. Service is available from 7 a.m. to midnight.

Canadians travelling abroad are encouraged to consult the Travel Health Notice for China on travel.gc.ca.



PREVENTION, SYMPTOMS AND TREATMENT

Q42. How can I protect myself from this virus?

You can stay healthy and prevent the spread of infections by:

- washing your hands often with soap under warm running water for at least 20 seconds;
- using alcohol-based hand sanitizer only if soap and water are not available;
- avoiding touching your eyes, nose or mouth with unwashed hands;
- avoiding contact with sick people, especially if they have fever, cough or difficulty breathing;
- covering your mouth and nose with your arm to reduce the spread of germs; and
- staying home if you become sick to avoid spreading the illness to others.

Q43. How are people being treated for this illness?

At present, there is no specific drug or medication treatment for people who have COVID-19. Researchers are looking at the effectiveness of existing antiviral treatments.

The World Health Organization has provided advice to health professionals that includes recommendations for early supportive therapy, management of symptoms and prevention of complications.

The novel coronavirus causes a range of symptoms, ranging from mild to severe depending on the individual. Therefore, you should watch for COVID-19 symptoms for 14 days after the day of your departure from mainland China. If you develop fever, cough or difficulty breathing, call your health care professional or local public health authority to inform them of your symptoms. They will provide advice on what you should do.

Q44. Do you recommend that travellers wear a mask when visiting China or cities in that country under quarantine, such as Wuhan?

Canadians travelling abroad are encouraged to consult the Travel Health Notice for China on travel.gc.ca.

No. It is not recommended for healthy travellers to wear a mask when visiting China or cities under quarantine in that country. The most important precautions recommended to travellers to avoid respiratory illnesses and other diseases during their travel are to:

- avoid spending time in large crowds or in crowded places;
- avoid contact with sick people, especially if they have fever, cough or difficulty breathing.
- avoid coming into contact with (live or dead) animals, going to live animal markets and handling animal products, including raw and undercooked meat;
- cover your mouth and nose with your arm to reduce the spread of germs;
- wash your hands frequently with soap under warm running water for at least 20 seconds, discard used tissues as soon as possible and immediately wash your hands or use an alcohol-based hand sanitizer when soap and water are unavailable.



Travellers who fall ill during their travel or shortly afterwards may be asked to wear a mask to avoid the spread of the disease to others. Symptomatic patients are advised to wear a mask in triage and health care facilities, while they are waiting and during treatment, to protect visitors and other patients.

Travellers who fall ill, whether during travel or upon their return to the country, must notify their health care professional of their symptoms, their travel history and any high-risk exposure (contact with animals or close contact with a sick individual, for example).

Q45. Should the general population in Canada wear masks to protect themselves from this virus?

If you are a healthy individual, the use of a mask is not necessary.

However, if you are experiencing symptoms of an illness that spreads through the air, wearing a mask can help prevent the spread of the infection to others. The mask acts as a barrier and helps stop the tiny droplets from spreading around you when you cough or sneeze. Your health care provider may recommend you wear a mask while you are seeking or waiting for care. In this instance, masks are an appropriate part of infection prevention and control measures put in place so that people with an infectious respiratory illness do not transmit the infection to others.

If you are caring for a sick person or are in direct contact with someone who is ill, wearing a mask can help protect you from catching the virus, but it will not fully eliminate the risk of illness.

When wearing a mask, make sure to:

- properly cover your mouth and nose;
- avoid touching the mask once it is on your face;
- properly discard the mask after each use; and
- wash your hands after removing the mask.
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It is not recommended that healthy people or people who have not travelled to an area affected by COVID-19 (such as Hubei province or mainland China) wear masks. Wearing a mask when you are not ill and are not at high risk for developing symptoms may give a false sense of security. Masks can easily become contaminated and need to be changed frequently and fitted properly for them to provide adequate protection.

You can stay healthy and prevent the spread of infections by:

- Washing your hands often with soap under warm running water for at least 20 seconds;
- Using alcohol-based hand sanitizer only if soap and water are not available;
- Avoiding touching your eyes, nose or mouth with unwashed hands;
- Avoiding contact with sick people, especially if they have fever, cough or difficulty breathing;
- Covering your mouth and nose with your arm to reduce the spread of germs; and
- Staying home if you become sick to avoid spreading the illness to others.

Q46. WHO has reported a global shortage of personal protective equipment, including masks. Has Canada sent such equipment to China? Does Canada have enough to



provide people in Canada? [note: shipment led by Global Affairs Canada – some of the content was provided by PHAC]

The Government of Canada has sent personal protective equipment (PPE) to China to support the ongoing response to the novel coronavirus outbreak in that country.

The equipment consists of protective clothing, face shields, respirators (masks), goggles and gloves, and has been provided in collaboration with the Canadian Red Cross and the Red Cross Society of China.

The additional PPE sent to support response efforts in China did not diminish the supplies available within Canada of items on the potential shortage list.

Q47. Are there any natural health products, including traditional Chinese medicines, Ayurvedic medicines and homeopathic products, to protect against or treat this virus?

No natural health products are authorized to protect against or treat COVID-19. This includes traditional Chinese medicines, Ayurvedic medicines and homeopathic products.

Q48. What is a coronavirus?

China determined that a novel coronavirus (referred to as COVID-19) is responsible for the outbreak of pneumonia in Wuhan. Authorities in China and worldwide are conducting further investigations to better understand where the virus came from, how it is spread and the clinical severity of illness in humans.

Coronaviruses are a large family of viruses. They can cause diseases ranging from the common cold to more severe diseases such as Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS-CoV). Some transmit easily from person to person while others do not.

Q49. This new virus is reportedly similar to SARS. Is this true? If that is the case, what are the similarities?

WHO recognizes that there is still much we do not know about the novel coronavirus (COVID-19), which was first detected in Wuhan, China, earlier in January.

We know that Chinese authorities stated that lab tests have excluded the Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS-CoV) as well as the human and avian influenza viruses, adenoviruses and other common respiratory pathogens.

We also know that the symptoms reported in COVID-19 cases thus far are common to a number of respiratory diseases. The clinical signs and symptoms are mainly fever, difficulty breathing in some patients and chest x-rays showing invasive lesions (pneumonia) in both lungs.



Although many characteristics of the novel coronavirus remain unknown, confirmed cases of the disease ranging from mild to severe have been reported. Until we know more about the virus, the elderly, immunocompromised individuals and individuals with an underlying health condition are at greater risk of serious illness.

VACCINE

Q50. Is there a vaccine that protects against coronaviruses in humans? If none are currently approved, are there any that are in development or being tested?

Currently, there is no approved vaccine that protects against coronaviruses in humans.

The World Health Organization (WHO), along with the Coalition for Epidemic Preparedness Innovations, is coordinating an international collaboration to help advance research and vaccine development for COVID-19.

The Public Health Agency of Canada and the Canadian Institutes of Health Research—in consultation with international partners, including WHO and the Global Research Collaboration for Infectious Disease Preparedness—is assessing how scientists at our National Microbiology Laboratory, along with the Canadian research community, will participate in the global research efforts.

Q51. How long will it take to develop a vaccine?

Coronaviruses are a group of viruses that can cause a wide range of illness, ranging from the common cold to Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS-CoV). The challenge of developing a vaccine that protects against coronaviruses is that infection by human coronaviruses does not provide long-lasting immunity, meaning someone can be re-infected in the future following recovery from an initial infection.

Although a vaccine that provides long-term immunity remains a challenge, an outbreak vaccine aimed at providing short-term protection (similar to a pandemic influenza vaccine) to respond to a novel coronavirus outbreak could potentially be developed.

In the case of a vaccine for a specific coronavirus, it could take years for researchers to develop a vaccine.

For example, there are currently no licensed vaccines or specific treatments for the MERS-CoV coronavirus, a particular coronavirus that was first identified in 2012. We are aware of work being conducted elsewhere to better understand how MERS-CoV infections might be prevented and to develop a MERS-CoV vaccine. This includes vaccine development efforts being coordinated by WHO and the Coalition for Epidemic Preparedness (CEPI).



EMPLOYEE SAFETY

Q52. What is Health Canada doing to ensure federal employees are taking the appropriate precautions?

Health Canada's Public Service Occupational Health Program (PSOHP) provides occupational health services and occupational hygiene consultative services to various departments.

As per usual protocols for these types of situations, the PSOHP issued a general Occupational Health Advisory to departments and agencies, providing information on the novel coronavirus and recommended precautions for employees, such as frequent hand washing, proper cough and sneeze etiquette, and self-monitoring for symptoms.

The advice and information are based on the science and risk level as assessed by the Public Health Agency of Canada and the World Health Organization.

In addition, given the variety of federal work settings, PSOHP developed supplemental advice for specific workplaces. The first priority was advice for employees based at airports who interact with travellers, for example, what personal protective equipment should be used when searching luggage or escorting an ill traveller. Health Canada occupational health nurses also supported our departmental partners by organizing information sessions for personnel at airports and CFB Trenton.

The Department is also working with Global Affairs Canada to ensure that departments and agencies with employees in affected countries have all of the occupational health information they require.

Health Canada's occupational health experts will continue to work closely with departments to ensure the health and safety of employees in the federal public service.

SELF-ISOLATION

Q53. Why are travellers from Hubei province being asked to limit their contact with others for 14 days after their arrival in Canada?

Canadian health authorities receive the latest scientific data and information on the novel coronavirus and recommend that travellers who have travelled to Hubei province limit their social contacts for 14 days after leaving the Hubei region. They are also asked to contact the local public health authority in their province or territory within 24 hours of their arrival in Canada.

This measure helps to achieve the global public health objective of containing the outbreak to China and preventing any new spread in Canada.

Q54. Why are travellers arriving at airports not quarantined like Canadians repatriated on special flights?



Repatriated Canadians were quarantined in Hubei province, which has the highest concentration of cases over a longer period. Their risk of exposure and potential illness is higher than that of other travellers who arrived in Canada recently from China. As a precaution, individuals on the special flight to Canada will remain at the Trenton Canadian Forces Base for evaluation and further observation of their health. The 14-day duration is the longest known incubation period for this virus. It is also in the interest of the Canadian public to prevent any potential spread.

Q55. How can we be certain that travellers will reduce their contacts with others? How will people be followed up with to ensure that they are following these instructions?

At the beginning of the outbreak and during previous outbreaks of infectious diseases (SARS and the Ebola virus), we noted that travellers returning from affected areas follow public health advice and often take additional precautions.

Q56. What about people who have recently come to Canada from Hubei province and have not received this advice?

The risk in Canada remains low. Since the beginning of the outbreak, we have been advising travellers returning from the affected region to self-monitor and contact their local public health authorities if they develop symptoms. We know that someone who develops symptoms can transmit the virus and that prolonged close contact, such as with someone with whom we live, is often required to transmit the virus. However, new data show that the symptoms associated with this virus can range from mild to severe and that some individuals may not recognize early symptoms, which may resemble those of a cold or flu.

According to information on other coronavirus diseases, such as MERS and SARS, the incubation period for COVID-19 could be up to 14 days. Consequently, we ask that travellers limit any contact for 14 days after leaving Hubei.

Q57. What about travellers arriving in Canada, but who do not live here? How will they limit their contact with others?

The advice is the same. Travellers arriving from an affected area should take measures to limit their contacts with others, regardless of where they will be staying.

Q58. What about business travellers? Should they plan to limit their contacts with others?

Business travellers will receive the same advice and should find ways to social distance, such as by teleworking.

Q59. Why not simply ban travel from China? Would this not be simpler?

The extraordinary measures taken by China, particularly exit screening as well as bans on flights and transport from the affected area, reduced the risk of exportation considerably.

We are still working closely with international partners and the World Health Organization (WHO) to assess the risks on an ongoing basis and adjust our prevention and



control measures, if necessary. For the time being, WHO advises against any unnecessary international travel restrictions.

The Government of Canada, the provinces and the territories have implemented various systems to prepare for the spread of infectious diseases in Canada, to detect cases quickly and to respond. These systems and the efforts being made worldwide to curb the outbreak in China are considered to be the most practical and most reasonable approach to preventing the spread of the novel coronavirus in Canada.

Q60. How many travellers will receive advice to limit their contacts with other individuals upon their arrival?

At present, we are receiving approximately 70 travellers from Hubei province every day.

DISINFECTION AND SANITATION PRACTICES FOR AIRLINES

Q61. Do airlines have a role to play in preventing the spread of infectious diseases?

Airlines are an important partner in mitigating the potential risk of introduction and spread of communicable diseases and are encouraged to notify the Public Health Agency of Canada (PHAC) if there are ill passengers on board prior to their arrival in Canada. This allows PHAC to put in place appropriate measures for ill passengers before a plane lands. PHAC has been in touch with major airlines to remind them of their obligations under the *Quarantine Act*.

Q62. Are planes carrying passengers from Wuhan to Canada (previous flights) or passengers who had symptoms of the virus in-flight provided with guidance on decontamination of the vessel?

As part of the Government of Canada's efforts to mitigate the spread of the novel coronavirus (COVID-19), the Public Health Agency of Canada (PHAC) has provided guidance for disinfection and sanitation practices to airlines with direct flights arriving from China.

PHAC recommends that in addition to regular cleaning practices, airlines thoroughly clean and disinfect frequently touched areas. Increasing the frequency of routine cleaning and disinfection of such areas is an important measure in controlling the spread of infection during an outbreak. The guidance includes recommended cleaning equipment and disinfectants, frequently touched areas, and cleaning and disinfection instructions.

In addition, if a passenger on a flight has been identified as suspected of being ill, PHAC will advise the airline so that the area within a two-metre radius of the passenger's seat can be thoroughly cleaned and disinfected, in addition to the enhanced routine sanitation practices.