



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 determined that a novel coronavirus referred to as COVID-19 was responsible for cases of pneumonia in the Wuhan outbreak.

As of February 17, 2020, at 1:00 p.m. EST, the National Microbiology Laboratory (NML) had analyzed samples from 413 persons and confirmed eight (8) positive cases: three (3) in Ontario and five (5) in British Columbia.

These media lines and questions and answers have been prepared for the purpose of media relations and for 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 a novel coronavirus (COVID-19).
- Eight (8) cases of COVID-19 have been confirmed in Canada since January 25, 2020.
- The risk of the virus spreading in Canada remains low at this time.
- Multiple systems are in place in Canada to prepare for and detect serious infectious diseases entering our country and to intervene to prevent the spread of the emerging 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 their provincial and territorial counterparts.
- A Special Advisory Committee of Canada's Chief Medical Officers of Health was put in place to respond to COVID-19. This committee will focus its attention on the coordination of federal, provincial and territorial measures to prepare for and respond to the situation across Canada's health sector.
- This is an evolving situation; we will keep Canadians informed on any new developments.
- 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 your questions about the 2019 novel coronavirus.



Risk in Canada

- The risk of the virus spreading in Canada remains low at this time.
- The confirmation of **COVID-19** cases does not affect the public health response activities under way, because all necessary protocols and measures are already active and in place.
- **Current evidence indicates that the disease spreads from person to person when there is close contact between individuals.**
- There are no direct flights between Canada and Wuhan, and few travellers are arriving via indirect flights from this location. China has also taken extraordinary measures, such as subjecting travellers to exit checks and cancelling all flights and transportation from Wuhan as well as other affected cities.
- We have multiple systems in place to prepare for, detect and respond to serious infectious diseases entering our country to prevent their spread. We are confident in our ability to quickly prevent further spread of **COVID-19** in Canada.
- The risk to public health is continually reassessed as new information becomes available.
- We will keep Canadians informed of any developments.

Analyzing cases 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 conducting diagnostic tests for the novel coronavirus.
- The NML is working closely with provincial and territorial public health laboratories to ensure that the diagnosis of individuals being tested for the novel coronavirus is confirmed or ruled out by laboratory testing.
- A number of provincial public health laboratories can now test for the novel coronavirus with a very high degree of accuracy. Their results are then further tested at the NML because this is a previously unknown virus and it is good practice to perform additional testing to confirm the initial laboratory results.
- Cases detected through testing by provinces and territories are treated, from a public health and infection control perspective, in the same manner as cases confirmed by the NML.
- The Public Health Agency of Canada maintains close relationships with its provincial and territorial counterparts.
- We will keep Canadians informed of any developments.



Medical Tests

- The NML is working closely with provincial and territorial public health laboratories to ensure that the diagnosis of individuals being tested for COVID-19 is confirmed or ruled out through laboratory testing.
- Provinces and territories are using the screening approach developed and validated by the Public Health Agency of Canada's National Microbiology Laboratory (NML).
- In addition, in order to confirm all presumptive laboratory results, provincial laboratory results are subjected to quality assurance testing at the NML.

Measures taken at the borders

- Protecting the health and safety of Canadians is our top priority.
- Canada has a number of standard border measures in place to prevent the introduction and spread of communicable diseases in Canada
- In response to the novel coronavirus, PHAC worked with the Canada Border Services Agency (CBSA) to implement additional screening measures at **all international airports** to help identify travellers returning to Canada who may be ill and to inform travellers about what to do if they become ill.
- New messages in English, French and Simplified Chinese are being issued in airport arrival areas to remind passengers who have travelled to Hubei province to inform a Border Services officer if they have flu-like symptoms.
- Passengers are now asked a new opening question at electronic terminals. They must indicate whether they have been to Hubei province, China. If so, they will then have to answer health control questions. The opening question is available in 15 different languages.
- A pamphlet is given to travellers who do not have symptoms of illness to provide them with information that they can use to contact their local public health authority or health care professional if they become ill after their return.
- Sick people will be referred to a hospital for tests.
- The Public Health Agency of Canada has increased its **staffing complement of public health officers at major airports to join the team of border services officers, also designated as screening officers under the *Quarantine Act***. These officers assist Canada Border Services officers and quarantine officers who screen passengers and provide information to travellers.



- While port of entry screening alone cannot guarantee that this novel virus will not be imported, it is an important tool to protect public health during times of uncertainty and is part of a multi-layered response strategy across different levels of government.
- We also know that China has taken extraordinary measures, including exit checks for travellers and the cancellation of all flights and transportation from Wuhan and some other affected cities.

Repatriation of Canadians in China

[Contents 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 difficult situation of Canadians being quarantined on board the cruise ship. PHAC is monitoring the situation closely.
- We know that the Japanese authorities have begun the process of transporting, on a voluntary basis, vulnerable passengers to a facility on land until the end of the quarantine period.
- The Chief Public Health Officer of Canada has sent a letter to Canadian passengers to provide them with information and advice that will enable them to make an informed decision about whether to disembark or remain on board the cruise ship and to remain healthy during the quarantine, whether or not they are on board.

If pressed:

- This letter provides Canadian passengers aboard the cruise ship with advice on measures to take while in quarantine to minimize their risk of infection.
- In particular, Canadian passengers are advised to remain in their cabins and limit contact with other passengers. Whenever possible, Canadians are also asked to maintain a distance of at least two (2) metres from other people.
- 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) activated the Health Portfolio Operations Centre (HPOC) to ensure effective planning and coordination of the Agency's response efforts, in collaboration with international, federal, provincial and territorial partners.
 - Public Safety Canada has activated the Government of Canada Operations Centre to coordinate activities across federal departments and agencies.
 - 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 in Canada to help identify any travellers returning to Canada who may be ill, and to raise awareness among travellers about what they should do if they become sick.
- Moreover, 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 and prevention control precautions in all Canadian hospitals; and
 - public health laboratory capacity that is well equipped to rapidly detect serious infectious diseases.

Declaration of a Public Health Emergency of International Concern by the WHO and its Significance for Canada

- The Director-General of the WHO accepted a number of recommendations made by the Emergency Committee and urged all countries to act together and show solidarity to help countries with weaker health systems and to accelerate research that will lead to the development of drugs and vaccines.
- There was also recognition of the need for all countries to work together to fight misinformation: facts must prevail over fear, science over rumours, and solidarity over stigma.
- The Government of Canada agrees with the recommendations made by the WHO to control the outbreak.
- Authorities, front-line health professionals and the general population in all affected areas of China have taken exceptional measures to contain and control the spread of the novel coronavirus.



- Although the outbreak is now considered a public health emergency of international concern, the risk of spread within Canada remains low.
- Canada is already in a strong position. We began preparing, in conjunction with the provinces and territories, as soon as we heard about the first cases in China.
- Even before the WHO declared an emergency, Canada had several disease prevention and control systems in place to detect, contain and prevent the spread of this novel 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 intended.
- Protecting the health and safety of Canadians is our top priority. The Public Health Agency of Canada continues to monitor the situation.

[For whether Canada will declare a state of emergency as the U.S. has done, see the Questions and answers section]

Advice for travellers

- The Government of Canada advises Canadians to avoid:
 - any non-essential travel to China; and
 - any travel to Hubei province, including the city of Wuhan.
- The Public Health Agency of Canada publishes travel health advisories to inform Canadians of increased or unexpected health risks in countries or regions outside of Canada. Travel health advisories also provide information about precautions to take to reduce risk of illness or injury.
- The Public Health Agency of Canada has issued travel health advisories (https://travel.gc.ca/travelling/health-safety/travel-health-notices/221?_ga=2.217941846.1506987863.1610494717-1230944088.1610494717) advising travellers to avoid non-essential travel to China.
- In the Travel Health Advisories, the Agency recommends the following to travellers:
 - Avoid high-risk areas such as farms, live markets and places where animals are slaughtered.
 - Avoid direct contact with animals (live or dead).
 - Avoid contact with surfaces contaminated with animal droppings or secretions.
 - Avoid eating raw or undercooked animal products.
 - Avoid crowds or crowded places.
 - Avoid contact with sick people, especially if they have a fever, cough or have difficulty breathing.
 - Be aware of the situation in the destination country and respect the public health advisories of local authorities; in some areas it may be difficult to access health care.



Travellers are also reminded to take the usual precautions to protect their health, including frequent hand washing, avoiding contact with sick people, and observing good hygiene practices when coughing or sneezing. Canadians who get sick when they return home should always tell their health care professionals where they have travelled.

Self-isolation

- The health and safety of all Canadians, both those coming from the affected area in China and those in Canada, is our top priority.
- This is a critical time, with global efforts being made to contain the outbreak in China and to prevent its spread.
- As a precautionary measure, we will continue to modify our travel advisories based on the latest scientific information as research and data collection regarding the novel coronavirus continue.
- Travellers arriving in Canada from Hubei province continue to be at increased risk of infection with the novel coronavirus.
- If you have travelled in Hubei province within the last 14 days, limit your contact with other people for 14 days after leaving Hubei. This means isolation: stay at home. **In addition, contact the local public health authority in your province or territory within 24 hours of your arrival in Canada.**
- **All travellers coming from Mainland China are advised to monitor themselves for symptoms and contact their local provincial or territorial public health authority if they feel ill.**
- We have seen preliminary data indicating that the novel coronavirus can cause a variety of symptoms ranging from mild to severe. Some people may not recognize the onset of symptoms because they are similar to those of a cold or flu.
- You can help prevent any potential spread by limiting your contact with others for 14 days.
- To limit your contact with other people, you can:
 - stay home;
 - avoid people with chronic diseases, people with weakened immune systems and the elderly;
 - refrain from having visitors in your home;
 - refrain from going to social gatherings, work, school, daycare, health care facilities or seniors' residences;
 - use public transit as little as possible;
 - wash your hands frequently with warm water and soap for at least 20 seconds; and
 - cover your mouth and nose with your arm when you cough or sneeze.



- If you or someone you know develops a fever, cough or has difficulty breathing within 14 days of visiting Hubei province, it is important to call a health care professional in advance and tell them about your symptoms and travel history.

Deployments in Japan

- The Public Health Agency of Canada (PHAC) is mobilizing three experts to provide support to Global Affairs Canada in order to assist Canadians quarantined in Japan, whether on board the cruise ship *Diamond Princess* or hospitalized in a quarantine facility on land, as well as Canadians currently in hospital and undergoing treatment.
- This includes a senior medical advisor with extensive expertise in public health and emergency management who:
 - will work with local authorities and other international teams assisting Canadians aboard the cruise ship;
 - will oversee the quarantine measures taken in the event that Canadian passengers leave the ship for transfer to land-based quarantine facilities; and
 - will serve as a liaison to provide up-to-date information on Canadian cases currently hospitalized in Japan.
- PHAC is also sending a public health emergency management specialist to assist Canadians in quarantine, and an epidemiologist to analyze the data to inform public health decision making.

MS Westerdam cruise ship

- Ensuring the health and safety of Canadians—both abroad and at home—is our top priority.
- Canadian officials are in contact with Canadian citizens who were on board the *MS Westerdam* and have offered consular assistance.
- Canadian passengers aboard the *MS Westerdam* have been identified and will be screened upon arrival at a Canadian port of entry.
- As a precautionary measure, passengers identified as having been on board the *MS Westerdam* will undergo extensive testing and will receive information about the virus upon arrival in Canada. These passengers will be asked to isolate themselves for 14 days and to report to local public health authorities within 24 hours of their return for screening for COVID-19 symptoms.
- These passengers will also be asked to complete a form indicating where they reside in Canada so that local public health authorities can contact 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 are working together to determine who will be contacted by PHAC officials.
- We have several systems in place to prepare for, detect and prevent the spread of serious infectious diseases such as COVID-19.
- Travellers are also reminded to take the usual precautions to protect their health, including frequent hand washing, avoiding contact with sick people, and observing good hygiene practices when coughing or sneezing.
- Canadians who get sick when they return home should always tell their health care professionals where they have travelled.



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CHECKING THE HEALTH STATUS OF CANADIANS REPATRIATED 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 declare a public health emergency regarding the novel coronavirus outbreak as the United States has done?

No. Based on the scientific and other information currently available, Canada will not declare a public health emergency for this virus. We cannot speculate on the United States' decision-making process that has led to new restrictions on travellers.

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

Most cases of the novel coronavirus have occurred in the affected areas of China. As of February 17, 2020, there were only eight (8) cases detected in Canada. In addition, travel from



China has decreased due to border exit checks imposed by the Chinese government in its efforts to contain the outbreak. For these reasons, and in the absence of active spread of the novel coronavirus in Canada, the risk remains low.

While some jurisdictions have legislation in place that allows them to declare a public health emergency and thus have access to additional powers and authorities, such as new funding, travel restrictions and streamlined decision making, in Canada, legislation is not required at the federal level to access such 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) activated the Health Portfolio Operations Centre (HPOC) to ensure effective planning and coordination of the Agency's response efforts, in collaboration with international, federal, provincial and territorial partners. Public Safety Canada has activated the Government of Canada Operations Centre to coordinate activities across federal departments and agencies.
- 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** in Canada to help identify any travellers returning to Canada who may be ill, and to raise awareness among travellers about what they should do if they become sick.

Moreover, 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 in all Canadian hospitals; and
- public health laboratory capacity that is well equipped to rapidly detect serious infectious diseases.

Q2. Is Canada working with the United States?

We are in contact with our partners at the U.S. Centers for Disease Control and Prevention (CDC) and are constantly assessing the situation.

Our public health and health care systems are on alert and will identify and respond to potential cases. We are prepared to deal with any case of virus infection that may occur in Canada.



TESTING AND CASE CONFIRMATION

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

On Friday, January 31, Ontario confirmed the third case of novel coronavirus in the province. I

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

In the third case, Ontario did not detect the novel coronavirus in the initial testing of its sample. The sample was confirmed positive during further testing and analysis by the NML and through additional testing in Ontario.

For those being tested for the novel coronavirus in Canada, samples are sent directly to the NML by provincial or territorial public health laboratories. Several provincial public health laboratories have also developed tests in cooperation with the NML, as laboratories are working together to ensure that testing capacity exists across Canada. In cases where provincial and NML test results are available, these results are jointly interpreted to confirm or rule out cases of the novel coronavirus.

This is another example of Canada’s public health system at work, with Canada having access to a reference laboratory such as the NML to conduct further testing and ensure the accuracy of laboratory test results 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?

Several provincial public health laboratories have implemented testing for the novel coronavirus in cooperation with the NML. Laboratories are working together to ensure that testing capacity for this novel coronavirus exists across Canada.

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

Q5. Should Canadians be concerned about the accuracy of laboratory testing in Canada for the novel coronavirus?

Canadians can have confidence in the methods and capabilities of Canada’s National Microbiology Laboratory.

The NML is world renowned for its scientific excellence.



Several provincial public health laboratories can now test for the novel coronavirus with a very high degree of accuracy. Their results are then further tested at the NML, because this is a previously unknown virus and it is good practice to perform additional testing to confirm the initial laboratory results.

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

The NML is working closely with provincial and territorial public health laboratories and ensuring that individuals suspected of being infected by **COVID-19** have their case confirmed or ruled out by laboratory analysis.

Provincial and territorial laboratories can test with very high accuracy, but their results need to be further tested because we are dealing with a previously unknown virus and it is standard practice to use additional testing for confirmation. Confirmatory analyses of cases from **COVID-19** are being conducted at the NML in Winnipeg.

This laboratory uses a variety of methods to confirm cases.

Follow-up results from the NML are generally available within 24 hours of the Laboratory receiving samples.

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

The National Microbiology Laboratory (NML) works closely with provincial and territorial public health laboratories to confirm or rule out **COVID-19** cases through laboratory analysis. Thanks to this collaboration, many provincial and territorial public health laboratories now have access to a highly accurate test for the novel coronavirus. The results are sent to the NML, which performs further analysis to confirm the laboratories' initial findings. To date, only cases in British Columbia and Ontario have been confirmed, which demonstrates the ability of these provinces to detect the novel coronavirus using this test.

For those being monitored for the novel coronavirus in Canada, provincial and territorial public health laboratories send samples directly to the NML. The NML conducts additional testing, because this is a previously unknown virus and it is good practice to conduct additional testing to confirm the initial laboratory results. In cases where test results from both provincial or territorial laboratories and the NML are available, the results are considered together to confirm or rule out infection with the novel coronavirus.

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

- China has changed only how cases are diagnosed and reported in Hubei province. This change applies not only to cases identified at the present time but also to all cases



identified since the beginning of the outbreak.

- In addition to the case definition that includes clinical symptoms and laboratory confirmation, Hubei province now includes clinical cases that have not been confirmed by a laboratory. A clinical case presents with symptoms (i.e. fever, cough and difficulty breathing) and evidence of lung infection supported by CT scans that indicate lung infections.
- Other parts of China continue to require a positive laboratory test for case confirmation. The same applies to cases that need to be confirmed elsewhere in the world.

Q9. Will Canada change its criteria?

The WHO continues to recommend that regions of China outside Hubei province and the rest of the world require cases to be confirmed by laboratory testing.

The Public Health Agency of Canada is confident that the current approach to detecting cases of disease caused by the novel coronavirus is effective.

In Canada, a confirmed case is currently a person whose illness has been corroborated by laboratory tests. These tests are requested when a person has known symptoms (i.e. fever, cough, difficulty breathing) and, in the 14 days preceding the illness, has:

- travelled to an affected area;
- been in close contact with a case; and
- been in close contact with a person with acute respiratory illness who has travelled to an affected area in the 14 days preceding their illness.

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

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

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

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

NML's RESPONSE TO THE OUTBREAK

Q11. How is the Public Health Agency of Canada's (PHAC) National Microbiology Laboratory (NML) responding to the current COVID-19 outbreak? Have more resources been required to manage the additional workload?



The response of the Public Health Agency of Canada's (PHAC) National Microbiology Laboratory (NML) to the current **COVID-19** (novel coronavirus) outbreak is a community-wide effort, directly involving more than 75 employees at this time. Virtually all NML staff are trained in emergency response, and all employees are able to contribute through their various areas of expertise.

The Influenza and Respiratory Virus Section leads laboratory diagnostic efforts, including designing and implementing testing approaches. The team receives direct support from Science Technology Cores and Services, which leads genetic sequencing, and the Canadian Public Health Laboratory Network (CPHLN) Secretariat, which directs collaboration with the provinces and territories. NML scientists with extensive scientific expertise in virology and approaches to emerging pathogens are now developing research plans to isolate the virus, develop animal models, and conduct collaborative vaccine research and development studies. Scientists also provide expertise in knowledge synthesis and disease modelling.

The NML Emergency Operations Centre (EOC) has also been activated. The EOC brings together experts from all disciplines and sectors of the NML, including administration, logistics, communications, IT, emergency response and operations.

Scientists from the NML are also on site at Canadian Forces Base Trenton to test all passengers with symptoms who were on the charter flight from Wuhan, China.

The NML is incredibly proud of its contribution to the outbreak response.

ROLE OF GPHIN IN SURVEILLANCE

Q12. During virus outbreaks, what data does the Global Public Health Intelligence Network (GPHIN) collect and use for alerts and what languages are the data shared in?

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

GPHIN users include non-governmental agencies and organizations, as well as government authorities around the world that conduct public health surveillance. GPHIN is a significant contributor to the World Health Organization's Epidemic Intelligence from Open Sources initiative.

Every day, about 7,000 articles are captured in the GPHIN system. The web-based application in the GPHIN system continuously scans and acquires new sources of information worldwide in nine (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 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 data are in the GPHIN system, they are processed, validated and assessed.

Q13. When were the first data on the coronavirus outbreak collected and from where?

On December 31, 2019, at 5:16 a.m. EST, an article entitled “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 and to whom did GPHIN issue an alert about the coronavirus outbreak?

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

International Events of Interest

China – China probes mystery pneumonia outbreak amid SARS fears (media)

Authorities are investigating an outbreak of viral pneumonia in mainland China while online speculation suggests it may be related to SARS, the flu virus that caused the deaths of hundreds of people 10 years ago. According to a statement from the Wuhan Municipal Health Commission in Hubei province, twenty-seven (27) cases of viral pneumonia of unknown origin have been reported. Seven patients were in critical condition.

Q15. How does the selection or analysis of GPHIN data differ from the approaches advocated by ProMED, HealthMap and commercial vendors like BlueDot?

GPHIN consists of two essential components:

- A professional, multidisciplinary team of scientific analysts who review information in nine (9) languages and conduct rapid risk assessments to detect public health threats;
- 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 that conduct public health surveillance.



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

HealthMap’s content is assembled from freely available information (including ProMED) and is processed automatically by machine learning algorithms. Unlike GPHIN, the published information is not subject to human assessment, which could affect the system’s performance.

BlueDot is a private company for which you need to pay a subscription fee to access 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 identify potential threats and provide early warning.

VIRUS TRANSMISSION

Q16. Can the 2019 novel coronavirus (COVID-19) be transmitted even when a person has no symptoms?

Studies are under way to answer this question.

While experts believe that the virus could spread via an asymptomatic (symptom-free) person, we also believe that this is rare.

What we know for sure is that the virus is most often spread through close contact with an infected person with symptoms (symptomatic cases).

According to the most recent data, symptomatic cases are the main factor in the COVID-19 outbreak.

Therefore, the priority for containing the novel coronavirus is to prevent exposure through direct and close contact.

The most effective way to limit this type of spread is to adopt good hygiene measures in communities (hand washing, respiratory hygiene and staying home when sick) and strict infection prevention and control measures in health facilities, including hospitals.

Here are some tips to stay healthy and prevent the spread of infection:

- Wash your hands frequently with water and soap for at least 20 seconds;
- Avoid touching your eyes, nose or mouth without first washing your hands;
- Avoid close contact with sick people;
- Cough or sneeze into the bend of the arm and not into the hands;
- Stay home if you are sick to avoid infecting other people.



Q17. Are Canadians at risk of contracting the novel coronavirus if they touch a surface that may be contaminated?

In general, coronaviruses have a poor ability to survive on surfaces and are usually spread by respiratory droplets from coughing or sneezing.

In the case of the novel coronavirus, researchers are actively pursuing their research to learn more about how the virus is spread.

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

- avoid touching your eyes, nose and mouth with your hands;
- consistently use good hand hygiene measures, which include washing your hands frequently with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer when soap and water are not available.
- practise good respiratory etiquette, such as covering your mouth and nose with your arm or sleeve when coughing or sneezing, disposing of used tissues as soon as possible, and washing your hands immediately after coughing or sneezing with soap or an alcohol-based hand sanitizer when soap and water are not available; and
- frequently clean and disinfect high-touch surfaces, such as toilets, bedside tables, doorknobs, telephones and TV remotes, with regular household cleaners or diluted bleach (one part bleach to nine parts water).

Q18. Can a person become infected with the novel coronavirus by touching surfaces at airports, such as Canada Border Services Agency screens, that may have been touched by people who are sick with or carriers of the coronavirus?

In general, coronaviruses have a poor ability to survive on surfaces and are usually spread by respiratory droplets that are coughed on or sneezed on.

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

Q19. Are touchscreen kiosks and other surfaces in common airport areas frequently cleaned and disinfected?

Touchscreen kiosks and other common areas are cleaned regularly throughout the day. The best way to prevent illness after touching a common surface that may be contaminated with a virus is to avoid touching your eyes, mouth or nose until you can wash your hands with soap and water for at least 20 seconds, or use an alcohol-based hand sanitizer if soap and water are not available. Individual airport authorities are responsible for maintaining and cleaning common areas and kiosks.



Several times a day, the Canada Border Services Agency (CBSA) uses a specialized cleaning solution to disinfect traveller screening areas such as the CBSA customs hall and the Public Health Agency of Canada assessment rooms.

Q20. Can Canadians become infected with the novel coronavirus if they receive a package or products from China?

There is no proven risk of coronavirus entering Canada through packages or parcels from affected regions in China.

Although there are many factors still unknown about the 2019 novel coronavirus (COVID-19) and how it is spreading, we can use the information we have on two other coronaviruses (SARS and MERS) to guide us.

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

Studies on the SARS coronavirus indicate that the virus does not survive on dry surfaces like paper. Coronaviruses are generally considered to be spread by respiratory droplets.

Currently, there is no evidence that **COVID-19** can be spread through imported goods.

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

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

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

Only certain meat products are allowed to be imported into Canada from China. These are cooked meat products from establishments that have been certified and approved by the Canadian Food Inspection Agency (CFIA).

As a general rule, consumers should apply safe food handling techniques and avoid consuming raw or undercooked animal products. Raw meat, milk, and animal organs should be handled with care to avoid cross-contamination with uncooked food.

If the CFIA is made aware of any potential food safety risks affecting Canadians, it will act to ensure the safety of the Canadian food supply.

Q22. What is the latest information on the potential for the novel coronavirus (2019-nCoV) to spread through food or water?

- Currently, there is no evidence that the 2019 novel coronavirus is spread through food or water.



- Current data suggest that the 2019 novel coronavirus is most often transmitted by an infected person through:
 - a. the respiratory droplets generated when they cough or sneeze;
 - b. close personal contact such as touching or shaking hands; and
 - c. touching a virus-contaminated surface and then touching the mouth, nose or eyes before hand washing.
- Coronaviruses are part of a large family of viruses, some of which cause disease in humans while circulating among animals including camels, cats and bats.
- The 2019 novel coronavirus is not recognized as a foodborne pathogenic virus.

PASSENGER ADVISORIES AND CONTACT TRACING

Q23. Have passengers on the same flight as confirmed COVID-19 patients been notified?

The Public Health Agency of Canada supports local public health authorities in following up with people who may have been exposed during the flight.

At this time, we consider that passengers who were seated within two metres of the case and the crew who served the case are likely to have been exposed.

As part of follow-up, we provide these individuals with information on self-monitoring symptoms and what to do if they begin to experience symptoms.

This information is also available at Canada.ca/coronavirus. A new toll-free telephone number (1-833-784-4397) has been set up to answer Canadians' questions about the 2019 novel coronavirus. The service is available from 7 a.m. to midnight.

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

Be sure to inform health services of any recent travel before contacting health professionals so that appropriate protocols can be adopted as a precaution.

Q24. Should every passenger on these flights consult a doctor or other health care professional for testing for the virus in case they are infected?

No, there is no need to consult a health care professional if you have no symptoms. Instead, in-flight travellers should monitor their own symptoms, including fever, cough and difficulty breathing. If they become symptomatic, they should avoid contact with others and seek medical attention.

Please note that accessing health services without any signs of illness can affect the availability of those same services for sick people in need of treatment.



For more information on symptoms and treatment, visit Canada.ca/coronavirus.

ADDITIONAL BORDER CONTROL MEASURES

Q25. There were reports that no border control measures were in place at Toronto Pearson International Airport when the first identified case entered Canada. Can you confirm whether measures were in place when the person arrived?

The Canada Border Services Agency (CBSA) confirmed that, when the traveller passed through Toronto Pearson International Airport, additional measures (messages and a new screening question on the electronic kiosks, as well as the information document given to passengers) were in place.

While we do not have specific details about the symptoms the individual had upon arrival, we do know that his family followed the guidelines in the document to appropriately notify public health officials when he became ill.

Q26. Have additional screening measures been put in place at all airports?

On January 22, 2020, additional screening measures were implemented at the Vancouver, Toronto and Montreal international airports. Since February 2020, additional measures have also been in place at the following airports:

- Calgary International Airport;
- Edmonton International Airport;
- Winnipeg International Airport;
- Billy Bishop Toronto City Airport;
- Ottawa International Airport;
- Quebec City International Airport; and,
- Halifax International Airport.

Since February 9, 2020, enhanced screening measures have been in place at all international airports in Canada. This process has been put in place to ensure screening of all travellers who recently travelled to Hubei province and those arriving from other international destinations on connecting flights.

PHAC and CBSA have worked together to implement additional screening measures at these airports to identify travellers who may be symptomatic upon arrival, but more importantly, to provide accurate reference material 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 serious infectious diseases in Canada.



We also know that China has taken exceptional measures, including exit screening measures, and has cancelled all flights and transportation from Wuhan and other affected cities.

The World Health Organization (WHO) is mobilized and closely monitoring the situation. Based on currently available information on the coronavirus, The WHO advises that measures should be taken to limit the risk of exporting or importing the disease without imposing unnecessary restrictions on international travel.

Q28. What can travellers expect when they arrive at airports with additional screening measures in place?

New measures are in effect at **all international airports in Canada** to help identify travellers returning to Canada who may be ill and to advise travellers on what to do if they become ill.

Travellers passing through these airports will see additional signs in English, French and Chinese asking them to inform a border services officer if they have flu-like symptoms. Additional information is provided to travellers on what to do if they become ill.

All international travellers at these airports must answer a screening question that has been added to the electronic kiosks. This question is displayed in 15 different languages.

In general, when a traveller presents signs and symptoms of an infectious disease upon arrival in Canada, border services officers or airport and airline personnel contact a Public Health Agency of Canada (PHAC) quarantine officer after screening the traveller based on the criteria developed by PHAC (e.g. fever or signs of fever, cough, difficulty breathing, rash). Travellers with symptoms are placed in an area of the airport designated for this purpose or in an isolation room.

The PHAC quarantine officer then conducts a more in-depth assessment. If deemed necessary, the quarantine officer may then take additional measures to address the potential public health risk, including ordering the traveller to be transported to hospital for a medical examination or reporting them to the local public health authority.

Travellers with no signs or symptoms of illness will be issued a document advising them to contact a health professional if symptoms appear and to provide details regarding their symptoms, travel history, and any history of high-risk exposure (such as contact with animals or close contact with a sick person).

These measures supplement the standard passenger screening procedures already in place to prevent, prepare for, and respond to the spread of serious infectious diseases in Canada.

If pressed on the use of thermal analyzers:

It is important to note that during the Severe Acute Respiratory Syndrome (SARS) outbreak in 2003, more than 6.5 million screening operations were conducted at Canadian airports on inbound and outbound travellers. Of these, 2.3 million travellers



were screened using thermal analyzers. Despite this intensive screening effort, no SARS cases were detected using these methods.

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

To prevent the introduction and spread of communicable diseases that pose a significant threat to public health in Canada, the Public Health Agency of Canada (PHAC) works with its border partners, such as the Canada Border Services Agency (CBSA), to enforce the *Quarantine Act* at all points of entry into Canada at all times. Travellers entering Canada who have been to Hubei province, China, in the previous 14 days (i.e. answered YES to the screening question) are referred to a CBSA officer who then asks them if they feel sick or unwell and, if so, asks them additional questions about their symptoms (e.g. whether they have a fever, cough or difficulty breathing). If the traveller shows signs and symptoms of illness, CBSA officers or airline and airport staff contact a PHAC quarantine officer available to them 24 hours a day, 7 days a week.

The PHAC quarantine officer then conducts a more detailed assessment by asking questions about the traveller's symptoms and confirming information about their travel history and potential for high-risk exposure, such as contact with animals or close contact with a sick person. If deemed necessary, the quarantine officer may then take appropriate action to address a potential public health risk (e.g. order the traveller to be transported to a hospital for a medical examination or require the traveller to report to local public health authorities).

PHAC has increased the number of public health officers at major airports to join the team of border services officers who are also designated as screening officers under the *Quarantine Act*. In addition, trained quarantine officers with experience in screening and assessing ill travellers are also available during business hours or upon arrival of flights from China. The number of employees at each airport is adjusted to meet the increasing number of traveller assessments required. PHAC employees also act as contact people for CBSA officers and airline and airport personnel, facilitate communication, and coordinate response activities with partners.

Q30. Why are border and health screening measures in Canada focused on travellers to and from Hubei province and not all of China?

Border and health screening measures in Canada are based on the most recent information, which indicates that the vast majority of cases detected in China occurred in Hubei province and that a large proportion of exported cases were due to travel to that province.

The situation is changing rapidly. As new information becomes available, Canada will update its border and health screening measures accordingly. If evidence indicates sustained person-to-person transmission in other parts of China, screening measures may be revised to include other affected areas.

Q31. Why does the Canadian public health advisory recommend avoiding non-essential travel to China (not just Hubei province) when the WHO does not recommend travel or trade restrictions?



The WHO advises that measures should be taken to limit the risk of exporting or importing the disease without imposing unnecessary restrictions on international travel such as closing borders, denying visas or quarantining healthy travellers. Therefore, Canada has not adopted such restrictive measures.

In addition, the Government of China has implemented exceptional measures, including movement restrictions within and between affected cities, to contain the outbreak in China. Health services in the affected areas are in high demand and access to timely and appropriate care for Canadian travellers who become ill in China may be limited. In addition, older adults and people with weakened immune systems or underlying health problems are considered to be at greater risk of serious illness.

Avoiding non-essential travel to China during the outbreak is one way to limit the importation of the novel coronavirus into Canada and protect the health of Canadians abroad.

Q32. What about people arriving in Canada via other airports? What about land border crossings?

Canada has a number of standardized border measures in place at all border crossings to mitigate the potential risk of introducing and spreading communicable diseases in Canada.

These measures include access to a PHAC quarantine officer 24 hours a day, 7 days a week, from any point of entry into Canada. If a Canada Border Services Agency officer believes that a traveller is experiencing symptoms of concern (e.g. fever and cough or difficulty breathing), the officer may contact a quarantine officer who will then assess the ill traveller. The quarantine officer may order the traveller to undergo a medical examination if they deem it necessary.

Q33. Do airlines have a role to play in preventing the spread of infectious diseases?

Airlines are important partners in mitigating the potential risk of entry and spread of communicable diseases. They are encouraged to notify the Public Health Agency of Canada (PHAC) if there are ill passengers on board prior to their arrival in Canada in order to allow PHAC to put in place appropriate measures for ill passengers before the aircraft lands. PHAC has contacted major airlines to remind them of their obligations under the *Quarantine Act*.

Q34. What about the Canadians who were on the cruise ship and have not yet left Cambodia? Will people who have not yet boarded a plane bound for Canada be allowed to travel?

All Canadian passengers still in Cambodia are currently being assessed by local public health authorities. This is a constantly evolving situation. The Government of Canada is in contact with Cambodian authorities and is actively monitoring the situation. We will inform you of any new information to you as soon as it becomes available.

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



Investigations are under way to obtain this information.

Q36. Why were the passengers on the *Westerdam* allowed to disembark from the ship and continue their journey?

Throughout the voyage, there was no indication of contamination by COVID-19 among passengers or crew. Passengers who disembarked from the *Westerdam* were screened for symptoms and their temperatures were checked before they left the vessel. Passports were also checked to ensure that none of the passengers had travelled to Mainland China in the last 14 days.

Q37. Are steps being taken to determine whether passengers on board the *Westerdam* could have been in contact with the person who tested positive for COVID-19, or with a person suspected of having been affected?

It is difficult to identify passengers who may have been in direct contact with the person who tested positive for COVID-19.

Canadian officials contacted and offered consular services to all Canadians aboard the *Westerdam*. They were also advised to monitor themselves for symptoms of COVID-19, such as fever, coughing and breathing difficulties, among others.

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

For more information on symptoms and treatment, visit Canada.ca/coronavirus.

Q38. Should Canadians avoid travel on cruise ships?

This is a constantly evolving situation. The Public Health Agency of Canada is actively monitoring the emerging coronavirus situation. We will provide Canadians with up-to-date, evidence-based information as it becomes available.

At this time, we do not advise against travel on cruise ships.

The following are the most important precautions recommended to travellers in order to prevent respiratory and other illnesses during their trip:

- Wash your hands frequently with soap and water for at least 20 seconds;
- Use an alcohol-based hand sanitizer only if soap and water are not available—it is a good idea to carry some with you when you travel;
- To eat and drink safely abroad, avoid raw or undercooked food and meat;
- Avoid high-risk areas such as farms and live animal markets, including areas where animal slaughter takes place;
- Avoid close contact with people who may be sick, especially if they are having difficulty breathing or have a fever or cough.



Wherever 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 for travel information. This site provides important advice to help travellers make informed decisions and travel safely abroad.

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

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

CLIA members must deny boarding to all people who:

- have travelled to, from or transited through airports in China, including Hong Kong and Macau, within 14 days of the boarding time;
- have had close contact with a person suspected of having COVID-19 or who tested positive for COVID-19, or helped the person take care of themselves, within the 14 days prior to boarding; or
- are currently undergoing 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/en/public-health/services/diseases/2019-novel-coronavirus-infection.html) 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. Teresa Tam, on Twitter. A new toll-free telephone number (1-833-784-4397) has been set up to answer Canadians' questions about the 2019 novel coronavirus. The service is available from 7 a.m. to midnight EST.

MISINFORMATION AND RUMOUR MANAGEMENT

Q39. What is being done to counter the misinformation circulating on social networks?

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

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

Canadians can avoid fuelling fear and spreading misinformation by ensuring that the news they consume comes from trusted sources, such as:

- The [Canada.ca/coronavirus](https://www.canada.ca/coronavirus) website, which is updated regularly;



- The new toll-free telephone line (1-888-784-4397) set up to answer questions about the 2019 novel coronavirus. The service is available from 7 a.m. to midnight.
- Government of Canada Twitter, Facebook and LinkedIn accounts.

The Chief Public Health Officer of Canada holds regular technical briefings for the media (including the ethno-cultural press) to provide current, factual information and conduct ongoing stakeholder engagement and information exchange activities.

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

To raise awareness among travellers returning from affected areas, new messages are being aired on screens at the Toronto, Montreal and Vancouver international airports advising travellers to inform a border services officer if they are experiencing flu-like symptoms. Information documents are provided to returning travellers (in English, French and Chinese).

Q40. Where can Canadians find the latest information on this coronavirus?

For the latest information, visit Canada.ca/coronavirus. You can also follow Canada's Chief Public Health Officer, Dr. Teresa Tam, on Twitter (@CPHO_Canada).

A new toll-free telephone number (1-833-784-4397) has been set up to answer Canadians' questions about the 2019 novel coronavirus. The service is available from 7 a.m. to midnight.

Canadians travelling abroad are encouraged to consult the travel health advice for China at travel.gc.ca.

PREVENTION, SYMPTOMS AND TREATMENT

Q41. How can I protect myself against this virus?

Here are some tips to stay healthy and prevent the spread of infection:

- Wash your hands frequently with water and soap for at least 20 seconds;
- Avoid touching your eyes, nose or mouth without first washing your hands.
- Avoid close contact with sick people;
- Cough or sneeze into the bend of the arm and not into the hands;
- Stay home if you are sick to avoid infecting other people.

Q42. How are infected people treated?

At this time, there are no medications or drugs available to treat people with a novel coronavirus infection. Researchers are examining the effectiveness of existing antiviral treatments.



The World Health Organization has provided health professionals with guidance, including recommendations for early-onset treatment, symptom management and prevention of complications.

The novel coronavirus causes mild to severe symptoms depending on the individual. Therefore, for the 14 days following the day you leave Mainland China, you should monitor for symptoms associated with the novel coronavirus. If you develop a fever, cough or have difficulty breathing, contact your health care provider or local public health authority to inform them of your symptoms. This person will tell you how to proceed.

Q43. Do you recommend that travellers wear a mask when visiting China or quarantined cities in the country, such as Wuhan?

Canadians travelling abroad are encouraged to consult the travel health advice for China at travel.gc.ca.

No. It is not recommended that healthy travellers wear masks when travelling to China or to quarantined cities within the country. The following are the most important precautions recommended to travellers in order to prevent respiratory and other illnesses during their trip:

- Avoid high-risk areas (such as farms, live animal markets and areas where places slaughter animals);
- Avoid contact with animals, their excrement or secretions;
- Avoid touching your face or eyes;
- Systematically practise good hygiene by frequent hand washing with soap and water;
- Practise good respiratory etiquette, such as covering your mouth and nose with your arm or sleeve when coughing or sneezing, disposing of used tissues as soon as possible, and, after you cough or sneeze, washing your hands immediately with soap or an alcohol-based hand sanitizer when soap and water are not available.

For travellers who become ill while travelling or shortly afterward, wearing a mask may be indicated to prevent the spread of the disease to others. In particular, symptomatic patients are advised to wear masks during triage and in health care facilities while waiting or during treatment periods to protect visitors and other patients.

Travellers who become ill, whether travelling or returning home, should report their symptoms, travel history and any high-risk exposures (such as contact with animals or close contact with a sick person) to their health care provider.

Q44. Should people in Canada wear masks to protect themselves from this virus?

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

However, if you feel the symptoms of an airborne disease, wearing a mask can help prevent you from infecting others. The mask is like a barrier that prevents you from spreading the droplets you project when you sneeze or cough. Your health care provider may recommend that you wear a mask while seeking out or waiting for care. In this case, the mask is an appropriate



infection prevention and control measure put in place to ensure that people with an infectious respiratory disease do not transmit the infection to others.

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

If you wear a mask, be sure to do the following:

- Adequately cover your mouth and nose;
- Avoid touching the mask while it is in place;
- Properly dispose of the mask after use;
- Wash your hands after removing the mask.

It is not recommended that healthy people and people who have not travelled to an area affected by **COVID-19** (such as Hubei Province and Mainland China) wear a mask. Wearing a mask when you are not sick and not likely to have symptoms can give people a false sense of security. Masks can easily become contaminated and must be changed frequently and adjusted to provide adequate protection.

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

- Wash your hands often with soap and water for at least 20 seconds;
- Avoid touching your eyes, nose or mouth without washing your hands first;
- Avoid close contact with people who are sick;
- Cough or sneeze into your sleeve and not into your hands;
- If you are sick, stay home to avoid infecting others.

Q45. The WHO has declared a global shortage of personal protective equipment, including masks. Did Canada send such equipment to China? Does Canada have enough to provide for the Canadian public? [Note: expedition 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 outbreak of the novel coronavirus in that country.

The equipment consisted of protective clothing, face masks, respirators, goggles and gloves, and was provided in cooperation with the Canadian Red Cross and the Chinese Red Cross.

Sending additional PPE to China to support response measures has not diminished Canada's stockpile of items on the list of potential shortages.

Q46. Are there any natural health products, including traditional Chinese medicines, Ayurvedic remedies and homeopathic products, that can be used to treat or protect against this virus?

No natural health products have been approved to treat or protect against COVID-19. This includes traditional Chinese medicines, Ayurvedic remedies and homeopathic products.



Q47. What is a coronavirus?

China has determined that a novel coronavirus (referred to as COVID-19) is responsible for the pneumonia outbreak in Wuhan. Chinese authorities and authorities elsewhere in the world are conducting further investigations to better understand the origin of the virus, how it spreads and the clinical severity of the diseases it causes in humans.

Coronaviruses are a large family of viruses. They can cause illnesses ranging from the common cold to more serious illnesses, such as Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS-CoV). Some of these viruses are easily transmitted from person to person, but not all.

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

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

We know that the 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 human and avian influenza viruses, adenovirus and other common respiratory pathogens.

We also know that the symptoms reported in the cases of COVID-19 so far are common to several respiratory diseases. Clinical signs and symptoms are mainly fever, difficulty breathing in some patients and chest X-rays showing invasive lesions (pneumonia) in both lungs.

Although many of the characteristics of the novel coronavirus remain unknown, confirmed cases of disease ranging from mild to severe have been reported. Until more is known about the virus, the elderly and people with weakened immune systems or underlying health problems are at greater risk of serious illness.

VACCINE

Q49. Is there a vaccine that protects humans against coronaviruses? If no vaccines are currently approved, are any vaccines being developed or tested?

Currently, no vaccines that protect humans against coronaviruses have been approved.

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

The Public Health Agency of Canada and the Canadian Institutes of Health Research, in consultation with international partners, including the WHO and the Global Research



Collaboration for Infectious Disease Preparedness, are assessing how scientists at our National Microbiology Laboratory, along with Canada's research community, will participate in 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 illnesses, from the common cold to Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS-CoV). The challenge in developing a vaccine that protects against coronaviruses is that infection with human coronaviruses does not provide sustained immunity, meaning that a person can be re-infected after recovering from an initial infection.

While developing a vaccine that provides long-term immunity remains problematic, it may be possible to develop a vaccine that can provide short-term protection (similar to a pandemic influenza vaccine) to respond to a novel coronavirus outbreak.

It could take years for researchers to develop a vaccine against a particular coronavirus.

For example, there is currently no approved vaccine or specific treatment for the Middle East Respiratory Syndrome Coronavirus (MERS-CoV), a specific coronavirus first identified in 2012. We know that work is being done elsewhere to better understand how to prevent MERS-CoV infections and to develop a vaccine for this virus. This includes vaccine development efforts coordinated by the WHO and the Coalition for Epidemic Preparedness (CEPI).

EMPLOYEE SAFETY

Q51. What is Health Canada doing to ensure that federal employees take appropriate precautions?

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

In accordance with standard protocols for such situations, the PSOHP has issued a General Occupational Health Advisory to departments and agencies that provides guidance on the novel coronavirus and recommended precautions for employees, such as washing your hands often, following cough and sneeze hygiene rules, and monitoring yourself for symptoms.

The advice and information is based on science and the level of risk determined by the Public Health Agency of Canada and the World Health Organization.

In addition, given the diversity of federal workplaces, the PSOHP has developed additional guidance for specific workplaces. Priority was given to advising airport employees who deal with passengers. This included advice on the personal protective equipment to be used when searching baggage or escorting a passenger who is ill. Health Canada's occupational health



nurses also assisted our departmental partners by organizing information sessions for staff 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 the occupational health information they need.

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

SELF-ISOLATION

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

Canadian health authorities are receiving the latest data and scientific information on the novel coronavirus and are recommending that travellers to Hubei province limit their social contacts for 14 days after leaving the Hubei region. In addition, contact the local public health authority in your province or territory within 24 hours of your arrival in Canada.

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

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

Repatriated Canadians have been quarantined in Hubei province, which has 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 measure, those taking the special flight to Canada will remain at Canadian Forces Base Trenton for further assessment and observation of their health. The 14-day incubation period is the longest 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 reduce their contact with other people? How will people be followed up on to ensure they have followed these instructions?

We have found that, since the beginning of the outbreak and during previous outbreaks of infectious diseases (SARS and Ebola), travellers returning from affected areas have been following public health advice and often taking extra precautions.

Q55. What about people who recently came to Canada from Hubei province and did not receive this advice?

The risk in Canada remains low. Since the beginning of the outbreak, travellers returning from the affected area have been advised to monitor themselves and contact public health authorities in their area if symptoms develop. It is known that a person with symptoms can spread the virus and that it usually takes extended close contact, such as contact between members of a



household, 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 initial symptoms, which may be similar to a cold or flu.

Based on information about other coronavirus diseases, such as MERS and SARS, the incubation period for COVID-19 could be as long as 14 days. Therefore, we ask travellers to limit all contact for 14 days after leaving Hubei.

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

The advice remains the same. Travellers arriving from the affected area should take steps 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 encourage social distancing, such as teleworking.

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

The extraordinary measures taken by China, including exit screening, as well as the ban on flights and transport from the affected area, have significantly reduced the risk of exporting cases.

We are always working closely with international partners and the World Health Organization (WHO) to continually assess risks and to modify our prevention and control measures as needed. The WHO is currently advising against unnecessary restrictions on international travel.

The Government of Canada and the provinces and territories have put in place a variety of systems to prepare for, detect 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 other people upon arrival?

Currently, about 70 travellers a day arrive in Canada from Hubei province.



DISINFECTION AND SANITATION MEASURES FOR AIRLINES

Q60. Have instructions been given for decontamination of aircraft that have transported passengers from Wuhan to Canada (previous flights) or for people who showed symptoms of the virus during the flight?

As part of the Government of Canada's efforts to limit the spread of the novel coronavirus (COVID-19), the Public Health Agency of Canada (PHAC) has provided guidance on disinfection and sanitation measures to airlines operating direct flights from China.

In addition to routine cleaning measures, PHAC recommends that airlines thoroughly clean and disinfect frequently touched surfaces. During an outbreak, it is important to increase the frequency of routine cleaning and disinfection of these surfaces to help stop the spread of infection. The guidelines indicate what cleaning equipment and disinfectants are recommended, what surfaces are frequently touched, and how to proceed with cleaning and disinfection.

Moreover, if it is suspected that a passenger on board an aircraft is ill, PHAC will notify the airline so that, in addition to enhanced routine sanitation measures, the airline can thoroughly clean and disinfect the area within two metres of the passenger seat.

PANDEMIC CONTAINMENT

Q61. When and how will Canada move 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 with respect to the novel coronavirus (COVID-19) and is continually assessing the risks in order to adapt the Canadian response accordingly.

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

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

Although cases of the novel coronavirus have been reported in more than 25 countries and regions, more than 99% of cases have occurred in Mainland China, the majority of which are found in Hubei Province, where the epidemic began. Moreover, although the virus is transmitted from person to person and has spread through communities in affected areas in China, its spread is very limited, if not non-existent, in most of these other countries and regions.

Therefore, given that it is still possible to contain the epidemic within China, the international community, under the aegis of the World Health Organization (WHO), remains committed to carrying out the containment efforts.



China has taken extraordinary containment measures, including exit controls on travellers and the elimination of all transport (including air and land) from Wuhan, Hubei Province and certain other affected areas of Mainland China.

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

There are currently **eight (8)** confirmed cases of novel coronavirus in Canada: three (3) in Ontario and **five (5)** in British Columbia. As is the case in other countries (with the exception of Mainland China), the novel coronavirus is not spreading strongly and steadily in Canada.

If the situation changes, and there are signs of strong and steady spread of the novel coronavirus outside Mainland China, including an increase in the number of severe cases in countries outside the epicentre, the global response strategy will shift from current measures to contain the outbreak to a pandemic preparedness and response approach.

Therefore, if the novel coronavirus spreads strongly to countries around the world, Canada as a whole will need to redirect its efforts from what would become an unsustainable case-by-case public health response to broader pandemic control measures at the population level. These measures are for reducing the overall incidence of a nationwide spread of the novel coronavirus.

However, at the local level, provinces and territories or cities and communities in Canada where there is no widespread transmission or where there have not yet been cases can continue containment activities as long as possible before conducting a population-wide pandemic response. In places where there are very few cases, containment strategies can delay spread and buy time in order to increase public health measures in the population. However, once the disease becomes widespread in an area, these containment efforts cannot be sustained.

In addition, Canada's disease control measures would be continually adapted to reflect new knowledge about effective disease prevention and control measures in Canada.

The primary objective of moving to a population-wide pandemic response is to reduce the overall health and social impact on Canadians.

The federal, provincial and territorial pandemic preparedness and emergency response plans in place across the country provide a solid foundation for Canada to respond to a pandemic situation.

These pandemic preparedness and response measures include the following:

- Providing nationwide disease monitoring instead of the current monitoring of each imported case in order to follow and control the spread in the event of widespread transmission of the novel coronavirus;
- Implementing broad clinical and public health measures to delay outbreaks and mitigate their overall impact on the health of Canadians (reducing morbidity and mortality in Canada);
- Conducting special studies and monitoring disease severity to control severe cases and their consequences in high-risk populations;
- Accelerating research and development, including vaccines and treatments.



We are continuing to work closely with the WHO, the provinces, territories and the international community to monitor the situation, assess the risks and inform Canadians.