



EVERGREEN MEDIA LINES

2019 Novel Coronavirus (2019-nCoV) – 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 2019-nCoV) is responsible for cases of pneumonia in the Wuhan outbreak.

As of 1:00 p.m. (EST), February 13, the National Microbiology Laboratory (NML) has tested samples from 357 individuals and, to date, has confirmed seven positive cases: three in Ontario and four in B.C.

These media lines and 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 (2019-nCoV).
- Seven cases of 2019-nCoV have been confirmed in Canada since January 25, 2020.
- The risk of spread of this virus within Canada remains low at this time.
- Canada has multiple systems in place to prepare for, detect and respond to, and prevent the spread of novel coronavirus.
- The Public Health Agency of Canada and the Chief Public Health Officer are in close contact with the World Health Organization and other international partners, as well as with their provincial and territorial counterparts.
- A Special Advisory Committee of Canada's Chief Medical Officers of Health is in place to respond to 2019-nCoV. This Committee will focus its attention on coordination of federal, provincial and territorial preparedness and response 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.

On the risk within Canada



- The risk of spread of this virus within Canada remains low at this time.
- Confirmed cases of 2019-nCoV do not change the public health response to date, as all necessary protocols and measures are already activated and in place.
- At this time, it is unclear how easily this virus spreads from person to person.
- Canada has no direct flights from Wuhan and the volume of travellers arriving indirectly from Wuhan is low. China has also taken extraordinary measures including conducting exit screenings, and have closed all the flights and transportation from Wuhan and some other affected cities.
- We have multiple systems in place to prepare for, detect and respond to prevent the spread of infectious disease in Canada. We are confident in our capacity to rapidly detect and prevent further spread of 2019-nCoV in Canada.
- Public health risk is continually reassessed as new information becomes available.
- We will keep Canadians informed as the situation evolves.

On testing incidents under investigation

- Our top priority is the health and safety of Canadians.
- The Public Health Agency of Canada's National Microbiology Lab (NML) in Winnipeg is performing diagnostic testing for the novel coronavirus.
- The NML is working in close collaboration with provincial and territorial public health laboratories to ensure that persons under investigation for the novel coronavirus are confirmed or ruled out through laboratory testing.
- Multiple provincial public health laboratories can now test for the novel coronavirus with a very high degree of accuracy, and their results undergo additional testing at NML because this is a previously unknown virus and it is good practice to use additional tests to provide further confirmation of initial laboratory findings.
- Cases that are identified through provincial/territorial testing are managed from a public health and infection control perspective in the same manner as cases confirmed by the 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.

On border measures



- Protecting the health and safety of Canadians is our top priority.
- Canada has a number of standard border measures in place to mitigate the potential risk of introduction and spread of communicable diseases into Canada.
- In response to the novel coronavirus, PHAC has worked with the Canada Border Services Agency (CBSA) to put in place additional screening measures at 10 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 sick.
- New messaging in English, French and simplified Chinese has been put in place in airport arrival areas, advising passengers who have travelled to the province of Hubei to inform a Border Services Officer if they are experiencing flu-like symptoms.
- An additional screening question has been added to electronic kiosks for passengers to indicate if they have travelled to Hubei province, China. If they have, they will then be referred for health screening questions. This question is available in 15 different languages.
- A handout is distributed to travellers who are not showing symptoms of illness to provide them with information they can use to contact a local public health authority or their health care practitioner if they feel ill following their return.
- Those who are ill will be referred to a hospital for testing.
- The Public Health Agency of Canada has also increased its public health officer presence at Toronto, Montreal and Vancouver airports. These public health officers are supporting border service and quarantine officers in screening passengers, as well as providing information to travelers.
- 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 the flights and transportation from Wuhan and some other affected cities.

On repatriation of Canadians in China

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

On 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 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 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 coordinating 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 10 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 sick.
- 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. 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.

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 of the Emergency Committee and is calling on all countries to work together in the spirit of cooperation and solidarity, to assist countries with weaker health systems, and to accelerate research for the development of therapeutics and vaccines.
- Also acknowledged is the need for all countries to work together to combat misinformation, focusing on fact not fear, science not rumours and solidarity not stigma.
- The Government of Canada supports the WHO's recommendations to control the outbreak.
- Authorities, frontline health providers and the greater public across affected areas of China have taken extraordinary measures to contain and control the spread of the novel coronavirus.



- While the outbreak has now been declared a global public health emergency, the risk of spread within Canada remains low.
- Canada is already well positioned. We have been preparing with the provinces and territories since we heard about the first cases in China.
- Even before the WHO declaration, Canada has had its multiple disease prevention and control systems in place across the country to detect, contain and prevent the spread of this novel virus.
- Canada's detection and management of the confirmed cases of the novel coronavirus in Ontario and British Columbia demonstrates that our disease prevention and control systems are working across the country as they should.
- Protecting the health and safety of Canadians is our top priority. The Public Health Agency of Canada continues to monitor the situation.

[see Q&A section for whether Canada will declare an emergency like the US has]



On advice for travellers

- The Government of Canada recommends avoiding:
 - all non-essential travel to China
 - all travel to Hubei Province, China, including Wuhan city
- 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 preventative measures travellers can take to help reduce their risk of becoming sick and/or injured.
- The Public Health Agency of Canada's travel health notice (<https://travel.gc.ca/travelling/advisories/pneumonia-china>) advises travellers to consider avoiding all non-essential travel to China.
- The Travel Health Notice recommends that travellers:
 - avoid high-risk areas such as farms, live animal markets, and areas where animals may be slaughtered;
 - avoid contact with animals (alive or dead);
 - avoid surfaces with animal droppings or secretions on them;
 - avoid eating raw or undercooked animal products;
 - avoid crowds and crowded areas;
 - avoid contact with sick people, especially if they have fever, cough, or difficulty breathing; and
 - be aware of the local situation and follow local public health advice. In some areas, access to health care may be affected.

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

On 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.
- It is a critical time with global efforts focused on containment of the outbreak in China and the prevention of further spread.
- The research and data on novel coronavirus continues to grow and evolve and, out of an abundance of caution, we will continue to adapt our advice for travellers based on the latest science available.



- Travellers coming from Hubei province to Canada continue to be at an increased risk for novel coronavirus infection.
- 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 that you left Hubei (this means self-isolate and stay at home), **and contact the local public health authority in your province or territory within 24 hours of arriving in Canada.**
- **In addition, 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 sick.**
- We are aware of early evidence that the novel coronavirus can cause a range of mild to severe symptoms. It is possible that individuals will not recognize when they first develop symptoms, because they can be similar to a cold or flu.
- You can help limit any potential spread by limiting your contact with others for 14 days.
- The steps to limit contact with others include:
 - staying home;
 - avoiding individuals with chronic conditions, compromised immune systems and older adults;
 - avoiding having visitors to your home;
 - avoiding situations such as social gatherings, work, school, daycare, health care facilities and seniors residences;
 - limiting taking public transit;
 - washing your hands often with soap and warm water frequently for 20 seconds; and
 - covering your mouth and nose with your arm when coughing or sneezing.
- If you, or anyone you know, develops fever, cough or difficulty breathing in the 14 days after visiting Hubei province, it is important to call ahead to a health care provider, and tell them your symptoms and your travel history.

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HEALTH SCREENING OF REPATRIATED CANADIANS 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 for the novel coronavirus outbreak like the United States?

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 its new restrictions on travellers.

While the World Health Organization (WHO) Director General has declared the outbreak a public health emergency of international concern (PHEIC), the risk of spread in Canada remains low. The Government of Canada has been following the temporary recommendations of the WHO under the *International Health Regulations*. We continue to work with the international community and the provinces and territories to align our practices with the PHEIC recommendations.

Most cases of the novel coronavirus are occurring in affected areas of China, with only seven cases detected in Canada as of February 13, 2020. As well, travel from China has diminished as a result of exit border measures imposed by the Chinese government in its effort to contain the outbreak. As such, and with no 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 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 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 10 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 sick.

- a. The 10 airports with additional border measures are Toronto, Montreal, Vancouver, Calgary, Edmonton, Ottawa, Winnipeg, Quebec City and Halifax International Airports and Toronto's Billy Bishop Airport.

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. 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 collaborating with the U.S.?

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.

Both 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 in Canada.

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TESTING AND CONFIRMING CASES

Q3. Why was the third Ontario case of the novel coronavirus not reported as "presumptive positive" before being sent to the NML?

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

Ontario has implemented diagnostic tests, which successfully detected their first two cases of the novel coronavirus.

For the third case, Ontario did not detect the novel coronavirus in the initial testing of its specimen sample. It was upon further testing and analysis at the NML, in conjunction with additional testing in Ontario, that the sample was confirmed to be positive.



For persons under investigation in Canada for the novel coronavirus, specimens are sent to the NML directly by provincial or territorial public health laboratories. Multiple provincial public health laboratories have also implemented testing in collaboration with NML, as laboratories work to ensure there is testing capacity across Canada. In cases where both provincial and NML test results are available, these results are interpreted in conjunction to confirm or rule out cases of the novel coronavirus.

This is another example of Canada's public health system at work where Canada has a reference laboratory like the NML to conduct further testing and ensure accuracy of laboratory tests as they continually evolve and improve in response to the outbreak of the novel coronavirus.

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

Multiple provincial public health laboratories have implemented testing for the novel coronavirus in collaboration with NML, as laboratories work to ensure there is testing capacity across Canada.

The NML is providing all provinces and territories with laboratory reference services. 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 testing in Canada when it comes to testing for the novel coronavirus?

Canadians can be confident in the methods and laboratory capabilities of Canada's NML.

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, and their results undergo additional testing at NML because this is a previously unknown virus and it is good practice to use additional tests to provide further confirmation of initial laboratory findings.

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

The NML is working in close collaboration with provincial and territorial public health laboratories to ensure that persons under investigation for 2019-nCoV are confirmed or ruled out through laboratory testing.

While provincial and territorial laboratories can test with a very high degree of accuracy, their results undergo additional testing because this is a previously unknown virus and it is good



practice to use additional tests to provide further confirmation. These tests to confirm cases of 2019-nCoV will be performed by the 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 after receipt at the NML.

Q7. Which provinces and territories have the capacity to conduct their own testing for 2019-nCoV?

The National Microbiology Laboratory (NML) is working in close collaboration with provincial and territorial public health laboratories to ensure that persons under investigation for 2019-nCoV are confirmed or ruled out through laboratory testing. Through this collaboration, multiple provincial and territorial public health laboratories now have access to a very accurate test for the novel coronavirus. Their results undergo additional testing at the NML to provide further confirmation of initial laboratory findings. To date, only British Columbia and Ontario have had confirmed cases that demonstrated their capacity to detect novel coronavirus using the test.

For persons under investigation in Canada for the novel coronavirus, specimens are sent to the NML directly by provincial or territorial public health laboratories. The NML conducts further testing because this is a previously unknown virus and it is good practice to use additional tests to provide further confirmation of initial laboratory findings. In cases where both provincial or territorial and NML test results are available, these results are interpreted together to confirm or rule out cases of the novel coronavirus.

NML'S RESPONSE TO OUTBREAK

Q8. What is the Public Health Agency of Canada (PHAC) National Microbiology Laboratory's (NML's) response to the current 2019-nCoV outbreak? Were additional resources required to manage extra workload?

The Public Health Agency of Canada (PHAC) National Microbiology Laboratory's (NML's) response to the current 2019-nCoV (novel coronavirus) outbreak is a whole-of-community effort, with more than 75 staff directly contributing at this time. Almost all NML staff have training in emergency response, and all have something to contribute from their various areas of expertise.

The Influenza and Respiratory Viruses section is leading the laboratory diagnostic efforts, including the design and implementation of testing approaches. This team is directly supported by Science Technology and Core 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 has also been activated, drawing upon experts across all disciplines and from all areas of the NML, including administration, logistics, communications, informatics, emergency response, and our business office.

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

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

GPHIN'S ROLE IN SURVEILLANCE

Q9. During virus outbreaks, what data does the Global Public Health Intelligence Network (GPHIN) collect and use for alerts and in what languages is the data disseminated?

The Public Health Agency of Canada's 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 that conduct public health surveillance. GPHIN is a significant contributor to the World Health Organization's Epidemic Intelligence from Open Sources.

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

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

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

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

Q10. When was data first collected on the coronavirus outbreak and from what source?

On December 31, 2019, at 05:16 a.m. EST, an article called "China probes mystery pneumonia outbreak amid SARS fears" was published by Agence France Presse and uploaded in the GPHIN system at 05:42 a.m. EST.



Q11. When did GPHIN first send out an alert about the coronavirus outbreak and to whom?

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 07:50 a.m. EST that day to Canadian public health practitioners at the federal, provincial and territorial levels. The report included the following summary:

International Events of Interest

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

Authorities are investigating an outbreak of viral pneumonia in central China amid online speculation that it might be linked to SARS, the flu-like virus that killed hundreds of people a decade ago. There 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 patients were in a critical condition.

Q12. 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 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 that conduct public health surveillance.

ProMED uses information coming from 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 the many data sources of GPHIN.

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

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



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

VIRUS TRANSMISSION

Q13. Can the 2019 novel coronavirus (2019-nCoV) 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 (not showing any symptoms) is possible, this is considered to be 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 (symptomatic cases).

So based on the latest available data, the main driver of the 2019-nCoV outbreak is symptomatic cases.

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

The most effective way to control this type of spread is through good hygiene measures in community settings (handwashing, cough etiquette and staying home if sick) 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 sick
- coughing or sneezing into your sleeve and not your hands
- staying home if you are sick to avoid spreading illness to others

Q14. Are Canadians at risk for contracting a novel coronavirus infection if they touch a surface that could potentially be 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.

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

- avoid touching your eyes, nose and mouth



- consistently use good hand hygiene measures, which includes frequent handwashing with soap and 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)

Q15. Could someone become infected with novel coronavirus by touching surfaces at airports, such as Canada Border Services Agency screens that may have also been touched by people who are sick or a carrier of 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.

Q16. Are touchscreen kiosks and other communal area surfaces at airports being cleaned and sanitized on a regular basis?

Cleaning of touchscreen kiosks and other communal areas happens regularly throughout the day. The best way to prevent illness after touching a common surface that could be contaminated with a virus is to avoid touching your eyes, mouth 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.

Q17. Are Canadians at risk for contracting a 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 newly emerged 2019 novel coronavirus (2019-nCoV) 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 2019-nCoV through imported goods.

There have not been any cases of 2019-nCoV in Canada associated with imported goods from China.

Q18. Should Canadians be concerned about coronavirus spreading through food products imported into Canada from China?

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

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

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

If CFIA becomes aware of potential food safety risks affecting Canadians, it will take appropriate actions to ensure the safety of Canada's food supply.

Q19. 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
 - c. touching something with the virus on it, then touching your mouth, nose or eyes before washing your hands
- In general, coronaviruses are a large family of viruses, some that causes 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

Q20. Will passengers on the same flights as the patients who have been confirmed to have 2019-nCoV be notified?

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

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

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

This information is also available on 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 any passengers who travelled from affected areas of China to Canada since the reported outbreak of 2019-nCoV to contact health care professionals immediately should they have any symptoms associated with 2019-nCoV.

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

Q21. 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 sick can impact the availability of services for those who are sick and need treatment.

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

ADDITIONAL SCREENING / BORDER MEASURES

Q22. There are reports that no screening measures were in place at Toronto airport at the time of the first identified case entering Canada. Can you confirm if they were in place there at the time of his arrival?

The Canada Border Services Agency has confirmed that at the time the individual traveller was processed through the Toronto international airport, the additional measures (airport screen



messages, new screening question on the electronic kiosk, and handout provided to passengers) were in place.

While we do not have specific details in terms of what symptoms the individual had upon arrival, we do know that his family followed the instructions in the handout to appropriately notify public health officials as he became ill.

Q23. In which 10 airports have the additional screening measures been implemented?

The additional screening measures were put in place at the Vancouver, Toronto and Montreal international airports on January 22, 2020. 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 International Airport

Q24. Why are there no additional screening measures at other airports?

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

Should a passenger identify to a border services officer that they are sick, the standard process at airports is for them to be referred to a 24/7 hotline to speak with a quarantine officer to determine if further medical examination is warranted.

While there are no direct flights from Hubei province, China, to Canada, enhanced border measures were put in place at Vancouver, Toronto and Montreal international airports on January 22, 2020, due to the high likelihood that travellers on connecting flights from Hubei province will be arriving in Canada at one of these three airports.

As of February 1, 2020, enhanced screening measures have been implemented at the following additional international airports in Canada: Calgary, Edmonton, Winnipeg, Billy Bishop, Ottawa, Quebec City, and Halifax. This was done in order to ensure that any travellers with recent travel to Hubei province arriving through connecting flights from other international destinations are screened.

PHAC and CBSA have worked together to put in place additional 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.



Given the current analysis of the situation, it was determined that at this time, standard border measures are sufficient in most airports. We will evaluate the situation on an ongoing basis, which includes determining, based on evidence, whether the affected areas for screening need to change.

Q25. 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, respond to and prevent the spread of infectious diseases in Canada.

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

The World Health Organization (WHO) has been engaged and is actively monitoring the situation. Given the currently available information about the coronavirus, the WHO is advising that steps be taken to limit the risk of exporting or importing the disease, without imposing unnecessary restrictions on international travel.

Q26. What can travellers arriving at the airports in which the additional screening measures are in place expect?

New measures are in effect at 10 Canadian 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 sick.

Travellers going through these airports will see additional signage in French, English and Chinese asking them to alert a border services officer if they have any flu-like symptoms. Additional information advises travellers on what they should do if they become sick.

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 different 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 and/or to report to the local public health authority.



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

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

If pressed on thermal scanners

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

Q27. 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 enquiring whether they have been to Hubei province, China, in the past 14 days are referred to a CBSA officer, who asks the traveller if they feel sick or unwell and, if yes, ask additional questions about their symptoms (e.g., Are you experiencing fever, cough or difficulty breathing?). If the traveller shows signs and symptoms, CBSA officers or airport and airline staff contact a PHAC quarantine officer who is available 24 hours a day, 7 days a week.

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

PHAC has increased its public health officer presence at key airports to partner with border services officers, who are also designated as screening officers under the Quarantine Act. Trained quarantine officers who are experienced in the screening and assessment of ill travellers are 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 acts as a resource and support for CBSA officers as well as airline and airport authority staff, facilitate communication, and coordinate response activities with partners.

Q28. Why are Canada's border and health screening measures focused on travel to and from Hubei province, rather than all of China?



Canada's border and health screening measures are based on the most current information, which indicates that the large majority of cases in China are from Hubei. Likewise, the large majority of exported cases have a travel history to Hubei.

The situation is evolving rapidly and as new information is released, Canada will adjust its border and health screening measures accordingly. If evidence points to sustained human-to-human transmission in other areas of China, the control measures may be revised to include other affected areas.

Q29. What does it mean when Canada's public health notice advises against non-essential travel to China (expanded from Hubei province) when the WHO is not recommending travel or trade restrictions?

The WHO advises that action should be taken to limit the risk of exportation or importation of the disease, while avoiding unnecessary restrictions of international traffic, such as border closures, visa refusals, and quarantine of healthy travellers. For this reason, Canada has not implemented these types of restrictive measures.

Furthermore, the Government of China has implemented exceptional measures, including restrictions of movement within and between affected cities, in order to contain the outbreak in China. There are heavy demands on health care services in the affected areas, and Canadian travellers who get 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 an underlying medical condition are considered at higher risk of severe disease.

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

Q30. What about people arriving in Canada through connections through other airports? What about at land border crossings?

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

These measures include access to a PHAC quarantine officer 24/7 from any point of entry into Canada. If a 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 the officer deems it necessary.

Q31. What is being done to ensure that none of the crew aboard vessels that originated in China have 2019-nCoV?

We are aware of this vessel and are working with federal partners and regional health authorities. At this time, we do not believe that this is cause for any concern; however, out of an abundance of caution, given the outbreak of 2019-nCoV and the voyage of this ship, we are continuing to monitor and assess the situation and are in contact with the captain of the ship to get additional information. PHAC's quarantine program has also been alerted and is available to assess any ill crew member.



Q32. 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 are encouraged to advise the Public Health Agency of Canada (PHAC) if they have ill passengers on board before arrival in Canada. This allows PHAC to put in place appropriate measures for ill passengers before the planes land. PHAC has reached out to major airlines to remind them of their obligations under the *Quarantine Act*.

MISINFORMATION / RUMOUR MANAGEMENT

Q33. What is being done to address misinformation that is circulating on social media?

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

With the spread of information and rumours online and through social media, it is important to consider where information is coming from before sharing it more broadly. Spreading misinformation, stigmatizing others or using racist rhetoric will hinder and not help our collective efforts to tackle this outbreak, at home in Canada and worldwide as a global, connected community.

Canadians can guard against fear and misinformation by ensuring that the news they consume comes from credible sources, such as

- the [Canada.ca/coronavirus](https://www.canada.ca/coronavirus) web page, which is being updated on a regular basis;
- the new toll-free phone number (1-888-784-4397) that has been established to answer questions about the 2019 novel coronavirus—service is available from 7 a.m. to midnight; and
- Government of Canada Twitter, Facebook and LinkedIn social media accounts.

Canada's Chief Public Health Officer is holding regular technical briefings for media (including ethnic press) to provide current factual information, as well as ongoing stakeholder engagement and information sharing.

In addition, we have measures to detect and correct misleading information circulating in traditional and social media.

To raise awareness among travellers returning from affected areas, messaging has been added to screens at the Toronto, Montreal and Vancouver international airports to advise travellers to inform a border services officer if they are experiencing flu-like symptoms. Handouts with information are provided to returning travellers (English, French and Chinese).

Q34. 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](https://twitter.com/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

Q35. 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 sick
- coughing or sneezing into your sleeve and not your hands
- staying home if you are sick to avoid spreading illness to others

Q36. How are people being treated for this illness?

At present there is no specific drug or medication to treat people who have a novel coronavirus infection. Researchers are looking at the effectiveness of existing antiviral treatments.

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

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

Q37. Do you recommend travellers wear masks while visiting China or quarantine-blocked cities within the country, 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 while visiting China or quarantine-blocked cities within the country. 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 may be slaughtered)
- avoiding contact with animals, their droppings or secretions
- avoiding touching your face or eyes
- consistently using good hand hygiene measures, which include frequent handwashing with soap and water
- maintaining good respiratory etiquette, such as covering your mouth and nose with your arm/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).

Q38. 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 provider may recommend you wear a mask while you are seeking or waiting for care. In this instance masks are an appropriate part of infection prevention and control measures that 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's on your face;
- properly discard the mask after each use; and
- wash your hands after removing the mask.

It is not recommended that healthy people or people who have not travelled to a 2019-nCoV affected area (e.g. Hubei province and mainland China) wear masks. Wearing a mask when you are not ill and are not at high risk for developing symptoms may give a false sense of security. Masks can easily become contaminated and need to be changed frequently and fitted properly for them to provide adequate protection.

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



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

Q39. The 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.

Q40. What is a coronavirus?

China determined that a novel coronavirus (referred to as 2019-nCoV) 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.

Q41. There are reports that this new virus is like SARS. Is this true? If so, what are the similarities?

The WHO acknowledges that there is still a lot we don't know about the new coronavirus (referred to as 2019-nCoV) that was first identified in Wuhan, China, earlier in January.

We do know that Chinese authorities have reported 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 among the identified 2019-nCoV cases to date 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.

While many of the characteristics of the new coronavirus are still unknown, mild to severe illness has been reported for confirmed cases. Until more is understood about the virus, older people and people with a weakened immune system or underlying medical condition are considered at higher risk of severe disease.

VACCINE

Q42. 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 the 2019-nCoV.

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

Q43. 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 are currently no licensed vaccines or specific treatments for Middle East Respiratory Syndrome coronavirus (MERS-CoV)—a particular coronavirus that was first



identified in 2012. We are aware of work being conducted elsewhere to better understand how MERS-CoV infections might be prevented and to develop a MERS-CoV vaccine. This includes vaccine development efforts being coordinated by the WHO and the Coalition for Epidemic Preparedness (CEPI).

SAFETY OF EMPLOYEES

Q44. 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 usual protocols for these types of situations, PSOHP issued a general Occupational Health Advisory to departments and agencies, which provided information on novel coronavirus and recommended precautions for employees such as: frequent hand hygiene, proper cough and sneeze etiquette, and self-monitoring for symptoms.

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

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

Q45. Why are travellers returning from Hubei province being asked to limit contact with others for 14 days following their arrival in Canada?

As we receive the latest data and science on novel coronavirus, health authorities across Canada are asking that travellers who have been to Hubei province limit their social contact for



a total of 14 days from the date they left Hubei. In addition, contact the local public health authority in your province or territory within 24 hours of arriving in Canada.

This supports the global public health objective to contain the outbreak in China and prevent further spread to Canada.

Q46. Why are travellers arriving at airports not being placed in quarantine like the repatriated Canadians on the special flight?

The 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 increased, compared with other recent travellers coming 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. Fourteen days is the longest known incubation period for this virus. It is also in the best interest of the Canadian public to prevent any potential spread.

Q47. How do we know for sure that travellers will take action by reducing social contact? How will we follow up with people to ensure they are following these instructions?

Based on what we have learned so far from this and previous infectious disease outbreaks (SARS, Ebola), travellers returning from affected areas follow public health advice and often go over and above the precautionary measures.

Q48. What about people who recently came to Canada from Hubei province and were not given this advice?

The risk in Canada remains low. Since the outset of this outbreak, we have been advising travellers returning from the affected region to monitor themselves for symptoms and to contact local public health if they develop symptoms. What we know is that the virus can be spread by someone who is showing symptoms and that close prolonged contact, like what you would expect to occur in a household, is most often required for transmission of the virus. However, what new data indicate is that symptoms of this virus can range from mild to severe and that some individuals may not recognize the early symptoms of this virus, as they can be similar to symptoms of cold and flu.

Based on information from other coronavirus diseases, such as MERS and SARS, the incubation period of 2019-nCoV could be up to 14 days. Therefore, we are asking that travellers limit their contact for 14 days in total from the time they leave Hubei.

Q49. What about incoming travellers without residence? How will they limit social contact?

The advice remains the same. Travellers from the affected area should take some steps to limit contacts with others wherever they will be staying.

Q50. What about business travellers? Should they consider limiting social contact?

Business travellers will receive the same advice and should seek to use means that support social distancing, such as teleworking.



Q51. Why don't you just ban travel from China? Wouldn't that be easier?

Given the extraordinary measures taken by China, including exit screening and closure of all flights and transportation from the affected area, the risk of exportation of cases has been considerably decreased.

We continue to collaborate closely with international partners and the World Health Organization (WHO) to continuously assess the risk and adjust our prevention and control measures accordingly. At this time, the WHO advises against unnecessary restrictions of international traffic.

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

Q52. How many travellers will be given the advice to consider limiting social contact when they arrive?

Currently, we have approximately 70 travellers from Hubei per day.

DISINFECTION AND SANITATION MEASURES FOR AIRLINES

Q53. Are planes carrying passengers from Wuhan to Canada (past flights) or flights carrying individuals who had symptoms of the virus in-flight provided guidance on the decontamination of the vessel?

As part of the Government of Canada's efforts to mitigate the spread of the novel coronavirus (NCoV-2019), the Public Health Agency of Canada (PHAC) has provided guidance for 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 frequently touched areas. Increasing the frequency of routine cleaning and disinfection of these areas is an important measure in controlling the spread of infection during an outbreak. The guidance includes recommended cleaning equipment and disinfectants, frequently touched areas, and cleaning and disinfecting instructions.

In addition, if a passenger on a flight is suspected as being ill, PHAC will inform 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 TO PANDEMIC PREPAREDNESS



Q54. When and how would 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 regarding the novel coronavirus (nCoV-2019) and continuously assessing the risks to adapt our response accordingly.

We are working collectively with the global community under the leadership of the World Health Organization (WHO) and are in constant communication with our provincial and territorial counterparts.

Public health authorities at all levels of government are working to ensure our preparedness and response measures are appropriate, adaptable and forward-leaning, so that our systems are ready to meet the challenges of the evolving situation.

Although over 25 countries and regions have reported cases of the novel coronavirus, over 99% of cases are occurring in mainland China, with the majority of these occurring in Hubei province, where the outbreak began. In addition, while person-to-person transmission and community spread are occurring in affected areas of China, there is very limited to no spread in most of those other countries and regions.

Consequently, since the opportunity to contain the epidemic within China remains, the global community, under the leadership of the World Health Organization (WHO), remains committed to containment phase efforts.

China has taken extraordinary containment measures, including conducting exit screenings and closing all traffic (including air and ground transportation) from Wuhan, Hubei province, as well as other affected regions in mainland China.

In Canada, all levels of government are on high alert and remain vigilant. We are prepared for detecting and responding to possible cases of the novel coronavirus to prevent onward spread.

There are currently seven confirmed cases of the novel coronavirus in Canada, three in Ontario and four in British Columbia. As with other countries outside of mainland China, there is no efficient or sustained spread of the novel coronavirus in Canada.

Should the situation change, and there is evidence of efficient or sustained spread of the novel coronavirus outside of mainland China, including an increase in the number of cases in other countries outside the epicentre, the global response strategy would change from the current outbreak containment response to pandemic preparedness and response.

Consequently, if the novel coronavirus is spreading efficiently in countries around the world, Canada as a whole would need to shift its efforts from what would become an unsustainable case-by-case public health response to broader population-level pandemic measures. These population measures are aimed at reducing the overall impact of countrywide spread of the novel coronavirus in Canada.

Nevertheless, at the local levels, Canadian provinces and territories or cities and communities that have not yet had a case or general transmission may still continue with containment measures as long as possible before switching to a population-level pandemic response. In places where there are very few cases, containment measures can be useful in delaying spread



and buying time for ramping up population-level public health measures. However, once the disease is widespread in an area, containment measures are not sustainable.

Moreover, Canada's disease control measures would be continuously adapted to incorporate new knowledge on effective disease prevention and control measures in the country.

The primary objective of shifting to a population-level pandemic response is to reduce the overall health and societal impacts on Canadians.

Federal, provincial and territorial pandemic preparedness plans, as well as emergency response plans are already in place to provide a solid foundation for Canada to respond to a pandemic situation.

These pandemic preparedness and response measures include:

- Establishing Canada-wide surveillance versus the current case-by-case surveillance of imported cases to track and monitor spread if there is a widespread transmission of the novel coronavirus;
- Implementing broad clinical and public health measures to delay outbreaks and mitigate the overall impacts on the health of Canadians (i.e. to reduce illness and death across Canada);
- Special studies and disease severity surveillance to monitor severe illness and serious outcomes in high-risk populations; and
- Accelerating research and development, including for vaccines and treatment.

We continue to work closely with the OMS, provinces, territories and the global community to monitor the situation, assess risks and inform Canadians.