

EVERGREEN MEDIA LINES

2019 Novel Coronavirus (COVID-19)—Wuhan, China

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.

As of February 19, 2020, at 1 p.m. EST, the National Microbiology Laboratory (NML) had analyzed samples from 423 people and had so far confirmed eight (8) positive cases: three (3) in Ontario and five (5) in British Columbia.

These media lines and the questions and answers 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).
- As of January 25, 2020, eight (8) cases of COVID-19 have been confirmed in Canada.
- For now, the risk of spread of the virus within Canada remains low.
- Multiple systems are in place in Canada to prepare us for the entry of serious infectious diseases into our country and to detect and respond to them in order to prevent the spread of the novel coronavirus.
- 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 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 the coordination of federal, provincial and territorial preparedness and response measures across Canada's health sector.
- This is an evolving situation, and we will provide Canadians with new information as it becomes available.
- 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.

Risk in Canada

- For now, the risk of spread of this virus within Canada remains low.
- The confirmation of COVID-19 cases does not change current public health response activities, given that all the necessary protocols and measures are already activated and in place.
- Current evidence suggests person-to-person spread is efficient when there is close contact.
- Canada has no direct flights from Wuhan, and the volume of travellers arriving indirectly from Wuhan is low. China has taken extraordinary measures including conducting exit screenings, and has closed all flights and transportation from Wuhan and some other affected cities.
- We have multiple systems to prepare us for the entry of serious infectious diseases into our country and to detect and respond to them in order to prevent the spread of the novel coronavirus. We are confident of our ability to quickly prevent any further spread of COVID-19 in Canada.
- Public health risk is continually reassessed as new information becomes available.
- We will keep Canadians informed as the situation evolves.

Testing incidents under investigation

- Our top priority is the health and safety of Canadians.
- The Public Health Agency of Canada's National Microbiology Laboratory (NML) in Winnipeg is performing diagnostic testing for the novel coronavirus.
- The NML is working in close collaboration with provincial and territorial public health laboratories to ensure that a diagnosis of novel coronavirus for persons under investigation is 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. 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 the initial laboratory findings.
- Cases detected through testing by provinces and territories are treated, from a public health and infection prevention perspective, in the same way as cases confirmed by NML.
- The Public Health Agency of Canada is in close contact with provincial and territorial counterparts.
- We will keep Canadians informed as the situation evolves.

Medical tests

- The NML works in close collaboration with provincial and territorial public health laboratories to ensure that a diagnosis of COVID-19 for persons under investigation is 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 Laboratory (NML).
- Furthermore, provincial laboratory results undergo quality assurance testing at the NML to confirm all presumed laboratory results.

Border measures

- Our top priority is the health and safety of Canadians.
- Canada has a number of standard border measures in place to minimize the risk of importation and spread of communicable diseases into Canada.
- In response to the novel coronavirus, PHAC has worked with the Canada Border Services Agency (CBSA) to implement additional screening measures at all international airports to facilitate the identification of travellers returning to Canada who could be ill and to inform travellers what to do if they do become ill.
- Additional signage in French, English and Simplified Chinese is displayed in the arrivals area of airports, asking passengers who have travelled to Hubei Province to alert a border services officer should they have any flu-like symptoms.
- Travellers will need to respond to a screening question that has been added to electronic kiosks. Those passengers must indicate whether they have been to Hubei Province, China. If they have, they must answer health screening questions. This screening question is available in 15 different languages.
- Travellers who do not show signs or symptoms of illness will receive information in the form of a handout that they can use when contacting their local public health authority or health care professional should they fall ill after they return.
- People who are ill will be sent to a hospital to undergo a medical examination.
- The Public Health Agency of Canada 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 these officers support Border Services Officers and quarantine officers who screen and inform travellers.

- Entry screening alone is not a guarantee against the possible importation of this new virus but is an important public health tool during periods of uncertainty and part of a multilayered government response strategy.
- We are also aware that China has taken extraordinary measures including conducting exit screenings, and has closed all flights and transportation from Wuhan and some other affected cities.

Repatriation of Canadians in China

[Content is in a separate package, will be added to this document at a later date]

Japanese quarantine—cruise ship

- The Public Health Agency of Canada (PHAC) recognizes the plight of Canadians quarantined on board the cruise ship. PHAC is closely monitoring the situation.
- We know that the Japanese authorities have initiated the process of transporting vulnerable passengers on a voluntary basis to a land-based facility to complete their quarantine.
- Canada's Chief Public Health Officer has sent a letter to Canadian passengers to provide them with information and advice so that they can make an informed decision about whether to disembark or stay on the cruise ship and how to stay healthy during quarantine on board or ashore.

If pressed:

- This letter provides Canadian passengers staying on the cruise ship with advice on what to do while quarantined to minimize their risk of infection.
- Specifically, Canadian passengers are advised to stay in their cabins and limit contact with other passengers. Canadians are also asked to maintain a two-metre distance from others.
- PHAC will continue to provide information to Canadians on board the cruise ship as it becomes available.

Canada's domestic preparedness and response

- Canada has multiple systems activated and in place to prepare for, prevent, detect, and respond to the spread of the novel coronavirus. These include the following:
 - The Public Health Agency of Canada (PHAC) has activated the Health Portfolio Operations Centre (HPOC) to ensure effective planning and coordination of the



Agency's response efforts, in collaboration with international and federal, provincial and territorial partners.

- Public Safety Canada has activated the Government of Canada Operations Centre to coordinate activities across federal departments and agencies.
 - 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 has been activated to focus on 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 expanded to all international airports to help identify any travellers returning to Canada who may be ill, as to raise awareness among travellers on what they should do if they become ill.
- In addition, the Government of Canada maintains continual preparedness for public health emergencies, taking precautions to mitigate the potential risk of introduction and spread of infectious diseases in the country. These precautions include
 - a comprehensive surveillance infrastructure to rapidly identify emerging events and infectious diseases, including respiratory illnesses
 - routine infection prevention and control precautions at all Canadian hospitals, and
 - public health laboratory capacity that is well equipped to rapidly detect serious infectious diseases.

On the World Health Organization declaring a Public Health Emergency of International Concern, and what it means for Canada

- The Director General of the WHO has accepted a number of recommendations made by the Emergency Committee and urges all countries to work together in a spirit of solidarity to support countries with weaker health systems and accelerate the development of vaccines and therapeutics.
- There was also recognition of the need for all countries to work together to combat misinformation: this is the time for facts, not fear; for science, not rumours; for solidarity, not stigma.
- The Government of Canada agrees with WHO recommendations for controlling the outbreak.
- The authorities, front-line health care professionals and the general populations of all affected regions in China have implemented exceptional measures to control further spread of the novel coronavirus.
- While WHO has declared the outbreak of a public health emergency of international concern, the risk of spread in Canada remains low.

- Canada is already in a good position. In co-operation with the provinces and territories, we began to prepare as soon as we heard about the first cases in China.
- Even before WHO declared the emergency, Canada had multiple prevention and control systems to detect, contain and prevent the spread of this new virus.
- Canada's detection and management of novel coronavirus cases in Ontario and British Columbia shows that the disease prevention and control systems in place across the country are working as they should.
- Our top priority is the health and safety of Canadians. The Public Health Agency of Canada continues to monitor developments.

[To see if Canada will declare a state of emergency like the United States, see the questions and answers section]

Travel advice

- The Government of Canada recommends that Canadians avoid:
 - all non-essential travel to China;
 - all travel to Hubei Province, including Wuhan.
- The Public Health Agency of Canada issues travel health notices to inform Canadian travellers of an increased or unexpected potential health risk in a country or region outside of Canada. The travel health notices also provide information on preventive measures travellers can take to help reduce the risk of illness or injury.
- The Public Health Agency of Canada has issued travel health notices (<https://travel.gc.ca/travel/advisories/pneumonia-china>) recommending that travellers avoid all non-essential travel to China.
- In its Travel Health Notices, PHAC recommends that travellers
 - Avoid high-risk areas such as farms, live animal markets and areas where animals are slaughtered
 - Avoid contact with animals (alive or dead)
 - Avoid surfaces with animal droppings or secretions on them
 - Avoid consumption of raw or undercooked animal products
 - Avoid crowds or crowded areas
 - Avoid contact with people who are ill, especially if they have fever, cough, or difficulty breathing
 - Be aware of the local situation and follow local public health advice. In some areas, access to health care may be affected.

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

Self-isolation

- The health and safety of all Canadians (both those that are travelling from the affected area of China and those in Canada) is our top priority.
- These are critical times when global efforts are focused on containment of the outbreak of the virus in China and the prevention of further spread.
- Out of an abundance of caution, we will continue to adapt our advice for travellers based on the latest science available, given that research and data collection on the novel coronavirus is ongoing.
- Travellers arriving in Canada from Hubei Province are still at higher risk of infection by the novel coronavirus.
- If you have travelled to Hubei Province in the last 14 days, limit your contact with others for a total of 14 days from the date you left Hubei. This means self-isolate and stay at home. **In addition, contact the local public health authority in your province or territory within 24 hours of arriving in Canada.**
- **All travellers from mainland China are advised to monitor themselves for symptoms and to contact the local public health authority in their province or territory if they feel ill.**
- We are aware of preliminary data indicating 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 these may be similar to those of a cold or flu.
- You can help limit any potential spread by limiting your contact with others for 14 days.
- To limit contact with others, you can:
 - stay home;
 - avoid individuals with chronic conditions, compromised immune systems and older adults;
 - avoid having visitors to your home;
 - avoid situations such as social gatherings, work, school, daycare, health care facilities and seniors' residences;
 - use public transit as little as possible;
 - wash your hands often with soap and warm water for at least 20 seconds;
 - cover your mouth and nose with your arm when coughing and sneezing.
- If you or someone you know has a fever, cough, or difficulty breathing within 14 days of visiting Hubei Province, it is important to call ahead to inform your health care professional and tell them about your symptoms and travel history.

Deployments in Japan

- The Public Health Agency of Canada (PHAC) is mobilizing three experts to support Global Affairs Canada to assist Canadians who are in quarantine in Japan, on board the Diamond Princess cruise ship, or at a land-based quarantine facility. In addition, they will be assisting those currently in hospital undergoing treatment.
- This includes a Senior Medical Advisor with extensive expertise in public health and emergency management to:
 - work with local authorities and other international teams to support Canadians on board the cruise ship
 - oversee any quarantine measures that are implemented if Canadian passengers are moved off the ship to land-based quarantine facilities, and
 - function as a liaison to provide updated information regarding the Canadian cases currently hospitalized in Japan.
- PHAC is also sending an expert in public health emergency management to support the Canadians in quarantine and to provide analysis of data to inform public health decision-making.

MS Westerdam—cruise ship

- The health and safety of all Canadians—both those abroad and those in Canada—is our top priority.
- Canadian officials are in contact with Canadian citizens who were on board the *MS Westerdam* and have offered them consular assistance.
- Canadian passengers on board the *MS Westerdam* have been identified and will be screened upon arrival at a Canadian port of entry.
- Out of an abundance of caution, passengers identified as having been on board the *MS Westerdam* will undergo extensive tests and receive information on the virus when they arrive in Canada. These passengers will be asked to self-isolate for 14 days and report to local public health authorities within 24 hours of their return to be screened for symptoms of COVID-19.
- These passengers will also be asked to provide their whereabouts in Canada in an information form so that local public health authorities will be able to reach them for follow-up.
- Some travellers returned home before these measures were put in place. The Public Health Agency of Canada (PHAC) and the Canada Border Services Agency (CBSA) are working together to determine who will be contacted by PHAC representatives.



- We have multiple systems in place to prepare us for the importation into Canada of serious infectious diseases such as COVID-19, to detect them and to prevent their spread.
- Travellers are also reminded to follow usual health precautions: washing their hands often, avoiding contact with people who are ill and practising proper cough and sneeze etiquette.
- Canadians should always tell their health care providers about their travel if they become ill after returning to Canada.



Questions and Answers

Table of contents

PUBLIC HEALTH EMERGENCY	14
<i>Q1. Will Canada, like the United States, declare a public health emergency for the new coronavirus outbreak?</i>	14
<i>Q2. Is Canada collaborating with the United States?</i>	15
TESTING AND CONFIRMING CASES	15
<i>Q3. Why was Ontario's third case of the novel coronavirus not reported as a "presumptive positive" case before it was sent to NML?</i>	15
<i>Q4. Are all provinces and territories able to test for the novel coronavirus?</i>	16
<i>Q5. Should Canadians be concerned about the accuracy of laboratory tests performed in Canada when it comes to detecting the novel coronavirus?</i>	16
<i>Q6. Why is the National Microbiology Laboratory (NML) performing additional testing and how long will it take for it to be able to confirm the results of its tests?</i>	16
<i>Q7. Which provinces and territories have the capacity to do their own testing for COVID-19?</i>	17
<i>The National Microbiology Laboratory (NML) works closely with provincial and territorial public health laboratories to conduct laboratory tests to confirm or rule out COVID-19 cases under investigation. Thanks to this collaboration, many public health laboratories in the provinces and territories now have access to a highly accurate test for the novel coronavirus. Results are sent to NML, which conducts further tests to confirm initial laboratory findings. So far, only cases from British Columbia and Ontario have been confirmed, showing the ability of those provinces to detect the novel coronavirus using this test.</i>	17
<i>Q8. How has China changed its reporting criteria for COVID-19 cases?</i>	17
<i>Q9. Will Canada change its criteria?</i>	17
<i>Q10. Are there any cases of the novel coronavirus that are not being reported in Canada?</i>	18
<i>The increase in the number of cases in China does not affect Canada's public health response given that all the necessary protocols and measures are already in place.</i>	18
NML'S RESPONSE TO THE OUTBREAK	18
<i>Q11. What is the Public Health Agency of Canada (PHAC) National Microbiology Laboratory's (NML) response to the current COVID-19 outbreak? Have additional resources been required to manage the extra workload?</i>	18
GPHIN'S ROLE IN SURVEILLANCE	19
<i>Q12. During virus outbreaks, what data does the GPHIN collect and use for alerts and in what languages is the data disseminated?</i>	19



Q13. When were data first collected on the coronavirus outbreak and from what source?	19
Q14. When did GPHIN first send out an alert about the coronavirus outbreak and to whom?	19
Q15. How does GPHIN's selection of data, or analysis of data, differ from approaches taken by ProMED, HealthMap and commercial providers such as Blue Dot?	20
VIRUS TRANSMISSION	21
Q16. Can the 2019 novel coronavirus (COVID-19) be transmitted when a person is not showing symptoms?	21
Q17. Are Canadians at risk for contracting the novel coronavirus if they touch a surface that was potentially contaminated?	21
Q18. Can a person get an infection with the novel coronavirus by touching surfaces at airports, such as Canada Border Services Agency screens, which may have been touched by people who are ill with or who are carriers of the coronavirus?	22
Q19. Are touch screen kiosks and other communal area surfaces at airports being cleaned and sanitized on a regular basis?	22
Q20. Are Canadians at risk for contracting the novel coronavirus infection if they receive a package or products shipped from China?	22
Q21. Should Canadians be concerned about the spread of the coronavirus through food products imported into Canada from China?	23
Q22. What is the latest information about the possibility of transmission of the novel coronavirus (2019-nCoV) through food or water?	23
NOTIFICATION TO PASSENGERS / CONTACT TRACING	23
Q23. Will passengers on the same flights as the patients who have been confirmed to have COVID-19 be notified?	23
Q24. Should each passenger on the flights in question see a doctor or other health care practitioner to get tested for the virus just in case they have been infected?	24
ADDITIONAL CONTROL AND BORDER MEASURES	24
Q25. According to some reports, no control measures were in place at the Toronto airport when the first identified case entered Canada. Can you confirm whether measures were in place at the time of its arrival?	24
Q26. Have additional screening measures been implemented in all airports?	25
Since February 9, 2020, enhanced screening measures have been implemented at all of Canada's international airports. This was done in order to ensure that any travellers having recently travelled to Hubei Province arriving through connecting flights from other international destinations were screened.	25
Q27. Will Canada close its borders or start banning flights from China?	25
Q28. What can travellers arriving at the airports in which the additional screening measures are in place expect?	25



Q29. How many quarantine officers are stationed at the Vancouver, Toronto and Montreal international airports?	26
Q30. Why do Canada's border and health screening measures focus on travellers to or from Hubei Province and not China as a whole?	27
Q31. Why does the Canadian public health notice say to avoid all non-essential travel to China (and no longer just to Hubei Province) when the WHO does not recommend imposing travel or trade restrictions?	27
Q32. What about people arriving in Canada through connections through other airports? What about at land border crossings?	28
Q33. Do airlines have a role in preventing the spread of infectious diseases?	28
MS WESTERDAM—CRUISE SHIP	28
Q34. What about the Canadians who were on board the cruise ship and have yet to leave Cambodia? Will people who have not yet boarded a flight to Canada be permitted to travel?	28
Q35. Where and when could the person who tested positive for COVID-19 have been exposed?	28
Q36. Why were passengers on board the Westerdam permitted to disembark and continue their journey?	28
Q37. Are measures being taken to determine whether passengers on board the Westerdam may have been in contact with the person who tested positive for or is suspected to have COVID-19?	29
It is difficult to determine which passengers could have been in direct contact with the person whose COVID-19 test was positive.	29
Q38. Should Canadians avoid all travel on cruise ships?	29
DISINFORMATION AND RUMOUR MANAGEMENT	30
Q39. What are we doing to counter the disinformation circulating on social media?	30
Q40. Where can Canadians find the most up-to-date information about this coronavirus?	31
PREVENTION, SYMPTOMS AND TREATMENT	31
Q41. How can I protect myself from this virus?	31
Q42. How are people being treated for this illness?	31
Q43. Do you recommend travellers wear a mask when visiting China or cities across the country where there is a quarantine, such as Wuhan?	31
Q44. Should the general population in Canada wear masks to protect themselves from this virus?	32
Q45. 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	

<i>Canada? [note: shipment led by Global Affairs Canada—some of the content was provided by PHAC]</i>	33
Q47. What is a coronavirus?	33
Q48. This new virus is reported to resemble SARS. Is this true? If so, what are the similarities?	34
VACCINES	34
Q49. 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?	34
Q50. How long will it take to develop a vaccine?	34
SAFETY OF EMPLOYEES	35
Q51. What is Health Canada doing to ensure federal employees are taking the appropriate precautions?	35
SELF-ISOLATION	36
Q52. Why are travellers from Hubei Province asked to limit contact with others for 14 days after arriving in Canada?	36
Q53. Why are travellers arriving at airports not quarantined like Canadians repatriated by the special flight?	36
Q54. How can we be sure that travellers will limit their contact with others? How will we follow up with individuals to ensure that they are following instructions?	36
Q55. What about individuals who have recently arrived from Hubei Province and who have not received this advice?	36
Q56. What about travellers coming to Canada who do not live here? How will they limit their contact with others?	37
Q57. What about business travellers? Should they consider limiting their contact with others?	37
Q58. Why not just ban travel from China? Wouldn't that be easier?	37
Q59. How many travellers will be advised to limit their contact with others when they arrive?	37
DISINFECTION AND SANITATION PRACTISES FOR AIRLINES	37
Q60. Has guidance been provided on the decontamination of aircraft that have carried passengers from Wuhan to Canada (previous flights) or individuals who had symptoms of the virus in-flight?	37
CONTAINMENT IN ADVANCE OF THE PANDEMIC	38
Q61. When and how will Canada transition from the current global containment strategy to a pandemic preparedness and response approach?	38

HEALTH CHECK FOR CANADIANS WHO HAVE RETURNED FROM WUHAN

[Content is in the repatriation ML & QAs. Will be added to this package at a later date]

PUBLIC HEALTH EMERGENCY

Q1. Will Canada, like the United States, declare a public health emergency for the new coronavirus outbreak?

No, Canada will not declare a public health emergency for this virus based on the science and data that are available at this time. We cannot speculate on the United States' decision-making process that led to new restrictions on travellers.

While the Director-General of the World Health Organization (WHO) has declared the outbreak to be a Public Health Emergency of International Concern (PHEIC), the risk of spread in Canada remains low. The Government of Canada has complied with the temporary recommendations of the WHO under the International Health Regulations. We continue to work with the international community and with the provinces and territories to align our practices with PHEIC recommendations.

Most novel coronavirus cases have occurred in the affected regions in China. As of February 19, 2020, there were only eight (8) cases in Canada. In addition, travel from China has fallen due to border exit screening measures imposed by the Chinese government in its efforts to contain the outbreak. As a result, and in the absence of active spread of the novel coronavirus in Canada, the risk remains low.

While some jurisdictions have legislation to declare public health emergencies in order to provide access to additional powers and authorities, such as new funding, travel restrictions, and streamlined decision-making, legislation is not required at the federal level in Canada to access similar additional powers.

Canada has multiple systems activated and in place to prepare for, prevent, detect, and respond to the spread of the novel coronavirus. These include the following:

- The Public Health Agency of Canada (PHAC) has activated the Health Portfolio Operations Centre (HPOC) to ensure effective planning and coordination of the Agency's response efforts, in collaboration with international and federal, provincial and territorial partners.
Public Safety Canada has activated the Government of Canada Operations Centre to coordinate activities across federal departments and agencies.
- 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 has been activated to focus on 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 measures have been put in place at 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 become ill.

In addition, the Government of Canada maintains continual preparedness for public health emergencies, taking precautions to mitigate the potential risk of introduction and spread of infectious diseases in the country. These precautions include:

- a comprehensive surveillance infrastructure to rapidly identify emerging events and infectious diseases, including respiratory illnesses
- routine infection prevention and control precautions at all Canadian hospitals, and
- 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 Centers for Disease Control and Prevention (CDC) in the United States and are continuously assessing the situation.

Our health care and public health systems have been alerted to identify and manage possible cases. We are prepared to address any possible cases of the virus infection in Canada.

TESTING AND CONFIRMING CASES

Q3. Why was Ontario’s third case of the novel coronavirus not reported as a “presumptive positive” case before it was sent to NML?

On Friday, January 31, Ontario confirmed its third case of the novel coronavirus.

Ontario has implemented diagnostic tests that have detected the first two cases of the novel coronavirus.

In the third case, Ontario failed to detect the novel coronavirus during initial testing of its sample. It was during new testing and analysis by the NML and further testing in Ontario that the sample was confirmed positive.

For people being tested in Canada for the novel coronavirus, samples are sent directly to the NML from provincial or territorial public health laboratories. Multiple provincial public health laboratories have also developed tests in collaboration with the NML, since the laboratories are

working together to ensure there is additional testing capacity throughout the country. In cases where provincial and NML test results are available, these results are interpreted together to confirm or rule out cases of the novel coronavirus.

This is another example of Canada's public health system at work: Canada has a reference laboratory—the NML—to perform additional tests and ensure laboratory tests are accurate as they evolve and continue to improve in response to the novel coronavirus outbreak.

Q4. Are all provinces and territories able to test for the novel coronavirus?

Multiple provincial public health laboratories have implemented tests for the novel coronavirus in collaboration with the NML. The laboratory is working collaboratively to ensure there is testing capacity for the novel coronavirus across Canada.

The NML provides laboratory reference services to all provinces and territories. These testing services provide a variety of support to provincial and territorial laboratories across Canada including confirmatory testing, quality assurance, and in-depth analysis of difficult-to-diagnose specimens.

Q5. Should Canadians be concerned about the accuracy of laboratory tests performed in Canada when it comes to detecting the novel coronavirus?

Canadians can be confident in the methods and capabilities of Canada's National Microbiology Laboratory.

The NML is internationally recognized for its scientific excellence.

Multiple provincial public health laboratories can now test for the novel coronavirus with a very high degree of accuracy. Their results undergo additional testing at NML, for this is a previously unknown virus and it is good practice to use additional tests to provide further confirmation of the initial laboratory findings.

Q6. Why is the National Microbiology Laboratory (NML) performing additional testing and how long will it take for it to be able to confirm the results of its tests?

The NML works closely with provincial and territorial public health laboratories and ensures that individuals suspected of being infected with COVID-19 have their cases confirmed or ruled out by laboratory tests.

Provincial and territorial laboratories can test to a very high degree of accuracy, but their results require additional testing, for this is a previously unknown virus and it is good practice to use additional tests to provide confirmation. Testing to confirm COVID-19 cases is done by NML in Winnipeg.

There are multiple testing approaches that will be used by the laboratory to confirm cases.

Follow-up results from the NML are expected to be available within 24 hours of the receipt of samples at the NML.

Q7. Which provinces and territories have the capacity to do their own testing for COVID-19?

The National Microbiology Laboratory (NML) works closely with provincial and territorial public health laboratories to conduct laboratory tests to confirm or rule out COVID-19 cases under investigation. Thanks to this collaboration, many public health laboratories in the provinces and territories now have access to a highly accurate test for the novel coronavirus. Results are sent to NML, which conducts further tests to confirm initial laboratory findings. So far, only cases from British Columbia and Ontario have been confirmed, showing the ability of those provinces to detect the novel coronavirus using this test.

For those individuals under surveillance in Canada due to the novel coronavirus, provincial and territorial public health laboratories send samples directly to the NML. The NML conducts further analyses, for this is a previously unknown virus and it is good practice to use additional tests to provide further confirmation of the initial laboratory findings. In cases where results from provincial or territorial laboratories and the NML are available, these results are interpreted together to confirm or rule out any case of novel coronavirus infection.

Q8. How has China changed its reporting criteria for COVID-19 cases?

- China has changed the way it diagnoses and reports cases only in Hubei Province. This change applies not only to cases currently identified, but also to cases identified since the start of the outbreak.
- In addition to case definition, which includes clinical symptoms and laboratory confirmation, Hubei Province now includes clinical cases that have not been laboratory confirmed. A symptomatic clinical case presents with symptoms (i.e. fever, cough, and difficulty breathing) and evidence confirming a lung infection supported by computed tomography scans that reveal lung infections.
- Other parts of China continue to require a positive laboratory test to confirm cases. The same goes for cases needing confirmation elsewhere in the world.

Q9. Will Canada change its criteria?

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

The Public Health Agency of Canada is convinced of the effectiveness of the current approach in detecting cases of illness caused by the novel coronavirus.

In Canada, one confirmed case currently involves an individual whose illness was confirmed by laboratory tests. These tests are requested when a person has known symptoms (i.e. fever, cough, difficulty breathing) and within the 14 days prior to falling ill, he or she:

- travelled to an affected region
- had close contact with a case
- was in close contact with a person with acute respiratory illness who visited the affected area within 14 days of becoming ill

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

Q10. Are there any cases of the novel coronavirus that are not being reported in Canada?

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

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

NML'S RESPONSE TO THE OUTBREAK

Q11. What is the Public Health Agency of Canada (PHAC) National Microbiology Laboratory's (NML) response to the current COVID-19 outbreak? Have additional resources been 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 community-wide effort, with more than 75 staff directly contributing at this time. Almost all staff at NML 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 Scientific Technology Cores and Services (leading on genetic sequencing) and the Canadian Public Health Laboratory Network Secretariat (leading on collaboration with provinces and territories). NML scientists with broad scientific expertise in virology and response to emerging pathogens 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 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

Q12. During virus outbreaks, what data does the GPHIN collect and use for alerts and in what languages is the data disseminated?

The Public Health Agency of Canada's Global Public Health Intelligence Network (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 Epidemic Intelligence from Open Sources.

Every given day, approximately 7,000 articles are captured in the GPHIN system. The web-based application in the GPHIN system continually scans and acquires new sources of information worldwide in nine (9) languages (Arabic, 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 government 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.

Q13. When were 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 to the GPHIN system at 5:42 a.m. EST.

Q14. When did GPHIN first send out an alert about the coronavirus outbreak and to whom?

The GPHIN analysts conducting their daily review recognized the possible importance of this issue and highlighted it in the Daily GPHIN Report, which was distributed at 7:50 a.m. EST 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 mainland China amid online speculation that it might be linked to SARS, the flu-like virus that killed hundreds of people a decade ago. There were 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 (7) patients were in a critical condition.

Q15. How does GPHIN’s selection of data, or analysis of data, differ from approaches taken by ProMED, HealthMap and commercial providers such as Blue Dot?

GPHIN consists of two critical components:

- A professional multidisciplinary team of life science analysts, reviewing information in nine (9) 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 the 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 through staff-conducted searches on 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, which could influence 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

Q16. Can the 2019 novel coronavirus (COVID-19) be transmitted when a person is not showing symptoms?

This question is under investigation at this time.

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

What we do know for certain is that the virus is most often being spread through close contact with a person who is showing symptoms (i.e. symptomatic cases).

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

This 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, cough etiquette and staying home if ill) and strict infection prevention and control measures in health settings to prevent spread in hospital settings.

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

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

Q17. Are Canadians at risk for contracting the novel coronavirus if they touch a surface that was potentially contaminated?

In general, coronaviruses have poor survivability on surfaces, and are generally thought to be spread by respiratory droplets left behind after someone coughs or sneezes.

For the novel coronavirus, researchers are actively investigating to learn more about the ways that the novel coronavirus is transmitted.

The best way to prevent respiratory and other illnesses is to:

- avoid touching the eyes, nose and mouth;
- consistently use good hand hygiene measures, which includes 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 alcohol-based hand sanitizers where 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 regular household cleaners or diluted bleach (one part bleach to nine parts water).

Q18. Can a person get an infection with the novel coronavirus by touching surfaces at airports, such as Canada Border Services Agency screens, which may have been touched by people who are ill with or who are carriers of the coronavirus?

In general, coronaviruses have poor survivability on surfaces, and are generally thought to be spread by respiratory droplets left behind after someone 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.

Q19. Are touch screen kiosks and other communal area surfaces at airports being cleaned and sanitized on a regular basis?

Cleaning of touch screen 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 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. 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.

Q20. Are Canadians at risk for contracting the novel coronavirus infection if they receive a package or products shipped from China?

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

Although there is still a lot that is unknown about the 2019 novel coronavirus (COVID-19) and how it spreads, we can use the information from two other coronaviruses (SARS and MERS) to guide us.

In general, because of poor survivability of these coronaviruses on surfaces, there is considered to be a very low risk of spread from products or packaging that is shipped over a period of days or weeks at ambient temperatures.

Studies on the SARS coronavirus showed that the virus did not survive on dry surfaces such as paper. Coronaviruses are generally thought to be spread by respiratory droplets.

Currently there is no evidence to support the transmission of COVID-19 associated with imported goods.

There have not been any cases of COVID-19 in Canada associated with imported goods from China.

Q21. Should Canadians be concerned about the spread of the coronavirus through food products imported into Canada from China?

Federal legislation applies to all food sold in Canada, whether domestic or imported.

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

In general, consumers should use safe food handling practices and avoid consuming raw or undercooked animal products. Handle raw meat, milk or animal organs with care, to avoid cross-contamination with uncooked foods.

If the CFIA becomes aware of a potential food safety risk, appropriate actions will be taken to ensure the safety of Canada's food supply.

Q22. What is the latest information about the possibility of transmission of the novel 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 belong to 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 pathogen.

NOTIFICATION TO PASSENGERS / CONTACT TRACING

Q23. Will passengers on the same flights as the patients who have been confirmed to have COVID-19 be notified?

The Public Health Agency of Canada is supporting local public health authorities in following 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 Canada.ca/coronavirus. A new toll-free phone 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 continue to urge all travellers who experience symptoms associated with COVID-19 and who have been to affected areas of China to Canada since the report of the outbreak of the virus to contact health care professionals immediately.

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

Q24. Should each passenger on the flights in question see a doctor or other health care practitioner to get tested for the virus just 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 ill can impact the availability of services for those who are ill and need treatment.

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

ADDITIONAL CONTROL AND BORDER MEASURES

Q25. According to some reports, no control measures were in place at the Toronto airport when the first identified case entered Canada. Can you confirm whether measures were in place at the time of its arrival?

The Canada Border Services Agency (CBSA) has confirmed that at the time the traveller went through Toronto International Airport, additional measures (messages and a new screening question on electronic kiosks and handouts given to passengers) were in place.

Although we do not have specific details of what symptoms the person was experiencing upon arrival, we do know that the individual's family followed the guidelines in the handout to appropriately notify public health officials when the individual became ill.

Q26. 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 Montreal 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

Since February 9, 2020, enhanced screening measures have been implemented at all of Canada's international airports. This was done in order to ensure that any travellers having recently travelled to Hubei Province arriving through connecting flights from other international destinations were screened.

The Public Health Agency of Canada (PHAC) and the Canada Border Services Agency (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.

Q27. Will Canada close its borders or start banning flights from China?

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

We are also aware that China has taken extraordinary measures including conducting exit screenings, and has closed all flights and transportation from Wuhan and some other affected cities.

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

Q28. What can travellers arriving at the airports in which the additional screening measures are in place expect?

New measures are in place at all of Canada's international airports to help identify returning travellers to Canada who may be ill and to inform travellers on what to do if they become ill.

Travellers passing through these airports will see additional signage in English, French and Chinese asking them to alert a border service officer if they have flu-like symptoms. Travellers are provided with additional information on what to do should they become ill.

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

In general, when a traveller shows signs and symptoms of an infectious disease upon arrival in Canada, 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 an isolation room.

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

Travellers who do not exhibit any signs or symptoms of illness will receive a handout advising them to contact a health care professional if symptoms develop and to provide their symptoms, travel history and any high-risk exposure history (such as contact with animals or close contact with a person who is ill).

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

If pressed on thermal scanners:

It is important to note that during the Severe Acute Respiratory Syndrome (SARS) outbreak in 2003, more than 6.5 million screening transactions occurred at Canadian airports involving 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.

Q29. How many quarantine officers are stationed at the Vancouver, Toronto and Montreal international airports?

To prevent the introduction and spread of communicable diseases that are of significant harm to public health, the Public Health Agency of Canada (PHAC) collaborates with border partners, such as the Canada Border Services Agency (CBSA), to administer the Quarantine Act at all international points of entry into Canada, 24 hours per day, 7 days per week. Travellers arriving in Canada who answer YES to the screening question asking 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 ill or unwell and, if yes, asks 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 close contact with a person who is ill. 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 and support for CBSA Officers as well as airline and airport authority staff, facilitate communication, and coordinate response activities with partners.

Q30. Why do Canada's border and health screening measures focus on travellers to or from Hubei Province and not China as a whole?

The border and health screening measures in Canada are based on the latest information, which indicates that the vast majority of cases detected in China occurred in Hubei Province and many exported cases were due to a trip to that province.

The situation is evolving rapidly. As new information becomes available, Canada will modify its border control and health screening measures accordingly. If facts reveal sustained human-to-human transmission in other parts of China, screening measures may be revised to include other affected areas.

Q31. Why does the Canadian public health notice say to avoid all non-essential travel to China (and no longer just to Hubei Province) when the WHO does not recommend imposing travel or trade restrictions?

WHO advises that measures to limit the risk of exportation or importation of the disease should be implemented, without unnecessary restrictions of international traffic, such as closing borders, denying visa applications or quarantining healthy travellers. Therefore, Canada has not adopted any such restrictive measures.

Furthermore, the Chinese government has implemented exceptional measures, chief among them restrictions of movement within and between affected cities, in order to contain the outbreak in China. There is a great deal of stress on the health services of the affected regions, and Canadian travellers who fall ill while travelling in China may have limited access to timely and appropriate health care. In addition, older people and people with a weakened immune system or underlying medical condition are at a higher risk of developing severe disease.

Avoiding non-essential travel to China during the outbreak is one way of limiting the introduction of the novel coronavirus in Canada and protecting the health of Canadians abroad.

Q32. What about people arriving in Canada through connections through other airports? What about at land border crossings?

Canada has implemented a number of standardized border measures at all border crossings to mitigate any potential risk of introduction and spread of communicable diseases in Canada.

These measures include 24/7 access to a PHAC quarantine officer from any point of entry into Canada. If a Canada Border Services Agency officer believes 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.

Q33. Do airlines have a role 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 they are encouraged to alert the Public Health Agency of Canada (PHAC) if they are ill passengers on board before their arrival in Canada, which would allow PHAC to implement appropriate measures for ill passengers before the aircraft lands. PHAC has communicated with major airlines to remind them of their obligations under the *Quarantine Act*.

MS WESTERDAM—CRUISE SHIP

Q34. What about the Canadians who were on board the cruise ship and have yet to leave Cambodia? Will people who have not yet boarded a flight to Canada be permitted to travel?

All Canadian passengers still in Cambodia are currently being assessed by local public health authorities. This is an ever-changing situation. The Government of Canada is in contact with Cambodian authorities and is actively monitoring the situation. We will communicate any new information as it becomes available.

Q35. Where and when could the person who tested positive for COVID-19 have been exposed?

Investigations are underway to find out.

Q36. Why were passengers on board the Westerdam permitted to disembark and continue their journey?

At no time during the trip were there any indications of COVID-19 contamination among passengers or crew. Passengers who disembarked from the Westerdam were screened for symptoms, and their temperatures were taken before they left the ship. Passports were also checked to ensure that none of the passengers had travelled to mainland China in the past 14 days.

Q37. Are measures being taken to determine whether passengers on board the Westerdam may have been in contact with the person who tested positive for or is suspected to have COVID-19?

It is difficult to determine which passengers could have been in direct contact with the person whose COVID-19 test was positive.

Canadian officials contacted all Canadians who were aboard the Westerdam and provided them with consular services. They have also been advised to self-monitor for COVID-19 symptoms, such as fever, cough, and difficulty breathing.

If they develop symptoms, they must avoid contact with others and follow up with a health care professional.

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

Q38. Should Canadians avoid all travel on cruise ships?

This is an ever-changing situation. The Public Health Agency of Canada is actively monitoring the situation regarding the novel coronavirus. We will provide up to date, evidence-based information to Canadians as it becomes available.

For now, we do not recommend against travel on cruise ships.

The most important precautions recommended for travellers to prevent respiratory and other illnesses while travelling include:

- wash your hands often with soap and water for at least 20 seconds;
- use alcohol-based hand sanitizer only if soap and water are not available; it is a good idea to always keep some with you when you travel;
- eat and drink safely abroad by staying away from raw or undercooked food and meat;
- avoid high-risk areas such as farms, live animal markets and areas where animals may be slaughtered;
- avoid close contact with people who may be ill, especially if they have difficulty breathing or have a fever or cough.

No matter where Canadians plan to travel, the Public Health Agency of Canada recommends that they consult travel.gc.ca, which is the Government of Canada's official source of destination-specific travel information. It provides important advice to help travellers make informed decisions and travel safely while abroad.

Canadians are also encouraged to review cruise ship policies and protocols to make informed travel decisions based on their circumstances.

In addition, effective February 7, 2020, Cruise Lines International Association (CLIA), the world's largest cruise industry trade association, and its members have adopted enhanced protocols for ocean-going guests and crew who have recently travelled from or through China.

CLIA members are to deny boarding to all people who:

- have travelled from, visited or transited via airports in China, including Hong Kong and Macau, within 14 days before embarkation;
- have had close contact with, or helped care for, anyone suspected to have or diagnosed as having COVID-19, within 14 days before embarkation; or
- are currently subject to health monitoring for possible exposure to the novel coronavirus.

For the latest and most up-to-date information on the coronavirus (COVID-19), visit [Canada.ca/coronavirus](https://www.canada.ca/coronavirus) at <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html>. You can also follow Canada's Chief Public Health Officer, Dr. Theresa Tam, on Twitter. A new toll-free phone 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 EST.

DISINFORMATION AND RUMOUR MANAGEMENT

Q39. What are we doing to counter the disinformation circulating on social media?

We are committed to keeping Canadians informed and providing up-to-date, evidence-based information to Canadians as it becomes available.

Due to the spread of information and rumours online and on social media, it is important to know where information comes from before sharing it. Misinformation, the stigmatization of others or the use of racist rhetoric will only undermine the collective efforts we are making as a united community to fight this outbreak in Canada and around the world.

Canadians can avoid fuelling fear and spreading false information by making sure that their news comes from reliable sources, such as:

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

The Chief Public Health Officer holds regular technical briefings for media (including the ethnic press) to provide factual, up-to-date information and engages in ongoing stakeholder engagement and information sharing activities.

In addition, measures are in place to identify and correct misleading information circulating in traditional and social media.

To raise awareness among travellers returning from affected areas, new messaging has been posted on screens at international airports in Toronto, Montreal and Vancouver to advise

travellers to notify a border services officer if they experience flu-like symptoms. Information handouts (in English, French and Chinese) are given to returning travellers.

Q40. 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. You can also follow Canada's Chief Public Health Officer, Dr. Theresa Tam, on Twitter at @CPHO_Canada.

A new toll-free phone 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.

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

PREVENTION, SYMPTOMS AND TREATMENT

Q41. 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 and water for at least 20 seconds;
- avoiding touching your eyes, nose or mouth with unwashed hands;
- avoiding close contact with people who are ill;
- coughing or sneezing into your sleeve and not your hands;
- staying home if you are ill to avoid spreading illness to others.

Q42. How are people being treated for this illness?

At present there is no specific drug or medication treatment for people who have a novel coronavirus infection. Researchers are studying 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 illness from mild to severe for some individuals. PHAC asks that after you arrive in Canada, you self-monitor for symptoms associated with the novel coronavirus for 14 days after you leave 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.

Q43. Do you recommend travellers wear a mask when visiting China or cities across the country where there is a 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 that healthy travellers wear masks when travelling to China or cities within the country where there is a quarantine. The most important precautions recommended for travellers to prevent respiratory and other illnesses while travelling include:

- avoiding high-risk areas (such as farms, live animal markets and areas where animals are slaughtered);
- avoiding contact with animals, their droppings or secretions;
- avoiding touching faces/eyes;
- consistently using good hand hygiene measures, which include frequent handwashing with soap and water; and
- maintaining 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 alcohol-based hand sanitizers where soap and water are not available.

For travellers who become ill during or soon after their travel, masks may be appropriate to prevent spread of the illness to others. In particular, symptomatic patients may be asked to wear a mask to protect visitors and other patients in triage and health care settings, while they are waiting for or receiving treatment.

Travellers or returned travellers who become ill should tell their health care provider their symptoms, travel history and any high-risk exposure history (such as contact with animals or close contact with a sick person).

Q44. 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 that 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 you are in direct contact with an ill person, 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;

- wash your hands after removing the mask.

It is not recommended that healthy people or people who have not travelled to a COVID-19 affected area (such as the Hubei Province or mainland China) wear masks. Wearing a mask when you are not ill and are not at high risk of 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 water for at least 20 seconds;
- Avoiding touching your eyes, nose or mouth with unwashed hands;
- Avoiding close contact with people who are ill;
- Coughing and sneezing into your sleeve and not your hands;
- Staying home if you become ill to avoid spreading illness to others.

Q45. 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.

Q46. 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.

Q47. What is a coronavirus?

China has 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 disease 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.

Q48. This new virus is reported to resemble SARS. Is this true? If so, what are the similarities?

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

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

We also know that the COVID-19 symptoms so far reported are common to several respiratory illnesses. The clinical signs and symptoms are mainly fever, with some patients having difficulty breathing and chest radiographs showing invasive lesions (pneumonia) in both lungs.

Although many of the characteristics of the novel coronavirus remain unknown, confirmed cases of illness ranging from mild to severe have been reported. Available information indicates that older people and people with a weakened immune system or underlying medical condition are considered at higher risk of severe disease.

VACCINES

Q49. 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—are assessing how scientists at our National Microbiology Laboratory, along with the broader Canadian research community, will participate in the global research efforts.

Q50. 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 to provide 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 is currently no licensed vaccine or specific treatment for Middle East Respiratory Syndrome Coronavirus (MERS-CoV), a specific coronavirus 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).

SAFETY OF EMPLOYEES

Q51. 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 Government of Canada departments.

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

The advice and information are based on the science and the 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 travelers, for example, what personal protective equipment should be used when searching luggage or escorting an ill traveller. Health Canada Occupational health nurses are also supported our departmental partners with 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

Q52. Why are travellers from Hubei Province asked to limit contact with others for 14 days after arriving in Canada?

Canadian authorities are receiving the latest data and scientific information on the novel coronavirus and are recommending that travellers who have gone to Hubei Province limit contact with others for 14 days following their departure from that province. In addition, contact the local public health authority in your province or territory within 24 hours of arriving in Canada.

This measure contributes to the global public health goal of containing the outbreak in China and preventing further spread in Canada.

Q53. Why are travellers arriving at airports not quarantined like Canadians repatriated by the special flight?

Repatriated Canadians were quarantined in Hubei Province, which had the highest concentration of cases over a longer period of time. Their risk of exposure and potential illness is greater than that of other recent travellers to Canada from China. As a precautionary step, individuals returning on the special flight to Canada will remain at CFB Trenton for further health assessment and observation. The 14-day period is the maximum known incubation period for this virus. It is also in the interest of the Canadian public to prevent any potential spread.

Q54. How can we be sure that travellers will limit their contact with others? How will we follow up with individuals to ensure that they are following instructions?

It has been our finding, since the start of the outbreak and during previous outbreaks of infectious diseases (SARS and Ebola), that travellers returning from affected areas follow public health advice and often take additional precautions.

Q55. What about individuals who have recently arrived from Hubei Province and who have not received this advice?

The risk in Canada remains low. Since the beginning of the outbreak, travellers returning from the affected area have been advised to self-monitor and contact public health authorities in their area if they develop symptoms. We know that an individual who has developed symptoms can transmit the virus and that prolonged close contact, such as with people we live with, is necessary to transmit the virus. However, new data shows that the symptoms of this virus can range from mild to severe and that some people may not recognize the early symptoms, which may resemble those of a cold or the flu.

Based on information on other coronavirus illnesses, such as MERS and SARS, the incubation period of COVID-19 may last up to 14 days. Therefore, we ask travellers to limit contact with others for 14 days after departing from Hubei.

Q56. What about travellers coming to Canada who do not live here? How will they limit their contact with others?

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

Q57. What about business travellers? Should they consider limiting their contact with others?

Business travellers will receive the same advice and should look for ways to socially distance, such as by teleworking.

Q58. Why not just ban travel from China? Wouldn't that be easier?

The exceptional measures taken by China, including conducting exit screening, as well as a ban on flights and transportation from the affected area, have significantly reduced the risk of exportation of cases.

We continue to work closely with international partners and the World Health Organization (WHO) to continuously assess the risks and adapt our prevention and control measures if necessary. WHO is advising against unnecessary restrictions on international traffic for the moment.

The Government of Canada and the provinces and territories have multiple systems in place to prepare for, detect, prevent and respond to the spread of infectious diseases in Canada. These systems, along with global efforts to contain the outbreak in China, are considered the most practical and reasonable approach to preventing the spread of the novel coronavirus in Canada.

Q59. How many travellers will be advised to limit their contact with others when they arrive?

At the moment, approximately 70 travellers per day are arriving from Hubei Province.

DISINFECTION AND SANITATION PRACTISES FOR AIRLINES

Q60. Has guidance been provided on the decontamination of aircraft that have carried passengers from Wuhan to Canada (previous flights) or individuals who had symptoms of the virus in-flight?

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 on disinfection and sanitation practises for airlines with direct flights arriving from China.

PHAC recommends that, in addition to regular cleaning practices, airlines thoroughly clean and disinfect area frequently touched areas. Increasing the frequency of routine cleaning and disinfection of frequently touched areas is an important measure in controlling the spread of infection during any 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 practises.

CONTAINMENT IN ADVANCE OF THE PANDEMIC

Q61. When and how will Canada transition from the current global containment 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 situation regarding the novel coronavirus (COVID-19) and continuously assessing the risks in order to adapt our response, accordingly.

We are working with the international community, under the aegis of the World Health Organization (WHO), and are in close contact with our provincial and territorial counterparts.

Health authorities at all levels of government have been working to ensure that our preparedness and response measures are appropriate, adaptable and forward-looking so that our systems are ready to meet the challenges posed by the changing circumstances.

Although cases of the novel coronavirus have been reported in more than 25 countries and regions, more than 99% of cases are in mainland China, with the majority in Hubei Province, where the epidemic began. In addition, although the virus is transmitted from person to person and spreads in communities in affected areas in China, there is very limited or even no spread in most other countries and regions.

Therefore, given that it is still possible to contain the epidemic within China, the international community, led by the World Health Organization (WHO), remains determined to successfully complete the efforts of the containment phase.

We also know that China has taken exceptional containment measures: it conducts exit screening on travellers and has cut all flights and transport from Wuhan, Hubei Province and some other affected regions of mainland China.

In Canada, all levels of government are on high alert and remain vigilant. We are prepared to detect possible cases of the novel coronavirus and to respond to prevent the spread of the virus.

There are currently eight (8) confirmed cases of the novel coronavirus in Canada; three (3) in Ontario and five (5) in British Columbia. As is the case in other countries (except mainland China), the novel coronavirus is not spreading in an effective and sustained way in Canada.

If the situation changes and there are signs of an effective and sustained spread 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 transition from the current measures to containing the outbreak to a pandemic preparedness and response approach.

Therefore, if the novel coronavirus spreads effectively in countries around the world, Canada as a whole will need to refocus its efforts and abandon what would become an unviable case-by-case public health response in favour of broader population-wide measures to address the pandemic. These measures are aimed at reducing the overall impact of a spread of the novel coronavirus across the country.

However, at the local level, in provinces and territories or cities and communities in Canada where there is no widespread transmission or where there are as of yet no cases containment activities can continue for as long as possible before undertaking a population-wide pandemic response. In areas where there are very few cases, containment strategies can delay spread and gain time to augment public health measures among the population. However, once the disease spreads to an area, these containment efforts can no longer be sustained.

In addition, Canadian disease control measures would be continuously adapted based on new knowledge on effective disease prevention and control measures in the country.

The primary goal of the transition to a population-wide pandemic response is to reduce the overall health and social impacts on Canadians.

Providing a solid foundation for Canada's response to a pandemic situation is the federal, provincial and territorial pandemic preparedness plans and emergency response plans in place across the country.

In particular, the purpose of these pandemic preparedness and response measures is to:

- provide Canada-wide disease surveillance instead of the current surveillance of each imported case, to track and control the spread in the event of widespread transmission of the novel coronavirus;
- put in place broad clinical and public health measures to delay outbreaks and mitigate the overall impacts on the health of Canadians (reduce morbidity and mortality in Canada);
- conduct special studies and monitor disease severity to control severe cases and their consequences in high-risk populations;
- accelerate research and development, especially for therapeutics and vaccines.

We continue to work closely with WHO, provinces, territories and the international community to monitor the situation, assess the risk and inform Canadians.